



Presentation by His Excellency Archbishop Silvano Tomasi, Permanent Observer of the Holy See to the United Nations and Other International Organizations in Geneva
at the 2015 Humanitarian Segment of the Economic and Social Council
Geneva, 18 February 2015

Mr. Chairman,

The Delegation of the Holy See acknowledges the responsibility of States to ensure that medicines are available, financially affordable, and physically accessible on a basis of non-discrimination to everyone and appreciates the decision of the Human Rights Council to dedicate this annual session of the Social Forum to this urgent issue. With regard to the availability of medicines, we take special note that "... scientific research has multiplied the possibilities of prevention and healing" and "has allowed for the discovery of therapies that are indicated in caring for a variety of pathologies." This represents "a highly valuable commitment that aims to respond to the expectations and the hopes of many ill people across the world."¹

On the other hand, from the perspective of the Catholic Church's experience in caring for the sick in more than 5,000 hospitals and 18,000 dispensaries in every region of the world, my delegation has called attention to the fact that States, in particular, and the international community, as a whole, have not fulfilled their responsibility to make medicines and diagnostic tools affordable and accessible to the poorest and most marginalized populations in low-income countries and even in certain areas and among certain groups of people in high-and middle-income countries. A major stumbling block in providing such access is found in restrictive applications and interpretations of intellectual property rights by many in the pharmaceutical industry.

Mr. Chairman,

Application of the intellectual property instruments, as it currently prevails in many parts of the world, interferes with the right to health in two ways. First of all, some pharmaceutical companies assert a claim to unrealistic profit and cost recovery margins even though most governments and individual buyers from developing countries do not have the financial capacity to purchase these products at such high cost. This system can

¹ Pope Francis, Address to the Participants to the Conference on Oncological Surgery, Vatican City, 12 April 2014, http://w2.vatican.va/content/francesco/en/speeches/2014/april/documents/papa-francesco_20140412_congresso-chirurgia-oncologica.html

lead to total disregard for those who cannot afford the price of certain medical products and allow an imbalanced free trade system, and thus constitute a virtual monopoly.²

The second obstacle relates to research and development (R&D) in order to develop new and more effective medicines and other vital medical products, including diagnostic tools to facilitate early identification and treatment of certain life-threatening illnesses. The system, in fact, does not operate as an incentive to research on so-called “no market” or “low return on investment” treatments, such as those for neglected tropical diseases, rare diseases, or even for those illnesses that have higher prevalence among low-income people, or in economically-deprived regions, including HIV, tuberculosis, malaria, hepatitis and Ebola Virus Disease, which most recently has been ravaging coastal West Africa. It is most regrettable, therefore, that, due to an excessive focus on profit, we witness a preference within much of the pharmaceutical industry to orient research toward health issues that have greater market potential in wealthier industrialized countries.

One group particularly deprived of access to medicines is that of children. Many essential medicines have not been developed in appropriate formulations or dosages specific to paediatric use. Thus, families and health care workers often are forced to engage in a “guessing game” on how best to divide adult-size pills for use with children. This situation can result in the tragic loss of life or continued chronic illness among needy children. While some progress to address this problem has been made in recent years, especially in relation to children living with HIV, many more challenges must be addressed in order to ensure access to medicines that are prepared in “child sized”, fixed dose combinations, of acceptable taste and form, and easy to administer to infants and very young children.

Mr. Chairman,

While fully respecting the right to private intellectual property, the Holy See urges a creative and innovative approach, with full use of the flexibilities allowed under the Trade Related Intellectual Property instruments, so that the right to health for all people without any form of discrimination can be fully guaranteed and implemented. We are convinced, therefore, that concern for the protection of intellectual property rights, while legitimate in itself, must be seen within the wider perspective of promoting the common good, building global solidarity and prioritizing the life and dignity of the world’s most vulnerable people, many of whom bear an inequitable burden of both communicable and non-communicable diseases.

²cf., http://www.vatican.va/roman_curia/secretariat_state/documents/rc_seg-st_doc_20010620_wto_en.html