**34th session of the Human Rights Council**

**Panel discussion on good practices and key challenges relevant to access to medicines as one of the fundamental elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**

*Draft concept note (as of 2 March 2017)*

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| **Date and venue:** | **8 March 2017, 3 - 6 p.m., Palais des Nations, Room XX, Geneva**  (will be broadcast live and archived on http://webtv.un.org) |
| **Objectives:** | Based on the request of the Human Rights Council, the panel discussion will provide a platform for States and all relevant stakeholders to undertake a comprehensive review of the challenges applicable to ensuring access to medicines, and to exchange views on good practices in this regard. It is envisaged that this exchange will explore, in particular, and from a human rights perspective, the recommendations presented by the United Nations Secretary-General’s High-level Panel on Access to Medicines (HLP). The panel discussion will also explore possible contributions from the Human Rights Council, together with the Office of the United Nations High Commissioner for Human Rights (OHCHR) and other United Nations entities, on providing States assistance to fulfil their obligations with regard to access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. |
| **Chair:** | **H.E. Mr. Mouayed Saleh**, Vice-President and Rapporteur of the Human Rights Council |
| **Opening statement:** | **Ms. Kate Gilmore**,United Nations DeputyHigh Commissioner for Human Rights |
| **Moderator:** | **H.E. Ms. Maria Nazareth Farani Azevêdo**, Permanent Representative of Brazil to the United Nations Office and other international organizations in Geneva |
| **Panellists:** | * **H.E. Ms. Ruth Dreifuss,** former President of Switzerland, Chair of the Global Commission on Drug Policy and Co-Chair of the Secretary-General’s High-level Panel on Access to Medicines * **The Honourable Michael Kirby**, former Justice of the High Court of Australia and Member of the Secretary-General’s High-level Panel on Access to Medicines * [**Dr.**](http://www.ipcc.ch/nominations/cv/cv_debra_roberts.pdf) **Marie-Paule Kieny**, Assistant Director-General, Health Systems and Innovation, World Health Organization * **Mr. Antony Taubman,** Director of the Intellectual Property Division, World Trade Organization * **Mr. Carlos Correa** Special Advisor on Trade and Intellectual Property, South Centre * **Mr. James Zhan,** Director of the Division on Investment and Enterprise, United Nations Conference on Trade and Development * **Mr. Thomas Bombelles,** Head of Global Health at the Global Issues Sector, World Intellectual Property Organization |
| **Outcome:** | As mandated by Council resolution 32/15, a summary report of the panel discussion will be prepared by the United Nations High Commissioner for Human Rights and submitted to the Human Rights Council at its thirty-sixth session. The document will provide the basis for the follow-up to the HLP report from a human rights perspective. |
| **Mandate:** | The Human Rights Council adopted resolution 32/15 on 1 July 2016, in which it decided “to convene, at its thirty-fourth session, a panel discussion to exchange views on good practices and key challenges relevant to access to medicines as one of the fundamental elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, taking into account all relevant reports”. As part of the preparations for the panel discussion, the Council invited the United Nations High Commissioner for Human Rights “to liaise with States and all stakeholders, including relevant United Nations bodies, agencies, funds and programmes, treaty bodies, special procedure mandate holders, national human rights institutions and civil society, with a view to ensuring their participation in the panel discussion”. |
| **Format:** | The panel discussion will be interactive. The session will be chaired by the Vice-President of the Human Rights Council. The Deputy High Commissioner for Human Rights will deliver an opening statement. The moderator will present the scope of the discussion and introduce the panelists. The panelists will be given 5 minutes each to make their initial statements, guided by the moderator. After the conclusion of the 35-minute initial discussion, an interactive debate, chaired by the Vice-President of the Human Rights Council, will follow. There will be two rounds of interventions (45 minutes per round) by Member States and observers, with comments and questions from the floor (2 minutes per intervention), followed by 15 minutes for comments and replies by panelists (2 minutes each) and short concluding remarks by the moderator.  States, international organizations, national human rights institutions, non-governmental organizations and other observers are encouraged to intervene in an interactive way, through questions, comments and sharing of experiences, good practices and challenges, as well as suggested recommendations, with a view to contributing to a constructive and inclusive debate.  Interpretation will be provided in the six United Nations official languages (Arabic, Chinese, English, French, Russian and Spanish). |
| **Accessibility** | In an effort to render the Human Rights Council more accessible to persons with disabilities and to allow them to participate in the work of the Council on an equal basis with others, this panel discussion will be made accessible to persons with disabilities. During the debate, international sign interpretation and real-time captioning will be provided and webcasted. Physical accessibility will be promoted by making room facilities wheelchair friendly. As per established guidelines, braille printing will be available on demand. The *Accessibility guide to the Human Rights Council for persons with disabilities* is available for further information.[[1]](#footnote-1) |
| **Background:** | Every human being is entitled to the enjoyment of the highest attainable standard of physical and mental health conducive to living a life in dignity. Health is a fundamental human right indispensable for the exercise of other human rights. The human right to health is a justiciable right recognized by several international human rights instruments,[[2]](#footnote-2) including the Universal Declaration of Human Rights[[3]](#footnote-3) and the International Covenant on Economic, Social and Cultural Rights (ICESCR)[[4]](#footnote-4). States are obliged to respect, protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, which includes a duty to ensure access to affordable medicines, recognizing the essential importance of international co-operation and technical assistance to this effect. While the right to health imposes an immediate obligation to provide access to essential medicines, States also remain obliged to the progressive realization of access to all health technologies. Nevertheless, even with the great potential of science and technology to advance health care, at least one third of the world population has no regular access to medicines. The recent outbreaks of highly infectious disease epidemics have also demonstrated the importance of developing new and innovative medicines and vaccines and of ensuring access to safe, affordable, efficacious and quality medicines and vaccines to all.  States, international organizations, civil society organizations and the private sector have been engaging in different fora to discuss how better to address this global challenge. These include, among others, **making full use of the TRIPS flexibilities; strengthening the global partnership for development;** capacity-building and the transfer of technology on mutually agreed terms; and **price reductions.**  The General Assembly held special sessions on the AIDS epidemic and its impact on development in 2001, 2006, 2011, and 2016; high-level meetings on noncommunicable disease prevention and control, in 2011, and on antimicrobial resistance and its impact on public health, in 2016. In 2016, General Assembly resolution 71/159 on global health and foreign policy called for partnerships for global health to support Member States, including low-income countries, in carrying out their primary responsibility to accelerate the transition towards universal health coverage. The resolution further requested the Secretary-General to promote discussion among Member States and relevant stakeholders on appropriate policy options to promote access to medicines, innovation and health technologies bearing in mind, as appropriate, all relevant reports.  Through the adoption of the United Nations 2030 Agenda for Sustainable Development[[5]](#footnote-5), all States committed themselves to achieving universal health care where everybody is supposed to receive their required health care services not hindered by their financial status. In this regard, Sustainable Development Goal 3 states: “Ensure healthy lives and promote well-being for all at all ages” and target 3.8 requires that the international community should strive to “achieve universal health coverage, including financial risk protection, access to quality essential health care services  and access to safe, effective, quality and affordable essential medicines and vaccines for all”.  In 2015, the Secretary-General decided to establish a High-level Panel on Access to Medicines (HLP), with the mandate to make proposals on how to address policy incoherence in public health, trade, the justifiable rights of inventors, and human rights, in line with the new sustainable development goals, in particular Goal 3. The findings of the final report of the HLP[[6]](#footnote-6) include a recommendation to Governments to review, at regular intervals, the situation of access to health technologies in their countries in light of human rights principles and State’s obligations to fulfil them, with assistance from the OHCHR and other United Nations entities. It also recommends Governments to ensure that bilateral and regional trade and investment treaties do not include provisions that interfere with their obligations to fulfil the right to health. |
| **Background documents:** | * United Nations Secretary-General’s High-level Panel on Access to Medicines ([web page](http://www.unsgaccessmeds.org/reports-documents)) and [the Panel’s report on promoting innovation and access to health technologies](https://static1.squarespace.com/static/562094dee4b0d00c1a3ef761/t/57d9c6ebf5e231b2f02cd3d4/1473890031320/UNSG+HLP+Report+FINAL+12+Sept+2016.pdf) (September 2016) * [Human Rights Council resolution 32/15](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/RES/32/15) of 1 July 2016 entitled “Access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” * [General Assembly resolution 70/1](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1) of 25 September 2015 entitled “Transforming our world: the 2030 Agenda for Sustainable Development” * Report of the 2015 Social Forum on Access to Medicines ([A/HRC/29/44](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/29/44)) * Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, on access to medicines ([A/HRC/23/42](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/23/42)) * Committee on Economic, Social and Cultural Rights, General comments [No. 14](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f2000%2f4&Lang=en) (2000) and [No. 17](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f17&Lang=en) (2006) |

1. See [www.ohchr.org/EN/HRBodies/HRC/Pages/AboutCouncil.aspx](http://www.ohchr.org/EN/HRBodies/HRC/Pages/AboutCouncil.aspx) [↑](#footnote-ref-1)
2. See articles 11(f) and 12 of the Convention on the Elimination of All Forms of Discrimination against Women, article 28 of the International Convention on the Protection of Migrant Workers and their Families, article 5(e) (iv) of the Convention on the Elimination of All forms of Racial Discrimination, article 24 of the Convention on the Rights of the Child and article 25 of the Convention on the Rights of Persons with Disabilities. [↑](#footnote-ref-2)
3. Article 25.1. [↑](#footnote-ref-3)
4. Article 12. [↑](#footnote-ref-4)
5. General Assembly resolution 70/1. [↑](#footnote-ref-5)
6. Report of the United Nations Secretary-General’s High-level Panel on Access to Medicines. [↑](#footnote-ref-6)