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SPECIAL PROCEDURES OF THE
HUMAN RIGHTS COUNCIL

Mandates of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context; the Special Rapporteur on the right to food; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; and the Special Rapporteur on the human right to safe drinking water and sanitation.

REFERENCE: UA Housing (2000-9) Food (2000-9) Health (2002-7) G/SO 214 (53-24) Water (2008-1)
SYR 3/2014

31 January 2014

Excellency,

We have the honour to address you in our capacity as Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context; Special Rapporteur on the right to food; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; and Special Rapporteur on the human right to safe drinking water and sanitation pursuant to Human Rights Council resolutions 15/8, 22/9, 24/6, 16/23, and 24/18.

We would like to draw the attention of your Excellency's Government to information we have received that, if correct, provides evidence of a deliberate policy to deprive people of access to food, safe drinking water, medical care and adequate housing as a method of war. Reportedly, entire neighborhoods, homes, hospitals, health-care centers and infrastructure have been deliberately destroyed, while access to supplies of food, water, and medicines have been blocked for populations in besieged areas who are in urgent need of assistance. Moreover, we have received information that government and pro-government forces have attacked medical personnel and deliberately targeted food and water supplies in opposition-held areas.

While most of the cases concern acts that have allegedly been carried out by government and pro-government forces, some of the cases – related to the targeting of medical units, destruction of homes, and the prevention of access to humanitarian

assistance to besieged populations – also concern acts allegedly carried out by opposition armed groups.

Denial of access to food, water and medicines

Government and pro-government armed forces have reportedly laid siege to several towns and villages that have faced and continue to face massive destruction of homes and infrastructure, blocking the access of residents to supplies of food, water, and medical supplies and medicines, and humanitarian access to populations in urgent need of assistance.

According to information received:

- Since late 2012, opposition-controlled areas of Homs city have been besieged by government forces, allegedly supported by Hizbullah, hindering access to supplies of food, water and medicine.
- The prolonged siege of the Al-Houlah villages (Homs) has led to severe malnutrition and food shortages, while the lack of medication at the field hospital has forced doctors to resort to desperate measures, including amputation.
- Food, electricity, fuel, water and medical supplies have been blocked for residents in Al-Shajarah town, near Dara'a, besieged from February to April 2013; in Masharah, Al-Qunaytirah; in Al-Buweydah; in Harasta and Dumah, in eastern Damascus countryside; in areas of southern Damascus, including Yarmouk and Al-Asali; and Muadamiyah, in western Damascus countryside.
- In January 2013, the tightening of the blockade of Yarmouk (rural Damascus) led to strict rationing of food and medicine to the remaining 10,000 residents. Reportedly, there were a total of 15 deaths caused by malnutrition in Yarmouk, from September to December 2013. Only, in mid-January 2014 was the United Nations (UNRWA) allowed access to deliver a limited amount of food parcels to people trapped there.
- In areas of Dayr az Zawr city, under the control of opposition armed groups, supplies of food, potable water were reportedly cut, and the use of untreated water from the river resulted in health problems in the civilian population.
- In May 2013, in Al-Talif, supplies of food were allegedly blocked by soldiers from the Syrian army stationed at Jibreen checkpoint.
- In the Al-Qalamoun area, government-controlled checkpoints allegedly prevented the flow of food and medicine. Reportedly, intense fighting restricted

all humanitarian access since August 2013 and only in December 2013 was the United Nations (WFP) able to dispatch food rations to alleviate food shortages faced by an estimated 75,000 people in Deir Attiyah and Nabek.

- In December 2013, severe access restrictions prevented, for a second consecutive month, the delivery of food aid by the United Nations (WFP) to 500,000 planned beneficiaries in the governorates of Deir-ez-Zor.

Reportedly, anti-government armed groups have also in some cases blocked access to food, water, and medical supplies to residents under siege.

According to information received:

- Since July 2012, anti-government armed groups in northern Aleppo reportedly surrounded Nubl and Zahra, blocking food, fuel and medical supplies to its residents and government forces inside. As a consequence, women and children reportedly began to suffer from malnutrition.

- Since April 2013, armed groups – including Liwa Al-Tawheed, Jabhat Al-Nusra and Ghoraba Al-Sham – have besieged the predominantly Kurdish town of Afrin, cutting supplies of food and electricity. There has reportedly been a rise in infectious diseases as a result of a lack of access to clean water in the town.

Attacks on food and water supplies

Government and pro-government forces have reportedly directed attacks at food and water supplies in opposition-held areas. We note that the reported attacks on crops took place immediately prior to the harvesting period, which would suggest a deliberate aim of limiting the availability of food.

According to information received:

- In late May 2013, in the agricultural areas of northern Hamah governorate, harvests around Kafr Zita, Kafr Nabudah, Halfaya, Qalat Al-Madiq, Al-Howija and Tremseh were burned by government and pro-government forces.

- In late May, wheat and barley harvests around Taftanaz, Idlib, were set alight following shelling from artillery positions located in Fou'a villages.

- In June 2013, in Homs governorate, harvests were burned by government and pro-government forces in Al-Houlah, Al-Talif, Teir Maalah and Job Al-Jarrah.

- Between April and June 2013, crops in in Anadan, Hreitan and Mare'a were burned by government and pro-government forces.
- Cattle and other livestock were killed during ground attacks in Ramadan (Damascus) on 9 June 2013, and in Al-Qaraytayn (Homs) on 24 June 2013.
- On 16 May 2013, in a ground attack on Halfaya (Hamah), crops were burned and farm equipment looted.
- In the village of Masharah, Al-Qunaytirah, the village water tower was shelled.

Destruction of housing and infrastructure

Reportedly, an estimated 1.2 million houses have been damaged or destroyed, accounting for one third of the housing stock in the Syrian Arab Republic. As a consequence of this destruction, particularly affecting besieged communities and areas of heavy fighting, such as Homs, Damascus, Aleppo, Dara'a and Dayr al-Zawr, a large number of people have lost their homes. This has led to a situation in which families have to crowd together in the same living space, with host families or in different forms of temporary shelter, further aggravating the humanitarian situation. It is estimated that some 6.5 million Syrians now live as internally displaced within the country, while some 2.3 million have sought refuge in neighboring countries.

According to the information available to us, residential areas and entire neighborhoods with civilians have borne the brunt of violent and often indiscriminate attacks, including artillery shelling, barrel bombs and extensive aerial bombardments in heavily contested areas, such as Aleppo and Homs. These attacks have reportedly caused indiscriminate destruction of homes, private property and massive destruction of essential infrastructure, including water and sanitation facilities, schools, roads and electric supply.

According to information received, specific instances of such attacks by government and pro-government forces include:

- Through bulldozing and detonations, neighborhoods were razed to clear areas near military objectives, such as bases and airports. Residential areas in Damascus, Dara'a and the neighborhoods of Mosha Arbeen and Wadi Al-Jawz (Hamah) were also razed.
- On 5 June 2013, government forces demolished civilian houses in eastern Inkhel, located around the perimeter of the 15th Brigade. According to a former

resident, the demolitions were aimed at increasing visibility of the town and targeted houses that could be used, by virtue of their location, by anti-government armed group fighters.

- Demolitions of neighborhoods in Mosha Arbeen, Wadi Al-Jawz and Inkhel allegedly caused a level of harm to civilian property that was excessive in relation to the military advantage anticipated.

- Prolonged fighting in Dara'a has displaced tens of thousands, leaving homes unguarded. In Dara'a city, Jasem, Musayfrah, Al-Abassiyah (in February and March 2013), Sanamayn and Um Waleed (in April), the homes of suspected anti-government sympathizers were stripped bare. In many cases, theft was followed by the burning of the homes.

According to information received, attacks on homes of civilians carried out by opposition armed groups, include the following incident:

- In Hatla (Dayr az Zawr), homes were reportedly deliberately destroyed by opposition groups affiliated with Jabhat Al-Nusra.

Deliberate attacks on medical units

Since the beginning of the conflict, Government and pro-government forces have reportedly deliberately attacked medical units, which would be in clear violation of international humanitarian and human rights law. There are also reports of attacks on medical units by opposition armed groups.

According to information received:

- In 2011, Special Forces raided and closed down a hospital in Mouadamieh, Damascus on the alleged grounds that it treated injured protesters, arresting patients, doctors and nurses.

- In early 2012, Government forces reportedly bombed and shelled opposition-operated field hospitals, which provided treatment to the wounded. In Homs, hospitals and medical units came under violent attack throughout 2012. In February and March, Government forces shelled field hospitals in Bab Amr from nearby villages. Three field hospitals providing emergency first aid were hit multiple times, causing considerable damage.

- Between April and August 2012, Government forces repeatedly targeted hospitals in Tal Rifat during military operations in northern Aleppo. On 5 April, a private hospital was aerially bombarded and the Tal Rifat public hospital was

destroyed by airstrikes and forced to close. Field hospitals attempted to continue providing care but were attacked by fighter jets from May to early August.

- In July and December 2012, Al Zarzou Hospital in Ansari neighbourhood came under mortar fire by Government forces, and was aerially bombed in February and March 2013.

- Aleppo's Dar Al Shifa public hospital also suffered repeated attacks between August and November 2012. On 12 August, helicopters reportedly fired artillery shells at the hospital, and in early October rockets hit the hospital. On 12 November, the hospital was targeted by a missile strike. On 11 August 2012, the state hospital in Tafas, Dara'a was reportedly attacked after helicopters surveyed the area.

- On 20 June 2013, a fighter jet reportedly dropped a bomb on the National Hospital of Al Raqqa, causing the total destruction of the intensive care unit and injuring three medical staff members.

- In June 2012, Government forces allegedly began a concerted targeting campaign on field hospitals in Al Haffe, Latakia. One field hospital, located in a private home in Jingil village, was shelled on 5 June, and another field hospital, operating from a mosque in Al Zankoufa village, was hit on 13 June.

- Throughout December 2012 and January 2013, Government forces attacked field hospitals in Yarmouk Camp, Damascus. Fayiz Halwa and Al Basil hospitals were repeatedly hit with mortar fire.

- On 25 July 2012, Al Huda private hospital in Sbaneh, Damascus was shelled.

- On 28 August 2012, the Al Majana private hospital in Ariha, Idlib, was hit by rocket fire. The following day on 29 August, Government and pro-Government forces raided the hospital, destroying equipment, harassing the medical staff and accusing them of providing medical treatment to anti-Government armed group fighters.

- Between 19 July and 26 November 2012, Al Saeed private hospital in Al Arfi, Dayr az Zawr treating wounded civilians and fighters alike was repeatedly targeted by Government forces.

- Since February 2013, field hospitals inside the town of Jasem have been repeatedly shelled and aerially bombed.

- Since February 2013, field hospitals in Tariq Asad in Dara'a Al Balad have been shelled continuously, killing medical staff and patients.
- In mid-May 2013, during the ground operation on Halfaya (Hamah), government forces shelled a field hospital, resulting in death and injury of medical personnel and the destruction of the facility.
- On 16 May 2013, government forces destroyed a children's hospital in Dar Al-Kabirah and, in late May, shelled a field hospital in Al-Houlah.
- On 24 May, two rockets hit a field hospital in Taftanaz, Idlib. They were fired in close succession, indicating that the hospital had been targeted.
- In early June 2013, a field hospital in the Al-Qalamoun region was shelled, leading to the wounding and death of patients. First responders were killed in a second shelling attack.
- On 20 June 2013, government forces bombarded the national hospital in Ar Raqqah. Three medical staff members were injured and the intensive care unit was destroyed.

Anti-Government armed groups have reportedly also attacked medical facilities, which would be in clear violation of international humanitarian and human rights law.

According to information received:

- On 14 April 2012, Al Farouk Brigade fighters attacked the National Hospital in Jurat Al Shayyah, as part of a military offensive on Homs city.
- In late May 2013, anti-Government armed groups attacked the National Hospital in Dara'a, causing considerable damage.

Attacks on medical personnel

Since the beginning of the conflict, Government and pro-government forces have allegedly deliberately attacked medical personnel (doctors, nurses, medical volunteers and ambulance drivers), in clear violation of international humanitarian and human rights law. Moreover, the targeting of medical personnel is reportedly encouraged by anti-terrorism laws issued on 2 July 2012, which criminalize the provision of medical aid to the opposition.

According to information received:

- From April to June 2011, Government forces carried out a wave of arrests against medical professionals in Damascus. In April, five doctors working at Al Fateh Hospital and Al Mowasah University Hospital were arrested and detained after they refused to comply with Military Intelligence orders to deny treatment to injured protesters. Three doctors were tortured in Air Force Intelligence custody.
- In June 2011, two doctors working at the Tishrin Military Hospital were summoned to Military Security Branch 291 in Kafr Sousa, where they were detained, interrogated about their activities in support of demonstrators and ill-treated. Upon release, the Military Services Administration discharged them from duty.
- From June 2011 until early 2012, Government security services repeatedly raided Bab Sbaa National Hospital in Homs, arresting doctors and nurses.
- During 2012, Government forces conducted a wave of arrests and extra-judicial executions of medical personnel working at Aleppo's opposition-affiliated Al Zarzou Hospital.
- In June 2012, Air Force Intelligence arrested three medical professionals at Al Zarzou hospital. Their burned bodies were found three days later.
- In July 2012, Dr. Nur Maktabi, a senior doctor at Al Zarzou Hospital went missing. In December 2012, he was found dead.
- In October 2012, a surgical assistant at Al Zarzou Hospital disappeared.
- In mid-December 2012, the hospital's anesthetist disappeared at a Government-controlled checkpoint on his way home from Aleppo.
- In early 2012, a doctor was arrested by soldiers of the 6th Division while treating patients at a state hospital in Idlib.
- In February 2012, Government forces arrested a doctor who treated FSA soldiers at Meydani Hospital in Latakia.
- On 28 June 2012, police in Damascus arrested, detained and subjected a nurse to psychological torture while interrogating her about patients she had treated.
- In August 2012, officers at a Government checkpoint in Athman, Homs, stopped and searched an ambulance delivering medical supplies. The driver of the ambulance was taken to an intelligence service detention facility. Two weeks

later, the National Hospital in Dara'a released his body, bearing extensive injuries consistent with severe torture.

- Since the beginning of the conflict, at least 20 Syrian Arab Red Crescent volunteers have been killed, in some cases by sniper fire, while aiding the wounded or delivering relief supplies. Dozens others have been arrested and detained by the Government.

- On 7 September 2011, a Red Crescent ambulance evacuating wounded civilians was attacked next to a Government checkpoint in Al Hamediyah, Homs, killing one paramedic and injuring three others.

- In May 2012, the Syrian Arab Red Crescent unit in Azaz, Aleppo discontinued frontline work having suffered consistent sniper fire while attempting to evacuate the wounded. Also in May, the Red Crescent office in Azaz was shelled.

- In July 2012, a Red Crescent volunteer was killed by a sniper near Abdel Aziz mosque in Dara'a city's Al Mahatta neighbourhood, while carrying out humanitarian duties.

- On 24 August 2012, a Government sniper shot and injured a Red Crescent nurse near Al Omari mosque in Dara'a. The sniper was located 200 meters away and would have seen his uniform and distinctive emblem.

- In early September 2012, a sniper in Al Midan neighbourhood in Aleppo city shot a medical emergency worker in full medical uniform and holding a medical bag bearing the Red Crescent logo.

- In March 2013, Government forces seized a Red Crescent ambulance in Jobar, Damascus. The ambulance personnel, all in uniform bearing the Red Crescent emblem, were arrested and detained by security services for 10 days.

- On 23 May 2013, Syrian Arab Red Crescent (SACR) volunteer, Suhaib Hassan Swaidan, was detained by members of the Military Intelligence of the Syrian Army.

- A Syrian surgeon working in an Aleppo hospital operated by Médecins Sans Frontières, was killed. His body was found on 3 September 2013.

In relation to these allegations, we would like to draw the attention of your Excellency's Government to the applicable international human rights norms and standards.

Article 25 of the Universal Declaration of Human Rights 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.”

Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) – which the Syrian Arab Republic acceded to on 21 April 1969 – stipulates that States recognize “the fundamental right of everyone to be free from hunger” (article 11(2)) and “the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions”.. The Covenant contains no derogation clause, which means that States are not allowed to suspend their obligations in a public emergency.

As underlined by the Committee on Economic, Social and Cultural Rights in its General Comment No. 12 (E/C.12/1999/5), States parties are “obliged to ensure for everyone under its jurisdiction access to the minimum essential food which is sufficient, nutritionally adequate and safe, to ensure their freedom from hunger” (para. 14). Moreover, States parties are required to respect the right to adequate food, by not taking any measures that result in preventing access to adequate food (para. 15). In this regard, the prevention of access to humanitarian food aid in armed conflicts or other emergency situations would amount to a violation of the right to food (para. 19).

In relation to the right to adequate housing, the Committee on Economic, Social and Cultural Rights in its General Comment No. 4 (1991) has stressed that it should be seen as the right to live somewhere in security, peace and dignity, including guarantees of habitability (providing the inhabitants with adequate space and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors) (para. 8.d). The right also implies the availability of services, materials, facilities and infrastructure, including “sustainable access to natural and common resources, safe drinking water, energy for cooking, heating and lighting, sanitation and washing facilities, means of food storage, refuse disposal, site drainage and emergency services” (para. 8.b).

In a similar vein, in its General Comment No. 7 (1997), the Committee noted that forced evictions are prima facie incompatible with the requirements of the Covenant. Many instances of forced eviction are associated with violence, such as evictions resulting from “internal strife and communal [...]violence” (para. 6) For the Committee forced evictions are defined as “the permanent or temporary removal against their will of individuals, families and/or communities from the homes and/or land which they occupy, without the provision of, and access to, appropriate forms of legal or other protection.” In the Committee’s view, the practice of forced evictions also “takes place in connection with forced population transfers, internal displacement, forced relocations in the context of armed conflict, mass exoduses and refugee movements. In all of these contexts, the

right to adequate housing and not to be subjected to forced eviction may be violated through a wide range of acts or omissions attributable to States parties” (para 3).

The Committee underlined that “forced eviction and house demolition as a punitive measure are also inconsistent with the norms of the Covenant. Likewise, the Committee takes note of the obligations enshrined in the Geneva Conventions of 1949 and Protocols thereto of 1977 concerning prohibitions on the displacement of the civilian population.” and the destruction of private property as these relate to the practice of forced eviction (para 12).

The right to water and sanitation, as explicitly recognized by UN General Assembly resolution 64/292 of 2010, is also a component of the right to an adequate standard of living, as accepted by Human Rights Council resolution 15/9 of 2010. The right to an adequate standard of living is consecrated in several international human rights instruments to which Syria is a State Party, as the ICESCR or the CRC. The human right to water and sanitation entails everyone, without discrimination, to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use and to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure and acceptable and that provides privacy and ensure dignity (A/HRC/RES/24/18).

The Committee on Economic, Social and Cultural Rights in its general comment No. 15 on the human right to water noted that “during armed conflicts, emergency situations and natural disasters, the right to water embraces those obligations by which States parties are bound under international humanitarian law. This includes protection of objects indispensable for survival of the civilian population, including drinking water installations and supplies and irrigation works, protection of the natural environment against widespread, long-term and severe damage and ensuring that civilians, internees and prisoners have access to adequate water” (para. 22).

Furthermore, article 14 of Additional Protocol II of 1977 to the Geneva Conventions of 1949, which applies to situations of non-international armed conflicts determines also that “It is therefore prohibited to attack, destroy, remove or render useless for that purpose, objects indispensable to the survival of the civilian population such as [...] drinking water installations and supplies and irrigation work.”

Article 12 of the ICESCR provides for the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This includes an obligation on the part of all State parties to ensure that health facilities, goods and services are accessible to everyone, especially the most vulnerable or marginalized sections of the population, without discrimination.

As underlined by the Committee on Economic, Social and Cultural Rights Government in its General Comment No. 14, States parties are under the obligation to respect the right to health by, inter alia, refraining from interfering directly or indirectly with the enjoyment of the right to health, from denying or limiting equal access for all persons, including prisoners or detainees, to preventative, curative and palliative health services (para.34).

We would also like to refer your Excellency's Government to the 2013 General Assembly report of the Special Rapporteur on the right to health (A/68/297), in which he notes that: "Destruction of health infrastructure by States, or failure to protect against such destruction by third parties, impairs the availability and accessibility of quality health facilities, goods and services. Intentional targeting of health facilities also constitutes a violation of the principle of distinction under international humanitarian law, which obliges parties to the conflict to refrain from attacking medical personnel, units, material and transports unless they are used to commit hostile acts outside their medical and humanitarian functions" (para 26). The Special Rapporteur further observes that States have an immediate and continuous obligation to provide health-care workers and humanitarian organizations with adequate protection during periods of conflict (para. 27), and urges States involved in conflicts to refrain "from attacking health facilities, goods, services and workers, especially as a conflict strategy, including in areas controlled by armed groups. States should also take measures to protect health facilities, goods, services and workers from attacks by non-State armed groups (para. 70(e)).

To the extent that deprivations of food, water and medical attention generate intense pain and suffering of a physical and mental nature among the targeted civilian population, they also constitute violations of the right to humane treatment and the prohibition of torture. Therefore, we draw the attention of your Excellency's Government to paragraph 1 of Human Rights Council Resolution 16/23 which "Condemns all forms of torture and other cruel, inhuman or degrading treatment or punishment, including through intimidation, which are and shall remain prohibited at any time and in any place whatsoever and can thus never be justified, and calls upon all States to implement fully the absolute and non-derogable prohibition of torture and other cruel, inhuman or degrading treatment or punishment." In this context, we would also like to draw the attention of your Excellency's Government to article 16 of the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (CAT), acceded by your Excellency's Government on 16 August 2004 and to common article 3 of the Geneva Conventions, ratified by your Excellency's Government on 2 November 1953, explicitly prohibiting cruel, inhuman and degrading treatment.

We would also like to remind your Excellency's Government that if great suffering or serious injury to body or to mental or physical health are committed intentionally as part of a widespread or systematic attack directed against any civilian population, they amount to crimes against humanity as very serious inhumane acts under customary

international law as described in article 7(k) of the Rome Statute of the International Criminal Court (ICC), from 17 July 1998.

The Arab Charter on Human Rights of 2004, which was ratified by Syria in 2007, similarly recognizes the right of everyone to the enjoyment of the highest attainable standard of health, for which States should ensure the provision of basic nutrition and safe drinking water for all and proper sanitation systems (art. 39).

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. Since we are expected to report on these cases to the Council, we would be grateful for your cooperation and your observations on the following matters:

1. To what extent are the facts summarized above accurate?
2. What measures are being taken, in dialogue with opposition groups, to immediately end blockades preventing access to food, water and medicines of besieged communities, and to ensure access of humanitarian relief to populations in need?
3. What actions, if any, are being taken to immediately stop attacks aimed at destroying houses, food crops, water and sanitation infrastructure and medical facilities and supplies?
4. What actions, if any, are being taken to provide shelter in towns and villages that have suffered massive destruction?
5. What measures are being taken to immediately end attacks against medial units and personnel?

We undertake to ensure that your Excellency's Government's response to these questions is accurately reflected in the report we will submit to the Human Rights.

While waiting for your response, we urge your Excellency's Government to take all necessary measures to ensure access to humanitarian relief of all persons in need, including the sick and wounded amongst opposition armed groups, in compliance with international humanitarian and human rights law.

In light of the potentially serious implications of these cases, we are considering to publicly express our concern in the near future.

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

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Special Rapporteur on adequate housing as a component of the right to an adequate
standard of living, and on the right to non-discrimination in this context

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