
Geneva, 28 May 2013

Mr. President,

The Delegation of the Holy See has carefully reviewed the Report on Access to Medicines. While the Special Rapporteur maintains that “Full realization of access to medicines requires the fulfillment of key elements of availability, accessibility, acceptability and quality,” my Delegation found that the Report gave insufficient attention to certain factors cited as “key elements” by the Special Rapporteur.

With regard to accessibility, my Delegation believes that a comprehensive analysis of this crucial topic must reach beyond legal frameworks to include an examination of the social and political realities that deprive millions of people from enjoyment of the highest attainable standard of physical and mental health because of the obstacles that they place on access to medicines.

Article 25 of the Universal Declaration on Human Rights clearly adopted such a comprehensive perspective when it declared: “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.”

Thus, the Holy See Delegation found that the Report paid insufficient attention to basic needs of individuals and families, at all stages of the life cycle from conception to natural death. Such challenges often block access to medicines as much as, if not more than, the various legal factors that occupied the main focus of the Report.

Effective reversal of such obstacles requires an integral human development approach that promotes just legal frameworks as well as international solidarity, not only among States, but also among and between all peoples.

Thus, the Holy See noted, with alarm, “the difficulties millions of people face as they seek to obtain minimal subsistence and the medicines, they need to cure themselves”
and called for “establishing true distributive justice which guarantees everyone adequate care on the basis of objective needs.”

The Report made frequent references to the obligation of States to set the conditions for access to medicine. While governmental fulfillment of such responsibility is a clear prerequisite, the strong engagement of non-governmental and religious organizations in providing both medicines and a wide range of treatment and preventive measures to ensure the full enjoyment of the right to health also should have been acknowledged. From its contacts down to the grass-root level with 5,305 hospitals and 18,179 clinics inspired and organized under Catholic Church auspices throughout the world, the Holy See is well aware that these institutions serve the poorest sectors of society, many of whom live in rural and isolated areas or in conflict zones, where governmental health systems often do not reach. This fact has been confirmed by professional mapping exercises, with support and collaboration of the World Health Organization, which reported that “between 30 and 70 per cent of the health infrastructure in Africa is currently owned by faith-based organizations.”

Mr. President, optimal facilitation of access to medicine is a complex endeavor and deserves comprehensive analysis and acknowledgement of all factors contributing to its promotion, rather than a more restricted analysis of legal, economic, and political frameworks.

Thank you, Mr. President.

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1 “Health Care cannot divorce itself from moral rules,” Message of Pope Benedict XVI, to the participants in the 25th International Conference of the Pontifical Council for Health Pastoral Care, 18 November 2010, Vatican Information Service, VIS 20101118 (490).