Statement by the
Delegation of Norway

Commission on Human Rights,
Geneva, 23 april 2001

Item 10 Economic, Social and Cultural Rights

Mr. Chairman

Universal access to essential drugs is far from a new debate. Neither is the stakeholder dialogue on these issues new, nor are the heated arguments and divergent views of interest groups new.

Access to drugs carry the features of what we now refer to as global public goods. Yet, drugs are largely manufactured and marketed as global private goods, through large multinational companies. Accessible anywhere, yet only for those with purchasing power. Largely unaffordable to many public health care systems and – in most countries – unavailable for the poor.

The context in which we now discuss this issue is one of heavy challenge to global economic systems and institutions by people in the street and in the neighbourhoods of the whole global community. It is not enough to note, observe and analyse the inequities and imperfections in the global market. It is not enough to repeat well-known phrases about the heavy odds that continue to sustain poverty, marginalisation and disempowerment internationally and nationally. Governments and international institutions are challenged in terms of accountability and transparency, and asked to produce results that matter for the poor.

This debate has been given new momentum and urgency for within the health system itself, i.a. because of the global emergency of HIV/AIDS.

The AIDs pandemic is extraordinary and cannot be met with a single set of responses. This is poverty and its challenge to global and national governance. It challenges governments in financing for development, both in terms of private and public resources, nationally and internationally.

The AIDs pandemic is linked to other diseases, which also require access to vaccines and essential drugs – whose effectiveness depend on a working health system. New, major efforts are now underway to stop tuberculosis, to roll back malaria to strengthen vaccine delivery, and to make nations more able to cope with the double burden of disease.

The path ahead calls for an ethical framework to guide this process of change and to establish parameters for policy choice and accountability. Along with developing the technical options in terms of the regulatory framework for managing drugs as a public good, including trade, production, financing and pricing, which is the topic for our work these days.

To face this challenge, the stress must continue to be on prevention, mobilizing all sectors of society in awareness raising and in formulating effective preventive policies and measures.
We must continue efforts and mobilize resources to strengthen health systems in developing countries.

Within this broader framework, the question of medication in the context of pandemics such as HIV/AIDS is important. This is why Norway hosted an international workshop, sponsored by the WHO and WTO, on differential pricing and financing of essential drugs earlier this month. That is also why Norway has co-sponsored the draft resolution before us, in spite of the fact that we would have preferred this broader approach, emphasizing prevention and access.