

**Mandates of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Independent Expert on the promotion of a democratic and equitable international order; the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights and the Special Rapporteur on the human rights to safe drinking water and sanitation**

REFERENCE: AL  
SAU 6/2016:

17 November 2016

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Independent Expert on the promotion of a democratic and equitable international order; Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights and Special Rapporteur on the human rights to safe drinking water and sanitation, pursuant to Human Rights Council resolutions 24/6, 27/9, 27/21 and 33/10.

In this connection, we would like to bring to the attention of your Excellency's Government, as the leading member of the Coalition Forces, information we have received concerning **the negative impact on the enjoyment of human rights of the people in Yemen due to the apparent blockade of aircraft and vessels carrying essential goods along the Red Sea, including basic food items, fuel and essential medicines.**

According to the information received:

On 26 February 2014, the United Nations Security Council (UNSC) adopted Resolution 2140, which underlined the need to implement the political transition in Yemen and designated three individuals as subject to asset freeze and travel ban measures. On 14 April 2015, the UNSC adopted Resolution 2216, which established an arms embargo, asset freeze and travel ban on five named individuals. The latter resolution aimed to, among other things, assist and commend the political transition in Yemen; express grave alarm at the significant and rapid deterioration of the humanitarian situation in the State; and express grave concern at the threat to peace and security in Yemen, which poses a threat to neighbouring States as well.

In March 2015, before UNSC Resolution 2216 had been adopted, the Coalition Forces<sup>1</sup> imposed an aerial and naval blockade against Yemen. It has been reported that 'one of the Saudi-led Gulf coalition's first actions was to close Yemen's airspace and placed its ports under naval blockade, in part to prevent the military resupply of the Houthis and elements supporting former president Ali Abdullah Saleh.' Once

---

<sup>1</sup> The coalition consists of all the States members of the Gulf Cooperation Countries (with the exception of Oman), as well as Egypt, Jordan, Morocco, Senegal and the Sudan. (A/HRC/33/38, paragraph 10)

coalition forces took control of Yemeni airspace, they quickly disabled air-traffic control at Sana'a International Airport and other regional airports. Yemen was thereafter closed as an international civil aviation route. Iranian attempts at delivering humanitarian supplies to Yemen have been denied by the coalition, which also bombed the runways at Sana'a airport, forcing the planes to turn back. The alleged purpose of this blockade is to implement the UNSC aforementioned resolution. Nevertheless, in practice, this blockade appears to encompass a unilateral coercive measure from the Coalition to Yemen, restricting and disrupting both the import and export of commercial goods (including food, medical and fuel supplies) and humanitarian aid. Given the fact that Yemen is a net-food-importing State, this situation has led to a severe lack of basic goods and services, as well as to an increase in their respective prices, destabilizing the market system. Consequently, the human rights situation has deteriorated rapidly in the country. Additionally, the humanitarian situation in Yemen has also deteriorated significantly, and the number of people in need of humanitarian assistance in the country is now among the highest in the world. As of October 2016, the Humanitarian Country Team estimates that 21.2 million people in Yemen (82 % of the population) are in need of humanitarian assistance. Some 14.1 million are food insecure, including 7.6 million who are severely food insecure. Access for 14.1 million people to healthcare services is disrupted.

*(i) Aerial and naval blockage*

Regarding the aerial and naval blockade, it is reported that humanitarian aid into Yemen is being hampered, by a variety of regulatory or even apparently in some cases arbitrary impediments from the Coalition. There is a long list of vessels waiting to enter the ports of Yemen and sometimes those which have already entered the port are removed from the dock before unloading the goods. Moreover, there is an unreasonable delay and/or denial of entry to vessels that have been inspected and proven to not be carrying weapons, and also for those that are not suspected of carrying weapons. This situation illustrates the discretionary criteria when inspecting vessels. Due to aforementioned uncertainties, security and insurance considerations, a number of vessel operators and shipping lines have reduced or pulled out their operations in Yemen. One of the most affected ports is Al Hudaydah.

The blockade of Yemen is reported to have entailed serious humanitarian and socio-economic consequences on the Yemeni people. The conditions of life have become untenable for the vast majority of people in Yemen. As summarized by the Panel of Experts on Yemen established pursuant to UN Security Council resolution 2140 (2014):

[t]he systematic and widespread blockade of commercial goods has directly contributed to the obstruction of deliveries of aid and humanitarian assistance, while restricting vital imports of commercial fuel, food and other goods not within the purview of resolution 2216 (2015) or currently subject to sanction.

The impact of the blockade has been further documented in the report “2016 Humanitarian Needs Overview” issued by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in November 2015, as follows:

Since the crisis began, Coalition restrictions on imports – as well as damage to port infrastructure due to air strikes – have added to the humanitarian burden by preventing or discouraging commercial imports into the country. Over 90 per cent of staple food (such as cereals) in Yemen was imported prior to the crisis, and the country was using an estimated 544,000 metric tons of fuel per month before the crisis. Fuel is essential to distribute food, pump water and run hospital generators, among other critical activities. In September [2015], OCHA estimated that commercial fuel imports fell to just 1 per cent of monthly requirements, and food imports hit their second-lowest level since the crisis began. These restrictions constitute a major driver of shortages and rising prices of basic commodities, which have in turn contributed to crippling the economy. Health facilities continue to close at alarming rates due to shortages of fuel and other basic supplies. Without critical commodities, needs across sectors are rising, and response efforts are being hampered.

The latest Yemen Food Security Update (October 2016) also observes that “[b]lockades on importation and high prices of essential food commodities has further plugged households to limited access to food and hence to dire food security needs.”

On 6 August 2015, the Government of Yemen requested the Secretary General to establish the United Nations Verification and Inspection Mechanism (UNVIM). The aim of this mechanism is to facilitate the unimpeded flow of commercial items to Yemen and to revive the economy of the State, in line with the UNSC Resolution 2216. On 2 May 2016, the UNVIM started its operations but its functions solely on a voluntary basis. Thus, any inspection would require the vessel’s permission.

*(ii) Right to health*

According to reports received, the blockade and ongoing conflict have seriously undermined the national health system’s ability to respond to the situation. The lack of availability and inadequate quality of basic healthcare services are severely affecting the right to health of people in Yemen, in particular the elderly, sick and infants. In addition, there is a severe shortage of essential medicines, especially vaccinations, and an important number of people, especially children, are at immediate risk of malnutrition and diarrhoea.

According to information available, as a result of the blockade and the ongoing hostilities, including airstrikes, over 54 per cent of health facilities in 16 governorates are not functioning or partially functioning, only 37 per cent of hospitals remain fully functional, and 70 per cent of governorates report levels of staffing below the minimum benchmark of 22 health workers for every 10,000

persons. Moreover, hospitals are increasingly unable to provide basic healthcare services due to the shortage of fuel, which prevents the power generators from functioning correctly. As a result, several hospitals and medical services have shut down. Moreover, the lack of fuel makes it difficult to transport patients in ambulances and hampers the ability of the staff and patients to access healthcare services.

In the context of the conduct of hostilities, substantial allegations pointing to possible violations of international humanitarian law in Yemen have been documented. In particular, reports indicate a lack of respect by the parties for the international law principles of precautions, distinction and proportionality, including in conducting air strikes. This has resulted in the killing and injuring of thousands of civilians and the extensive destruction of and/or damage to protected civilians objects, including healthcare facilities and health personnel. In this connection, the partial or full damage on 23 healthcare facilities has been documented.

According to reports received, the lack of access to healthcare and lack of immunizations have resulted in the deaths of nearly 10,000 children under the age of five. It is estimated that 2.5 million children are at high risk of diarrheal diseases, 1.3 million are risk of acute respiratory tract infections, 2.6 million are at risk of measles, and more than 320,000 are at risk of severe acute malnutrition.

As of 13 October 2016, a cholera outbreak has been reported with 15 cases confirmed, 11 in Sana'a and four in Al Bayda. It is estimated that 76,000 people are at risk in 15 governorates. Cholera is an acute intestinal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio Cholerae*, which can quickly lead to severe dehydration and death if treatment is not promptly provided. According to reports received, the outbreak is currently confined to the Al-Nasr neighbourhood of Sana'a city located in the district of Sho'ob.

The cholera outbreak poses a significant threat given the drastic deterioration of the national healthcare system's capacity to respond due to the blockade and ongoing conflict. The situation is further exacerbated by the inadequate sanitary conditions, especially in the cities, with uncollected garbage playing a role in the spread of cholera. The 3.1 million internally displaced population of concern is particularly vulnerable to the outbreak.

The Saudi-led Coalition enforced a four-day aerial blockade on Sana'a Airport, between 9 and 12 August 2016, preventing the access of humanitarian and commercial flights to Sana'a import. On 13 September 2016, humanitarian flights to Sana'a International Airport resumed; however, commercial flights have not yet been permitted. Yemen's Civic Aviation and Meteorological Authority, has stated that approximately 3,700 Yemenis are currently abroad since they left the country seeking medical care, and are not able to return due to aerial blockade on the airport.

*(iii) Right to Safe Drinking Water and sanitation*

Fuel prices, which are more than double the pre-crisis levels, have affected the water supply system, especially in many public hospitals and health centres. Considering the Yemenis' reliance on water trucks and pumps, the shortage of fuel is preventing drinking water from being pumped and transported to civilian residences.

It is reported that two-thirds of Yemen's population do not have access to clean water supply. The lack of safe drinking water forces people to drink and use untreated water for cooking and personal use, and increases the chance of getting diarrhea and other water-borne diseases. This situation mainly affects children and women, who are subjected to long distance travel to fetch water.

*(iv) Right to food*

The food security and nutrition situation in Yemen continues to deteriorate. At present, nearly 50% of the total population is food insecure. This is due in part to the extreme poverty faced by Yemeni people, which limit their accessibility to food, but also to stressed livelihoods as well as a high level of indebtedness. Malnutrition is further compounded by extremely poor water and sanitation conditions, poor food utilization, and scarce health facilities, goods and services.

According to the Yemen Food Security Update of October 2016, the food security and nutrition situation is under continuous deterioration. It has also been reported that the ongoing conflict has significantly affected the fishing sector, the importance of which is critical to the nutrition situation in Yemen. It also notes that the "Yemen Fish market and supply chain has suffered huge loss due to the conflict and blockage of the export market to neighboring countries and Europe" and further states that "swift action is required to lift the blockage and support the actors along the fish value chain".

Furthermore, the currency crisis along with other socio economic factors have caused the prices of cooking gas to increase by over 76% and food prices by 60%, compared to the pre-crisis average. The fuel shortage crisis creates logistical and transport restrictions, which further reduce food access in some areas, in particular the poorest households that mostly rely on the market. Considering that the majority of the Yemeni population depends on imports for their staple basic food supplies, vulnerability to these import fluctuations of prices is extreme.

Poverty and food insecurity are further exacerbated due to the escalating conflict and the consequent damage in the supply and distribution of agriculture inputs and farm products to the markets.

While we do not wish to prejudge the accuracy of these allegations, we express grave concern over the deteriorating human rights conditions in Yemen due to, among

others, the vessel and aerial blockade. This hampers the trade of goods, resulting in the shortage and rise of basic commodities' prices. The blockade has contributed to the obstruction of humanitarian assistance and aid. Very serious concern is expressed on the impact that these measures, which could be considered as unilateral coercive measures and not the implementation of the UNSC Resolution 2216, have had on a number of fundamental human rights, including the enjoyment of the right to health, food, and safe drinking water and sanitation. Concern is also expressed at the procedure used to inspect vessels in Yemenis ports, which may not be considered as neutral, impeding the effective and prompt clearance.

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

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 therefore be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.
2. Please provide information on any measures taken to ensure that humanitarian assistance, including basic healthcare goods and supplies, mainly essential medicines and vaccines, as well as food items, is delivered on a timely manner.
3. Please indicate what kinds of measures are being taken to incorporate the international standards about facilitating the delivery of humanitarian assistance.

We would appreciate receiving a response within 60 days.

While awaiting a reply, we urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

We kindly request your Excellency's Government to share a copy of this letter with the members of the Coalition. Please, also note that a copy of the present letter will be sent to the Government of Yemen for information.

Your Excellency's Government's response will be made available in a report to be presented to the Human Rights Council for its consideration.

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

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

Alfred De Zayas  
Independent Expert on the promotion of a democratic and equitable international order

Idriss Jazairy  
Special Rapporteur on the negative impact of unilateral coercive measures on the  
enjoyment of human rights

Léo Heller  
Special Rapporteur on the human rights to safe drinking water and sanitation

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

In connection with above alleged facts and concerns, we would like to recall article 25 of the Universal Declaration of Human Rights which establishes the right to a standard of living adequate for the health and well-being, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond one's control.

Moreover, we would like to remind your Excellency's Government of States' obligations under various international human rights instruments, in particular the International Covenant on Economic, Social and Cultural Rights, and more specifically article 11.1 recognizing the right of everyone to an adequate standard of living for himself and his family, including food and housing, and to the continuous improvement of living conditions, and article 12 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. These articles must be read in conjunction with article 2.2 of the Covenant which provides for the exercise of any right under the Covenant without discrimination of any kind.

We would also like to recall General Comment No. 8 of the Committee on Economic, Social and Cultural Rights (CESCR) on the relationship between economic sanctions and respect for economic, social and cultural rights where the Committee considers that the provisions of the Covenant, virtually all of which are also reflected in a range of other human rights treaties as well as the Universal Declaration of Human Rights, cannot be considered to be inoperative, or in any way inapplicable, solely because a decision has been taken that considerations of international peace and security warrant the imposition of sanctions. It has been observed that although this General Comment seems to apply to sanctions adopted by the Security Council, it applies equally to unilateral coercive measures (A/HRC/28/74, para. 15).

Furthermore, recalling its position stated in the aforementioned General Comment 8, CESCR in its General Comment No. 12, calls on States to refrain at all times from food embargoes or similar measures which endanger conditions for food production and access to food in other countries. Food should never be used as an instrument of political and economic pressure. In addition, in its General Comment No. 14, CESCR calls States parties to refrain at all times from imposing embargoes or similar measures restricting the supply of another State with adequate medicines and medical equipment. Restrictions on such goods should never be used as an instrument of political and economic pressure.

In this regard, we would like to bring to your attention the Vienna Declaration and Programme of Action which calls upon States to refrain from any unilateral measures not in accordance with international law and the Charter of the United Nations that creates obstacles to trade relations among states and impedes the full realization of the human rights set forth in the Universal Declaration of Human Rights and in international human rights instruments, in particular the rights of everyone to a standard of living adequate for



their health and well-being, including food and medical care, housing and the necessary social services.

We would also like to remind your Excellency's Government of resolution 27/21 of the Human Rights Council, which inter alia, expresses grave concern by the negative impact of unilateral coercive measures on the right to life, the rights to health and medical care, the right to freedom from hunger and the right to an adequate standard of living, food, education, work and housing. It also expresses concern for the disproportionate and indiscriminate human costs of unilateral sanctions and their negative effects on the civilian population, in particular women and children, of targeted States.

In addition, we wish to recall operative paragraph 1 of the same resolution which "Calls upon all States to stop adopting, maintaining or implementing unilateral coercive measures not in accordance with international law, international humanitarian law, the Charter of the United Nations and the norms and principles governing peaceful relations among States, in particular those of a coercive nature with extraterritorial effects, which create obstacles to trade relations among States, thus impeding the full realization of the rights set forth in the Universal Declaration of Human Rights and other international human rights instruments, in particular the right of individuals and peoples to development."

Furthermore, we recall the recognition of the human right to safe drinking water and sanitation by the UN General Assembly (resolution 64/292) and the Human Rights Council (resolution 15/9), which derives from the right to an adequate standard of living, protected under, inter alia, article 25 of the Universal Declaration of Human Rights, and article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). In its General Comment No. 15, the Committee on Economic, Social and Cultural Rights clarified that the human right to water means that everyone is entitled to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses, which includes sanitation. The human right to sanitation means that everyone, without discrimination, has physical and affordable access to sanitation, in all spheres of life, which is safe, hygienic, secure, socially and culturally acceptable, provides privacy and ensures dignity.