Life expectancy is a late signal of sanctions-related harm

Cross-national evidence reports lower life expectancy and higher mortality in countries exposed to economic sanctions. Gutmann and colleagues reported that UN sanctions were associated, on average, with a 1·2–1·4-year reduction in life expectancy.[1] Furthermore, in their Article in *The Lancet Global Health*, Francisco Rodríguez and colleagues estimated that unilateral sanctions were associated with more than 560 000 annual deaths.[2] Iran, however, complicates this picture. Iran has experienced one of the most extensive and prolonged periods of economic sanctions globally. Yet, no clear break or trend shift in national life expectancy aligned with major changes in sanctions is apparent from the life-expectancy trajectory reported by the GBD 2023 Iran Collaborators (May, 2026).[3] Although the study was not designed to estimate effects of sanctions directly, this observation warrants careful consideration as the current evidence does not support a large, immediate, or independent sanctions-attributable fall in Iran's national life expectancy.

The discrepancy is both methodological and empirical. Sanctions are not a cause-of-death category within the Global Burden of Disease decomposition. Sanctions are distal geopolitical determinants whose possible health consequences are mediated through restricted imports, banking constraints, overcompliance, procurement disruption, medicine shortages, higher treatment costs, reduced care continuity, and household financial pressure. Therefore, their effects cannot be decomposed directly. Sanctions operate through intermediate pathways before becoming visible in registered causes of death and age-specific mortality.

Evidence from Iran is consistent with this interpretation. A 20-year mixed-methods study of 28 national and subnational indicators found no clear, stable, and attributable sanctions-related signal for many major mortality outcomes but did find recurrent pressure on access, affordability, medicine availability, treatment continuity, and household coping.[4] The Iranian case might therefore illustrate buffered, displaced, diluted, or pathway-specific harm rather than the absence of harm.

The implication for monitoring is direct. Life expectancy and overall mortality remain important final outcomes, but they are insufficiently sensitive starting points for early detection. Sanctions-related health monitoring should move upstream to address medicine availability, stock-outs, procurement delays, over-compliance events, health inflation, out-of-pocket payments, treatment interruptions, chronic care continuity, and vulnerable-group inequalities. This rationale underpins the Sanctions' Health Assessment and Monitoring Support tool.[5] If sanctions-related harm becomes apparent only after it has altered national life expectancy, monitoring has begun too late.

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