Input to HRC Resolution 59/7

Subject: Access to Medicines, Vaccines and Other Health Products

Samoa presents a case study in the compounded access failures that resolution 59/7 seeks to address. As a clinician with over two decades of mental health practice, currently volunteering with the Government of Samoa Ministry of Health mental health programme, I offer this submission with direct reference to what is, and is not, available in clinical practice.

The Psychotropic Gap

The formulary available to mental health practitioners in Samoa is not merely limited. In practice, it is significantly narrower than even official lists suggest. While certain medications appear on approved formularies, persistent and unexplained stock failures mean they are functionally unavailable. Methylphenidate, for example, has been absent from the hospital pharmacy since at least February 2026, with no restock timeline and no alternative dispensing point in the country. The gap between what is formally approved and what a clinician can actually prescribe is itself a protection gap that standard access metrics do not capture.

What remains reliably available reflects an older era of psychiatric practice: a small number of first-generation antipsychotics and basic SSRIs. Medications with established evidence for ADHD, dementia, and trauma-related conditions including PTSD are absent entirely. Some, such as prazosin and propranolol for trauma symptom management, are neither expensive nor complex. Their unavailability is a function of structural procurement failures, not clinical irrelevance.

Structural Drivers

Small island developing states face procurement disadvantages that are rarely captured in global pharmaceutical access frameworks. Samoa cannot leverage volume-based pricing. Supply chains are long, fragile, and expensive to maintain. Fiscal space for health is constrained by debt servicing and reduced external support. When medication budgets are under pressure, psychotropics, which carry stigma and serve a population with limited political voice, are among the first to be de-prioritised.

The Stigma Compounding Effect

Even where medications are available, cultural stigma around mental illness functions as a secondary access barrier. Families and individuals who might benefit from pharmacological

support delay or avoid care to avoid community identification. This means that access failures are not only a supply problem. They are a demand-side problem shaped by the same harmful narratives that resolution 59/7 identifies under category (d).

Recommendations

Pacific SIDS require dedicated procurement mechanisms for essential psychotropic medications that are not contingent on volume purchasing. The WHO Essential Medicines List must be operationalised in SIDS contexts with enforceable supply commitments, not aspirational frameworks. Regional pooled procurement, modelled on existing vaccine procurement mechanisms, should be extended to cover a broader range of mental health medications. Formulary development in these settings must be guided by regional epidemiology, including the documented burden of trauma, neurodevelopmental conditions, and ageing-related cognitive decline.

Equally, approved formularies must be accompanied by real-time stock monitoring and transparent accountability mechanisms. Where a listed medication is unavailable, there must be a documented pathway for reporting, escalation, and remedy. In small health systems, stock failures can persist for months with no formal record and no corrective trigger. This gap between paper access and practical access must be recognised as a human rights concern in its own and addressed through both national health system strengthening and regional support mechanisms.

The right to the highest attainable standard of mental health cannot be achieved where the pharmacological tools to treat mental illness stop at the threshold of what is cheapest and most convenient to ship, or where approved medications exist in name only.

Thank you for the opportunity to contribute. If you would like additional information, please feel free to contact me or my colleagues at the mental health unit.

Sincerely,

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Volunteer Psychologist