Oral Intervention for Panel Discussion on Access to Medicines

Mr. President, Esteemed panelists,

IDO together with Americans for Democracy & Human Rights in Bahrain and the Bahrain Institute for Rights & Democracy thank the panelists for their remarks. At a time in which healthcare has become so advanced, states must ensure that the fundamental right to health is protected and that medicine is easily accessible.

We would like to further emphasize that in many countries, however, access to the highest attainable standard of physical and mental health is not only hindered by financial status, but also by social and political factors.

In the Arab Gulf region, we are concerned that stateless ‘Bidoon’ persons are denied access to adequate healthcare due to the state’s failure to recognize them in law, for example, rather than any deficiency in state resources. In Kuwait, many thousands of Bidoon are affected by restrictions on their access to healthcare. Bidoon women are particularly affected by these constraints, and specifically during childbirth, when they are often forced to resort to unsafe birthing conditions.

Similarly, in many countries, state authorities deprive activists and political dissidents of adequate healthcare, especially in prison. Such violations of medical impartiality and the right to health are systematic in Bahrain. The government has transferred administration of the country’s public health facilities and ambulatory services from the Ministry of Health to the military and police, interfering in medical care and preventing injured protesters from accessing treatment. In two days, Bahraini doctor Ali al-Ekri should complete a 5-year prison sentence. He was arrested and tortured for treating demonstrators in 2011. Moreover, the Bahraini government has arbitrarily stripped hundreds of people of their citizenship, subjecting them to many of the access problems associated with statelessness noted earlier.

In light of such infringements on access to adequate healthcare, which are not solely affected by a state’s development or resources, we wish to ask the panel: How can the Council address social and political restrictions on the universal right to health and access to medicines?

Thank you.