

**Mandate of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights**

Ref.: AL USA 25/2023  
(Please use this reference in your reply)

11 September 2023

Excellency,

I have the honour to address you in my capacity as Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, pursuant to Human Rights Council resolution 49/6.

In this connection, I would like to bring to the attention of your Excellency's Government information I have received from various sources concerning **the discontinuation by Mölnlycke Health Care AB (Sweden) of the provision of medical dressings for Belarusian patients suffering from the skin disease Epidermolysis Bullosa (EB), in the context of the decisions by the United States of America and other countries to impose and expand sanctions against Belarus.**

According to the information received:

Epidermolysis Bullosa (EB) comprises a set of rare genetic skin conditions in which patients, including children, lack the anchor that connects the skin's outer and inner layers, causing each to move separately. EB patients have extremely fragile skin and recurrent blisters and sores resulting from routine friction between the layers or trauma.

Dressings applied to wounds on the skin of EB patients must be changed very frequently, which can result in further damage, bleeding and pain. Silicone-based dressings minimize these effects while protecting the surrounding skin and facilitating healing.

Special dressings for the EB patients in Belarus used to be procured through procurement companies, paid from the state budget and provided to all those in need around the country. Lists of patients are compiled and updated by the Belarussian health authorities.

In 2023 procurement companies reported on the impossibility to deliver dressings and bandages for the Belarusian EB patients because of the refusal by Mölnlycke Health Care AB to continue provision of these medical goods, without providing any explanation about the reasons of such a decision.

As of August 2023, the remaining stock of dressings and bandages for Belarusian EB patients can only cover the needs for a maximum period of 1 month (approximately until October 2023). The situation is critical and concerns several goods, including Mepitel, Mepilex, Mepilex lite and Mepilex transfer. The reported shortages have a serious impact on the treatment of 124 patients suffering from EB in the country, with 17 of them suffering from

what is called a "dystrophic epidermolysis bullosa" (DEB).

As commonly known, care for EB patients focuses solely on managing the condition given that no cure for EB has been developed yet. The presence of multiple wounds of varying duration combined with systemic factors, which can impact negatively on the ability to heal, makes the management of EB wounds difficult and complex. The use of an atraumatic dressing to prevent skin and wound bed damage is of utmost importance. The most commonly used dressings are those designed to be removed easily, such as those coated with soft silicone, foam or mesh, lipido-colloid and polymeric membrane produced by Mölnlycke Health Care AB (Mepilex, Mepilex EM, Mepilex Transfer, Mepilex Ag, etc.).<sup>1</sup> Other types of dressings have been proved less effective.<sup>2</sup>

The reported decision by Mölnlycke Health Care AB to discontinue its business relations with procurement companies supplying bandages to the EB patients in Belarus has caused additional suffering to these patients and has led to a severe deterioration of their health condition with heightened risks of death the same way it occurred in other countries. Uncertainties around the provision of such bandages have reportedly resulted in additional suffering and stress for all patients and their relatives.

The Belarus Sanctions program implemented by the United States of America involves a number of instruments, including Executive Order 14038 Blocking Property of Additional Persons Contributing to the Situation in Belarus (Effective Date – 9 August 2021), Executive Order 13405 Blocking Property of Certain Persons Undermining Democratic Processes or Institutions in Belarus (effective date – 19 June 2006). directive 1 under Executive Order 14038 prohibits U.S. persons from engaging in dealings in both the primary and secondary markets for new debt with a maturity of greater than 90 days issued on or after 2 December 2021 by the Ministry of Finance of the Republic of Belarus or the Development Bank of the Republic of Belarus. Belarus Sanctions Regulations is in the 31 Code of Federal Regulations Part 548. In addition, International Emergency Economic Powers Act (IEEPA), 50 U.S.C. provides for various types of penalties for circumvention of sanctions regimes applicable for all sanctions regimes (§§ 1701-1706).

While I do not wish to prejudge the accuracy of the information received, I express serious concern about the reported shortages in specialized medical bandages for EB patients in Belarus, and the serious adverse effects on their right to life, health, and adequate standard of living, among others. I also wish to express serious concerns at the reported conduct by the Swedish company, Mölnlycke Health Care AB, with its refusal to deliver the specialized medical products to Belarus, which coincided with the expansion by your Excellency's Government of economic and other sanctions against Belarus.

---

<sup>1</sup> <https://www.molnlycke.pl/SysSiteAssets/master-and-local-markets/documents/eb-handbook-master.pdf>, p. 26

<sup>2</sup> Pillay E., Clapham J. Development of best clinical practice guidelines for epidermolysis bullosa, 2018, at <https://woundsinternational.com/wp-content/uploads/sites/8/2023/02/83e41a6d33fa875ba1efbf1ade2f1230.pdf>

Maintaining the principled position on the illegality of unilateral coercive measures, I wish to reiterate that in situations of imposition of such sanctions, medicine, medical equipment and pharmaceutical products, and transactions regarding such goods should be exempted from existing unilateral sanctions regimes as they contribute to the enjoyment of a broad range of human rights.

I take note of the removal of license requirements for certain emergency medical services, provided under the Belarus Sanctions regulations. Currently 31 Code of Federal Regulations (CFR) part. 548 contains certain relief provisions with regards to charitable contributions (para. 548.408), nonscheduled emergency medical services (para. 548.509), certain transactions in support of non-governmental organizations activities regarding medicine distribution (para. 548.512) and personal use (para. 548.513). However, these provisions appear not to effectively address situations similar to the one regarding the provision of bandages for EB patients in Belarus, the procurement of which is led by mediators upon tenders organized by the Ministry of health of the country and paid from the state budget.

The complexity and overlapping character of sanctions regulations, risks for secondary sanctions' enforcement, civil and criminal penalties for circumvention of sanctions' regimes, all exacerbate uncertainty and fear among banks and business community, and result in zero-risk and over-compliance often affecting humanitarian goods, including food, medicine, medical equipment and other relevant supplies. Businesses around the world often indicate that their reluctance to engage with countries under sanctions is due to their fear of possible criminal or civil liability under U.S. jurisdiction. These concerns have already been repeatedly communicated to your Excellency's Government through past communications (cases nos. [USA 21/2022](#); [USA 25/2022](#); [USA 5/2023](#); [USA 7/2023](#)), including regarding the conduct of the same Swedish company that impacts on the delivery of the same bandages to other sanctioned countries. To date, regrettably, no response has been received by your Excellency's Government to any of these communications, despite the growing global awareness of the adverse humanitarian effects of over-compliance with U.S. unilateral sanctions and of businesses' sanctions-induced de-risking policies, with disproportionate negative impact on the rights of all those in situations of vulnerability.

In the case of Belarus, the concerned company, Mölnlycke Health Care AB, has not provided any clarification about the reasons for the interruption of the deliveries of the EB bandages, although this interruption coincided with the timing of the expansion by your Excellency's Government of unilateral sanctions against Belarus.

In a view of the seriousness of the situation and the very limited stock of bandages available for the EB patients in Belarus, I urge your Excellency's Government to take prompt action, within the scope of its competence, to enable resumption of deliveries of medicine for Belarusian EB patients and to ensure producers of these specialized medical products, as well as banks, transportation and delivery companies that they are not subjected to any penalties for their involvement in the delivery of such products to Belarus and to other countries under sanctions.

I also call on your Excellency's Government to review its sanctions regimes and to exercise precautionary principle to ensure that they do not violate human rights, even unintentionally.

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 my responsibility, under the mandate provided to me by the Human Rights Council, to seek to clarify all cases brought to my attention, I would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.
2. Please explain whether the Executive Order 14038 of 9 August 2021 and other relevant to sanctions acts and measures implemented by your Excellency's Government against Belarus provide for exemptions for medicine, medical equipment and for related services pertaining to their supply to Belarus.
3. Please provide information on human rights impact assessment and due diligence mechanisms that your Excellency's Government has adopted and implemented prior to implementation of Executive Order 14038.
4. Please indicate the measures undertaken by your Excellency's Government to ensure that its current sanctions regimes against Belarus are compliant with the United States' obligations under the UN Charter, international human rights law and other international obligations.
5. Please provide information on the measures undertaken by your Excellence's Government to address and eliminate over-compliance with sanctions and sanctions-induced excessive de-risking policies.

I may consider to publicly express my concerns about this issue in the future as in my view the information thus far available to me is reasonably reliable and a matter of obvious human, human rights and public interest.

I would appreciate receiving a response within 60 days. Past 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.

Please be informed that letters on the same subject have also been sent to the concerned company, Mölnlycke Health Care AB, the Government of Sweden, as well as to the European Commission and European Parliament.

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

Alena Douhan  
Special Rapporteur on the negative impact of unilateral coercive measures on the  
enjoyment of human rights

## Annex

### Reference to international human rights law

In connection with above alleged facts and concerns, I would like to refer to the relevant international norms and standards that are applicable to the issues brought forth by the situation described.

Reference is made to the international human rights standards on the right to life, in particular article 6 of the International Covenant on Civil and Political Rights (ICCPR), which provides for the positive obligation to ensure access to the basic conditions necessary to sustain life (CCPR general comment no. 6, para. 5; CCPR general comment no. 36, para. 21) and which requires special measures to protect persons in vulnerable situations whose lives are particularly endangered by specific threats (CCPR, general comment no. 36, para. 23). Measures, including the obstruction of humanitarian assistance, and of access to basic and life-saving goods and services such as food, health, electricity and safe water and sanitation run counter to the right to life (CCPR/C/ISR/CO/4, para. 12; A/73/314, para. 27). I wish to recall that any deaths attributable to such measures amount to an arbitrary deprivation of life (A/73/314, para. 13).

The International Covenant on Economic, Social and Cultural Rights (ICESCR) enshrines “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (art. 12(1)). The realization of the right to health entails, inter alia, the “treatment and control” of diseases (art. 12(2)(c)) and conditions to ensure “all medical service and medical attention in the event of sickness” (art. 12(2)(d)). General Comment No. 14 (2000) of the CESCR, which states that the agreed interpretation of the right to health includes, inter alia, the availability and the physical accessibility of goods necessary to ensure this right (paras 12(a, b)), with these goods being “medically appropriate and of good quality” (para 12(d)). I also refer to paragraph 50 of the same General Comment no. 14 which notes that violations of the right to health can include “the denial of access to health facilities, goods and services to particular individuals or groups”.

Moreover, deterioration of one’s health condition as well as growing physical and psychological suffering due to the unavailability of adequate and appropriate medical treatment may have adverse effects on the enjoyment of other human rights including the right to education, the right to work, human dignity, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement (CESCR, general comment no. 14, E/C.12/2000/4, para. 3).

The Convention on the Rights of Persons with Disabilities (CRPD) provides for the obligation “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” and to “refrain from engaging in any act or practice that is inconsistent with the present Convention” as having universal extraterritorial character. Unavailability of bandages for EB patients prevents them

from the possibility to be integrated in the society and to live a life with dignity, and affecting a broad range of human rights, including access to physical environment (art. 9), freedom from torture and inhuman treatment (art. 15), right to live independently and to be involved in the community (art. 19), to education (art. 24), to health, habilitation and rehabilitation (art. 25-26) of the CRPD.

I note that your Excellency's Government is not a party to the ICESCR and the CRPD. However, it has signed both these human rights instruments and therefore is obliged to refrain from acts, which would defeat their object and purpose (article 18 of the Vienna Convention on the Law of Treaties, 1969). I also recall that the provisions of these conventions constitute a part of international customary norms and thus are binding.

Regarding children, who comprise the majority of patients who suffer from EB, I call your attention to the Conventions on the Rights of the Child (CRC). In addition to the general reference to the right to health (art. 24), it requires states to ensure effective health care services for children and their parents (art. 23(3)), and to take measures to diminish child mortality (art. 24(a)). Article 23 (1) of the CRC underlines the need to recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Regarding the withholding of medical treatment or acts that cause treatment to be withheld, such as obstacles causing delays, we refer to the prohibition on inhuman treatment provided in article 7 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).