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When Protests Become a Health Crisis: Iran and the Failure of Global Health Governance

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Table of Contents

Introduction

Iran's nationwide protests since late December 2025 raise urgent questions about state compliance with international health and human rights law.[1] State responses to the protests have directly affected civilian safety, access to emergency medical care, and the functioning of health systems.[2] Since early January, the crisis has widened into a regional risk environment, marked by near total communications restrictions inside Iran, escalating international pressure, and intensified multilateral scrutiny of state conduct toward civilians and health institutions.[3]

The central argument of this paper is that state repression during periods of internal unrest constitutes a legally cognizable public health failure when it predictably disrupts medical neutrality, emergency care, and health surveillance.[4] Drawing on Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), and the International Health Regulations (2005) (IHR), the analysis treats health systems as protected civilian infrastructure.[5] Their impairment engages binding international legal obligations and constrains the lawful design and application of sanctions, diplomatic engagement, and technical cooperation.

The purpose of this paper is not to catalogue individual violations. It is to demonstrate how repression operates systemically to undermine the conditions necessary for civilian survival, producing excess morbidity, preventable mortality, and long-term health system degradation. The persistence of these outcomes reflects not a gap in international law, but a failure of global health governance to translate existing legal obligations into operational safeguards during political crises.

I. Context: Protest, Repression, and Escalation

Iran's protests began in late December 2025 and rapidly spread across multiple cities and provinces. Initial demonstrations reflected civilian dissent and were met with security deployments framed by authorities as necessary responses to threats to national security and public order. Within days, these deployments expanded in scale and intensity.

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1 "Iran: Authorities' Renewed Cycle of Protest Bloodshed", Human Rights Watch, 8/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2h9.

2 "Iran: Deaths and injuries rise amid authorities' renewed cycle of protest bloodshed", Amnesty International, 8/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2Oi.

3 "Iran: UN Fact-Finding Mission calls for immediate restoration of internet access and adherence to international human rights law", Office of the United Nations High Commissioner for Human Rights, press release, 10/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2rF.

4 United Nations Human Rights Council, "Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health," UN Doc, A/HRC/44/48 (2020), accessed on 2/2/2026 at: https://acr.ps/1L9F2ia.

5 United Nations, *International Covenant on Economic, Social and Cultural Rights*, Art. 12 (1966); United Nations, *International Covenant on Civil and Political Rights* (1966); World Health Organization, *International Health Regulations* (2005), Third Edition (2016).

By early January 2026, Iranian authorities implemented a near total internet and telecommunications shutdown, beginning on or around 8 January.[6] This shutdown severely constrained emergency coordination, disrupted referral pathways, and impeded independent verification of deaths and injuries. Monitoring cited by international media and technical observers indicated only partial restoration by late January, with traffic reaching approximately 60 percent of pre-shutdown levels and access varying by province.[7] These patterns were consistent with continued throttling and selective control rather than full restoration.

International scrutiny intensified in parallel. The United Nations Human Rights Council adopted a resolution extending the fact-finding mechanism on Iran and calling for an urgent inquiry into the violent crackdown on protesters.[8] Casualty figures remained contested and difficult to verify under blackout conditions, with official government figures substantially lower than those reported by civil society organizations and independent monitors.[9]

External state responses evolved alongside these developments. Sanctions activity expanded, and military signalling increased, contributing to a heightened geopolitical environment.[10] Within this context, the protection of civilian health systems risked being treated as a contingent policy variable rather than as a binding legal obligation grounded in international law.[11]

II. From Repression to Public Health Harm

International law does not treat access to emergency medical care, protection of health workers, or maintenance of health surveillance as discretionary during periods of unrest. These obligations apply precisely when civilian populations are most vulnerable.[12]

When emergency care is obstructed, health data suppressed, or medical personnel arrested or threatened, the consequences are predictable. Injured civilians delay or avoid treatment. Clinicians operate under fear and coercion. Surveillance systems fail at the moment accurate data is most

6 OHCHR, "Iran: UN Fact-Finding Mission calls for immediate restoration of internet access".

7 "Iran appears to ease internet blackout", *The Guardian*, 28/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F31N.

8 "Human Rights Council Adopts Resolution Extending Mandates of Fact-Finding Missions", Office of the United Nations High Commissioner for Human Rights, 23/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2C5.

9 "Iranian official says verified deaths in Iran protests reaches at least 5,000", *Reuters*, 19/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2Qa; Tess McClure and Deepa Parent "Disappeared Bodies, Mass Burials and '30,000 Dead': What Is the Truth of Iran's Death Toll? Testimony from Medics, Morgue and Graveyard Staff Reveals", *The Guardian* 27/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2Zw.

10 Reuters, "EU expected to approve new Iran sanctions in response to crackdown", *Reuters*, 27/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2JG.

11 United Nations Human Rights Council, *Preserving Gains and Pushing Back against the Global Attack on Civic Space*, UN Doc. A/HRC/56/50 (2024), accessed on 2/2/2026 at: https://acr.ps/1L9F2F1; United Nations, *Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War*, arts. 18–20 (1949), accessed on 2/2/2026 at: https://acr.ps/1L9F2xS; World Health Organization, "Human Rights and Health", WHO Fact Sheet (December 2023), accessed on 2/2/2026 at: https://acr.ps/1L9F31g; World Health Organization, *International Health Regulations* arts. 3, 5, 6, 12, (2005), accessed on 2/2/2026 at: https://acr.ps/1L9F2DZ.

12 International Committee of the Red Cross, *Customary International Humanitarian Law,* Rules 25, 26, 28, and 30 (2005), accessed on 2/2/2026 at: https://acr.ps/1L9F38H; World Health Organization, *Emergency Response Framework,* ed. 2.1 (2024), accessed on 2/2/2026 at: https://acr.ps/1L9F2Za; "Internet Shutdowns Impact Human Rights, Economy and Day-to-Day Life", *UN News*, 24/6/2022, accessed on 2/2/2026 at: https://acr.ps/1L9F2au.

critical. These dynamics translate legal violations into population-level health harm, producing excess morbidity, preventable mortality, and long-term system degradation.

In Iran, these effects were not incidental. Reports documented injured civilians avoiding hospitals for fear of arrest, clinicians facing intimidation, and medical documentation being disrupted or withheld.[13] Communications shutdowns compounded these harms by disabling emergency coordination and obstructing real-time situational awareness.

The implications extend beyond national borders. Global health governance depends on timely reporting, functional surveillance systems, and the ability of health actors to operate without interference during emergencies. When communications are shut down and health data suppressed, domestic crisis management deteriorates and regional preparedness is simultaneously undermined. Early warning systems weaken. Cross-border risk assessment becomes distorted. International response is delayed or misdirected.

III. Security Narratives and the Collapse of Civilian Protection

Iranian authorities consistently framed the protests as threats to national security rather than as expressions of civilian dissent. Official statements and state media emphasized incidents of property damage, arson, and isolated attacks on security forces to justify expanded policing powers, mass arrests, and the invocation of national security laws.[14]

Alongside this domestic framing, officials attributed protest activity to external interference. Senior government representatives accused foreign governments, opposition groups abroad, and unnamed external networks of instigating unrest and coordinating violence.[15] The invocation of foreign interference served to legitimize emergency measures and to broaden the scope of permissible security action.

International law governing peaceful assembly does not permit such categorical treatment. Article 21 of the ICCPR protects peaceful assembly subject only to restrictions that meet strict standards of legality, necessity, and proportionality. Authoritative interpretation confirms that violent acts by some participants do not extinguish protections for others.[16] States remain obligated to distinguish

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13 Olivia Le Poidevin and Parisa Hafezi, "Iran Detaining Protesters Being Treated in Hospitals as Part of Crackdown, Says UN Expert", *Reuters,* 26/1//2026, accessed on 2/2/2026 at: https://acr.ps/1L9F3b9; "UN Rights Chief Says Iran Security Forces Chased Injured Protesters into Hospitals", *Iran International* 23/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2vH; "Iran: Deaths and injuries rise", Amnesty International; Saeedeh Fathi, "Inside Iran's Hospitals at the Centre of the Crackdown", *The New Arab* 28/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2nd; Deepa Parent and William Christou, "Hundreds of gunshot eye injuries found in one Iranian hospital amid brutal crackdown on protests", *The Guardian*, 13/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2L0.

14 "Assessing the Current Iran Protests and Possible Scenarios", SETA Foundation, 19/1/2026), accessed on 2/2/2026 at: https://acr.ps/1L9F2Vk; Jon Gambrell, "Iran Says 3,117 Killed in Recent Protests, Issuing Lower Death Toll Than Human Rights Activists", *PBS NewsHour*, 21/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2tZ; United Nations Human Rights Council, R*eport of the 39th Special Session on the Human Rights Situation in the Islamic Republic of Iran*, 23/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2sL.

15 Ibid.

16 United Nations, *International Covenant on Civil and Political Rights*, art. 21 (1966), accessed on 2/2/2026 at: https://acr.ps/1L9F2xM.

between peaceful demonstrators and individuals engaged in criminal conduct. Collective or indiscriminate use of force is prohibited.[17]

Domestic law provides parallel protections. Iran's Constitution safeguards life, dignity, and property from arbitrary violation and recognizes the right to peaceful assembly subject to limited conditions.[18] Iranian criminal law principles require individualized criminal responsibility. Despite this framework, authorities relied on charges such as *moharebeh*, an offence limited under Iranian law to individualized acts of armed violence, to justify mass arrests and severe penalties linked to protest activity.[19]

The use of national security and counterterrorism frameworks to constrain civic space reflects a pattern documented by United Nations Special Rapporteurs across multiple country contexts.[20] In Iran, this approach coincided with extensive civilian injury and contributed to conditions that eroded trust in public institutions, including hospitals and emergency services.[21] These dynamics directly shaped the health system impacts that followed.

IV. Health System Strain Under Repression

The securitized response to the protests had immediate and sustained effects on Iran's health system. Credible reporting described repeated influxes of patients with gunshot wounds, pellet injuries, and severe blunt trauma across multiple cities.[22] Hospitals in Tehran and other urban centres treated a continuous flow of injured civilians over successive nights, indicating sustained strain on emergency services rather than isolated mass casualty events.[23]

Facilities prioritized life-saving treatment under significant pressure. In some cases, non-emergency admissions were delayed or limited due to overcrowding, staff exhaustion, and security constraints.[24] These conditions are characteristic of acute public health emergencies and reflect departures from the ordinary standards of care required under the right to health.

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17 United Nations, *Basic Principles on the Use of Force and Firearms by Law Enforcement Officials* (1990), accessed on 2/2/2026 at: https://acr.ps/1L9F30l.

18 Islamic Republic of Iran, *Constitution of the Islamic Republic of Iran*, arts. 22 and 27 (1979, as amended), accessed on 2/2/2026 at: https://acr.ps/1L9F2pR.

19 Islamic Republic of Iran, Islamic Penal Code (2013), arts. 2, 10, 125, 279–282, accessed on 2/2/2026 at: https://acr.ps/1L9F2Ks.; United Nations General Assembly, Situation of Human Rights in the Islamic Republic of Iran, A/C.3/80/L.30 (4 November 2025), accessed on 2/2/2026 at: https://acr.ps/1L9F34B.

20 United Nations Human Rights Council, *Preserving Gains and Pushing Back against the Global Attack on Civic Space.*

21 Le Poidevin and Hafezi, "Iran Detaining Protesters Being Treated in Hospitals".

22 "UN Rights Chief Says Iran Security Forces Chased Injured Protesters into Hospitals", *Iran International,* 23/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2vH; "Iran: Deaths and injuries rise", Amnesty International.

23 Fathi, "Inside Iran's Hospitals at the Centre of the Crackdown".

24 Ibid.

Specialist services experienced particular strain. In Tehran, a major ophthalmologic referral hospital recorded a sharp increase in pellet-related ocular injuries, with clinicians describing unprecedented case volumes and shortages of specialized supplies.[25]

System stress was compounded by coercive interference. Eyewitness accounts and investigations documented incidents in which security forces entered hospital premises, disrupted medical care, detained injured protesters, and intimidated patients and staff.[26] Such conduct deterred care-seeking and undermined clinicians' ability to document injuries and causes of death accurately.[27]

Post-mortem and forensic services were also strained. During peak periods of violence, morgue capacity was exceeded in some locations, requiring temporary measures and placing additional pressure on hospital infrastructure.[28] These conditions further disrupted death certification and injury surveillance, complicating both accountability and public health assessment.[29]

These events unfolded within a health system already facing structural constraints. While Iran maintains an extensive hospital network concentrated in major urban areas, access to trauma care and specialist services remains uneven, particularly outside large cities.[30] Peer-reviewed analyses identify longstanding challenges related to financing, workforce distribution, and supply chain reliability, limiting surge capacity during acute crises.[31]

Communications restrictions further amplified disruption. United Nations experts have documented that internet shutdowns impair emergency coordination and public health surveillance, limiting timely mortality tracking and needs assessment.[32] When combined with coercive interference, these restrictions degraded both immediate care delivery and longer-term accountability mechanisms.

V. Legal Obligations and the Governance Gap

Iran's obligations during the protests arose not only from human rights treaties but also from global health governance instruments designed to protect populations during crises. As a State Party to the ICCPR, ICESCR, and the World Health Organization's International Health Regulations (2005) (IHR),

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25 Parent and Christou, "Hundreds of gunshot eye injuries".

26 Poidevin and Hafezi, "Iran Detaining Protesters Being Treated in Hospitals".

27 Deepa Parent, "Iran doctors arrested for treating injured protesters in 'campaign of revenge'", *The Guardian*, 29/1/2026, accessed on 2/2/2026 at: https://acr.ps/1L9F2Lm

28 McClure and Parent "Disappeared Bodies, Mass Burials and '30,000 Dead': What Is the Truth of Iran's Death Toll?".

29 Ibid.

30 UK Home Office, *Country Policy and Information Note: Medical and Healthcare Issues, Iran* (June 2024), accessed on 2/2/2026 at: https://acr.ps/1L9F2L0.

31 Ghorbani et al., "Health System Challenges in Iran: Capacity, Financing, and Governance Constraints", *International Journal of Health Policy and Management* 12, no. 1 (2023): 1–11, accessed on 2/2/2026 at: https://acr.ps/1L9F2Lw.

32 "Internet Shutdowns Impact Human Rights, Economy and Day-to-Day Life", UN News, 24/1/2022, accessed on 2/2/2026 at: https://acr.ps/1L9F2au.

Iran remains legally bound to protect life, regulate the use of force, and preserve the functioning of health systems during periods of internal unrest.[33]

Under the ICCPR, law enforcement use of force must be strictly necessary and proportionate, with lethal force permitted only as a last resort to protect life.[34] Where force is deployed in ways that foreseeably generate mass injury, overwhelm emergency services, or deter treatment-seeking, civil and political rights violations produce direct and measurable public health harm.

Parallel obligations arise under the right to health. Article 12 of the ICESCR, as clarified by General Comment No. 14, requires states to respect medical neutrality, ensure non-discriminatory access to emergency care, and protect health workers from intimidation or retaliation.[35] General Comment No. 14 operationalizes the right to health through the interrelated standards of availability, accessibility, acceptability, and quality. During the protests, these dimensions were foreseeably impaired. Availability was compromised as hospitals and emergency services became inaccessible or overwhelmed. Accessibility was undermined when injured civilians avoided care for fear of arrest and when communications shutdowns disrupted referral pathways. Acceptability was eroded where coercive security presence within medical facilities deterred patients and violated ethical norms of medical neutrality. Quality suffered as clinicians operated under intimidation, resource constraints, and disrupted documentation, degrading standards of care and surveillance integrity.

These are minimum core obligations that admit of no retrogression, including during emergencies and internal disturbances. Interference with hospitals, intimidation of clinicians, and disruption of medical documentation therefore constitute direct legal breaches impairing the integrity of the health system as a whole.

The IHR further require states to maintain core capacities for surveillance, reporting, and response at all times.[36] Political instability does not justify disabling communications infrastructure or obstructing health data flows. Such actions undermine domestic response capacity and weaken regional and international preparedness.

Despite the clarity of these legal standards, enforcement mechanisms remain limited. Treaty bodies, Special Rapporteurs, and fact-finding missions can document violations and issue authoritative guidance, but they lack tools to compel real-time compliance or restore disrupted health functions.[37]

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33 Office of the United Nations High Commissioner for Human Rights, *Treaty Ratification Status: Islamic Republic of Iran (ICCPR, ICESCR)*, UN Treaty Body Database, accessed on 2/2/2026 at: https://acr.ps/1L9F2jU.

34 United Nations Human Rights Committee, *General Comment No. 36 on Article 6 (Right to Life)*, UN Doc. CCPR/C/GC/36 (2018), paras. 12–14; United Nations, *Basic Principles on the Use of Force and Firearms by Law Enforcement Officials* (1990), principles 4, 5, 9; *International Covenant on Civil and Political Rights*, arts. 2(1), 6 (1966).

35 *International Covenant on Economic, Social and Cultural Rights*, art. 12 (1966); United Nations Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The Right to the Highest Attainable Standard of Health*, UN Doc. E/C.12/2000/4 (2000), paras. 11, 12(b), 34, 35, 50.

36 World Health Organization, *International Health Regulations*, arts. 3(1), 5, 6, 13 (2005), and Annex 1 (Core Capacity Requirements for Surveillance and Response), 3rd ed. (2016).

37 United Nations Human Rights Council, *Preserving Gains and Pushing Back against the Global Attack on Civic Space*, paras. 6–10, 52–56; Office of the United Nations High Commissioner for Human Rights, *Internet Shutdowns: Trends, Causes, Legal Implications and Impacts on a Range of Human Rights*, UN Doc. A/HRC/50/55 (13 May 2022), paras. 16–18, 27; United Nations, *Charter of the United Nations*, arts. 55–56.

Security Council action is frequently constrained by geopolitical dynamics, while health-focused institutions possess technical expertise without enforcement authority.

Comparable patterns have been documented in Nicaragua, Gaza, and Ukraine.[38] In each context, international law clearly prohibited interference with medical care, yet accountability responses remained delayed, fragmented, or largely declaratory. The result is a recurring governance failure: normative commitments to life and health exist, but mechanisms capable of protecting health systems during internal unrest do not operate when they are most needed.

VI. International Law at Risk: From Norms to Irrelevance

This governance failure poses a broader threat to international law itself. When legal obligations repeatedly fail to protect civilian health during predictable crisis conditions, law risks becoming performative rather than operative. Documentation accumulates. Condemnations are issued. Yet health systems collapse in real time, and preventable harm continues.

The danger is not the absence of legal norms. It is their progressive marginalization. When states learn that interference with healthcare produces reputational costs but no immediate operational consequences, compliance becomes negotiable. Over time, the credibility of international law erodes, not through formal withdrawal, but through routine non-implementation.

If international law is to retain legitimacy, it must demonstrate relevance at the moment of harm, not solely in retrospective accountability processes.

VII. Policy Options: Operationalizing Protection

This brief therefore identifies not a deficiency in international law, but a gap in how existing obligations are applied during political instability. Duties to protect medical neutrality, emergency care, and health surveillance are firmly established. What is missing are mechanisms that translate these duties into operational safeguards.

To address this gap, the brief proposes a health-protection trigger approach grounded in existing global health governance frameworks. When verified interference with medical neutrality, emergency care, or health surveillance occurs, defined and proportionate escalation steps should follow automatically.

Such steps may include:

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38 United Nations Human Rights Council, *Preserving Gains and Pushing Back against the Global Attack on Civic Space*, paras. 6–12, documenting recurring failures to enforce protections for civilians and health systems during internal unrest across multiple States; Inter-American Commission on Human Rights, *Gross Human Rights Violations in the Context of Social Protests in Nicaragua* (Washington, DC: Organization of American States, 2018), paras. 215–224 (documenting denial of medical treatment and attacks on health workers), accessed on 2/2/2026 at: https://acr.ps/1L9F3cK; Jayra Usmany et al., "Attacks on Healthcare in Conflict-Affected Countries: A Comparison of Temporal Trends in Ongoing Conflicts in Lebanon, Myanmar, Occupied Palestinian Territory, Sudan and Ukraine Using WHO SSA and SHCC Data, 2018–2024", *Popul Health Metrics*, PMCID: PMC12822187, 14/12/2025, accessed on 2/2/2026 at: https://acr.ps/1L9F2nW

- Public health protection notices issued through the World Health Organization and relevant UN mechanisms.
- Clearly articulated benchmarks linked to technical cooperation and diplomatic engagement.
- Time-bound accountability measures tied to specific, documented conduct.

This approach emphasizes prevention and course correction rather than retrospective attribution of blame.

A conduct-based framework is particularly important in the design of sanctions and diplomatic measures. Broad economic restrictions or generalized political pressure often weaken civilian health systems while leaving the practices that interfere with healthcare unchanged. Targeted, conduct-specific conditionality allows states and international partners to address harmful practices directly while minimizing unintended harm to civilian populations.

Accountability mechanisms are most effective when they are precise. Interference with healthcare typically occurs through identifiable actions, including security incursions into medical facilities, intimidation or detention of health workers, obstruction of ambulances, or suppression of injury and mortality data. These practices are legally prohibited, operationally observable, and suitable for monitoring within existing institutional mandates.

Accordingly, continued diplomatic engagement and technical cooperation should be conditioned on verifiable protection of healthcare. Relevant indicators may include the absence of security forces in medical facilities, protection of health personnel from arrest or retaliation, unimpeded access for emergency services, and preservation of health communications and surveillance systems.

The duty of international cooperation reinforces this approach. States and international institutions are obligated not only to refrain from actions that foreseeably impair civilian health systems, but to act when minimum core health obligations are at risk. Health-protective conditionality reinforces, rather than undermines, sovereignty by giving effect to commitments states have already accepted.

Conclusion: Saving the Law by Using It

When repression disrupts healthcare, the result is not only a human rights violation. It is a failure of global health governance and a warning sign for international law itself. The law governing medical neutrality, emergency care, and health surveillance is already clear. Its repeated non-operation during crises risks rendering it irrelevant.

Iran's protests illustrate how quickly legal protections can collapse when security narratives dominate and governance mechanisms fail to respond in real time. Yet they also demonstrate that the solution does not require new treaties or expanded mandates. It requires the consistent,

preventive application of existing law, supported by operational triggers that protect health systems when they are most vulnerable.

International law retains its legitimacy only if it can protect civilian life under pressure. Operationalizing health system protection during internal unrest is therefore not a peripheral reform. It is essential to preserving both public health and the credibility of the international legal order.

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