

Mandates of the Special Rapporteur on the situation of human rights in the Islamic Republic of Iran and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

REFERENCE:
AL IRN 25/2021

7 September 2021

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on the situation of human rights in the Islamic Republic of Iran and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolutions 46/18 and 42/16.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning **the COVID-19 vaccination policy of the Iranian Government, including a ban on the importation of certain COVID-19 vaccines, lack of transparency, inequitable distribution and inaccessibility of vaccines, which raise serious concerns with respect to the State obligation to take every possible effort within available resources to realize the right to health, notwithstanding resource constraints.**

Concerns regarding the human rights implications of some of the measures taken by your Excellency's Government in the COVID-19 health crisis have been raised in a communication by Special Procedures sent on 2 June 2020 (IRN 10/2020) and the reports of the Special Rapporteur on the situation of human rights in the Islamic Republic of Iran (A/HRC/46/50; A/76/160).

According to the information received:

Since the COVID-19 outbreak in the Islamic Republic of Iran in February 2020, the country remains the most affected in the Middle East region, with 4,756,394 infections and 103,357 deaths as of 24 August 2021. On 19 August 2021, the World Health Organization expressed concern over the COVID-19 outbreak in Islamic Republic of Iran while the level of vaccination coverage is low, and its impact on the lives, well-being, and livelihoods of the Iranian people. According to the Iranian Health Ministry's statistics, as of 24 August, only 6,476,773 people out of a population of 82 million people have received two doses of a COVID-19 vaccine.

The Government has justified its decision not to apply stringent public health and social measures by pointing to the need to avoid a collapse of the economy weakened by sanctions imposed by the United States of America in 2018, and to avoid protests as confirmed by then-President Rouhani in public statements in July 2020. At the same time, inconsistency in COVID-19 figures announced by Iranian officials raised concerns, including amongst health experts, about the absence of accurate reporting and transparency, as well as criticism that figures are manipulated for political reasons. Acknowledging underreporting, the Deputy Health Minister stated in October 2020 that the actual number of cases and deaths could be 1.5 to 2.2 times higher than the reported official

numbers.

The Islamic Republic of Iran is facing a fifth wave in the pandemic with a severe surge of infections and deaths attributed to COVID-19. The number of daily deaths and infections in the country, either in absolute terms or in comparison to the population, is estimated as one of the top five highest in the world. On 9 August 2021, public broadcasting reported that every two minutes one person is dying from COVID-19 in the Islamic Republic of Iran. On 24 August 2021, the Health Ministry announced 709 deaths over 24 hours, the highest number since the start of the pandemic. Health professionals on the ground estimate the daily death toll to be much higher.

Health professionals have raised alarm that the healthcare system is on the verge of collapse. Reports indicate severe shortage of medical supplies in saturated hospitals, with wards and corridors packed to capacity, and waitlists for COVID-19 patients to access care. According to health experts, the limited supplies of vaccines and the slow vaccination campaign contributed significantly to the current health crisis.

Vaccination policy

On 8 January 2021, the Supreme Leader of the Islamic Republic of Iran, Ayatollah Ali Khamenei, announced a ban on the importation of American and British vaccines. He declared in a live televised speech, “Imports of American and British vaccines into the country are forbidden. I have said to authorities and I am telling it publicly now... They are untrustworthy. I do not trust them. It's not unlikely they would test the vaccine on other nations to see if it works or not.” The ban was published on official social media accounts of the Supreme Leader of the Islamic Republic of Iran, stating: “Importing vaccines made in the US or the UK is prohibited. They are completely untrustworthy. It's not unlikely they would want to contaminate other nations.”

Following Ayatollah Khamenei's remarks, Iran's Red Crescent Society announced on the same day that, due to the statements of the Supreme Leader, the Red Crescent Society would no longer accept 150,000 vaccine doses made by the American Pfizer pharmaceutical company, which had been scheduled to be imported. On 10 January, the Health Minister confirmed the statements of the Supreme Leader about the ban on importation of certain vaccines and said, “the Supreme Leader, who like the father of a family has said this method of treatment may cause complications, has the right to prevent the authorities from doing something contested.”

Civil society, including healthcare professionals, criticized this decision and the politicization of the vaccination campaign. As reflected in media, members of the Iranian Medical Council wrote a letter to then President Hassan Rouhani on 10 January, pleading for a depoliticized approach to the purchase of vaccines. On 15 January, more than 500 activists condemned the ban on importing vaccines in an open letter. In a joint statement on 20 January 2021, ten international human rights organizations called on the Islamic Republic of Iran to rescind the ban and allow Iranians to purchase any and all safe and effective vaccines. An online campaign was also launched on social media with the hashtag “purchase vaccine”.

On 27 January 2021, the research centre of the Parliament of Iran (the Islamic Consultative Assembly) issued a report recommending the Government to prioritize the locally produced COVID-19 vaccines for the population. The recommendation states the Government should provide vaccines “other than the American Pfizer-BioNTech and British AstraZeneca vaccine” for vulnerable groups such as medical staff and “the rest of the population should wait for more assessment of side effects of vaccines to be purchased or produce a reliable local vaccine, which is scheduled for the end of spring of 2021.”

On 19 January, the Health Ministry announced the national vaccination plan would take place in four phases with prioritization of healthcare workers, older persons and people with certain health conditions. The vaccination plan includes immigrants with legal status, but leaves out undocumented migrants. An estimated population of 2 million undocumented Afghans reside in the Islamic Republic of Iran.

On 18 February 2021, the Government launched the COVID-19 vaccination campaign, starting with the vaccination of medical staff. Reports indicate that the vaccine rollout has been much slower than promised and vaccination stopped in several cities in June 2021 due to lack of supply. As of 7 June 2021, only 658,285 individuals or less than 1 per cent of the population had received two doses of vaccine. In the absence of a speedy vaccination program, there are reports of Iranians travelling to neighboring countries in order to be vaccinated as well as the creation of a black market for COVID-19 vaccines, which are affordable only for wealthier segments of society.

On 14 June 2021, the Health Minister announced that the authorities had given emergency approval to a domestically developed vaccine while it has not yet completed the third phase of clinical trials. Concerns have been raised by health professionals about the scientific procedure for approving this vaccine which reportedly does not comply with scientific standards. The result of the preclinical trials of this vaccine on humans has not been published and the results of preclinical trials on animals was published without peer review. The Government has been criticized for delaying the import of available vaccines and instead prioritizing the development of the domestic vaccines, in which it has reportedly invested substantial resources. The head of the Health Committee of the Parliament echoed the criticisms on 19 August, stating that “the purchase of the vaccine was delayed due to an internal vaccine project.” According to reports, the locally produced vaccine has been administered in some prisons including Oroumīyeh and Lakan.

According to reports, the import of vaccines produced by the United States and the United Kingdom through COVAX (a worldwide initiative aimed at equitable access to COVID-19 vaccines) to the Islamic Republic of Iran was hampered due to the continuing ban imposed by Iran’s Supreme Leader on the import of vaccines. As a result, the Government has reportedly refused to accept vaccines through COVAX.

On 11 August 2021, the head of the COVID-19 Task Force in the province of Tehran stated that since the early days of the pandemic the authorities declined

to report accurate statistics on the number of infections and deaths to the World Health Organization, and refused to allocate budget for purchasing vaccines.

Without prejudging the accuracy of the received information, we express grave concern at the impact and consequences of the politicization of the COVID-19 vaccination policy and the ban on the import of certain COVID-19 vaccines on the right to health, which includes access to immunization programmes against major infectious diseases. This concern is exacerbated by reports of shortages of COVID-19 vaccines and a continued high death toll in the country. While bearing in mind resource constraints, challenges impacting the supply of medication and medical equipment, and challenges to the health system due to the imposition of sanctions, we remain concerned that the Government has not taken efforts to mitigate this impact. By contrast, we are concerned that measures taken by the Government in the context of COVID-19, in particular through the adopted vaccination policy, further exacerbate the existing challenges of the health system and raise additional concerns regarding the State's obligation to respect, protect and fulfil the right to health. We would like to remind that under international human rights law, States are obliged to allocate all available resources, regardless of resource concerns, to ensuring the right to health. We are in this context, concerned at reports of the politicization of the vaccination campaign and the serious impact this has on public health and on the human right to health, in particular among groups in vulnerable situations.

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter, which cites international human rights instruments and standards relevant to these allegations.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for the observations of your Excellency's Government on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.
2. Please provide a copy of the Government's COVID-19 vaccination policy(ies). Please also provide any additional information regarding the implementation of the vaccination policy.
3. Please provide disaggregated data (for example, by age, gender, province) about the number of individuals who have been provided with one or two doses of vaccines against COVID-19. Please provide any additional details regarding the prioritization of certain groups for the purpose of vaccination.
4. Please provide information about the vaccination campaign for undocumented migrants.
5. Please provide information about challenges faced in the purchasing of vaccines, and details about the quantity of vaccines purchased to date.

6. Please provide information about the justification for the ban on certain vaccines, in particular in light of the right to health and to access the best available applications of scientific progress necessary to enjoy the highest attainable standard of health.
7. Please provide information about the participation of the Islamic Republic of Iran in COVAX, including details about which vaccines have been offered and in which quantities. Please provide information about any obstacles faced in receiving vaccines through COVAX.
8. Please provide information about the total budget allocated for the development of the domestic vaccine. Please provide information about the justification to initiate the process of vaccination with the domestic vaccine including in prisons despite the lack of completion of the trial process for the vaccine. Please also provide information about the justification for withholding the results of the trial from public scrutiny.

We would appreciate receiving a response within 60 days. Passed this delay, this communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#). They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, we urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

Please accept, Excellency, the assurances of our highest consideration.

Javaid Rehman

Special Rapporteur on the situation of human rights in the Islamic Republic of Iran

Tlaleng Mofokeng

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Annex

Reference to international human rights law

In connection with the above alleged facts and concerns, we would like to remind your Excellency's Government of the applicable international human rights norms and standards. In this regard, we would like to refer your Excellency's Government to article 12 of the International Covenant on Economic, Social and Cultural Rights, ratified by Iran on 24 June 1975, which establishes the State's obligation to respect, protect and fulfil the right to the highest attainable standard of health. We would also like to specifically highlight article 12(2)(c), which obliges States to take the steps necessary for "the prevention, treatment and control of epidemic, endemic, occupational and other diseases" (see also CESCR General Comment 14, Para. 16). In this connection, the Committee on Economic, Social and Cultural Rights establishes that States must ensure that health-care goods, services, and facilities are available in adequate quantity (availability); are financially, geographically and physically accessible, including accessible information and communication, without discrimination (accessibility); are respectful of medical ethics, culturally appropriate and sensitive to gender and life-cycle requirements (acceptability); and scientifically and medically appropriate and of good quality (quality) (E/C.12/2000/4, para. 8).

We echo the statement by the Committee on Economic, Social and Cultural Rights on 27 November 2021 (E/C.12/2020/2) that the duty of States to provide immunization against major infectious diseases and to prevent and control epidemics is a priority obligation concerning the right to health. Thus, under the current conditions, States have to give maximum priority to the provision of vaccines for COVID-19 to all persons. As underlined by the the Committee on Economic, Social and Cultural Rights, every person has a right to the enjoyment of the highest attainable standard of physical and mental health, which includes access to immunization programmes against major infectious diseases. Every person also has a right to enjoy the benefits of scientific progress, which includes access to all the best available applications of scientific progress necessary to enjoy the highest attainable standard of health. Both rights imply that every person has a right to access a vaccine for COVID-19, which is safe, effective and based on the application of the best scientific developments.