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UNHRC

United Nations Human Rights Council

Background Guide

AGENDA: Access to medicines, vaccines, and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

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Letter from the Executive Board

Dear Delegates,

We are very pleased to welcome you to the simulation of the United Nations Human Rights Council (UNHRC) at MACE MUN 2026. It will be an honour to serve on your Executive Board for the duration of the conference. This Background Guide is designed to give you an insight into the case at hand. Please refer to it carefully. Remember, a thorough understanding of the problem is the first step to solving it.

However, remember that this Background Guide is in **no way exhaustive and is only meant to provide you with enough background information to establish a platform for beginning the research**. Delegates are highly recommended to do a good amount of research beyond what is covered in the Guide. The guide cannot be used as proof during the committee proceedings under any circumstances.

Finally, we would like to wish you luck in your preparation. In case you have any questions, procedural or otherwise, please feel free to direct them to any member of the Executive Board, and we will get back to you as soon as possible. Please do not hesitate to contact us with any queries or concerns. We expect all delegates to be well-versed with the various nuances of the agenda and geared up for an intense debate, deliberations, and great fun.

We are looking forward to meeting you at the conference!

Regards,

Sai Preethi Polu	Issac Vinu	Naveen Prasad
Co - Chairperson	*Co - Chairperson*	*Rapporteur*

Points to Remember

A few aspects that delegates should keep in mind while preparing:

1. **Procedure**: The purpose of putting in procedural rules in any committee is to ensure a more organized and efficient debate. The committee will follow the UNA-USA Rules of Procedure. Although the Executive Board shall be fairly strict with the Rules of Procedure, the discussion of the agenda will be the main priority. So, delegates are advised not to restrict their statements due to hesitation regarding the procedure.

2. **Foreign Policy**: Following the foreign policy of one's country is the most important aspect of a Model UN Conference. This is what essentially differentiates a Model UN from other debating formats. To violate one's foreign policy without adequate reason is one of the worst mistakes a delegate can make.

3. **Role of the Executive Board:** The Executive Board is appointed to facilitate debate. The committee shall decide the direction and flow of the debate. The delegates are the ones who constitute the committee and hence must be uninhibited while presenting their opinions/stance on any issue. However, the Executive Board may put forward questions and/or ask for clarifications at all points in time to further debate and test participants.

4. **Nature of Source/Evidence:** This Background Guide is meant solely for research purposes and must not be cited as evidence to substantiate statements made during the conference. Evidence or proof for substantiating statements made during the formal debate is acceptable from the following sources:

    i) **United Nations:** Documents and findings by the United Nations or any related UN body are held as credible proof to support a claim or argument. Multilateral Organizations: Documents from international organizations like OIC, NAFTA, SAARC, BRICS, EU, ASEAN, the International Criminal Court, etc. may also be presented as credible sources of information.

    ii) **Government Reports:** These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country.

    iii) **News Sources:**

        a. Reuters: Any Reuters article that clearly makes mention of the fact

or is in contradiction of the fact being stated by a delegate in the council.

b. State operated News Agencies: These reports can be used in the support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any country as such but in that situation, may be denied by any other country in the council. Some examples are – RIA Novosti (Russian Federation), Xinhua News Agency (People's Republic of China), etc.

******Please Note: Reports from NGOs working with UNESCO, UNICEF, and other UN bodies will be accepted. Under no circumstances will sources like Wikipedia, ChatGPT, or newspapers like the Guardian, Times of India, etc. be accepted. However, notwithstanding the criteria for acceptance of sources and evidence, delegates are still free to quote/cite from any source as they deem fit as a part of their statements.***

Committee and Mandate

Human rights are inalienable entitlements established not by law, but by human birthright, and the history of human rights has been shaped by all major world events and by the struggle for dignity, freedom, and equality everywhere. However, it was only with the signing of the Charter of the United Nations (1945), the subsequent establishment of the United Nations (UN) in the shadow of World War II, and the call to "reaffirm faith in fundamental human rights," where human rights finally achieved formal, universal recognition. The UN has remained committed to "promoting and encouraging respect for human rights and for fundamental freedoms for all" through charter-based and treaty-based mechanisms.

Charter-based mechanisms derive from the provisions of the Charter, most commonly as subsidiary bodies like the Human Rights Council. Treaty-based mechanisms are the human rights covenants and conventions, along with their respective treaty bodies, which take the force of law and monitor the implementation of the provisions of the treaties. Recognizing the need to preserve and build on the Commission's achievements and to redress its shortcomings, the HRC was created to ensure stronger system-wide coherence and preserve the value of human life "in larger freedom." The Council was charged with, inter alia, assuming the roles and responsibilities of the Commission, promoting the full implementation of human rights obligations, responding to human rights emergencies, undertaking a universal periodic review, and making recommendations to States and the General Assembly (GA).

Link to understand how the UNHRC works –

https://www.ohchr.org/en/about-us/mandate-un-human-rights

Introduction

Has the right to health become a privilege reserved for the few? In an era defined by rapid biomedical innovation, why do 2 billion people still lack access to essential medicines? As supply chains fracture under the weight of geopolitical conflict and economic instability, the question facing this committee is not merely technical but existential: How can the international community reconcile the profit-driven motives with the human rights obligation to provide life-saving treatments?

The Shift from Charity to Obligation

Guided by Human Rights Council Resolution 50/13, this agenda reframes access not as humanitarian aid, but as a binding legal obligation. Delegates should note that the term “Health Products” under this agenda is comprehensive and extends beyond pharmaceuticals to include vaccines, diagnostics, and assistive technologies. Ensuring access to these products requires a functioning health system that encapsulates the normative content of the right to health. As outlined by the Committee on Economic, Social, and Cultural Rights, this includes ensuring that health products are **available, accessible, acceptable, and of good quality**.

While availability is a precondition for access, affordability constitutes one of the key dimensions of accessibility, alongside physical reach, non-discrimination, and access to information. In the context of this agenda, we have placed particular emphasis on availability, accessibility, including economic affordability, and quality, as these elements play a decisive role in determining whether essential health products can be accessed in practice.

The Current Landscape:

Despite the lessons of COVID-19, structural inequality persists. High-income nations continue to secure surplus vaccines while low-income states face shortages, fueling the rise of counterfeit markets. Compounding this, recent funding cuts to major mechanisms like the Global Fund threaten progress on HIV/AIDS and Malaria, exposing the fragility of systems reliant on external donors.

The Role of the UNHRC

This committee must therefore move beyond passive observation. It must address how intellectual property regimes (TRIPS) can be balanced with public health needs. It must question why "Neglected Tropical Diseases" receive a fraction of global R&D funding compared to profitable lifestyle drugs. Ultimately, the UNHRC is tasked with forging a new consensus: that in the 21st century, a person's survival should not be determined by their postcode or their purchasing power.

Understanding the Right to Health

The Right to Health is a fundamental human right recognized in international law, most prominently in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966). It entitles every person to the enjoyment of the highest attainable standard of physical and mental health.

This right, first articulated in the 1946 Constitution of the World Health Organization (WHO), defines health broadly as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. It is an inclusive right that extends beyond access to medical care to include the underlying determinants of health, such as safe drinking water, adequate sanitation, nutritious food, healthy environmental and working conditions, housing, health-related education, and information (including on sexual and reproductive health). The right encompasses four interrelated elements: availability, accessibility (without discrimination), acceptability (respecting cultural and ethical standards), and quality of health facilities, goods, and services.

This right is important because health is indispensable for living a life in dignity and serves as a prerequisite for the effective enjoyment of many other human rights. Poor health can severely limit a person's ability to exercise rights such as education, work, participation in public life, or even the right to life itself. For instance, lack of access to healthcare or healthy living conditions can prevent children from attending school, adults from earning a livelihood, or individuals from fully participating in society.

The right to health promotes equality and non-discrimination, requiring states to prioritize vulnerable and marginalized groups, reduce health disparities, and address systemic barriers. It also imposes obligations on states to respect (avoid interfering with health), protect (prevent third parties from violating it), and fulfill (actively provide resources and conditions for its realization) this right, progressively to the maximum of available resources.

The right to health is deeply relevant to human rights as a whole because human rights are interdependent, indivisible, and interrelated. Violating the right to health often impairs other rights, and vice versa. For example, denial of education can worsen health literacy and outcomes, while inadequate housing or food insecurity directly undermines physical and mental health. It intersects with rights to food, water, housing, privacy, information, freedom from torture or non-consensual medical treatment, and participation in decision-making.

A human rights-based approach to health emphasizes accountability, empowerment, and equity, ensuring health systems and policies are non-discriminatory, participatory, and focused on those most in need. In practice, this right underpins global efforts like universal health coverage and has been invoked in courts and policies worldwide to challenge inequalities, such as access to HIV

treatment or maternal care, reinforcing that health is not a commodity or privilege but an essential entitlement for all.

Most affected groups

Barriers to access to medicines, vaccines, diagnostics, and other health products do not affect all populations equally. United Nations reporting consistently indicates that discrimination, structural inequalities, and intersecting vulnerabilities play a decisive role in determining who is most likely to be excluded. Such barriers are often multiple and intersectional, compounding their impact on specific groups and deepening existing disparities.

A. Women and Girls

Women and girls frequently face systemic discrimination in the enjoyment of their right to health, stemming from discriminatory social norms, gender roles, stereotypes, and stigma. These barriers often translate into persistent physical and financial obstacles to accessing essential health products, particularly sexual and reproductive health products and services.

- Key Insight: United Nations analyses highlight that such challenges are especially pronounced in low- and middle-income countries, where affordability constraints and limited health infrastructure restrict access to maternal health products, contraception, and treatment for gender-specific conditions.

B. Persons with Disabilities

Persons with disabilities face significant barriers in accessing medicines and health products, including exclusion from health coverage schemes, higher out-of-pocket costs, and limited availability of assistive technologies such as prosthetics, wheelchairs, and hearing aids.

- Key Insight: Access to such technologies varies widely across countries, with a substantial proportion of those in need unable to obtain them. Discriminatory policies, lack of accessible health facilities (e.g., ramps, sign language interpretation), and inadequate support services compound these barriers, particularly during emergencies where access gaps are often widened rather than addressed.

C. Older Persons

Older persons are disproportionately affected by limitations in access to medicines required for the prevention and treatment of Chronic and Non-Communicable Diseases (NCDs).

- Key Insight: Physical barriers, such as distance from health facilities and limited mobility, intersect with financial constraints, including the high cost of daily prescription medicines.

In some contexts, age-based discrimination within health systems further restricts access, leading to the rationing or denial of treatment under the assumption that such investments are "less valuable."

D. Children

Children face distinct access challenges, notably the "Paediatric Gap", the limited availability of child-appropriate formulations of medicines (e.g., syrups vs. pills), and underrepresentation in clinical research.

- Key Insight: These challenges are particularly acute for children living in poverty or in geographically remote areas. Disruptions to routine immunisation and essential treatment services disproportionately affect children, reinforcing long-term health inequalities and preventable morbidity.

E. Migrants, Indigenous Peoples, and Other Marginalised Groups

Migrants, including those in irregular situations, are frequently excluded from national health insurance schemes, leaving them reliant on out-of-pocket payments and exposed to financial hardship. United Nations reporting further highlights that other marginalised groups, including persons with albinism, face distinct barriers in accessing essential preventive health products, resulting in preventable morbidity and mortality, particularly in low- and middle-income countries.

- Key Insight: Indigenous Peoples similarly experience disproportionate barriers driven by geographic isolation and a lack of culturally appropriate health services. United Nations analyses underline that the absence of Universal Health Coverage (UHC) continues to restrict access to essential health products for these populations.

F. Populations in Conflict and Humanitarian Settings

Delegate Note: This category represents the most urgent escalation in the 2025-2026 mandate. Populations in conflict zones face the absolute denial of access due to the destruction of infrastructure and the weaponization of aid. For instance, in Sudan and Gaza, access to health products has been weaponized. Restrictions on the entry of insulin, anesthetics, and maternal health supplies have raised serious concerns regarding compliance with international humanitarian law. In these regions, the "highest attainable standard of health" is not a policy goal but a distant dream, as hospitals are targeted and supply routes are severed.

- The Issue: In active conflict zones, the blockade of dual-use goods often prevents the entry of anaesthetics, oxygen, and surgical equipment.
- The Impact: The 2025 Comprehensive Report notes that in these settings, the health system does not merely struggle; it collapses. Supply chains are severed by kinetic warfare,

rendering even basic antibiotics unavailable, directly violating International Humanitarian Law.

Global inequality in access

Several studies and United Nations reports have signalled a historic shift in wealth distribution, a rise in the frequency and severity of climate change-induced natural disasters, and increasing political polarization and conflict. A key result of these trends is the compounding of unequal access to resources, including health care, food, safe drinking water, housing, income, overall safety and general well-being. These conditions also foster environments of hostility, particularly towards the poor, the vulnerable and minority groups.

The disparity in access to life-saving medicines and health products remains one of the most pervasive violations of Article 25 of the Universal Declaration of Human Rights (UDHR). This inequality is most visible in the "Global North-South" divide, where high-income countries (HICs) often secure the vast majority of new medical technologies, leaving low- and middle-income countries (LMICs) with delayed or insufficient access. For instance, during the initial rollout of COVID-19 vaccines, HICs procured over 70% of available doses, a phenomenon the World Health Organization (WHO) Director-General described as a "moral failure."

Beyond the international divide, significant intra-state inequalities persist. Rural populations frequently suffer from "medical deserts," where essential pharmacies and clinics are geographically inaccessible. Furthermore, marginalized groups, including indigenous peoples, migrants, and persons with disabilities, often face systemic discrimination that bars them from equitable healthcare access. The Council must consider how international cooperation, as mandated by the International Covenant on Economic, Social and Cultural Rights (ICESCR), can be enforced to operationalize the transfer of medical technology to the developing world.

Affordability as a major factor

High out-of-pocket (OOP) payments for health services push approximately 100 million people into extreme poverty annually. For many Member States, the high cost of patented medicines, particularly biologics, cancer treatments, and second-line antiretrovirals, threatens the sustainability of national healthcare systems. When medicines are available but unaffordable, they are effectively inaccessible, constituting a violation of the state’s obligation to "fulfill" the right to health.

The concept of Universal Health Coverage (UHC), enshrined in Sustainable Development Goal (SDG) 3.8, relies heavily on the affordability of essential medicines. However, market dynamics often prioritize high-profit drugs over those with high public health value. The WHO’s Fair Pricing Forum has highlighted that the lack of transparency in pharmaceutical pricing and Research and

Development (R&D) costs prevents governments from negotiating fair prices. Delegates should address how national insurance schemes and international bulk-procurement mechanisms (such as the PAHO Strategic Fund) can mitigate the financial burden on individuals.

Intellectual Property (IP) & Human Rights concerns

A central tension exists between the intellectual property regimes established by the World Trade Organization's (WTO) TRIPS Agreement and the international human rights obligations of states. While IP protection is intended to incentivize innovation, it can create monopolies that keep prices artificially high, restricting access to essential medicines.

The Doha Declaration on the TRIPS Agreement and Public Health (2001) affirmed that public health crises allow states to utilize TRIPS flexibilities, such as Compulsory Licensing, allowing a government to produce a generic version of a patented drug without the patent holder's consent. Despite this legal safeguard, many developing states face political and economic pressure not to utilize these flexibilities. The Human Rights Council has repeatedly emphasized that trade agreements must not impede the right to health. The debate now centers on the "TRIPS Waiver" proposed during the pandemic and whether permanent mechanisms are needed to prioritize human rights over commercial interests during global health emergencies.

Availability and Infrastructure Challenges

Availability refers not only to the existence of a drug but to its physical presence at the point of need. In many developing regions, "stock-outs" of essential medicines are chronic due to weak supply chain management and poor forecasting. A critical bottleneck is the "Cold Chain" infrastructure required for temperature-sensitive products like insulin and mRNA vaccines.

Furthermore, the "brain drain" of health workers from developing to developed nations exacerbates these infrastructure weaknesses, leaving systems without the personnel to administer complex treatments. The Council should explore how to strengthen "Last Mile" delivery systems, potentially through public-private partnerships or the deployment of drone technology for remote areas, ensuring that the right to health is upheld regardless of geographic location.

Mental Health: A neglected component of the Right to Health

Historically, the right to health has been interpreted with a bias toward physical ailments, leaving mental health under-prioritized and under-funded. The Special Rapporteur on the right to health has noted that mental health attracts less than 2% of government health budgets globally. This neglect results in a severe lack of psychotropic medicines (such as antidepressants and antipsychotics) in primary care settings.

Stigma and legal barriers further complicate access; in some jurisdictions, persons with psychosocial disabilities are denied legal capacity or subjected to coercive treatment, violating the Convention on the Rights of Persons with Disabilities (CRPD). Addressing this requires a paradigm shift from institutionalization to community-based care, ensuring that mental health products are integrated into the list of essential medicines and covered by national health insurance plans.

Impact of Public Health Emergencies

Public health emergencies, such as the COVID-19 pandemic or Ebola outbreaks, act as a "magnifying glass" for existing human rights failures. During such crises, routine health services, including immunization campaigns, maternity care, and HIV/TB treatments, are often disrupted, leading to a "secondary health crisis" where preventable deaths outnumber those from the emergency pathogen itself.

Emergency measures, such as lockdowns or export bans on medical supplies, often have disproportionate effects on vulnerable populations. For example, export restrictions on Personal Protective Equipment (PPE) and ventilators during the pandemic highlighted the fragility of global solidarity. The Council must examine how to "human rights-proof" pandemic preparedness plans, ensuring that emergency responses do not derogate from the core obligations of the right to health, specifically the non-discriminatory access to emergency medical countermeasures.

Role of Pharmaceutical Companies and Other Non-State Actors

Pharmaceutical companies, as key non-state actors in the global health ecosystem, play a pivotal role in realizing the right to the highest attainable standard of physical and mental health by driving innovation, research, and development of medicines, vaccines, and other health products. Their core responsibilities include ensuring that these essential goods are accessible, affordable, and available, particularly in low- and middle-income countries where health disparities are pronounced.

Under international human rights frameworks, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) and its General Comment No. 14, pharmaceutical firms are expected to respect the right to health by avoiding actions that hinder access, such as exorbitant pricing or restrictive patent practices that create monopolies and limit generic production. They are also encouraged to contribute positively through voluntary licensing, technology transfer, and participation in initiatives like patent pools to facilitate broader distribution and reduce costs, thereby supporting states in fulfilling their obligations to provide health care without discrimination.

Other non-state actors, including philanthropic foundations, non-governmental organizations (NGOs), generic drug manufacturers, and private health providers, complement the efforts of pharmaceutical companies in promoting access to health products within the right to health framework. Philanthropic entities, such as the Bill & Melinda Gates Foundation, often fund research, advocate for policy changes, and bridge gaps in vaccine distribution during pandemics, influencing global health norms and pushing for equitable access. NGOs like Médecins Sans Frontières (MSF) campaign against intellectual property barriers and high drug prices, while generic producers enhance affordability by offering lower-cost alternatives once patents expire or through compulsory licensing mechanisms. These actors collectively help protect against violations of the right to health by third parties, as states are required to regulate them to prevent exploitation or inequities, ensuring that health products are not treated solely as commercial commodities but as public goods essential for human dignity and well-being.

The importance of these non-state actors lies in their ability to address systemic barriers to access, such as high prices, limited production capacity, and unequal distribution, which were starkly highlighted during the COVID-19 pandemic. Pharmaceutical companies' profit-driven approaches sometimes widened access gaps, as seen in the uneven rollout of vaccines, where wealthier nations secured supplies ahead of poorer ones, underscoring the need for human rights-based accountability. Frameworks like the UN Guiding Principles on Business and Human Rights and the 2008 Human Rights Guidelines for Pharmaceutical Companies emphasize transparency, non-discrimination, and collaboration with governments to prioritize public health over profits, including differential pricing strategies and investment in neglected diseases. By aligning their operations with these principles, non-state actors can mitigate health inequities and contribute to the progressive realization of the right to health for all.

In the broader context of human rights, the involvement of pharmaceutical companies and other non-state actors is crucial because access to medicines and vaccines is interdependent with other rights, such as the right to life, education, and non-discrimination. Violations, such as denying access through intellectual property enforcement or inadequate supply chains, can exacerbate poverty and social exclusion. Effective global health governance, including diplomacy at forums like the World Trade Organization (WTO) for TRIPS waivers, is essential to hold these actors accountable and foster partnerships that ensure health products are safe, effective, and equitably distributed, ultimately advancing the universal enjoyment of the highest standard of health.

Legal, Regulatory and Governance Barriers

Legal barriers to access to medicines, vaccines, and other health products significantly impede the realization of the right to the highest attainable standard of physical and mental health, as they often prioritize intellectual property protections over public health needs. Intellectual property laws, particularly under the WTO's TRIPS Agreement, grant exclusive patents that create

monopolies, leading to high prices and delayed entry of affordable generics, especially in low- and middle-income countries.

Free Trade Agreements (FTAs) frequently include TRIPS-plus provisions that extend patent terms, enforce data exclusivity, and restrict compulsory licensing, further entrenching inequities by limiting governments' ability to invoke flexibilities for public health emergencies. These legal frameworks can conflict with human rights obligations, as they hinder equitable distribution and exacerbate disparities, particularly during crises like the COVID-19 pandemic, where IP waivers were debated but not fully implemented to enable broader vaccine production.

Regulatory barriers compound these issues by creating delays and inconsistencies in the approval, registration, and quality assurance of health products, undermining timely access essential for fulfilling the right to health. Fragmented national and regional regulatory systems often lack harmonization, resulting in lengthy marketing authorization processes, duplication of efforts, and varying standards that disproportionately affect importing countries with limited capacities. Stringent requirements for clinical trials, data exclusivity, and post-market surveillance can act as unintended obstacles, especially when coupled with under-resourced regulatory authorities in low- and middle-income settings, leading to shortages and restricted availability of essential medicines and vaccines. Moreover, regulatory hurdles related to quality control and anti-counterfeiting measures, while necessary, can inadvertently limit access if not balanced with provisions for expedited approvals during public health emergencies.

Governance barriers further erode access by fostering systemic inefficiencies, a lack of accountability, and unequal power dynamics in global health decision-making. Weak institutional frameworks, corruption, and insufficient political commitment often result in inadequate funding, poor supply chain management, and discriminatory policies that marginalize vulnerable populations, violating principles of non-discrimination embedded in the right to health. Global governance structures, such as those under the WHO and the WTO, suffer from incoherence between trade priorities and health objectives, with limited enforcement mechanisms for human rights-based approaches, allowing profit-driven interests to dominate over equitable distribution. This is exacerbated by barriers in technology transfer, local production capacities, and transparent pricing negotiations, which perpetuate dependencies and hinder the progressive realization of universal health coverage.

These intertwined legal, regulatory, and governance barriers not only restrict physical availability and affordability but also perpetuate health inequities, directly impinging on the interdependence of human rights. For instance, high prices and monopolies driven by IP laws intersect with regulatory delays to limit access in humanitarian emergencies, while governance failures amplify discrimination against marginalized groups, underscoring the need for rights-centered reforms to align global systems with the imperative of health as a public good.

Human Rights Monitoring and Accountability

Access to medicines and other health products is monitored within the United Nations primarily as a human rights obligation, rather than a purely health or development issue. The United Nations Human Rights Council serves as the central forum for examining whether States are fulfilling their duties under the right to the highest attainable standard of health, including obligations related to availability, affordability, and non-discriminatory access to essential health products.

A key mechanism for monitoring in this area is Human Rights Council resolution 50/13, which established a structured process of reporting and review on access to medicines, vaccines, and other health products.Through the mandated reports submitted between 2023 and 2025, the Council has assessed existing practices, identified structural barriers, and clarified how access failures often result from policy choices, weak regulation, and insufficient international cooperation rather than technical limitations.

Independent oversight is further provided through the Council's Special Procedures, particularly the Special Rapporteur on the right to health. These mandate-holders examine access-related concerns through thematic reports, country visits, and direct communications with States, helping to highlight patterns of discrimination and systemic exclusion affecting marginalized populations.

Despite these mechanisms, enforcement remains a significant challenge. United Nations analyses consistently note that human rights findings are not legally binding and rely heavily on State cooperation and political will. As a result, gaps persist between international commitments and national implementation, especially where access to medicines is constrained by affordability, intellectual property rules, conflict, or weak health systems. Strengthening accountability, therefore, remains a central concern of the UNHRC's ongoing engagement with this agenda.

Existing Legal Frameworks & Previous Actions

Core International Human Rights Instruments

The legal foundation of this agenda lies in international human rights law. The Universal Declaration of Human Rights (UDHR) recognizes the right of everyone to a standard of living adequate for health and well-being, including medical care. This principle is given binding force through the International Covenant on Economic, Social and Cultural Rights (ICESCR), which obliges States to take steps toward the full realization of the right to the highest attainable standard of physical and mental health

Authoritative interpretation of this right is provided by the Committee on Economic, Social and Cultural Rights, notably through General Comment No. 14 (2000), which clarifies that States must

ensure the availability, accessibility, acceptability, and quality (AAAQ) of health facilities, goods, and services, including essential medicines, on a non-discriminatory basis.

Health-Specific Global Frameworks

At the institutional level, the World Health Organization Constitution affirms health as a fundamental right of every human being. Building on this principle, the global commitment to Universal Health Coverage (UHC) seeks to ensure that all individuals can access essential health services and products without suffering financial hardship.

The WHO Model List of Essential Medicines further demonstrates this commitment by guiding States in prioritizing affordable, safe, and effective medicines necessary to meet priority health needs, particularly in resource-constrained settings.

Trade, Intellectual Property, and Access to Medicines

Access to health products is also shaped by international trade and intellectual property regimes. The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), administered by the World Trade Organization, establishes minimum standards for intellectual property protection that affect the production and distribution of medicines

Recognizing the potential public health implications of these rules, the Doha Declaration on the TRIPS Agreement and Public Health (2001) affirms that intellectual property protections should not prevent States from taking measures to protect public health. It explicitly recognizes the right of States to use TRIPS flexibilities, such as compulsory licensing, to promote access to medicines, particularly during public health emergencies.

Past United Nations Actions and UNHRC Engagement

Within the United Nations system, sustained attention to access to medicines has been reflected in multiple General Assembly and Human Rights Council resolutions. Most notably, Human Rights Council resolution 50/13 mandated a series of reports, expert consultations, and analytical studies examining access to medicines, vaccines, and other health products through the lens of the right to health.

Pursuant to this mandate, the Council received a Compendium of Good Practices (2023), an Analytical Study on Key Challenges (2024), and a Comprehensive Report (2025). Together, these reports document existing practices, identify structural and systemic barriers, and outline pathways for strengthening accountability, international cooperation, and rights-based governance in ensuring equitable access to health products.

Questions a Resolution must Answer

1. How can intellectual property regimes, including patents and TRIPS flexibilities, be reformed to prioritize public health and ensure affordable access to essential medicines and vaccines without unduly restricting innovation?

2. What obligations do states have to regulate pharmaceutical companies and other non-state actors to prevent monopolistic practices and promote voluntary licensing, technology transfer, and equitable pricing for health products?

3. In what ways should international cooperation and governance mechanisms, such as those under the WHO and WTO, be strengthened to address disparities in access between high-income and low- and middle-income countries?

4. How can regulatory barriers, including harmonization of approval processes and quality standards, be minimized to expedite the availability of safe and effective health products during public health emergencies?

5. What measures are needed to enhance accountability and transparency in the supply chains of medicines and vaccines, ensuring non-discrimination and prioritization of vulnerable populations?

6. How should funding and investment in research and development for neglected diseases be increased, and what role should public-private partnerships play in achieving universal health coverage?

7. What human rights-based indicators and monitoring frameworks should be established to track progress toward the progressive realization of the right to health in relation to access to health products?

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