United Nations A/HRC/63/NGO/312

General Assembly

Distr.: General
1 September 2026

English only

Human Rights Council
Sixty-third session
7 September–9 October 2026
Agenda item 3
Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Written statement submitted by Chongqing Centre for Equal Social Development, a non-governmental organization in special consultative status*

The Secretary-General has received the following written statement, which is circulated in accordance with Economic and Social Council resolution 1996/31.

[16 August 2026]

* Issued as received, in the language of submission only.

The Structural Destruction of Social Care Systems by Unilateral Coercive Measures

In the complex arena of international politics and economic maneuvering, unilateral coercive measures (UCMs) are frequently packaged as legitimate policy instruments, with their ramifications commonly reduced to fluctuations in macroeconomic indicators, contractions in GDP, and trade volatility. However, the deeper and more enduring harm inflicted by unilateral coercive measures unfolds far beyond these aggregate statistics within the micro-level fabric of households—namely, the structural destruction of social care systems. The provision of care for children, older persons, individuals with chronic illnesses, and persons with disabilities constitutes the essential foundation for upholding human dignity, realizing social reproduction, and safeguarding fundamental human rights. Yet, under the indiscriminate impact of unilateral coercive measures, the responsibility for public care—which ought to be shared by the State and society—is unjustly offloaded onto the most vulnerable individuals and households.

On the one hand, unilateral coercive measures directly undermine public service systems, shifting the burden of care from the public sector to the domestic sphere. UCMs have disrupted fuel shipments to Cuba, leaving medical institutions unable to function properly due to power outages, while inflation driven by these measures has caused acute supply shortages in community-based elderly care systems. In resource-dependent countries such as the Islamic Republic of Iran and the Bolivarian Republic of Venezuela, blockades on energy exports have cut off foreign exchange inflows, precipitating the rapid unraveling of social safety nets. In the Syrian Arab Republic, unilateral coercive measures have paralyzed critical infrastructure and led to chronic water and electricity cuts, depriving public care facilities of basic operating conditions. In Afghanistan and Zimbabwe, the freezing of overseas assets and bans on international financing have severed external support for community assistance and disability rehabilitation programs. The common consequence is a sharp contraction in public health, social protection, and community welfare budgets, compelling the State to retreat from its social security functions and transferring the responsibility of caring for the sick, the elderly, and the young to families. Household members—particularly women and girls—are forced to remain tied to intensive unpaid care work over extended periods. This fundamentally amounts to sacrificing individual well-being to compensate for the collapse of public services caused by unilateral coercive measures. In this process, caregivers are deprived of opportunities for self-advancement, education, and access to decent work; simultaneously, persons with disabilities, older persons, and individuals with chronic conditions are stripped of their rights to access professional socialized care, live independently, and maintain a life with dignity.

On the other hand, unilateral coercive measures severely impede the importation of essential medicines and medical equipment. Many patients whose chronic conditions or mental health disorders could otherwise be managed through medication suffer deterioration and lose their capacity for self-care due to supply disruptions. In Cuba, approximately two million patients with hypertension, one million with diabetes, and one million with asthma face treatment interruptions; persons with disabilities and older persons also suffer accelerated loss of functional capacity due to the lack of rehabilitation equipment. In the Islamic Republic of Iran, unilateral coercive measures imposed by the United States of America previously caused a complete cutoff of specialized non-adherent dressings required by patients suffering from epidermolysis bullosa (EB). The severance of medical supplies shifts the burden of treatment and nursing—which should be borne by society and healthcare facilities—onto households, resulting in a dramatic surge in domestic care workloads. Caregiving has evolved from basic supportive assistance into around-the-clock, high-intensity nursing. Family members are compelled not only to perform complex nursing tasks that normally fall under the purview of professional nurses, such as manually cleaning ulcerated wounds and changing dressings, but also to remain constantly vigilant against severe complications arising from forced drug interruptions. They must undertake critical risk monitoring within the domestic setting that should be carried out by medical institutions, driving care burdens to new heights. Under severe crushing physical exploitation and acute psychological distress,

the physical and mental well-being of family caregivers has been pushed to the brink of collapse.

Women are the primary victims of this breakdown in the care system: unilateral coercive measures have further exacerbated gender inequalities, significantly lengthening women's hours of unpaid labor. Existing structural imbalances in the gender division of labor have caused the livelihood shocks of UCMs to fall first and foremost upon women. The disintegration of care systems has shattered the daily rhythms of household life; to weather the survival crises induced by unilateral coercive measures, women must take on arduous unpaid labor, including scrambling for and storing water, as well as caring for the sick and infirm older persons. The extension of women's caregiving hours is by no means an organic evolution of the social division of labor, but a violent erosion of civilian livelihoods perpetrated by unilateral coercive measures, converting a massive national crisis into an unconstrained extraction of individual women's energy and time. The physical, mental, and temporal toll borne by caregivers remains entirely invisible on economic balance sheets; they receive neither commensurate economic remuneration nor the protection of a basic social safety net, plunging women who already shoulder heavy care responsibilities into a state of deeper marginalization, impoverishment, and deprivation of dignity.

Of grave concern is that the impact of unilateral coercive measures on social care systems remains far from receiving the attention it urgently warrants. Even more alarming is that unilateral coercive measures have expanded without restraint, becoming frequently abused tools whose reach extends across multiple domains, including the economy, finance, energy, and science and technology. The international community must adopt relevant resolutions to halt the erosion of social care and social safety nets caused by unilateral coercive measures, ensuring that fundamental sectors such as public health, elderly care, and childcare remain shielded from political interference. Concurrently, existing international human rights monitoring mechanisms should be utilized to enhance the assessment and monitoring of damage to social care systems and the burdens of unpaid care in targeted States. Furthermore, relying on established humanitarian coordination channels, relevant parties must further streamline humanitarian exemption and green channel mechanisms to effectively eliminate barriers to the unimpeded flow of essential humanitarian and livelihood supplies. Under the international human rights framework, it is imperative to reaffirm the social value of care work and safeguard the fundamental human rights of care workers. In conclusion, all parties must reaffirm a humanity-centered approach to development, translating the protection of civilian well-being, the rebuilding of social safety nets, and the defense of human dignity into concrete reality.