

**NATIONS UNIES**  
**HAUT COMMISSARIAT DES NATIONS UNIES**  
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**PROCEDURES SPECIALES DU**  
**CONSEIL DES DROITS DE L'HOMME**

**UNITED NATIONS**  
**OFFICE OF THE UNITED NATIONS**  
**HIGH COMMISSIONER FOR HUMAN RIGHTS**

**SPECIAL PROCEDURES OF THE**  
**HUMAN RIGHTS COUNCIL**

**Mandates of the Special Rapporteur on the situation of human rights in Myanmar; the Special Rapporteur on minority issues; and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**

REFERENCE: AL Health (2002-7) Minorities (2005-4) G/SO 214/62-11  
MMR 3/2014

16 May 2014

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on the situation of human rights in Myanmar; Special Rapporteur on minority issues; 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 25/26, 25/5, and 24/6.

In this connection, we would like to bring to your Excellency's Government's attention information we have received concerning **the deleterious consequences of the Government's ordering Médecins Sans Frontières to suspend its healthcare services and of the attacks on the humanitarian organizations resulting in termination of their operations in Myanmar's Rakhine State.**

According to the information received:

It is reported that the humanitarian aid organization Médecins Sans Frontières (MSF) was ordered by the Government to cease all of its activities in Myanmar on 26 February 2014, in an apparent reaction to unverified accusations that MSF's provision of medical care for the victims of inter-communal violence in Rakhine State was unbalanced towards the displaced Muslim Rohingyas over the ethnic Rakhine population. The authorities reportedly stated that the memorandum of understanding under which MSF operated in the country had expired. The order was partially reversed on the following day, allowing MSF to continue its work outside the Rakhine State.

It is alleged that removing MSF from the health infrastructure in Rakhine State will have devastating consequences on the enjoyment of the right to health, both by the ethnic Rakhine population and Rohingya communities. A leading health service provider in Rakhine state, MSF has reportedly conducted 500,000 consultations each year. Members of the Rohingya community displaced by the

inter-communal violence were particularly reliant on the health services by MSF due to alleged discrimination and the severe lack of access to such services provided by the Government. After treating 1,240,000 individuals in Rakhine State for malaria in the last ten years, MSF had to cease its activities in that area, despite the endemic nature of the disease in the country. Furthermore, the suspension order has terminated access to anti-retroviral treatment ensured by MSF to 850 persons living with HIV, which is dangerous to those persons' lives and increases the risk of drug resistance. Estimated 30,000 persons reliant on tuberculosis treatment face the same deleterious effects.

It is further reported that following intimidation, violence and attacks targeting humanitarian organizations in Myanmar on 26 and 27 March, more than 300 humanitarian and development staff were evacuated from the Rakhine State due to safety concerns. Most humanitarian activities, including mobile health clinics and case referrals, normally carried out by international and local aid groups have been reportedly suspended since then. According to the information received, following the termination of activities by humanitarian organizations less than five percent out of 400 referrals per month took place and ten life-saving emergency referrals each day, covering over 700,000 vulnerable persons and provided by MSF and other humanitarian agencies, were not possible. Nearly 15,000 internally displaced children no longer had access to psychosocial support, and at least 36 survivors from gender-based violence would not be provided with emergency life-saving care and psychosocial services.

Humanitarian operations has reportedly resumed in Rakhine on 24 April. While movements to townships have resumed, operations of humanitarian organizations in Rakhine are reportedly still minimal and are not meeting the full needs of affected communities. Although the local health authorities have reportedly deployed additional medical professionals since late April to support the health staff already sent to Rakhine following the temporary suspension of MSF's activities and in the days following the violence in Sittwe on 26 and 27 March, health provision still falls markedly short of needs. Reports have further been received that a number of people in camps have died due to lack of access to emergency medical assistance. Lives are reportedly lost from preventable, chronic or pregnancy-related conditions which could have been avoided had adequate and timely medical services been provided. There have been frequent, almost daily, reports of diarrhoea, measles, chicken pox, effects of malnutrition on children, pregnancy complications and even tuberculosis and dengue fever. Restricting the freedom of movement of the Rohingya's population and limiting the international organizations from providing essential health care services will reportedly have a profound negative effect on the lives of thousands of Rohingyas, including children and women.

It is further alleged that, despite the claims by the Ministry of Health that additional medical professionals would be dispatched to fill the vacuum in health services in Rakhine State, that as of 8 May only two dozen healthcare workers

have been dispatched to support mobile clinic teams of five. The mobile clinics are reportedly meeting approximately 20 per cent of the current need. Scarcely addressing the gap in healthcare services since the suspension of MSF and the expulsion of other aid groups, the Government's mobile clinics have allegedly not been able to meet the existing demands, including regular visits to the camps of displaced Rohingyas, and provide them with necessary health care in a timely manner. Furthermore, it is alleged that the Government has not made the necessary provisions to address the gap in health services in Northern Rakhine State as a result of MSF's suspension.

Serious concern is expressed at the devastating effects of the suspension of MSF and termination of humanitarian operations in Rakhine State on ensuring access to healthcare services for the whole population of the State, without discrimination.

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

Since 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 your cooperation and your observations on the following matters:

1. Are the facts alleged in the above summary accurate? Please provide any additional information you may have on the above-mentioned allegations. In this connection, kindly provide information on the current status of the Government's order.
2. What measures are being taken to immediately end intimidation, harassment and attacks against humanitarian organizations and medical personnel in Myanmar?
3. What measures are being taken to end the suspension of MSF's activities in Rakhine State and to provide safe and enabling environment for all humanitarian organizations in order to ensure access to healthcare services for the whole population in the State?
4. What measures are being taken to ensure the enjoyment by everyone in Rakhine State, both Rakhine and Rohingya persons, of their right to the highest attainable standard of health, including access to adequate health care without discrimination?

We would appreciate a response within sixty days. Your Excellency's Government's response will be made available in a report to the Human Rights Council for its consideration.

While waiting for your response, we urge your Excellency's Government to take all necessary measures to guarantee that the rights and freedoms of the above mentioned persons are respected and, in the event that your investigations support or suggest the

above allegations to be correct, the accountability of any person responsible of the alleged violations should be ensured. We also request that your Excellency's Government adopt effective measures to prevent the recurrence of these acts.

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

Tomás Ojea Quintana  
Special Rapporteur on the situation of human rights in Myanmar

IZSÁK Rita  
Special Rapporteur on minority issues

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

**Reference to international human rights law and standards  
Annex**

In connection to the above concerns, we wish to refer your Excellency's Government to article 25 of the Universal Declaration of Human Rights, which recognizes the right of everyone "to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...". I would also like to recall article 2 of the Universal Declaration of Human Rights, which prohibits discrimination based on "race, colour, sex, political or other opinion, national or social origin, ... or other status."

We would also like to draw the attention of your Excellency's Government to article 24 of the Convention on the Rights of the Child, acceded to by Myanmar on 15 July 1991, which provides that children and adolescents have the right to the enjoyment of the highest standard of health and access to facilities for the treatment of illness and that States must recognize the right of the child to health and to facilities for the treatment of illness and rehabilitation of health.

We would also like to bring to your Excellency's Government's attention article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women, which Myanmar acceded to on 22 July, 1997, which promotes the right to health of women. In its General Comment No. 24, the Committee on the Elimination of All Forms of Discrimination Against Women observes that States should provide adequate protection and health services for women in especially difficult circumstances, such as conflict (para. 16).

Furthermore we bring your Government's attention to the provisions of the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities. Article 4 (1) establishes that "States shall take measures where required to ensure that persons belonging to minorities may exercise fully and effectively all their human rights and fundamental freedoms without any discrimination and in full equality before the law."