

Mandates of the Special Rapporteur on extreme poverty and human rights; the Working Group of Experts on People of African Descent; the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes; 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 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 Independent Expert on the promotion of a democratic and equitable international order; the Independent Expert on human rights and international solidarity; the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence and the Special Rapporteur on the human rights to safe drinking water and sanitation

REFERENCE:
AL OTH 35/2020

28 April 2020

Mr. Guterres,

We have the honour to address you in our capacities as Special Rapporteur on extreme poverty and human rights; Working Group of Experts on People of African Descent; Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; 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; Independent Expert on the promotion of a democratic and equitable international order; Independent Expert on human rights and international solidarity; Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence and Special Rapporteur on the human rights to safe drinking water and sanitation, pursuant to Human Rights Council resolutions 35/19, 36/23, 36/15, 42/16, 34/9, 36/4, 35/3, 34/35, 36/7 and 42/5.

We are writing to bring to your attention **the continued denial of effective remedies to the victims of the 2010 cholera outbreak in Haiti**. As you may be aware, we have addressed this matter to your predecessor, Mr. Ban Ki-Moon, in our previous communications of 25 September 2014 ([HTI 3/2014](#)) and 23 October 2015 ([OTH 7/2015](#)). Furthermore, the Special Rapporteur on extreme poverty and human rights has engaged extensively with the United Nations on this matter throughout 2016 and called on the United Nations to accept its legal responsibility for the outbreak and to provide appropriate remedies to the victims ([A/71/367](#)). In response, the former Secretary-General announced a “new approach to cholera in Haiti” (hereinafter “the New Approach”) on 19 August 2016, accepting its “moral responsibility to the victims of the cholera epidemic and for supporting Haiti in overcoming the epidemic and building

Mr. Antonio Guterres
United Nations Secretary General

sound water, sanitation and health systems”.¹ The New Approach was unanimously welcomed by the General Assembly on 16 December 2016.²

The purpose of this letter is to draw your attention to the critical failure of the New Approach in providing adequate remedies to the victims of the epidemic, more than three years after its launch. In our views, the continued denial of effective remedies to the victims is not only a violation of their human right to an effective remedy, but also is a grave breach of public confidence in the Organization’s integrity and legitimacy. In this letter, we would like to set out our concerns with respect to the legal foundation and funding structure, content and processes of the New Approach, which show that a fundamental shift in the approach is necessary if the Organization is to uphold the respect for human rights and the rule of law.

Legal foundation and funding structure of the New Approach

The New Approach consists of two tracks: *Track 1* is aimed at intensifying the immediate efforts to reduce the transmission of cholera and improve access to care and treatment (Track 1A), as well as the longer-term efforts to improve access to clean water, sanitation and health-care systems (Track 1B). *Track 2* is designed to provide for material assistance and support to those most directly affected by cholera, including the victims and their families.³ The initial estimate of funding requirements for the New Approach was approximately US\$400 million over two years, divided between Track 1 and Track 2.⁴

The New Approach was designed to embody an expression of “deep regret for the suffering of Haitians as a result of the cholera epidemic”,⁵ rather than an apology by the Organization for having caused the epidemic. In welcoming the New Approach, the General Assembly only recognized that “the United Nations has a *moral* responsibility to the victims of the cholera epidemic in Haiti” (emphasis added).⁶ Nowhere in the New Approach was there an acceptance that the Organization was legally responsible for the epidemic and for providing remedies to the victims. The Organization determinedly quarantined from the New Approach any language that could carry legal significance, thereby entrenching its long-standing position denying legal responsibility for the epidemic.

¹ United Nations Secretary-General, Statement attributable to the Spokesman for the Secretary-General on Haiti (19 August 2016), <https://www.un.org/sg/en/content/sg/statement/2016-08-19/statement-attributable-spokesman-secretary-general-haiti>

² Resolution adopted by the General Assembly on 16 December 2016, U.N. Doc. A/RES/71/161.

³ Report of the Secretary-General, A new approach to cholera in Haiti, U.N. Doc. A/71/620 (2016).

⁴ United Nations Secretary-General, Secretary-General's remarks to the General Assembly on a New Approach to Address Cholera in Haiti (1 December 2016), <https://www.un.org/sg/en/content/sg/statement/2016-12-01/secretary-generals-remarks-general-assembly-new-approach-address>

⁵ Report of the Secretary-General, A new approach to cholera in Haiti, U.N. Doc. A/71/620 (2016), para. 4.

⁶ A/RES/71/161.

The absence of a legal foundation in the New Approach determinatively shaped its direction and funding structure. In order to finance the two tracks under the New Approach, the Organization called on Member States and others to make voluntary contributions to the UN Haiti Cholera Response Multi-Partner Trust Fund (“MPTF”), an inter-agency pooled funding mechanism administered by the UNDP MPTF Office.⁷ Had the Organization recognized its legal liability for the outbreak, or even its responsibility in fact, it would have been obliged to pay for damages through the use of assessed contributions or other resources as authorized by the General Assembly.⁸ While the former Secretary-General initially did not exclude the possibility of using assessed contributions for the New Approach, the reference to “assessed contributions” was swiftly removed from public documents, presumably because the Organization feared that it may lead to certain legal implications for future cases of negligent tortious conduct attributable to the United Nations.⁹

The fact that the New Approach was not underpinned by legal recognition of the Organization’s responsibility meant that it was essentially relegated to a charitable endeavour. Its chance of success in achieving its aims hinged on donations from good willed Member States, inter-governmental or nongovernmental organizations, businesses, foundations and private individuals. From the outset, there were serious doubts that the Organization would ever succeed in raising sufficient funds through the voluntary channel. The existing National Plan for the Elimination of Cholera in Haiti 2013-2022 was seriously under-funded¹⁰ and the Organization was painfully aware that a lack of funds had been one of the most prominent obstacles to the ongoing efforts to reduce the spread of cholera.¹¹ Without the Organization’s change of position, there were very few reasons, if any, to believe that Member States would contribute more generously to fulfil the promises of the New Approach.

We acknowledge your fundraising efforts over the past years, such as encouraging Member States to contribute to the MPTF, inviting Member States to voluntarily direct their share of the unencumbered balance and other income for the United Nations Stabilization Mission in Haiti (MINUSTAH) to the MPTF,¹² and appointing the Special

⁷ UN Haiti Cholera Response Multi-Partner Trust Fund, Trust Fund Factsheet, <http://mptf.undp.org/factsheet/fund/CLH00>

⁸ See generally: UN Legal Counsel, Selected legal opinions of the secretariats of the United Nations and related intergovernmental organizations (Payment of settlement claims—Liabilities of a private law nature—Procedures for settlement—Budget considerations), U.N. JURID. Y.B., Feb. 23, 2001, U.N. Doc. ST/LEG/SER.C/39

⁹ In his initial report to the General Assembly, the former Secretary-General explicitly recognized the possibility of using assessed contributions (A/71/620, 25 November 2016, paragraph 63). However, the words, “assessed contributions”, were carefully removed from the same report reissued “for technical reasons” on 1 December 2016.

¹⁰ When the New Approach was announced in 2016, Member States had agreed to contribute only 18 per cent of the \$2.2 billion required to implement the National Plan for the Elimination of Cholera in Haiti 2013-2022. Report of the Special Rapporteur on extreme poverty and human rights, U.N. Doc. A/71/367 (2016), paras. 45 and 76 (b).

¹¹ Report by the Secretary-General, A new approach to cholera in Haiti, A/71/620 (2016), paras. 19-20.

¹² Report of the Secretary-General, New approach to cholera in Haiti, A/71/895 (2017), para. 69. The Secretary-General’s call was welcomed by the General Assembly in its resolution 71/161B, paragraph 7.

Envoy for Haiti in June 2017, whose key responsibilities included developing “a comprehensive fundraising strategy to seek additional voluntary contributions from Member States and other sources”.¹³ These efforts, however, have borne little fruit, as they have been met with strong resistance from key donor countries.¹⁴ Over the past three years or so, the Organization has cumulatively raised the small amount of US\$20.5 million, which only amounts to approximately 5 per cent of the initial budget of US\$400 million.¹⁵ In October 2019, the Special Envoy for Haiti indicated that there was a funding gap of US\$20 million for Track 1(a) to maintain the cholera transmission at zero level through 2022, as well as US\$31 million for Track 2.¹⁶ Such serious shortfalls in funding make the promises of the New Approach rather illusory, or “ethically fraught” as the former Secretary-General put it,¹⁷ and point to the glaring limitations of the New Approach in providing the victims and their families with remedies to which they are entitled.

Content of the New Approach

There are serious concerns that the New Approach has become tantamount to a series of development projects, devoid of any element that appropriately acknowledges and compensates for the loss and suffering of the victims and their families. Under Track 2 of the New Approach, the affected individuals and families were to receive “a package of material assistance and support”. When the New Approach was announced, a monetary payment akin to compensation to the individual victims and their families was one of the options considered under Track 2. The then Special Advisor to the Secretary-General on the cholera response, stated that Track 2 “could be money for families of the dead”, which would have amounted to roughly US\$21,000 for each of the estimated victims.¹⁸ However, it appears that the proposed cash payment to the victims and their families was quickly taken off the table on various grounds, including the incompleteness of the data on cholera deaths and a lack of adequate funding to cover the cost of mapping,

Resolution adopted by the General Assembly on 13 July 2017, The new United Nations approach to cholera in Haiti, A/RES/71/161 B (2017).

¹³ Deputy Secretary-General, Sustaining Intensified Response to Haiti Cholera Outbreak Key to Saving Lives, Deputy Secretary-General Tells General Assembly, as Number of Cases Falls, DSG/SM/1063-GA/11921 (14 June 2017), available at: <https://www.un.org/press/en/2017/dsgsm1063.doc.htm>

¹⁴ See: Karen McVeigh, 'Shameful': UK and US under fire over blocked funds for Haiti cholera victims, The Guardian (2 November 2017), <https://www.theguardian.com/global-development/2017/nov/02/shameful-uk-us-blocked-funds-haiti-cholera-victims-un-donors-china-france-russia>

¹⁵ UN Haiti Cholera Response Multi-Partner Trust Fund, Trust Fund Factsheet, <http://mptf.undp.org/factsheet/fund/CLH00>

¹⁶ Minutes of the 4th meeting of the Advisory Committee of the UN Haiti Cholera Response Multi-Partner Trust Fund (29 Oct 2019), available at: <http://mptf.undp.org/document/download/22770>

¹⁷ With respect to Track 2, designed to provide a package of material assistance and support, the former Secretary-General stated that “[t]o engage in consultations, and thereby raise expectations, without any assurance of funding for Track 2 would be counterproductive and ethically fraught”. Report by the Secretary-General, A new approach to cholera in Haiti, A/71/620 (2016), para. 37.

¹⁸ Somini Sengupta and Jonathan M. Katz, U.N. Plans to Pay Victims of Cholera Outbreak It Caused in Haiti, The New York Times (24 October 2016), <https://www.nytimes.com/2016/10/25/world/americas/haiti-united-nations-cholera.html>

registration and verification exercises to identify the victims and their families, as well as to guarantee a meaningful fixed amount per cholera death.¹⁹ While the former Secretary-General committed to assessing the feasibility, costs and risks of pursuing an individual approach as an element of Track 2, such a detailed assessment was never reported to the General Assembly. Instead, simply citing a lack of adequate funding as an obstacle to the individual approach, the Organization has embarked on a small number of symbolic community projects and initiatives, aimed at eliminating and reducing a risk of cholera at a community level. In effect, Track 2 was quietly repackaged as support to the affected communities, rather than direct assistance to the victims and their families, without any careful assessment as to whether or not the individual approach was feasible and the community approach would be in the interest of the victims and their families.²⁰

Track 2 was reborn as a “community assistance” project, and a pilot consultation on community projects began in Mirebalais in April 2017 under the auspices of the UNDP. This involved projects in five selected communities, with a construction envelope of US\$150,000 per community. These projects included the rehabilitation of a water system in Gascogne and Sarazin, the installation of drinking water supply systems in three localities of Grand Boucan, the construction of the Mina Market in the section of Crête Brûlée and the development of a project in Mirebalais centre ville.²¹ In 2019, projects in another 20 communities in the communes of Cap-Haitien, Quartier-Morin, Limbé and Dondon in the North Department were planned²² and some form of consultations with the communities appear to have been carried out.²³

These communes were selected on the basis of “epidemiological”, “strategic”, and “cost-effectiveness” criteria. Apart from the epidemiological criteria such as the number of suspected cholera cases and the death rate by commune, cost-effectiveness was given due weight in selecting the communes. For instance, Cap-Haitien was considered “particularly suitable” for the project, as the large-scale water and sanitation program implemented by the Inter-American Development Bank in Cap-Haitien would “allow the project to work in synergy with and to capitalize on investments being made in the region”.²⁴ In other words, the communities were selected partly on the basis of the prospects of success for quick-impact, cost-effective development projects, rather than on the basis of genuine efforts to identify the victims and their families, quantify harms that they have suffered, and consult with the victims on their specific needs.

¹⁹ See: Report of the Secretary-General, New approach to cholera in Haiti, A/71/895 (2017), paras. 52-54.

²⁰ The Secretary-General publicly stated that the New Approach was “not devised for individuals, but for communities”. Video: António Guterres (UN Secretary-General) - Press Conference (20 June 2017), <http://webtv.un.org/watch/ant%C3%B3nio-guterres-un-secretary-general-press-conference-20-june-2017-/5477713087001> (at 43:25).

²¹ Office of the UN Secretary-General’s Special Envoy for Haiti and UN Multi-Partner Trust Fund Office, 2018 Annual Report (31 December 2018), available at: <http://mptf.undp.org/document/download/21688>, at 4.

²² Id.

²³ UN Haiti Cholera Response MPTF, Project Quarterly Progress Report (Period (Quarter-Year): 4th Q2019 as of 31 December 2019), available at: <http://mptf.undp.org/document/download/23711>

²⁴ UN Haiti Cholera Response MPTF, Proposal: Phase 2 of the community assistance in 4 cholera priority communes (Cap-Haitien area) as part of the new United Nations approach to cholera in Haiti (9 April 2019), available at: <http://mptf.undp.org/document/download/21226>.

This is not to imply bad faith on the part of the Organization. Certain of these projects could no doubt contribute to the efforts to reduce the risk of cholera at a community level and Haiti has achieved zero confirmed case of cholera for over 1 year since February 2019, which is a significant milestone.²⁵ However, these initiatives are tantamount to development projects for the benefit of the relevant communities as a whole and are far from what would constitute an effective remedy for the victims in the circumstances. As the previous Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence pointed out, “...development programmes are not reparation programmes, for they do not target victims specifically and their aim is to satisfy basic and urgent needs to which beneficiaries have a right as citizens, not necessarily as victims”.²⁶ In this regard, it is recalled that compensation is a central component of the right to an effective remedy. The applicable international human rights law and standards provide that the fulfilment of this right “generally entails appropriate compensation”²⁷ and that compensation should be provided for “any economically assessable damage, as appropriate and proportional to the gravity of the violation and the circumstances of each case”.²⁸ For years, the victims of the epidemic and their families have been claiming compensation for such damage, over and above community projects that benefit the affected communities at large.²⁹ Many of the victims and their families have underlined that compensation is a necessary element of the package in order to take into account the specific and personal suffering of different victims.³⁰ In this light, Track 2 hardly serves its originally intended purpose of representing the tangible expression of the Organization’s regret for the suffering of the Haitian people. Without any individual element that appropriately acknowledges and responds to the harms suffered by the victims, it would be disingenuous for the Organization to suggest that Track 2 could be considered a concrete expression of an apology.

Processes of the New Approach

Participation by victims and their representatives in the design and implementation of remedies is crucial in ensuring that the remedies fulfil the victims’

²⁵ United Nations Integrated Office in Haiti, Report of the Secretary-General, S/2020/123, para. 45; World Health Organization, Haiti reaches one-year free of Cholera (23 January 2020), https://www.paho.org/hq/index.php?option=com_content&view=article&id=15684:haiti-reaches-one-year-free-of-cholera&Itemid=1926&lang=en

²⁶ Report of the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence, Pablo de Greiff, U.N. Doc. A/69/518 (Oct. 14, 2014), https://ap.ohchr.org/documents/dpage_e.aspx?si=A/69/518, para. 41.

²⁷ Human Rights Committee, General Comment No. 31, The Nature of the General Legal Obligation Imposed on States Parties to the Covenant, U.N. Doc. CCPR/C/21/Rev.1/Add. 13 (26 May 2004), para. 16.

²⁸ Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, U.N. Doc. A/RES/60/147 (Adopted 16 December 2005), art. 20.

²⁹ Jacqueline Charles, Haiti’s cholera victims are still waiting for compensation while U.N. drags its feet, Miami Herald (27 July 2017), <https://www.miamiherald.com/news/nation-world/world/americas/haiti/article163840063.html>

³⁰ Avocats sans frontières Canada, Comment répondre aux besoins des victimes du choléra en haïti? (2019), at 44, available at: https://www.asfcanada.ca/site/assets/files/7636/version_finale_web_vf.pdf

needs, appropriately recognize and alleviate their loss and suffering, and deliver a sense of justice.³¹ When the New Approach was launched, the Organization seemingly committed to respecting this principle, promising to consult with victims and their families and communities, and to allow their participation in developing the package of material assistance and support.³² In particular, the former Secretary-General indicated that “consultations on the ground with the victims and their communities” would be carried out in order to further consider the feasibility of the individual approach under Track 2.³³

According to the information received, however, this commitment seems to have been abandoned and we are not aware that any consultations with the communities took place. Instead, as mentioned above, the Organization embarked on the pilot community projects in Mirebalais in 2017, allegedly without consulting the victims, their families or their communities on the feasibility of the individual approach, before deciding to dedicate Track 2 to the community approach.

Furthermore, the community approach allegedly has not adequately involved the victims in the design and development of the projects. According to the UNDP, the pilot community projects in Mirebalais were reportedly developed on the basis of consultations with “community platforms”, composed of representatives of victims, community leaders, representatives of the social and private sector, and the importance of involving “local communities and victims in all the phases of the project” was highlighted as a key factor to achieve the expected results.³⁴ The scale-up of the community projects in another 20 communities in Cap-Haitien, Quartier-Morin, Limbé and Dondon followed a similar approach, stressing the importance of “systematic and broadly inclusive” consultations with the victims.³⁵ For the last quarter of 2019, the project reportedly held “48 community meetings, including training workshop sessions for platforms and local authorities, reaching over 5,000 participants overall”.³⁶

While the formal commitment to consulting with the victims is laudable, it is not clear exactly what those consultations entailed. There seems to be no publicly available information on what outreach efforts were made to identify the victims and their families in each of the communities, how and on the basis of what criteria members of the “community platforms” were selected, how the consultations were carried out and what was discussed at the consultations, and how the views of the victims and their families

³¹ Report of the Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence, Pablo de Greiff, U.N. Doc. A/69/518 (Oct. 14, 2014), https://ap.ohchr.org/documents/dpage_e.aspx?si=A/69/518, paras. 74-80.

³² Report by the Secretary-General, A new approach to cholera in Haiti, A/71/620 (2016).

³³ Ibid, para. 59.

³⁴ See: UN Haiti Cholera Response Multi-Partner Trust Fund, Project Narrative Report (2017), <http://mptf.undp.org/document/download/20568>

³⁵ UN Haiti Cholera Response MPTF, Proposal: Phase 2 of the community assistance in 4 cholera priority communes (Cap-Haitien area) as part of the new United Nations approach to cholera in Haiti (9 April 2019), available at: <http://mptf.undp.org/document/download/21226>.

³⁶ UN Haiti Cholera Response MPTF, Project Quarterly Progress Report, Period (Quarter-Year): 4th Q2019 as of 31 December 2019, <http://mptf.undp.org/document/download/23711>

were taken into account in determining the design of the community projects. Furthermore, consultations with the communities have not escaped accusations of tokenism, as the implementing UN agencies reportedly prepare “a catalogue” of small community projects that the communities could consider and choose from, rather than actually listening to the victims and their families as to what their priority needs may be.

Given the limited information available on the process of consultations, civil society groups have voiced concerns that the details of the process are opaque and the victims’ input seems to be limited to project selection within parameters established in advance by the Organization. A lack of meaningful consultations with the victims and/or their families and their participation in the design and development of the community projects would appear to be the antithesis of the victim-centred approach that the New Approach had initially pledged to pursue.

Even under this problematic approach to Track 2, progress appears uncertain if not stalled. Unlike in 2017 and 2018, no public annual report was published in 2019, and according to the MPTF, less than US\$3.2 million has been expended altogether.³⁷

In light of the above, we are deeply concerned that the New Approach has failed to fulfil the right to an effective remedy for the victims of the epidemic and their families, more than 3 years after its launch and almost 10 years after the epidemic began. By design, the New Approach lacks a guiding legal framework that respects human rights and the rule of law, necessary political will, and the power to mobilize adequate resources to provide the victims and their families with effective remedies. The continuation of the New Approach in its current form will not only entrench a deep sense of injustice among the Haitians, but also places the Organization outside the principles of accountability and the rule of law, and undermines its moral authority, credibility and legitimacy in Haiti and elsewhere.

The need to provide the victims and their families with appropriate and effective remedies is all the more urgent in light of the COVID-19 pandemic. Even before the first COVID-19 cases were confirmed in Haiti, more than 40 per cent of the Haitian population was in need of humanitarian assistance,³⁸ the country’s health care system was under severe strain, and access to safe drinking water, sanitation facilities and basic hygiene items remained limited, with 60 per cent of households having no water or soap at home to wash their hands.³⁹ Combined with the significant socio-economic impact of the pandemic, the victims of the cholera outbreak and their families are likely to be hit disproportionately hard by the pandemic. Urgent measures are necessary to recognize and

³⁷ MPTF, UN Haiti Cholera Response Multi-Partner Trust Fund (22 April 2020) available at: mptf.undp.org/factsheet/fund/CLH00

³⁸ OCHA, Haiti: Humanitarian Snapshot (31 March 2020), available at: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha-hti-snapshot-20200331_en.pdf

³⁹ OCHA, Aperçu des Besoins Humanitaires: Haïti, January 2020, at 57, available at: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hti_hno_2020-fr.pdf

alleviate the grave consequences of the cholera outbreak on the victims and their families, and to protect them from serious risks of the COVID-19 pandemic.

As 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 observations on the following matters:

1. Please provide most up-to-date information on the funding gap. What fundraising strategies are being prioritized to address the current funding gap?
2. Is any consideration being given to using assessed contributions to fund the New Approach? If there is a legal opinion on or analysis of this question, we would be most grateful to receive a copy.
3. Please respond to concerns that Track 2 has not provided an adequate remedy to victims and represents a failure to deliver on the Organization's responsibility to those who have been most directly affected by cholera. Please provide any assessment, analysis or study carried out on the feasibility of the individual approach under Track 2. Please also provide details of how such an assessment, analysis or study was carried out.
4. Please respond to concerns that the approach that is being taken under Track 2 does not focus on supporting those most directly affected by cholera, but instead is aimed at developing projects that satisfy the needs of broader Haitian communities. Please provide details of the methodology used for conducting local consultations under Track 2, including the selection of members of the "community platforms", outreach efforts carried out to ensure broad participation of the victims and their families, details the number of victims and family members that were included in the consultations, and the modality of the consultations.
5. Please provide details of the consultations carried out so far in the 20 communities in Cap-Haitien, Quartier-Morin, Limbé and Dondon, including the dates, status of the participants, modality of the consultations, and a summary of the discussions held.
6. Please respond to concerns regarding progress under Track 2, and provide a timeline for future actions, public reporting, and planned expenditures.
7. How does the Organization envisage dealing with any similar claims that may arise in the future? Under what circumstances would the Organization consider establishing a standing claims commission or an alternative mechanism, through which victims may seek reparations from the Organization?

This communication and any response received will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

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 may publicly express our concerns in the near future as, in our view, the information upon which the press release will be based is sufficiently reliable to indicate a matter warranting immediate attention. We also believe that the wider public should be alerted to the potential implications of the above-mentioned allegations. The press release will indicate that we have been in contact with you to clarify the issues in question.

Please accept, Mr. Guterres, the assurances of our highest consideration.

Philip Alston
Special Rapporteur on extreme poverty and human rights

Ahmed Reid
Chair-Rapporteur of the Working Group of Experts on People of African Descent

Baskut Tuncak
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