

UNITED NATIONS HUMAN RIGHTS COUNCIL



Lyon Model United Nations 2018 Study Guide

**TOPIC A : Healthcare as a universal
right**

**TOPIC B : Situation of Human rights in
Yemen**

Welcome letter

Honorable delegates,

It is our pleasure to welcome you at this years Human Right Council at LyonMUN 2018. We decided to choose the topics of “Healthcare as a Universal Right” and the “Situation of Human Rights in Yemen” for you due to current developments. As both topics can be linked to each other, they are quite different in their basics. Whereas “Healthcare as a Universal Right” is a broad topic, concerning human beings all around the world, “Situation of Human Rights in Yemen” is a case study of urgent and ongoing developments. We as your Chairs- Anke, Giulio and Vincent- hope you conduct an in-deep research and find this guide helpful during your preparation. We are looking forward to work with you and guide you through the process of UN negotiations. As we are all experienced chairs and attended LyonMUN last year as well, we hope you will have the same great experiences that we made already.

Your Chairs for HRC

Anke, Giulio and Vincent

THE UNITED NATIONS HUMAN RIGHTS COUNCIL

Established in 2006 to succeed the United Nations Commission on Human Rights (UNCHR), the United Nations Human Rights Council (UNHCR) is the United Nations (UN) intergovernmental body responsible for strengthening the promotion and protection of Human Rights (HR) globally bringing together 47 member states. Founding this mandate is the UN charter's Article 1.3 stating that *"The purposes of the United Nations [include]*

promoting and encouraging respect for human rights and for fundamental freedoms for all, without distinction as to race, sex, language or religion." – As well as the Universal Declaration of Human Rights (UDHR) adopted by the UN in 1948.



Prior to the Human Rights Council (HRC), the Commission on Human Rights (CHR) – established in 1946 – had lost credibility after being led and included some of the world's most repressive regimes (In 2003 for instance, Libya and Cuba chaired the Commission while Saudi Arabia, Sudan and Zimbabwe were members) – leading some gross situations of HR violations being ignored. As a result the commission was criticized for being infected by politicization and selectivity. In 2006, after long negotiations with some states supporting that the future HRC candidates for membership be states with *"a solid record of commitment to the highest HR standards"* and be elected by a 2/3rds majority of the UN General Assembly (GA), a much 'watered down' reform was adopted, including the lighter requirement that candidates for membership receive the votes of an absolute majority of the GA. Members of the HRC are elected for a period of 3 years and distributed into regional groups including 13 from Africa, 13 from Asia, 6 from Eastern Europe, 8 from Latin America and 7 from the 'Western Europe and Other group'.

The HRC functions by a mechanism of 'Universal Periodic Review' consisting in the organization of three annual sessions – held in March, June and September – which submit an annual report to the GA. These regular sessions – presided over by an elected president and vice presidents – can be extended by requesting special sessions. Additionally, the HRC also includes an 'Advisory Committee' containing a panel of experts and advisors, and functions

through the participation of individuals and organizations which through the ‘Complaint Procedure’ are able to bring forward specific HR issues. Finally, ‘Special Procedures’ led by ‘Special Rapporteurs’ exist within the HRC to research and counsel on country specific and thematic issues and report on these annually to the GA.

UN Member States also expressed the need for global protection and promotion of healthcare by the world community in the Declaration of Alma-Ata in 1978. It was adopted as the first international declaration addressing the importance of primary healthcare at the International Conference on Primary Health Care. A complete physical, mental and social health is reaffirmed by the declaration as a fundamental right and it is stressed, that governments are responsible to protect the health of individuals through a proper primary healthcare.

Today, the HRC’s work is also guided by the documents of International Covenant on Economic, Social and Cultural Rights (1966), International Covenant on Civil and Political Rights (1966) and its two Optional Protocols – commonly referred together as the International Bill of Human Rights – as well as the 2030 Agenda for Sustainable Development (2015) and the 17 Sustainable Development Goals.

TOPIC A – Healthcare as a universal right

Executive Summary

Healthcare as a universal right is one of a set of internationally agreed human rights standards, and is inseparable or ‘indivisible’ from these other rights. This means achieving the right to health is both central to, and dependent upon, the realization of other human rights, to food, housing, work, education, information, and participation.

Understanding health as a human right creates a legal obligation on states to ensure access to acceptable and affordable health care. ‘Universal Health Coverage’ is the concretization of the realization of this right. However, its realization faces existing and emerging challenges described below.

I. The Status of Health as a Basic Human Right in the United Nations System

a. Health as a basic Human Right in the Universal Declaration of Human Rights.

The Universal Declaration of Human Rights, which sets the basis for international human rights standards, while not mentioning health as a basic human right contains articles which more or less implicitly can be linked to health (United Nations, 1948).

Article 1: All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3: Everyone has the right to life, liberty and security of person.

Article 22: Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 25.1: Everyone has the right 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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Article 25.2: Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Additionally, the 1946 World Health Organization (WHO) enshrined early on: *“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition”*.

b. The International Covenant on Economic, Social & Cultural Rights.

The International Covenant on Economic, Social & Cultural Rights (ESCR), adopted in 1966 and in effect since 1976 and part of the International Bill of Human Rights (IBHR) committed member states towards recognizing new forms of rights including that of *“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”* (Art. 12.1). However, the way in which the ESCR defined the responsibilities of member states remained limited through the careful wording of article 12.2:

Article 12.2: *“The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:*

- a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;*
- b) The improvement of all aspects of environmental and industrial hygiene;*
- c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;*
- d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.”*

In general comment No. 14 (2000) of the ESCR, health was defined as a *“fundamental human right indispensable for the exercise of other human rights.”* In this document, multiple aspects of the right to health were discussed including freedoms, such as the right to control one’s health and body (sexual and reproductive rights for e.g.) as well as to be free from interference (from torture or non-consensual medical treatment and experimentation for e.g.). The right to health also includes entitlements which encompass the right to a system of health protection which gives everyone equal opportunity. The same general comment went

further in defining the respect of the right to health with four conditions –*Availability, Accessibility, Quality and Acceptability* (United Nations, 2000):

Availability refers to the sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes for all.

Accessibility refers to the condition that health facilities, goods (drugs), and services must be accessible to everyone it be through four overlapping dimensions including:

- *Non-discrimination* (health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds);
- *Physical accessibility* (Physical accessibility: health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS);
- *Economic accessibility – or affordability* – (health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups) ;
- *Information accessibility* (The right to seek, receive and impart information and ideas concerning health issues.

Quality: Facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage, and includes the experience as well as the perception of health care.

Acceptability – which refers to respect for medical ethics, culturally appropriate and gender sensitive policies which require that health facilities, goods and services as well as programmes are people centered and cater for the specific needs of diverse population groups.

c. The MDGs, the SDGs and UHC.



Source: St. Peter's Secondary School

More recently, after the Millennium Development Goals (MDGs) which urged to “*Reduce Child Mortality*” (MDG No. 4) “*Improve Maternal Health*” (MDG No. 5) “*Combat HIV/ Aids, Malaria and other diseases*” (MDG No. 6) the 2030 Sustainable Development Agenda (SDA) reaffirmed and synthesized these goals into Sustainable Development Goal (SDG) No. 3 – “To promote good health and well-being for all at all ages.”

The reasons behind the transition from MDG’s to SDG’s was an uneven process in achievements. Whereas some countries achieved the UN targets, others weren’t working on any improvements and/or couldn’t fulfill the dates of achieving the targets. Taking MDG 4 as an example, the reduction of child mortality



for under-five year olds was set by two-thirds in the time between 1990 and 2015. Also MDG 5 set a reduction of maternal mortality rates by three quarters between 1990 and 2015 and the achievement of an universal access to reproductive health by 2015 as UN targets. The SDG’s are applicable to all countries whereas the MDG’s were established for “developing countries” only. SDG 3 “Ensure healthy lives and promote well-being for all at all ages” directly links the overall strides of the MDG’s and achievements in increasing life expectancy by reducing child and maternal mortality.

Finally, with SDG No. 3.8, all UN member states have agreed to try to achieve *Universal Health Coverage* (UHC) by 2030. Universal Health Coverage is defined by the WHO as a situation where all individuals and communities receive the health services they need without suffering financial hardship.

However, UHC – which is monitored by looking at the proportion of the population which can access essential quality health services – does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis. Additionally, UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation. Finally, UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available. As such, realizing UHC translates into realizing the right to health.

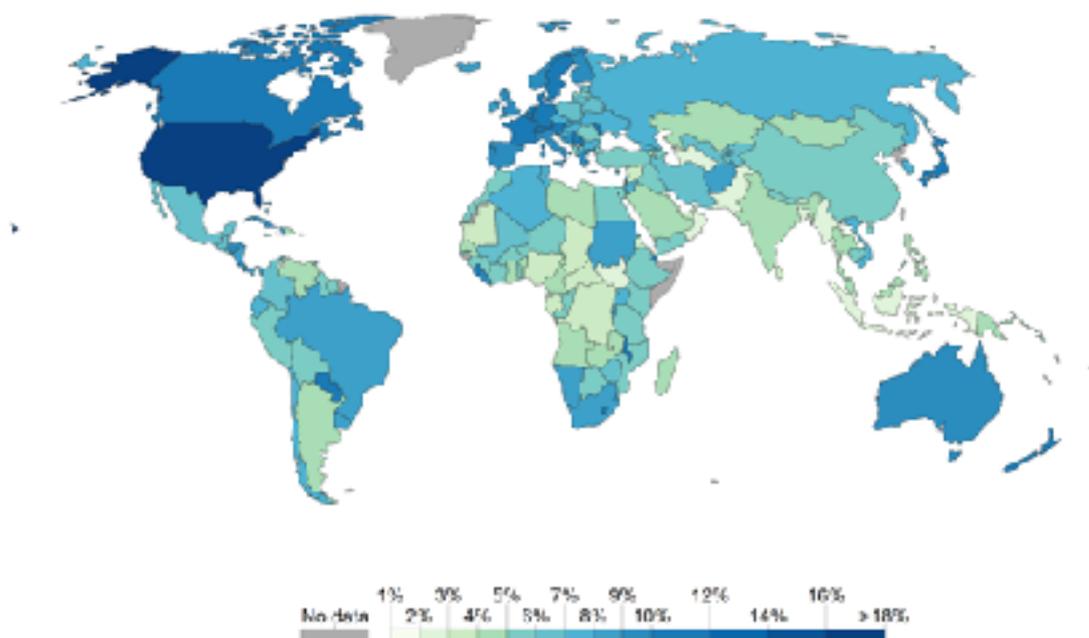
II. UHC and Challenges to the Right to Health today.

a. The state of UHC today and current efforts.

As of today, according to the WHO half the world's populations still does not have full coverage of essential health services. Furthermore, health still presents an important burden to populations worldwide with 100 million people still pushed back into extreme poverty yearly because of outstanding health care costs while over 800 million spend at least 10% of their household budgets to pay for health care. Furthermore, large disparities remain between population groups (ethnic groups, women – especially girls for e.g.). As of today, increasing focus is being placed reducing these disparities but they remain unrecognized by many states. Furthermore, it must be noted that many disparities in terms of health coverage are linked to economic inequality between population groups – they be developing or developed countries.

Total Healthcare Expenditure as Share of National GDP by Country, 2013

Total Healthcare expenditure by country (% of corresponding national GDP)



Source: World Bank – WDI

OurWorldInData.org/financing-healthcare/ - CC BY-SA

b. Intellectual Property Rights as a challenge to realizing the right to health.

One existing challenge to realizing UHC and thus the right to health is making medicine affordable. As such, Intellectual Property Rights (IPR) provide an incentive for pharmaceutical companies to develop new drugs which can be quite costly. IPC give drug companies the exclusive right – monopoly – to manufacture and sell the drugs they discovered – and thus practice higher prices which can hamper UHC.

At the World Trade Organization (WTO), consensus exists that public health precedes IPC for national emergencies – such as the HIV/AIDS epidemics in Sub-Saharan Africa. Effective since 1995, The Agreement on Trade Aspects of Intellectual Property (TRIPs), gives countries two ‘agreed upon’ options to face such emergencies and lower the price of drugs – the use of voluntary licensing whereby a local producer is granted the right to produce the patented drug by a patent holder; as well as compulsory licensing where this is done without the agreement of the patent holder in exchange of an ‘adequate remuneration.’ In any case, additional solutions perhaps in the realm of HR law must be found so that IPRs do not contribute to limit access to drugs – which would go against current international

commitments – while pharmaceutical research must continue to be supported to make drugs more accessible – even more in developing countries where pharmaceutical research and development funding remain marginal. However such solutions could face opposition from countries who stand to lose from more lenient policies.

d. Other emerging challenges.

Among other emerging challenges to UHC and thus the realization of the right to health are the growing intra and international imbalances in terms of access to health and availability of health practitioners. For e.g. developed countries will face increased pressure on their health systems (in terms of costs) to provide for ageing populations - especially in rural areas - while developing countries are in need of qualified health practitioners (which also raise costs). As such an international solution could be found to address these emerging and existing issues and guarantee the affordability of healthcare.

Finally, if the right to health has been slowly recognized as a HR, it remains to be seen how countries succeeding or failing to realize this right despite the availability of resources could be further incentivized (negatively or positively) to realize such a right.

Further Information:

United Nations Human Rights Council. <http://www.ohchr.org/EN/HRbodies/HRC/Pages/Home.aspx>

Fact Sheet No.2 (Rev.1), The International Bill of Human Rights. <http://www.ohchr.org/Documents/Publications/FactSheet2Rev.1en.pdf>

Universal Declaration of Human Rights. <http://www.un.org/en/universal-declaration-human-rights/>

Human Rights and the 2030 Agenda for Sustainable Development. <http://www.ohchr.org/EN/Issues/MDG/Pages/The2030Agenda.aspx>

SUBSTANTIVE ISSUES ARISING IN THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS. General Comment No. 14 (2000).

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G00/439/34/PDF/G0043934.pdf?>

OpenElement

Goal 3: Ensure healthy lives and promote well-being for all at all ages. <http://www.un.org/sustainabledevelopment/health/>

Progress of goal 3 in 2017. <https://sustainabledevelopment.un.org/sdg3>

Declaration of Alma-Ata. http://www.who.int/publications/almaata_declaration_en.pdf

Drugs and International Property Rights by Xiaolu (Erin)Wei

web.mit.edu/lawclub/www/Drugs%20and%20Intellectual%20Property%20Right1.pdf

Human Rights and Intellectual Property Protection in the TRIPS Era - By Philippe Cullet

Medicines in Health Systems - Advancing access, affordability and appropriate use - By

Maryam Bigdeli, David H. Peters, Anita K. Wagner

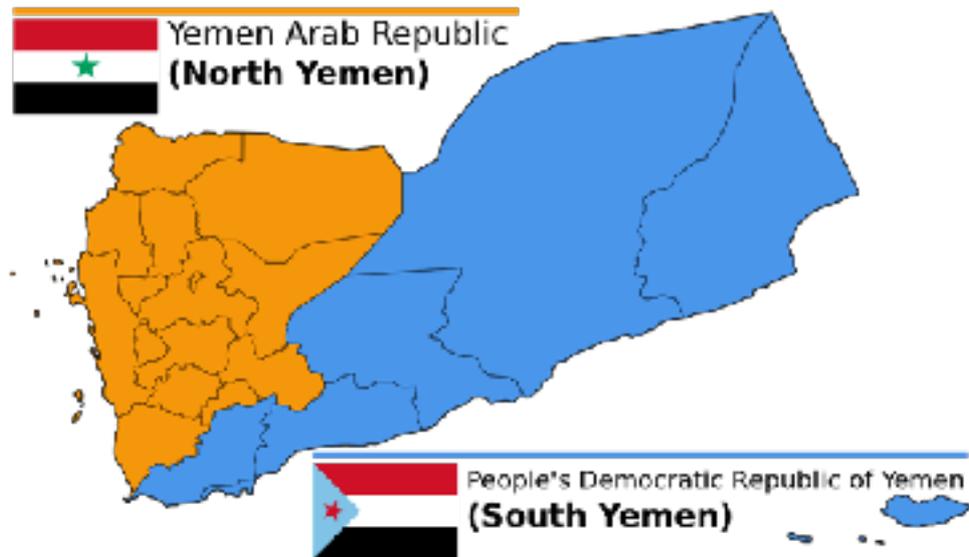
Topic B: Situation of Human rights in Yemen

I. Historical Background

Northern Yemen

After several years of colonial domination, during the 20th century the Yemenite region gained independence. Firstly, in 1918, the northern part of the country, ruled by the Ottoman Empire, won its struggle for freedom with the creation of the “Reign of Yemen”. The Reign, governed by a dynasty of Imam started with Yahya B. Muhammad, ended in 1962 with a military coup led by ‘Abd Allah al-Sallal and supported by Gamal Abd el-Nasser, President of Egypt. In fact, Egypt was the main partner of the new government, providing it military, economical and tactical support for the creation of the Yemen Arab Republic (YAR). This insurrection caused a war between the troops loyal to al-Sallal, supported by Egypt and the troops loyal to the monarchy, supported by Saudi Arabia and Jordan. The northern intestine war lasted until February 1968, when the Republican won declaring the official birth of the YAR. When in October 1972 another conflict erupted, against the southern part of the country, but it lasted only one month, being defused by the sign of the “*Cairo Agreement*”.

MAP OF THE DIVISION BETWEEN YAR and PDRY



Southern Yemen

Becoming an area under the British influence in 1839, with the conquest of Aden port by the British East India Company forces, the southern Yemen, was divided throughout the years into the East Aden protectorate and the West Aden protectorate, forming a federation of many “autonomous” realities under the British control. In 1964, a war erupted between the south Yemenite communist *National Liberation Front* (NFL) and the South Arabian Federation, an aggregation between the Arab Emirates Federation and the Aden unified protectorate lead by the British. The conflict lasted until November 1967, when the defeated British forces left the country. In 1969 a marxist wing of the NFL, supported by the USSR, conquered the power, establish, in December 1970, the People’s Democratic Republic of Yemen (PDRY), lead by the new Yemeni Socialist Party (YSP). After the short conflict of the 1972, in March 1979 a war was on the point to erupt between the YAR and the PDRY, only the intervention of the Arab League avoid it. In 1986, a civil war between the president of PDRY Ali Nasir Muhammad and the former president Abdul Fattah Ismail, causing many casualties and devastation. It destabilized the PDRY and caused a mass migration to the YAR.

A Unified Yemen

If the tension between the countries started to decrease in 1986, in 1988 their relation became very cooperative, allowing them to sign several agreement on the road of unification. In november 1989, Ali Abdullah Saleh, President of the YAR and Ali Salim Al-Baidh, President of the PDRY, agreed on a draft common constitution originally drafted in 1981. The unification finally occurred in May 1991, when the Republic of Yemen (ROY) was officially established with Saleh becoming President and al-Baidh Vice President. After many centuries and long colonial dominations, the Greater Yemen was politically united. After the unified general election of the 1993 and the consequential civil war erupted in 1994, a new insurrectionist government was established in the South, the Democratic Republic of Yemen (DRY). The new Southern Republic lasted few months and every resistance in the country was defeated, with the support of the United States, by the President Ali Abdullah Saleh. In the first decade of the 21st Century the ROY engaged a fight with a new shia oriented military religious movement led by Hussein al-Houthi.

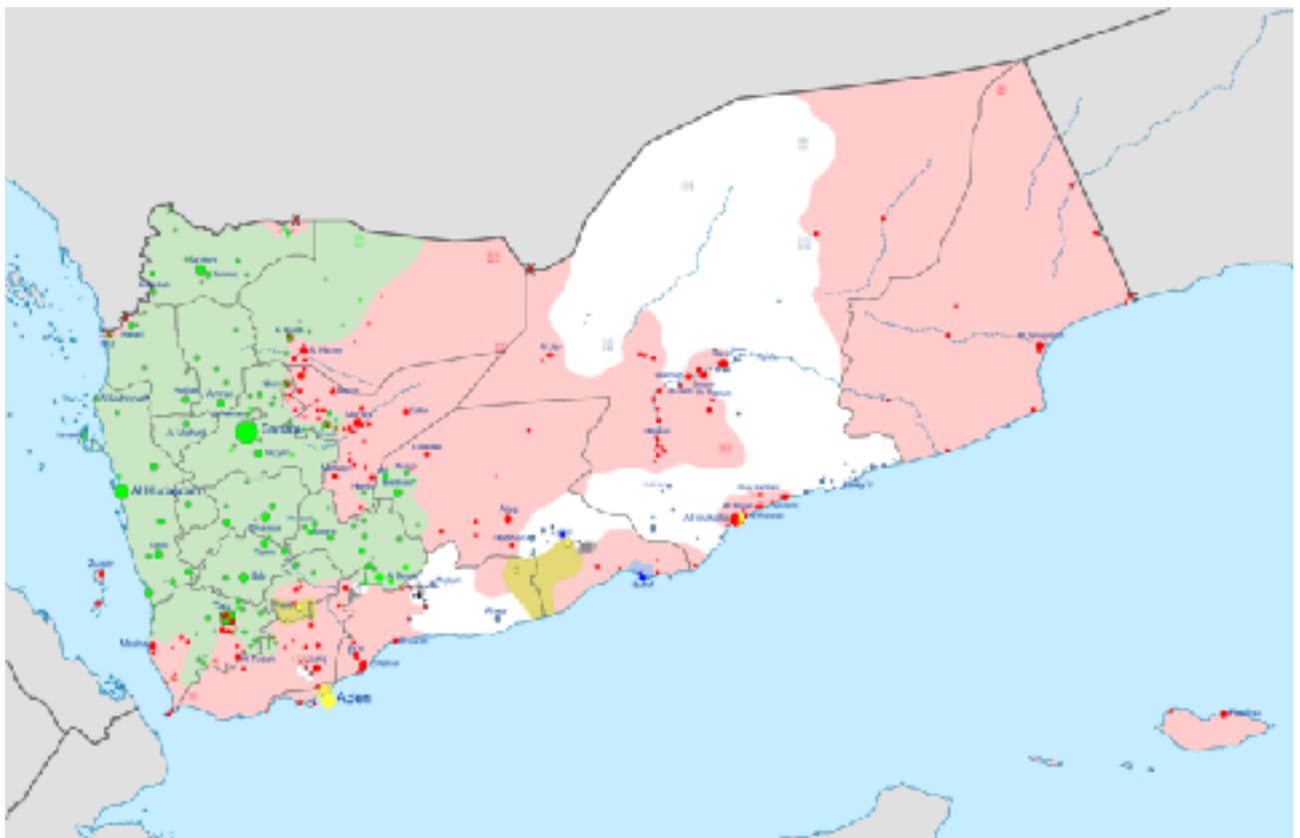
ALI ABDULLAH SALEH (right) and ALI SALIM AL-BAIDH (left)



The Yemenite Revolution

In 2011, along with the revolutionary wave of the Arab spring, a popular mass movement asked for the deposition of President Saleh, in charge from more than fifteen years. When he negotiated and he left his position in 2012, passing the power in the hand of his former vice-president Abd Rabbuh Mansur Hadi, the political situation was more unstable than ever and the Houthi forces continued their fight in the northern part of the country. The situation precipitate in 2014, when the Houthi troops entered in the yemenite capital, Sana'a, forcing the government to negotiate a new national unity government with every other political faction. When in 2015 the scenario became worse and worse for the weak government of Hadi, he resigned with all of his ministers, moving to the south of the country. While in Sana'a the Houthi's militants established a Revolutionary Committee guided by Mohammed Ali Al-Houthi, Hussein al-Houthi's cousin. However, Hadi re-established his government in Aden, supported by the rest of the loyal forces and officers.

MAP OF YEMEN AFTER THE REVOLUTION



(Houthis forces in Green, Hadi forces in Red, Southern Independent movement in Yellow)

The Yemenite Civil War

After 2015, the situation deteriorated so much to destroy the majority of the country infrastructures and economical activities. At the moment three major factions are involved in the conflict, the so-called Supreme Political Council led by the returned Ali Abdullah Saleh, mainly consisting in Houthi forces, the Hadi Government led by Abdrabbuh Mansur Hadi and composed of the loyal security forces and the part of Al-Qaeda in the Arabian Peninsula (AQAP), influencing around the 30% of the country. Many foreign powers are involved supporting the different factions as well, like Iran and the Hezbollah with the Supreme Political Council and the Saudi Coalition (composed of Saudi Arabia and countries like Egypt, Morocco, Sudan, Senegal and others the Arabian Peninsula) with the Hadi government, transforming the Yemenite Civil War in a proxy war between Iran and Saudi Arabia. On the March 2015, when the Saudi coalition was formed, it launched the “Decisive Storm” operation, consisting of airstrikes and naval blockade against the Supreme Political Council. The operation, ended in May 2015 was followed by a new one called “Restoring Hope” and consisting in airstrikes and military support in favour of Hadi government forces. During August 2015 the Saudi coalition ground forces succeeded securing the region of Aden and driving the Houthi forces out of the region. Nevertheless, since the war reached an impasse, the coalition is still active today providing all the necessary military and strategic support to the Hadi forces. There were three different peace talks supported by the UN and the US until today, two of them in Switzerland between June and December 2015 and one in Kuwait during April 2016. Unfortunately, all of them failed. After the failure of the Kuwait peace talks in 2016 the war continued, without the respect of the several truces established until today.

The international involvement

Except for the Saudi Coalition, composed of Saudi Arabia, Bahrain, Kuwait, Jordan, United Arab Emirates, Egypt, Morocco and Sud, many others foreign powers were and are involved in the conflict.

United Kingdom: The British forces are involved in armed forces training and in providing technical support, precision-guided weapons and intelligence information to Saudi Arabia and

other members of the coalition. During 2015 only, the British government approved \$4 billion worth of weapons sales to Saudi Arabia.

Iran: In March 2017, Reuters published an exclusive story in which it cited regional and Western sources as saying that Iran was sending "advanced weapons and military advisers" to Yemen to assist the Houthis. Sources claimed Iran has stepped up its involvement in the civil war over the last few months, and an Iranian official claimed that Qasem Soleimani discussed ways to "empower" Houthis at a meeting in Tehran in February, 2017.

United States: The US provides weapons and military support to the coalition, with approximately 20 billions of dollars in weapons sale with Saudi Arabia during 2015. Unfortunately, no public detailed informations are available about the United States involvement.

France: France is involved in many arms trade with Saudi Arabia and other members of the Saudi Coalition.

European Union: In April 2017 the European Union asked its member and allies for the removal of any obstacle preventing humanitarian assistance in Yemen. In September of the same year, it reaffirmed the position adopted in February 2016, calling its member state to suspend weapons sale with Saudi Arabia, imposing an "EU arms embargo" on the country. The efforts of Netherlands, Canada, Belgium, Ireland, and Luxembourg, successfully led to the creation of a international investigation lead by the UNHRC.

Violations of the Human Rights in Yemen

- Houthi and Saleh Forces

Employment tactics that to violate the prohibition of indiscriminate attacks. Many examples of firing indiscriminately explosive munitions with wide-area effects, including mortars and artillery shells, into residential areas controlled or contested by opposing forces, killing and injuring civilians. The city of Ta'iz, particularly affected with such attacks intensifying at particular times including in January and May. The UN reported that a series of attacks from 21 May to 6 June between Houthi and anti-Houthi forces killed at

least 26 civilians and injured at least 61. The Houthis and their allies also continued to lay internationally banned anti-personnel landmines that caused civilian casualties. On 15 September, the UN reported a further series of apparently indiscriminate attacks launched by Houthi-Saleh forces in Ta'iz, including shelling on a house in the Shab al-Dhuba district and al-Sameel Market, killing three children and injuring seven others.

Recruitment of child soldiers.

According to UNICEF, approximately a third of the fighters from various regional groups are children. Houthi forces, government and pro-government forces, and other armed groups have used child soldiers, an estimated one-third of the fighters in Yemen. By August 2017, the UN had documented 1,702 cases of child recruitment since March 2015, 67 percent of which were attributable to Houthi-Saleh forces. About 100 were younger than 15. Under Yemeni law, 18 is the minimum age for military service. In 2014, Yemen signed a UN action plan to end the use of child soldiers. Due to the conflict and without an effective government in place, the action plan has not been implemented.

Illegal detention practices.

Documented cases in Sana'a and Marib of civilians being detained solely to be used as leverage in future prisoner exchanges, which amounts to hostage-taking and violates any international humanitarian law.

Illegal arrest practices.

In Sana'a and other areas they controlled, the Houthis and their allies continued to arbitrarily arrest and detain critics and opponents as well as journalists, private individuals, human rights defenders and members of the Baha'i community, subjecting scores to enforced disappearance.

Use of propaganda practices.

The Houthis and their allies in Ta'iz, Aden and Sana'a, waged a campaign against journalists and human rights defenders, curtailing freedom of expression in areas under their *de facto* administration.

Press Censorship.

The Houthis and allied forces continued to hold at least nine journalists without charge; they had been arbitrarily detained for more than two years. Meanwhile in Aden and Ta'iz, armed groups and security forces assassinated, harassed, intimidated, detained and in some cases tortured human rights defenders and journalists, forcing some to exercise self-censorship and others to flee Yemen.

- Saudi Coalition Forces

Civilian attack.

In March 2017, an helicopter attacked a boat carrying 146 Somali migrants and refugees off the coast of the port city of Hodeidah, killing 42 civilians and injuring 34 others. Another attack in August on a residential neighbourhood in southern Sana'a killed 16 civilians and injured 17 others, the majority of whom were children.

Use of imprecise munitions

Use of imprecise munitions by the Coalition forces in some attacks, including large bombs with a wide impact radius that caused casualties and destruction beyond their immediate strike location.

Use of cluster munitions.

Human Rights Watch has documented the Saudi-led coalition using six types of widely banned cluster munitions, including those produced in the US and Brazil, in attacks that targeted populated areas, killing and wounding dozens. The US suspended transfers of cluster munitions to Saudi Arabia in 2016. On December 19, 2016, the coalition announced it would stop using a UK-made cluster munition. A few days earlier, a cluster munition attack hit near two local schools in northern Yemen, killing two civilians and wounding six, including a child. Another attack in February 2017 hit a farm, wounding two boys. In both attacks, the coalition used Brazilian-made cluster. Cluster munitions scattered explosive bomblets over wide areas and presented a continuing risk because of their frequent failure to detonate on initial impact.

Unlawful Airstrikes.

Human Rights Watch has documented 85 apparently unlawful coalition airstrikes, which have killed nearly 1,000 civilians and hit homes, markets, hospitals, schools, and mosques. Some

of these attacks may amount to war crimes. In March, a helicopter attacked a boat carrying Somali migrants and refugees off Yemen's coast, killing and wounding dozens. In 2017, Saudi Arabia pledged to reduce civilian harm in coalition attacks. Since then, Human Rights Watch documented six coalition attacks that killed 55 civilians, including 33 children; one killed 14 members of the same family. The UN Office of the UN High Commissioner for Human Rights (OHCHR) office reported in September that coalition airstrikes remain "the leading cause of civilian casualties."

Blocking humanitarian access.

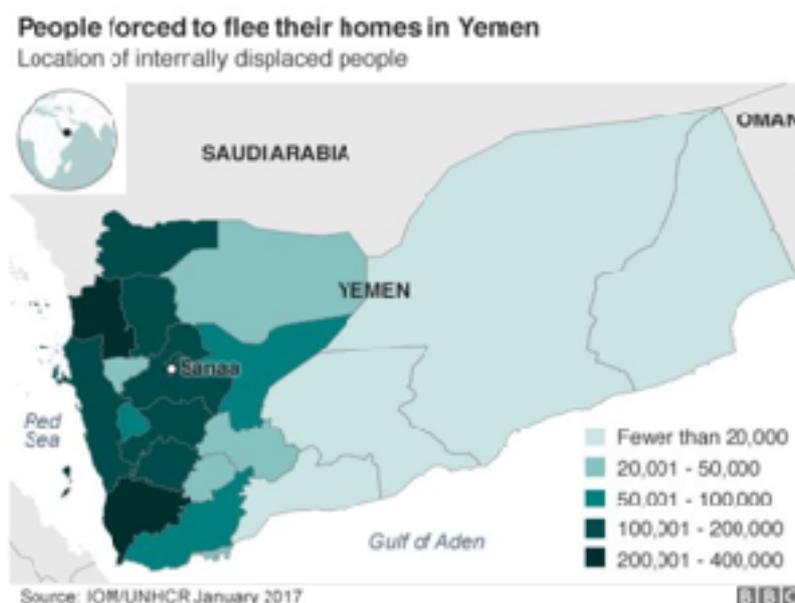
The Saudi-led coalition's restrictions on imports have worsened the dire humanitarian situation. The coalition has delayed and diverted fuel tankers, closed critical ports and stopped goods from entering seaports controlled by the Houthis. Fuel needed to power generators to hospitals and pump water to civilian residences has also been blocked. In November, the coalition temporarily blocked all entry points to Yemen in response to a Houthi-Saleh missile attack on Riyadh, gravely worsening the humanitarian situation. Key restrictions remain. In August 2016, the coalition suspended all commercial flights to Sanaa, "having serious implications for patients seeking urgent medical treatment abroad," according to the UN. Since May, the coalition has blocked international human rights organizations, including Human Rights Watch, from traveling to areas of Yemen under Houthi control.

Press Censorship.

The Saudi Arabia-led coalition and the Yemeni government prevented journalists from entering Yemen, including by preventing the UN from allowing journalists onto their flights into Yemen, minimizing coverage and effectively imposing a media blackout. This ban was also extended to human rights organizations in May.

Humanitarian crisis

Yemen is the world's largest humanitarian crisis, with at least 8 million people on the brink of famine and nearly 1 million suspected to be infected with cholera. This crisis is linked directly to the ongoing armed conflict. The humanitarian situation in Yemen is very critical at the moment due to the conflict. According to Amnesty International, around 4600 civilians have been killed and 8000 injured in the conflict mainly by bombings of the Saudi coalition.



About 18.8 million people in Yemen rely on humanitarian aid. Additionally since 2016 the country suffers from a major cholera outbreak affecting 900.000 cases in August 2017 and killing 2100 citizens. The WHO is working with UNICEF and local health authorities to tackle the crisis. The UN says more than 7,600 people - mostly civilians - have been killed and close to 42,000 others injured since the conflict between forces loyal to exiled President Abdrabbuh Mansour Hadi and those allied to the Houthi rebel movement escalated in March 2015. Seven million people do not know where their next meal might come from, the World Food Programme's executive director, Ertharin Cousin, warned in March 2017 that aid workers faced a "race against time" to prevent a famine, adding: "We have about three months of food stored inside the country."

¹Yemen in the International Human Rights treaties framework

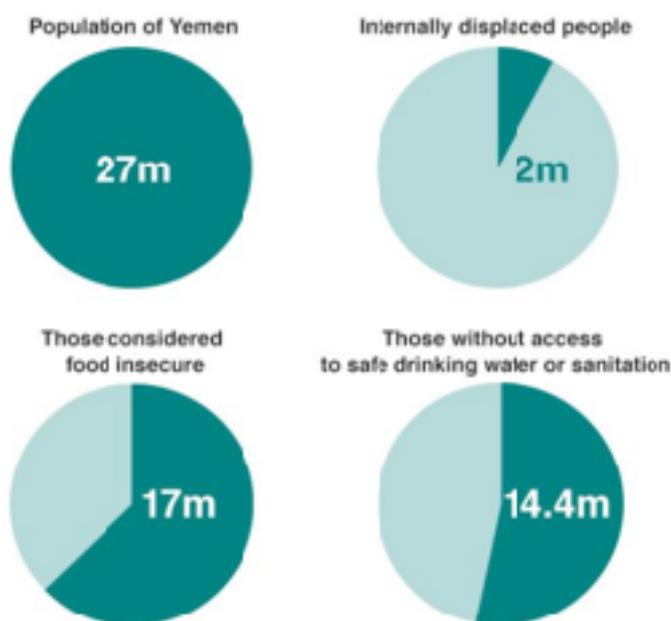
Ratification Status for Yemen

Tratya	Signatary Date	Ratification Date, Accession(s), Succession(s)
CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment		23 Nov 1991 (s)
CAT-OP - Optional Protocol of the Convention against Torture		
ICCPR - International Covenant on Civil and Political Rights		29 Feb 1967 (s)
ICCPR-OP2-OP - Second Optional Protocol to the International Covenant on Civil and Political Rights aiming to the abolition of the death penalty		
CED - Convention for the Protection of All Persons from Enforced Disappearance		
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women		30 May 2004 (s)
CERD - International Convention on the Elimination of All Forms of Racial Discrimination		18 Oct 1972 (s)
ICESCR - International Covenant on Economic Social and Cultural Rights		30 Feb 1967 (s)
CNWR - International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families		
CRC - Convention on the Rights of the Child	13 Feb 1990	31 May 1991
CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict		22 Mar 2007 (s)
CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography		15 Dec 2004 (s)
CRPD - Convention on the Rights of Persons with Disabilities	30 Mar 2007	26 Mar 2009

Standards of living

Before the civil war began, Yemen was one of the poorest countries in the Middle East, with 61% of the population requiring humanitarian assistance, and widespread violations of human rights reported. The conflict and actions by the coalition, particularly the blockades, have been argued to have crippled the Yemeni economy. At the beginning of 2016 it was reported that 6 of every 10 Yemenis is not food secure, and as access to food is mostly dependent on its ability to be transported, it can be difficult for many Yemenis to buy the food they need. In June 2016, it was reported that 19 out of 22 of Yemen's governorates face severe food insecurity, and a quarter of the population is living under emergency levels of

Scale of humanitarian crisis in Yemen



Source: United Nations Office for the Coordination of Humanitarian Affairs

BBC

food insecurity.

On 2 March 2017, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien, stated that 19 million Yemenis (approximately two-thirds of the total population) are in need of humanitarian assistance or protection assistance. O'Brien also stated that seven million Yemenis are not food secure, and urged parties to the conflict to allow facilitate humanitarian access to those in need. The availability of water is an even

more urgent need, with only 1 in 4 Yemenis having access to clean water. The number of Yemenis requiring assistance to meet their needs with regards to sanitation and clean water has increased by around 9.8 million people since the beginning of the civil war. Some areas of Yemen, such as Saada, are almost completely without power: 95% of the electrical sources in the city have been bombed. According to the United Nations' Office for the Coordination of Humanitarian Assistance, one in ten Yemenis has been displaced by the conflict, and 21.2 million people (of Yemen's population of 26 million) are in need of some form of humanitarian assistance. On 3 May 2017, Norwegian Refugee Council Secretary General Jan Egeland wrote that "the world is letting some 7 million men, women and children slowly but surely, be engulfed by unprecedented famine. It is not a drought that is at fault. This preventable catastrophe is man-made".

Further informations:

WHO: <http://www.who.int/hac/crises/yem/sitreps/en/>

UNHCR: <http://www.unhcr.org/protection/operations/4c907a4a9/yemen-fact-sheet.html>

HUMAN RIGHTS WATCH: <https://www.hrw.org/middle-east/n-africa/yemen>

UNITED NATIONS: [http://www.un.org/apps/news/infocusRel.asp?](http://www.un.org/apps/news/infocusRel.asp?infocusID=154&Body=Yemen&Body1)

[infocusID=154&Body=Yemen&Body1](http://www.un.org/apps/news/infocusRel.asp?infocusID=154&Body=Yemen&Body1)

OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS: [http://](http://www.unocha.org/yemen)

www.unocha.org/yemen

EUROPEAN UNION: https://ec.europa.eu/echo/where/middle-east/yemen_en

WFP: <https://www.wfp.org/situation-reports/yemen>

UNICEF: <https://www.unicef.org/yemen/>

HUMAN RIGHTS WATCH: <https://www.hrw.org/world-report/2017/country-chapters/yemen>

Norwegian Refugee Council: <https://www.nrc.no/news/2017/may/a-man-made-famine-on-our-watch/>

Relief Web: <http://reliefweb.int/report/yemen/under-secretary-general-humanitarian-affairs-and-emergency-relief-coordinator-14>

UNITED NATIONS: [http://www.un.org/apps/news/story.asp?](http://www.un.org/apps/news/story.asp?NewsID=54277#.V2-7vjVqKao)

[NewsID=54277#.V2-7vjVqKao](http://www.un.org/apps/news/story.asp?NewsID=54277#.V2-7vjVqKao)

UNHCR: <http://data.unhcr.org/yemen/>

[regional.php#_ga=2.250609348.333175265.1520458434-1668120022.1520458434](http://data.unhcr.org/yemen/regional.php#_ga=2.250609348.333175265.1520458434-1668120022.1520458434)

UNHCR: <http://www.unhcr.org/yemen-emergency.html>

Business Insider: [http://www.businessinsider.com/history-of-conflict-in-yemen-2017-12?](http://www.businessinsider.com/history-of-conflict-in-yemen-2017-12?IR=T)

[IR=T](http://www.businessinsider.com/history-of-conflict-in-yemen-2017-12?IR=T)

BBC: <http://www.bbc.co.uk/news/world-middle-east-14704951>

Al Bab: <http://al-bab.com/unification-yemen-cairo-agreement>

Britannica: <https://www.britannica.com/place/Yemen>

One World Nations Online:

<http://www.nationsonline.org/oneworld/History/Yemen-history.htm>

The New Arab: <https://www.alaraby.co.uk/english/indepth/2017/3/26/timeline-after-two-years-of-war-yemen-in-crisis>

Critical Threats: <https://www.criticalthreats.org/briefs/yemen-situation-report/2018-yemen-crisis-situation-report-march-1>

Independent: <https://www.independent.co.uk/news/world/politics/child-soldiers-make-up-a-third-of-yemeni-fighters-says-unicef-a6861341.html>

The Sydney Morning Herald: <http://www.smh.com.au/world/war-in-yemen-iran-steps-up-support-for-houthis-20170323-gv4mda.html>

Human Rights Watch: <https://www.hrw.org/news/2016/03/21/yemen-embargo-arms-saudi-arabia>