The health toll of economic sanctions

Financing for global health is the main topic of discussion in 2025, especially since the Fourth International Conference on Financing for Development in Seville earlier this month. This issue contains a range of evidence on this subject, but particularly on the more damaging economic levers wielded by states today. In their panel analysis, Francisco Rodríguez and colleagues once again demonstrate that sanctions do kill: economic sanctions imposed by the USA or the EU were associated with 564 258 deaths (95% CI 367 838–760 677) annually from 1971 to 2021, higher than the annual number of battle-related casualties (106 000 deaths). This finding aligns with a previous Article in *The Lancet Global Health* showing the lethal effects of aid sanctions—economic sanctions specifically targeting development assistance in low-income or middle-income countries (LMICs)—which resulted in a 3·1% increase in infant mortality and a 6·4% increase in maternal mortality annually between 1990 and 2019.

Sanctions are restrictive foreign policy tools that are commonly applied to broad economic transactions, with the punitive aim of coercing behaviour change, such as stopping human rights violations or promoting democracy. According to the Global Sanctions Database, the frequency and duration of sanctions have consistently grown since 1950, while their success rate of achieving the stated aim remains at about 30%.

All economic sanctions ultimately function as sanctions on health. Through their direct effects on access to medical products, provision of health-care services, and civilian mental health, as well as their indirect effects on determinants of health such as food security and socioeconomic development, sanctions inevitably or even intentionally undermine people's right to health. Moreover, the adverse effects of sanctions on health are most pronounced among children, women (versus men), and the most marginalised populations. With a low efficacy rate and a significant and uneven impact on health, it is questionable whether economic sanctions meaningfully reduce the number of deaths relative to military aggression.

The withdrawal of development assistance by the USA and its allies could be seen as de-facto sanctions in terms of their impact, although the intent may differ. Worse still, unlike in the case of most sanctions, changes in behaviour by the targeted states is unlikely to alter this devastating course of action. Political leaders from wealthy, powerful countries should reflect and act upon the inconsistency between imposing economic sanctions, reducing development assistance, and their moral obligations to promote equity and global development.

Sanctions and aid cuts aside, LMICs must shift to a more self-reliant and resilient financing system for development and health. One approach is to broaden health funding sources through measures such as increasing marginal tax rates on the wealthy and intensifying tax on tobacco, alcohol, and sugary drinks. Debt remains a major barrier to the development of LMICs; alongside collective efforts to address flaws in the global financial architecture, stakeholders should deploy more effective and innovative debt relief instruments such as debt-to-health and debt-for-nature, which redirect debt repayments towards health system strengthening and environmental preservation.

Another approach to achieving financial resilience is to minimise inefficiency. As highlighted by Amy Lastuka and colleagues, inefficiency is prevalent in health-care systems and associated with factors such as poor governance (particularly corruption) and inadequate government expenditure on health-care coverage and infrastructure. Dina Balabanova and colleagues, through the *Lancet Global Health* Commission on anti-corruption in health, will examine the deep-rooted institutional and political drivers of corruption and guide policymakers in optimising efficiency by targeting corrupt practices within and beyond health-care systems.

A quarter of all countries were subject to some type of sanctions from 2010 to 2022, with the majority located in Africa. This inequity in countries targeted raises valid questions about whether sanctions are being used appropriately. If economic sanctions must exist, countries imposing them must monitor and review all their consequences, with an explicit exit mechanism in place to prevent unnecessary prolongation. We should not ignore the alarming evidence on sanctions and aid cuts, and countries in the powerful position to wield these economic levers must weigh up whether the health toll is a justifiable trade-off. ■ *The Lancet Global Health*

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For more on the **direct and indirect effects of sanctions on health** see *BMC Public Health* 2024; **24:** 2242

See **Articles** *Lancet* 2025; published online June 30. https://doi.org/10.1016/S0140-6736(25)01186-9

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