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ECONOMIC AND SOCIAL COUNCIL (ECOSOC)

DESCRIPTION OF THE COMMITTEE

The Economic and Social Council (ECOSOC) oversees the economic and social work undertaken within the UN system. Member countries debate economic and social issues, and many different UN organizations that address these issues report to ECOSOC.

Unlike the General Assembly, which includes all 192 member states, ECOSOC has only 54 members. Member states are elected by the General Assembly, and are selected to represent each region of the world. They serve three-year terms. Members create and vote on resolutions to address global concerns; each resolution requires a simple majority to pass.

TOPIC: ACCESS TO MEDICATION

INTRODUCTION

In 1976, the General Assembly adopted the *International Covenant on Economic, Social and Cultural Rights*, which recognized the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”¹ This document requires all countries to ensure that their people have access to medical services and drugs. The idea that health is a human right, and that it is the responsibility of the international community to make medical treatments available to everyone, is echoed in several resolutions adopted by the General Assembly and the Commission on Human Rights.²

But making medicines available to everyone in the world is very difficult. There are many technical problems involved in researching, producing and distributing medicines. As a result, access to medicine and healthcare is extremely unequal. People in the poorest countries cannot afford treatment for their illnesses, and sometimes certain groups are outright denied access to medicine.

People in the poorest countries often do not have adequate nutrition, education or sanitation. These people are far more likely to become sick than those in wealthy countries, and they are less likely to have access to medical treatment—a deadly combination.

Diseases such as malaria and tuberculosis, which have been wiped out in wealthier regions of the world, continue to kill millions of people in Africa and Asia every year. Acquired Immune deficiency syndrome (AIDS) is another disease that kills many millions of people every year,



and a disproportionate, or unequal, number of these deaths occur in developing countries. Treatments for all of these illnesses are available in developed nations. (Although AIDS cannot be cured, it can be treated in a way that allows AIDS patients to survive for many years.) Unfortunately, there are social, financial and political obstacles to making these medicines universally available.

BACKGROUND

Epidemics—outbreaks of disease that spread quickly and widely—and population loss are very costly to governments and societies. It is cheaper for a government to treat people in the early stages of illness or to prevent disease entirely than it is to treat people in the later stages of disease.

For example, AIDS-prevention campaigns and government-funded treatments for AIDS patients in Brazil ended up saving the country \$472 million, and reduced AIDS deaths by 50 percent.³ On the other hand, South Africa lost 17 percent of its gross domestic product because of AIDS illness and mortality.⁴ Sadly, when countries do not or cannot invest in prevention and treatment, the poverty and health of their populations only continue to worsen.

Discrimination

Discrimination is a devastating obstacle to making medication available to everybody. Social groups are denied health services for a variety of reasons. Sometimes, discrimination in education or employment leads to unequal medical treatment. People without a job or education may not be able to afford or not know how to access medical care.

In other cases, people are purposely denied access to health services. In Latin America, gay men face this kind of purposeful discrimination. In Nicaragua, pregnant women who have HIV (human immunodeficiency virus, the virus that causes AIDS) are routinely denied adequate medical care.⁵ Only 36 percent of all countries make it illegal to discriminate against populations vulnerable to HIV/AIDS.⁶ Sometimes, this discrimination is endorsed by the government.⁷

Medical Research

Research is the most effective way to fight disease. Because diseases tend to become resistant to drugs, research for new treatments is always necessary. For example, the methods that helped **eradicate** certain diseases in North America will not be as effective when applied to Africa.

But research into new medicines and treatments is extremely expensive. In order for **pharmaceutical** companies to study new medicines, they must receive funding from governments and drug-buyers. This poses a problem for developing nations.

Research institutions receive more money from developed countries, so it is more profitable for them to accommodate developed countries' demand for medicines. The United States spends \$4,500 per person on healthcare. By contrast, the poorest countries spend an average of \$13 per person.⁸



GLOBAL HEALTH EXPENDITURES

\$56 billion is spent on health research around the world. Only 10 percent of that money is used to study diseases in developing countries, even though 90 percent of all people affected by disease live in developing countries.

“The Global Public Health System,” www.globalization101.org/issue/health/14.asp

Cost

When treatments are created, there is controversy over what these medicines should cost. The cost of research and production can exceed the amount that developing countries can afford to pay. And most pharmaceutical companies are **profit-driven**, which means they want to earn more than just the cost of research and production.

But critics complain that if drug companies are motivated only by money, then they have no **incentive** to develop treatments for diseases that affect the poor.⁹ And when important treatments are produced, developing countries will not be able to afford them.

RATES OF HIV/AIDS TREATMENT IN TRANSITIONAL AND DEVELOPING COUNTRIES

<u>Region</u>	<u>People receiving treatment</u>	<u>People in need of treatment</u>	<u>Treatment coverage</u>
Sub-Saharan Africa	500,000	4,700,000	11%
Latin America and the Caribbean	290,000	465,000	62%
East, South and Southeast Asia	155,000	1,100,000	14%
Eastern Europe and Central Asia	20,000	160,000	13%
North Africa and the Middle East	4,000	75,000	5%
Total transitional and developing countries	970,000	6,500,000	15%

Source: www.avert.org.

Others argue that medical research is very expensive. Governments and individuals risk hundreds of millions of dollars when they **invest** in pharmaceutical research. Often, researchers will study possible treatments for years without discovering anything beneficial—governments and individuals then lose the money they invested. Without the possibility of earning a profit, no



one would be willing to risk the money and time that research requires. Even when research institutions are not motivated by money, the cost of researching new medicines can be overwhelming. It is often more practical to create treatments for people in developed countries, where research money is assured.

In some cases, drug companies will produce life-saving medicines, but choose not to sell them in developing countries. Too few people can afford these expensive medications, and the cost of shipping them to remote locations would outweigh the profit those companies would make. This is especially true of new and effective AIDS medicines, which are not sold in Africa, even though Africa suffers more AIDS-related illnesses and fatalities than any other region.¹⁰

CRITICAL THINKING

Profit-driven drug companies sell medicines in a way that earns them the most money. This usually means high prices. How can governments ensure that poor people, who cannot afford expensive drugs, are able to access medicines?

International Public Health System

Many experts call for an improved international public system. They call on rich countries to contribute to this improved health system, which would deliver the benefits of medical science to the poor. Some estimates say that spending even 0.1 percent of their economies would make an enormous difference to world health.

If wealthy countries cooperated, an additional \$38 billion a year would go to international public health. This would save developing countries \$360 billion a year, and would save eight million lives a year.¹¹ Because increase global travel makes the spread of disease more likely in developed countries, strengthening the international public health system will benefit wealthy nations, too.



INTELLECTUAL PROPERTY

Intellectual property (IP) is the expression or form of an idea that is protected by the law. Books are the intellectual property of their publishers—not the cover and pages, but the words themselves. IP cannot be copied or sold without authorization by its owner. IP laws, which protect artists and inventors from having their work copied, are considered incentives for creativity and production. Inventors profit by selling their work; these profits motivate inventors and scientists to continue to create helpful, innovative products.

Like books, medicines are considered intellectual property. They are owned by the research institutions that create them, which means that they cannot be produced or copied without permission. It also means that the drug companies can charge a great deal of money for medicines, and often that no one else may legally sell **generic medicines** at lower prices. This can pose enormous problems for developing countries that cannot afford the drug company's expensive medications.

Many experts want to decrease legal protection for IP. That way, other companies will be allowed to produce and sell generic medicines for less money. If scientists know a medicine will save lives, then selling those treatments only to the wealthy is unjust. It is more important to save lives than to protect intellectual property, critics say.

But drug companies and other experts say that producing and selling generic medicines would only create profits for copycat companies. The companies that spent millions of dollars researching original medicines would not profit from their investments. It would only be profitable to copy medicines, not to research new ones. And without new medicines, far more people would suffer, they say.

CRITICAL THINKING

Some organizations are angry that the most AIDS medications are too expensive to benefit poor people with AIDS. Some of the most reliable AIDS medicines are not even distributed in Africa, the region of the world most devastated by AIDS. These organizations are producing generic versions of AIDS medicines and distributing them in Africa and other poor countries, even though it violates IP laws. Do you think this is a justified course of action? Why or why not?

PAST INTERNATIONAL ACTION

TRIPS and the Doha Declaration

In 1994, the World Trade Organization (WTO) supported a trade agreement called the **Agreement on Trade-related Aspects of Intellectual Property Rights**, or **TRIPS**, which attempted to extend intellectual property (IP) protection to all members of the WTO. Medicines protected by IP law in one country would have to be protected by IP laws in all WTO countries—most countries in the world.



TRIPS encourages drug companies to make their medicines available in other countries, where they can be sure their medicines won't be duplicated and sold by other companies. Knowing their IP will be protected all over the world also gives drug companies an incentive to research the illnesses that afflict other countries. It would also encourage **competition** between drug companies, which would result in lower-cost medicines.

On the other hand, TRIPS also means that generic drugs cannot be produced or sold in any of the WTO countries.

CRITICAL THINKING

How might TRIPS and other IP protections encourage the production of cheaper, more available medicines? How might TRIPS and other IP protections make medicines less available?

Widespread criticism of TRIPS led to the adoption of the *Doha Declaration on TRIPS* in 2001, which asserted, "The TRIPS Agreement cannot and should not prevent members from taking measures to protect public health." The *Doha Declaration* helped to create exceptions to the TRIPS regulations.

CRITICAL THINKING

In emergencies, countries can allow the production and distribution of generic medicines. What kinds of emergencies might compel a country to do this?

For example, in emergencies, states can allow the production and distribution of generic medicines without permission from the makers of the original drugs.¹² States can also decide when certain intellectual property rules will expire. That way, when the protection for a medicine expires, other companies can begin to sell low-cost generic medicines.

However, countries with strong pharmaceutical industries are pushing for increased IP-protection. They want to pass another agreement called TRIPS-Plus, which will make IP regulations even stricter. Some wealthier countries are even using the promise of technical and economic assistance to pressure developing countries to accept the new, restrictive TRIPS-Plus agreement.¹³

Criticism of Intellectual Property Protection

Some experts even question the importance of intellectual property protection for developing countries. The Commission on Intellectual Property Rights, convened by the United Kingdom, discovered that the international intellectual property system was preventing people from accessing health care. The Commission found that IP laws that protect the profits of drug companies did not motivate those companies to research diseases that affect the poor.¹⁴



UN Resolutions

In 2001, the Commission on Human Rights (CHR) passed *Resolution 2001/33*, which recognized that “access to medication in the context of pandemics such as HIV/AIDS is one fundamental element for achieving...the right [to]...the highest attainable standard of health.” The resolution calls upon states to create international agreements making treatments accessible to everyone. It also calls for states to create laws against discrimination in the health sector.¹⁵

Fifty-two of the 53 CHR members voted for the resolution. Only one, the United States, **abstained**. The US representative argued that healthcare infrastructure, such as clinics and trained health professionals, must be established before the international community focuses on drug accessibility. The representative stated that the resolution’s emphasis on drug availability might undermine intellectual property rights.¹⁶

In 2003, the Commission adopted *Resolution 2003/29*. This resolution again called on states to create international agreements that would make medicines for epidemics, such as AIDS, malaria or tuberculosis, available to everyone. This resolution also urges states to support World Health Organization campaigns and NGOs attempting to improve global public health systems.¹⁷

“Encouraging the active participation of all partners in the fight against AIDS has become my personal priority. We must harness the expertise of all sectors of society. The pharmaceutical industry is playing a crucial role. We need to combine incentives for research with access to medication for the poor. Intellectual property protection is key to bringing forward new medicines, vaccines and diagnostics urgently needed for the health of the world’s poorest people.”

Secretary-General Kofi Annan

Source: UN Chronicle Online Edition, www.org/Pubs/chronicle/2001/issue1/0101p7.htm

RECOMMENDATIONS FOR FORMULATING A RESOLUTION

Human rights organizations recommend several different courses of action. Human Rights Watch, advises countries to reconsider the effects of IP laws.¹⁸ Doctors Without Borders encourages drug companies to build factories in areas where drugs are needed; this would reduce the cost of distribution and create economic relationships between developing countries and drug companies.¹⁹ In 2001, Secretary-General Kofi Annan met with six leaders from the world’s top pharmaceutical companies, hoping to enlist the help of the drug industry in creating cheaper treatments for people in developing countries. Delegates may consider similar cooperation with the business sector in discussing a resolution.



Delegates also must:

- Think about how they can protect intellectual property while making drugs affordable and accessible to even the poorest people;
- They must also discuss ways to motivate drug companies to research diseases that affect the poor; and
- Address the problem of discrimination in healthcare.

QUESTIONS TO CONSIDER

1. Does your country suffer from epidemics or pandemics, such as AIDS, malaria or tuberculosis?
2. Is medication universally accessible to people in your country?
3. What is your country's position on TRIPS? Does your country benefit from TRIPS?
4. What is your country's position on intellectual property laws?

TERMS AND CONCEPTS

Epidemics: outbreaks of disease that spread quickly and widely.

Eradicate: to eliminate completely.

Pharmaceutical: involving medical drugs.

Profit-driven: motivated by profits; driven by the desire to earn more than the cost of production.

Incentive: something that motivates action or effort.

Invest: to commit money, energy or other resources to a project or company in the hopes of earning something in return.

Intellectual property (IP): is the expression or form of an idea that is protected by the law. Kinds of protected IP include books, music, art, medicines and many inventions. In order to have IP protected by law, it must be registered with a government patent office or other official agency.

Generic medicines: medicines that are not trademarked and do not have a brand name. “Generic medicines” is often used to describe medicines that are created using/copying the concepts and research of other medicines. These are typically cheaper than other medicines.

Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS): a 1994 trade agreement extending intellectual property (IP) protection to all members of the World Trade Organization

Competition: rivalry between two or more businesses over a consumer market. Competition encourages companies to create better and cheaper products, to attract more customers than rival companies. TRIPS was intended to create competition between drug companies by ensuring that all companies abided by IP laws. That way, companies be encouraged to create original medicines to compete with other companies, instead just of copying existing medicines.

Doha Declaration on TRIPS: a 2001 World Trade Organization statement reaffirming that countries can refuse to protect IP laws if there is an emergency need for generic medicines.

Abstain: to refrain from voting.

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