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Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General

Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Protection gaps of vulnerable segments of the population regarding access to medicines, vaccines and other health products in the context of the right of everyone to the highest attainable standard of physical and mental health

Study of the Office of the United Nations High Commissioner for Human Rights*

Summary

The present report, prepared pursuant to Human Rights Council resolution 59/7, contains a study of protection gaps affecting vulnerable segments of the population regarding access to medicines and vaccines and other health products as part of realizing the right of everyone to the highest attainable standard of physical and mental health ("the right to health"), including in Least Developed Countries (LDCs), Land Locked Developing Countries (LLDCs) and Small Island Developing States (SIDS).

* The present report was submitted to the conference services for processing after the deadline for technical reasons beyond the control of the submitting office.

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I. Introduction

1. In its resolution 59/7, the Human Rights Council requested the Office of the United Nations High Commissioner for Human Rights (OHCHR) to submit to the Council, at its sixty-second session, an analytical study on protection gaps affecting groups in vulnerable situations in the context of the right of everyone to the highest attainable standard of physical and mental health.

2. The study builds on the Office's previous three reports on access to medicines, vaccines and other health products.[1] It examines how a number of emerging global trends and developments disproportionately affect vulnerable and marginalized segments of society, including in LDCs, LLDCs and SIDS. It identifies and analyses key protection gaps and systemic challenges that impede universal and equitable access to medicines, vaccines, and other health products, for groups in vulnerable situations.

3. The study draws on the written submissions by member States and stakeholders.[2] It also incorporates additional data and findings from UN and Non-Governmental Organisations (NGO) reports and academic papers.

II. Background

4. According to the latest available figures, an estimated 4.6 billion people worldwide, lack access to essential health services– including medicines, vaccines and other health products; while 2.1 billion people face financial hardship due to health expenses; the majority of whom lived in low- and middle- income countries (LMICs).[3] Inequalities within and between countries have been described are a key challenge to achieving universal health coverage (UHC), [4] disproportionately impacting certain LDCs, LLDCs and SIDS, but also groups in the most vulnerable and marginalized situations in these and other countries. The barriers to achieving access to medicine, vaccines and other health products are multi-faceted and are not only political and social, but economic and structural as well.

5. This study is underpinned by a right-to-health approach rooted in article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the related General Comment 14.[5] It requires prioritizing groups in the most vulnerable and marginalized situations; in accordance with the human rights principles of universality, non-discrimination, equality, participation, transparency, and accountability.[6] The obligation to ensure access to adequate, accessible, and quality essential medicines is explicitly framed as part of the minimum core obligations of the right to health; a non-derogable baseline that all States must immediately and as a priority, realize, even in conditions of resource scarcity. [7]

6. This study employs an intersectional human rights-based approach in identification of groups, recognising that multiple and intersecting forms of discrimination and disadvantage, including social and structural determinants, interact

[1] A/HRC/59/29, A/HRC/56/28, and A/HRC/53/50.

[2] https://www.ohchr.org/en/calls-for-input/2026/call-contributions-ohchr-analytical-study-protection-gaps-access-medicines. Submissions were received from the following States: Armenia, Cote D'Ivoire, Dominican Republic, Morocco, Samoa, Spain, Uzbekistan, and Yemen.

[3] https://documents1.worldbank.org/curated/en/099819212012531233/pdf/IDU-9485b9d9-c08e-4a82-906e-6529db818e15.pdf; https://iris.who.int/server/api/core/bitstreams/3d4572d2-30a5-4cf0-bf73-0062d677bbf0/content.

[4] Under revised SDG indicators 3.8.1 and 3.8.2.

[5] https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf.

[6] ICESCR General Comment no. 14.

[7] E/C.12/2000/4, Art.12.

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to shape health outcomes.[8] It assesses barriers and protection gaps in access to medicines and vaccines for women, men, youth and children including pregnant women and mothers as well as for migrants, refugees and asylum seekers, racialised groups, people living with HIV/AIDS, sex workers, drug users, LGBTIQ+ people, religious and other minorities, Indigenous Peoples, people affected by armed conflict, people with disabilities, and older persons;[9] with particular attention to LDCs, LLDCs and SIDS. The study also considers the situation of individuals and groups in vulnerable situations in higher income countries.

III. Armed conflict

7. Armed conflicts, which have increased in recent years,[10] create compounding barriers to the realization of the right to health. Armed conflicts directly harm people's health, including through killing, injury and impacting mental health generating additional healthcare needs, and cause indirect harm by disrupting the availability, accessibility, acceptability and quality of health services, medicines and vaccines for the general population. These disruptions arise, in particular, through direct attacks on healthcare facilities and health-workers, obstruction of humanitarian goods, services and staff, interruptions to supply and value chains, population displacement, insecurity, rising costs and interruptions to routine public health programmes, including vaccination.[11] Compounding factors include chronic shortages and high prices of essential medicines, medical equipment, medical software, supplies, fuel and technology, at times impacted by occupation, blockades, economic sanctions, export controls, including export restrictions on medical equipment considered to be "dual use", supply chain disruptions, looting of medical supplies, and distribution issues.[12]

A. Attacks on healthcare facilities and healthcare workers

8. The right to health continues to apply in situations of armed conflict or general emergency. States must uphold their core obligation to ensure the provision, on a non-discriminatory basis, of available essential medicines, especially for vulnerable and marginalized groups. Attacks against healthcare facilities, medical transports, and

[8] https://www.ohchr.org/sites/default/files/documents/issues/minorities/30th-anniversary/2022-09-22/GuidanceNoteonIntersectionality.pdf; A/HRC/59/62.

[9] https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(24)00189-2/fulltext; https://www.who.int/publications/i/item/9789240111196; https://pubmed.ncbi.nlm.nih.gov/38461835/; https://www.ohchr.org/en/health/access-medicines-vaccines-and-other-health-products.

[10] https://www.icrc.org/en/article/humanitarian-outlook-2026; https://cdn.who.int/media/docs/default-source/health-workforce/hwp/in-the-line-of-fire-(1).pdf?sfvrsn=5d437b90_3&download=true; https://www.sipri.org/yearbook/2026/02; https://thedocs.worldbank.org/en/doc/5c7e4e268baaafa6ef38d924be9279be-0090082025/original/FCSListFY26.pdf.

[11] https://pmc.ncbi.nlm.nih.gov/articles/PMC10903314/; https://www.emro.who.int/emhj-volume-31-2025/volume-31-issue-4/effects-of-october-2023-war-on-health-care-costs-in-gaza.html; https://ukraine.un.org/en/204466-accessing-health-care-ukraine-after-8-months-war-health-system-remains-resilient-key-health; https://www.who.int/news/item/14-02-2022-lack-of-fuel-prevents-distribution-of-critically-needed-medical-supplies-in-tigray-region; https://x.com/DrTedros/status/2086373440588534259?s=20. Submissions of Association of Reintegration of Crimea; GEM Tigray; Physicians for Human Rights; the Republic of Yemen.

[12] A/HRC/56/28, para.40; https://news.un.org/en/story/2025/03/1161401; https://cdn.who.int/media/docs/default-source/health-workforce/hwp/in-the-line-of-fire-(1).pdf?sfvrsn=5d437b90_3&download=true; https://maps.insecurityinsight.org/?lat=0.00000&lng=96.09828&zoom=0.59; https://www.ohchr.org/en/health/safeguarding-right-health-crisis, https://www.who.int/publications/i/item/9789240115545; Submission of the Sudanese Human Rights Monitor Organization (SHRMO); Physicians for Human Rights.

Advance unedited version

health workers, are specifically prohibited under International Humanitarian Law (IHL).[13]

9. The Safeguarding Health in Conflict Coalition (SHCC) documented 2,546 incidents of attacks on healthcare in 2025; including 790 incidents where health facilities were damaged or destroyed.[14] In the same year, the WHO Surveillance System for Attacks on Health Care (SSA) documented 1,431 incidents of attacks on healthcare that resulted in 1,997 deaths and 1,189 injuries. These attacks have affected 991 health facilities, 643 personnel, and 426 medical transport.[15] Attacks were carried out by both State and non-State forces, including by airstrikes, missiles, drones, artillery, firearms and raids.[16] Health-workers have also been arrested, tortured and killed in many locations. In 2025, 455 health-workers were killed, 218 abducted and 263 arrested, according to the SHCC.[17] In Myanmar for example, at least 34 health-workers were documented as killed in 2025 (compared to 21 killed in 2024), while others were beaten and arrested while providing care.[18]

10. In some locations, parties to conflicts have reportedly used healthcare facilities for military purposes,[19] interfered with healthcare services offered by hospitals,[20] or alleged that opposing parties were using healthcare facilities for such purposes, sometimes, claiming that these facilities had consequently lost the protection afforded under IHL.[21] Under IHL, hospitals and other medical facilities enjoy special protection and may lose that protection only if they are being used, outside of their humanitarian function, for acts harmful to the enemy, and only if a warning giving appropriate time for such use to cease has gone unheeded. Even then, attacking parties must ensure full respect for the principles of proportionality and precaution.[22]

11. 2026 marks ten years to the adoption of UN Security Council resolution 2286 (2016), which condemned attacks on healthcare, deplored the long-term consequences for civilian populations and healthcare systems and called for an end to impunity.[23] Human Rights Council resolution A/HRC/RES/62/20 on the Protection of Health Care in Armed Conflict of June 2026, affirmed that the right to the enjoyment of the highest attainable standard of physical and mental health applies in armed conflict, including situations of occupation, requiring States and parties to armed conflict, to respect, protect and fulfil it, including through reducing the causes of ill health and ensuring non-discrimination in the availability, accessibility, acceptability and quality of healthcare services for everyone.[24]

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[13] GCI arts.19-22,24-25; GCIV arts.18-22; API arts.12-16; APII arts.9-11. ICRC, *Customary International Humanitarian Law database,* Rules 25,28-29.

[14] https://insecurityinsight.org/wp-content/uploads/2026/04/2025-SHCC-Annual-Report.pdf.

[15] https://extranet.who.int/ssa/LeftMenu/Dashboard.aspx, accessed 14 September 2026.

[16] https://www.insecurityinsight.org/wp-content/uploads/2026/04/2025-SHCC-Annual-Report.pdf, pp.9-10.

[17] Ibid., p.8.

[18] https://www.insecurityinsight.org/wp-content/uploads/2026/07/97.-08-21-July-2026-Attacks-on-Health-Care-in-Myanmar-.pdf; https://www.theguardian.com/world/2026/jul/24/myanmar-healthcare-system-health-doctors; https://gh.bmj.com/content/11/1/e017665; https://www.insecurityinsight.org/wp-content/uploads/2026/04/2025-SHCC-Annual-Report.pdf, pp.13,15,84.

[19] Example: https://www.insecurityinsight.org/wp-content/uploads/2026/04/2025-SHCC-Annual-Report.pdf, p.11.

[20] Examples: https://www.hrw.org/report/2024/07/03/if-soldier-dies-its-you/attacks-medical-care-ethiopias-amhara-conflict, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation/; A/HRC/62/22, para.39.

[21] Examples: A/79/232; https://www.msf.org/attacks-medical-care-armed-conflict-reach-record-levels.

[22] International armed conflict: GCIV, arts.18-19; API, arts.12-13; non-international armed conflict: APII, art.11.

[23] S/RES/2286 (2016).

[24] A/HRC/RES/62/20; see also Draft General Comment on the Application of the International Covenant on Economic, Social and Cultural Rights in Situations of Armed Conflicts at: https://www.ohchr.org/en/calls-for-input/2026/call-inputs-draft-general-comment-application-international-covenant-economic.

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B. Impacts on those in situation of vulnerability

12. Certain groups suffer in particular ways during armed conflict, including women, children, LGBTIQ+ persons, older persons, people living in remote areas, detainees, racialised groups, Indigenous Peoples, peasants, persons with disabilities and persons with pre-existing health conditions.[25]

13. An estimated 613 million women and girls worldwide, were living in conflict affected settings as of May 2025.[26] Women, including pregnant, postpartum, and lactating women, have specific sexual and reproductive health needs, and newborns who experience specific health challenges.[27] The lack of quality sexual and reproductive healthcare can also lead to a spread in sexually transmitted infections, an increase in unintended pregnancies and unsafe abortion and increased morbidity related to high fertility rates and birth-spacing.[28] As of 2023, 61.4% of all maternal deaths occur in just 37 conflict-affected countries.[29]

14. In Afghanistan, women have been unable to access healthcare including urgent care, due to the lack of a male guardian (*mahram*) and non-compliance with Taliban-imposed dress-codes and have faced restrictions in accessing sexual and reproductive services including medications.[30] In Gaza, women have faced significant challenges during pregnancy, child-birth, post-partum recovery and lactation, due to a healthcare system that has been systematically degraded, malnutrition, and unsanitary conditions.[31] They are also impacted by Israel's blockade and attacks and destruction of maternity facilities.[32] In situations of conflict, thousands of women have been forced to give birth without medical assistance and access to related medication, including anaesthesia.[33]

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[25] Examples: A/HRC/56/28, para.39; https://ukraine.ohchr.org/sites/default/files/2024-09/ENG%20Attacks%20on%20Ukraine%E2%80%99s%20Energy%20Infrastructure-%20%20Harm%20to%20the%20Civilian%20Population.pdf, p.8; https://pmc.ncbi.nlm.nih.gov/articles/PMC10807661/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12186419/; https://pmc.ncbi.nlm.nih.gov/articles/PMC9500109/; https://www.ifrc.org/press-release/ukraine-millions-risk-health-concerns-exacerbate-vulnerabilities; https://www.un.org/unispal/document/statement-gaza-ohchr-25jun24/; https://www.ohchr.org/en/press-releases/2026/05/statement-un-experts-deploring-widespread-attacks-healthcare-sudan-10-years.

[26] https://reliefweb.int/report/world/there-no-pathway-peace-does-not-begin-protection-women-and-girls.

[27] A/HRC/62/CRP.2; A/HRC/58/CRP.6; A/HRC/60/43, A/HRC/62/62; A/HRC/RES/62/18; A/HRC/56/28; https://www.ohchr.org/sites/default/files/documents/countries/opt/20241231-attacks-hospitals-gaza-en.pdf; https://phr.org/wp-content/uploads/2026/01/Destroying-Hope-for-the-Future_Reproductive-Violence-in-Gaza_PHR-Report_Jan-2026.pdf; https://ihl-databases.icrc.org/en/customary-ihl/v1/rule134; https://www.ohchr.org/en/health/safeguarding-right-health-crisis; https://www.unfpa.org/sites/default/files/pub-pdf/impact_conflict_women.pdf.

[28] https://www.unfpa.org/sites/default/files/pub-pdf/impact_conflict_women.pdf, p.42.

[29] A/HRC/60/43, para.44; https://iris.who.int/server/api/core/bitstreams/29f43a3d-2228-489c-b1e7-b2f28e9101ce/content, p.XVI.

[30] A/HRC/61/63, paras.37,41,43-44,59-64.

[31] A/HRC/58/CRP.6 paras.60-77; https://www.emro.who.int/images/stories/palestine/Sitrep_70b_latest_1.pdf; https://www.ohchr.org/sites/default/files/documents/countries/opt/20241231-attacks-hospitals-gaza-en.pdf, p.16; https://www.un.org/unispal/document/unicef-humanitarian-situation-update-water-sanitation-and-hygiene-wash-in-the-gaza-strip/; https://www.unicef.org/sop/reports/gaza-smart-survey-2026; https://www.unicef.org/sop/media/6791/file/UNICEF%20State%20of%20Palestine%20%20Humanitarian%20Situation%20Report%20No.%2048%20-%2030%20June%202026.pdf.pdf.

[32] A/HRC/58/CRP.6, paras.39-46.

[33] https://reliefweb.int/report/world/there-no-pathway-peace-does-not-begin-protection-women-and-girls, https://www.unicef.org/sudan/stories/life-begins-run; Submission of the Sudanese Human Rights Monitor Organisation (SHRMO).

Advance unedited version

15. Situations of armed conflict disrupt children's vaccination campaigns; with fragile, conflict-affected States accounting for over half of the estimated 13.5 million children who received zero doses of vaccines in 2025.[34] Vaccinations are interrupted primarily due to unsafe supply lines, attacks on health facilities and vaccination centres and health-workers, displacement, and blockades.[35] UNICEF warned in July 2025 that 242,000 children in Yemen had missed their first routine vaccine dose, and 39,000 children died over preventable diseases.[36] In August 2026, reports indicated that in Houthi-controlled areas restrictions on immunization programs have deprived nearly five million children of routine vaccinations.[37]

16. Treatment of people living with chronic conditions is often disrupted during armed conflicts as non-urgent care is deprioritised,[38] as well as due to destruction or damage of specialised treatment-providing facilities.[39] For example, treatment for chronic conditions such as diabetes, hypertension and epilepsy has become essentially unavailable in Gaza; while in Ukraine attacks on energy infrastructure have increased risk for those with chronic conditions and older persons.[40]

17. In situations of protracted and prolonged conflicts where health systems are severely disrupted, disease outbreaks are common, often occurring simultaneously. The May 2026 Ebola Bundibugyo outbreak in the Democratic Republic of Congo (DRC) appeared against the backdrop of armed violence, mass displacement and acute hunger already suffered by the population.[41] Efforts to contain the outbreak have been constrained by the armed conflict which has also hampered humanitarian operations.[42] The Ebola outbreak was determined by WHO to be the fastest growing on record, with 5,794 confirmed cases and 2,786 deaths as of 28 August 2026.[43]

C. Reduced healthcare and access to medicines and vaccines to persons deprived of liberty in conflict settings

18. Persons deprived of their liberty in conflict-related circumstances often have insufficient or no access to healthcare including medicines and vaccines. In the Syrian Arab Republic, in 2025, healthcare including access to medication was withheld from men and boys allegedly affiliated with Da'esh and held by the Syrian Democratic Forces (SDF) in detention facilities.[44] In early 2026 some 5,700 of these detainees were transferred to Iraqi detention facilities where concerns for their wellbeing including access to healthcare persisted.[45] Palestinian detainees have been routinely denied medical attention, subjected to severe mistreatment and torture, and limited

[34] https://www.who.int/news/item/15-07-2026-global-childhood-immunization-coverage-inches-forward-despite-conflict-and-hesitancy---unicef--who; https://msfaccess.org/urgent-action-needed-close-devastating-vaccination-coverage-gaps-conflict-affected-settings.

[35] https://pmc.ncbi.nlm.nih.gov/articles/PMC5754212/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12259657/; https://www.un.org/unispal/wp-content/uploads/2025/01/Palestinian-Children-Under-Siege-October-2024.pdf.pdf.

[36] https://www.unicef.org/yemen/stories/raising-awareness-and-saving-lives.

[37] https://www.arabnews.com/node/2653139/middle-east; Submission of the Republic of Yemen.

[38] https://cdn.who.int/media/docs/default-source/health-workforce/hwp/in-the-line-of-fire-(1).pdf?sfvrsn=5d437b90_3&download=true, p.13; https://www.ohchr.org/sites/default/files/documents/countries/opt/20241231-attacks-hospitals-gaza-en.pdf, p.16.

[39] A/79/232, para.24.

[40] https://www.insecurityinsight.org/wp-content/uploads/2026/04/2025-SHCC-Annual-Report.pdf, pp.101,108; https://www.ohchr.org/sites/default/files/documents/countries/ukraine/2026/2026-06-29-pr44.pdf.

[41] https://news.un.org/en/story/2026/05/1167592.

[42] Ibid.

[43] https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON616.

[44] A/HRC/61/62, paras.97,161; A/HRC/57/86 para.119.

[45] A/HRC/61/62 para.98; https://www.ohchr.org/en/press-releases/2026/01/un-syria-commission-inquiry-welcomes-new-ceasefire-and-calls-continuing; https://www.hrw.org/news/2026/02/17/iraq-alleged-isis-detainees-transferred-from-syria-at-risk-of-abuse

Advance unedited version

food and hygiene facilities.[46] Ukrainian detainees held by the Russian Federation have received limited medical attention, while suffering from poor conditions of detention and subjected to torture and ill-treatment.[47]

19. These practices contradict international human rights law, which also requires healthcare in places of detention to be at least equivalent in quality to what is available in the national health system.[48] IHL requires all parties to an armed conflict, including non-State armed groups, to treat persons deprived of their liberty humanely and without adverse distinction; ensuring that the wounded and sick receive the medical care and attention required by their condition.[49]

IV. International health financing cuts, unsustainable debt and fiscal constraints impeding access and affordability

20. States are required to ensure the enjoyment of the minimum essential levels of all economic social and cultural rights, including the right to health and access to essential medicines, vaccines, diagnostics and related health technologies, even under severe fiscal and debt constraints. Measures that may foreseeably reduce access to essential medicines or vaccines (including measures resulting from external debt obligations, austerity and health-budget cuts) are *prima facie* incompatible with the principle of non-retrogression and require strict justification, time-limits and mitigation.[50] ICESCR, Article 2(1), further stipulates that State Parties undertake to act "individually and through international assistance and co-operation" to achieve economic social and cultural rights.

21. Official Development Assistance (ODA) to development programmes, projects and technical co-operation (excluding in-donor refugee costs, humanitarian aid and debt relief) declined by 26.3% between 2024 and 2025, the largest drop on record[51] and is projected to decline another 6.9% in 2026.[52] Health has faced the steepest funding cuts of all sectors. Net ODA to health and population services is projected to be up to one-third lower in 2026 than in 2019 and 63% below 2022.[53] In many contexts, ODA is critical for the realisation of the right to health; its abrupt reduction carrying catastrophic implications. In 2023, in nearly 70% of low-income countries, aid exceeded domestic public spending on health; and in over 20% of LMICs, aid exceeded government health spending.[54] WHO issued a warning in February 2026 that cuts and persistent funding gaps are undermining the global health system.[55]

22. Heavy health aid cuts have resulted in a particularly detrimental impact to highly aid-dependent healthcare, including preventative care, consisting of immunization, information, education and communication, disease early detection and

[46] A/79/232, paras.51-58; https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=30734; CAT/C/ISR/CO/6, paras.18,24,28.

[47] https://www.ohchr.org/en/press-releases/2025/09/civilian-detainees-subjected-troubling-patterns-torture-and-ill-treatment.

[48] E/C.12/2000/4, para.34; https://www.icrc.org/sites/default/files/topic/file_plus_list/0685_002_people-deprived-liberty_web.pdf.

[49] International armed conflict: GCIII, arts.13,15; GCIV, art.91; non-international armed conflict: Common Art.3, APII, arts.5,7. See also ICRC, *Customary International Humanitarian Law database,* Rule 110.

[50] A/HRC/20/23, Annex, paras.19-20.

[51] https://www.oecd.org/en/data/insights/data-explainers/2026/04/a-historic-decline-in-foreign-aid-preliminary-2025-oda-data.html.

[52] https://www.oecd.org/en/data/insights/data-explainers/2026/06/the-latest-2026-oda-projections-reveal-aid-for-health-is-further-at-risk.html.

[53] https://www.oecd.org/en/publications/oda-projections-for-2026-and-the-near-term_d7c74fa2-en/full-report.html#section-d1e665.

[54] https://apps.who.int/nha/database/DocumentationCentre/GetFile/64165191/en.

[55] https://news.un.org/en/story/2026/02/1166869.

Advance unedited version

control, epidemiological surveillance and preparation for emergencies.[56] Funding for pandemic Preparedness, Prevention, and Response (PPR) is essential not only for responding to disease outbreaks but also to minimizing disruptions to essential health services during outbreaks.[57] For example in the DRC and Uganda – both currently suffering from an Ebola outbreak, health aid was projected to fall by 46.6% and 53.5% in 2026 respectively.[58]

23. Cuts to ODA in the health sector have particularly impacted children, women, LGBTIQ+ persons, people exposed to risk of contracting malaria and tuberculosis, and people living with HIV/AIDS.[59] Sexual and reproductive health, HIV/AIDS and Sexually Transmitted Infections (STI) programs have faced the largest cuts in the health sector, with an estimated ODA reduction by up to 54.1% in 2026 against 2024.[60] In January 2025, the US Administration reinstated the "Mexico City Policy", expanding it in January 2026, [61] with broadened scope and application, significantly limiting access to a broad range of sexual and reproductive health services outside of the US.[62]

24. Funding for the control of communicable diseases is also under acute pressure. From 2024 to 2026 ODA for the control of malaria, tuberculosis and other infectious-diseases is projected to fall by up to 59.6%, 57.2% and 40.4% respectively.[63] ODA for Neglected Tropical Diseases (NTDs)[64] decreased by 41% between 2018 and 2023.[65] Such important cuts disrupt treatment, surveillance and community-based delivery, jeopardizing progress towards control and elimination, and preventing donated medicines from reaching affected populations.[66]

25. In 2024, global public debt has reached a record high of 102 trillion USD; with about one third of the total – 31 trillion USD - owed by developing countries whose debt has grown twice as fast as in developed economies since 2010.[67] Countries are struggling with debt repayment as payments for external debt for the most vulnerable countries, are 2.4 times higher than a decade ago.[68] Consequently, in 2021-2023, 3.4 billion people lived in countries that spent more on debt interest than on health or education.[69] In 2023-2024, 34 African countries, spent more on external debt financing

[56] https://apps.who.int/nha/database/DocumentationCentre/GetFile/64165191/en.

[57] https://www.oecd.org/en/publications/oda-projections-for-2026-and-the-near-term_d7c74fa2-en/full-report.html#section-d1e665, p.9. https://apps.who.int/nha/database/DocumentationCentre/GetFile/64165191/en; https://pmc.ncbi.nlm.nih.gov/articles/PMC9602680/.

[58] https://www.oecd.org/content/dam/oecd/en/publications/reports/2026/06/oda-projections-for-2026-and-the-near-term_10979bc6/d7c74fa2-en.pdf.

[59] https://www.ohchr.org/en/stories/2025/09/report-foreign-aid-cuts-threaten-global-human-rights-ecosystem; https://www.hrfn.org/foreign-aid-cuts/; see example: https://www.reuters.com/world/africa/somalia-malnutrition-response-hit-by-more-than-80-funding-drop-child-hunger-2026-08-11/.

[60] https://www.oecd.org/en/publications/oda-projections-for-2026-and-the-near-term_d7c74fa2-en/full-report.html#section-d1e665.

[61] https://www.whitehouse.gov/presidential-actions/2025/01/memorandum-for-the-secretary-of-state-the-secretary-of-defense-the-secretary-of-health-and-human-services-the-administrator-of-the-united-states-for-international-development/; https://www.whitehouse.gov/videos/pro-life-leaders-praise-president-donald-j-trumps-mexico-city-policy-expansion/.

[62] https://odi.org/en/insights/why-everyone-should-care-about-trumps-new-global-gag-rule/.

[63] https://www.oecd.org/content/dam/oecd/en/publications/reports/2026/06/oda-projections-for-2026-and-the-near-term_10979bc6/d7c74fa2-en.pdf.

[64] who.int/health-topics/neglected-tropical-diseases.

[65] https://www.who.int/teams/control-of-neglected-tropical-diseases/global-report-on-neglected-tropical-diseases-2025.

[66] https://www.who.int/news/item/04-06-2025-neglected-tropical-diseases-further-neglected-due-to-oda-cuts; https://www.who.int/publications/i/item/9789240114043.

[67] https://unctad.org/publication/world-of-debt.

[68] https://openknowledge.worldbank.org/server/api/core/bitstreams/b097dece-76e1-4f68-a74b-79f0a9f0e8e9/content, p.xii

[69] https://unctad.org/news/global-public-debt-hit-record-102-trillion-2024-striking-developing-countries-hardest.

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than healthcare and/or education.[70] Data from 108 LMICs in March 2025 indicated that funding cuts in response to reduced fiscal space have resulted in reduced critical services – including maternal care, vaccination, health emergency preparedness and response, and disease surveillance, by up to 70%.[71]

26. While the share of the global population incurring financial hardship due to out-of-pocket health spending fell from 34% in 2000 to 26% in 2022, a higher proportion of poor people were further impoverished by out-of-pocket health spending.[72] 2.1 billion people faced financial hardship in health in 2022 while in 2023, 4.6 billion people worldwide still lacked access to essential health services.[73] Albania had the highest level of out-of-pocket payments for health in Europe in 2024.[74] Concerningly, at the current pace of progress, the world is not on track to achieve universal health coverage by 2030, under SDG indicators 3.8.1 and 3.8.2.[75] Growing out-of-pocket payments have a disproportionately negative impact on certain groups, including people living in poverty and in situations of homelessness, and women.[76]

27. Multiple UN human rights mechanisms have also expressed concern over human rights impact of privatization of healthcare including health insurance;[77] with notable implications for the weakening of public systems and provision of equitable access. They have emphasised that States remain the primary duty bearers and must ensure the provision of healthcare for all including those who do not have sufficient means, including through appropriate and adequate health insurance schemes.[78]

V. Trade barriers and supply chain disruptions

28. Since early 2026, restricted passage through the Strait of Hormuz has produced a major shock to highly complex and globalised pharmaceutical supply chains.[79] Cold-chain products like vaccines, insulin and cancer therapies- with limited shelf-life- are the most exposed.[80] In March 2026, WHO reported that the disruptions have already blocked access to 18 million USD in humanitarian health supplies and delayed

[70] https://www.christianaid.org.uk/sites/default/files/2024-05/j474500-media-report_aw_spreads.pdf.

[71] https://www.who.int/news/item/03-11-2025-who-issues-guidance-to-address-drastic-global-health-financing-cuts.

[72] https://iris.who.int/server/api/core/bitstreams/04e720a0-bf22-4fb8-ad42-d6296bba739f/content, p.xvii,xviii.

[73] https://iris.who.int/server/api/core/bitstreams/04e720a0-bf22-4fb8-ad42-d6296bba739f/content, p.xv,xvi,xvii.

[74] https://iris.who.int/items/50a40aa6-7d95-4a3d-8ffc-bf65fe38a0fd; https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS; Submission of the People's Advocate Institution (Ombudsman).

[75] https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc); https://iris.who.int/server/api/core/bitstreams/04e720a0-bf22-4fb8-ad42-d6296bba739f/content, p.xvi.

[76] https://documents1.worldbank.org/curated/en/968991486541026375/pdf/112691-BRI-EMCompass-Note-31-PSD-Healthcare-MB-1-30.pdf; https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/Impact-of-private-providers-on-health-and-health-systems.pdf; https://iris.who.int/server/api/core/bitstreams/3d4572d2-30a5-4cf0-bf73-0062d677bbf0/content, p.xv,16,\; https://iris.who.int/server/api/core/bitstreams/2f316ac7-69fb-4972-b4bf-85459addae41/content.

[77] For example CEDAW/C/TUR/CO/8 para.47; and E/C.12/IRL/CO/3, para.28; E/C.12/GC/24, para 22; CERD/C/GC/37, para.39,54,62; A/HRC/50/38/Add.1, paras.83-85; A/HRC/59/48/Add.1, para.98(d); A/HRC/61/63, para.24; A/HRC/WG.6/49/ESP/2; para.47; A/HRC/60/15; https://giescr.org/en/right-to-health/compendium-of-un-human-rights-treaty-bodies-statements-on-private-actors-in-healthcare; https://pmc.ncbi.nlm.nih.gov/articles/PMC10733764/pdf/hhr-25-02-125.pdf.

[78] E/C.12/GC/24, para.19; A/HRC/53/50, para.7; https://iris.who.int/server/api/core/bitstreams/8bc0393b-834d-48af-a6db-560919c63762/content.

[79] https://www.wfp.org/stories/how-mideast-crisis-deepening-hunger-far-beyond-front-lines; https://unctad.org/publication/strait-hormuz-disruptions-implications-global-trade-and-development.

[80] https://www.thinkglobalhealth.org/article/where-the-iran-war-could-disrupt-pharmaceutical-supply-chains.

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more than 50 emergency supply requests from 25 countries.[81] In June 2026, UNICEF noted a shift toward air and road freight, raising expenses and slowing delivery, with concrete impacts on groups in vulnerable situations, in Somalia and other locations.[82]

A. Unilateral coercive measures

29. Unilateral coercive measures, including economic sanctions, can severely restrict commercial and financial flows, and, as reported, can lead to shortages of medicines, medical equipment and vaccines, higher risks of outbreaks of preventable diseases, and broader damage to health systems and emergency/pandemic response.[83] Over-compliance by private actors through self-imposed restrictions that go beyond what sanctions legally require has been said to widen the practical scope of sanctions and their impact on healthcare.[84] Sanctions can cause disproportionate harms to women and were found to be associated with an average annual increase of 6.4% in maternal mortality in 67 LMICs subjected to sanctions between 1990-2019.[85] Sanctions on Iran are reported to have hindered not only health services to Iranian citizens in the country,[86] but also for Afghan refugees present.[87] Sanctions on Cuba have caused gaps in essential supplies and medicines with serious impacts on health, including deaths of children.[88]

B. Medicines and vaccine production, export and distribution equity

30. Medicine and vaccine production is highly concentrated in a few higher income counties,[89] and within a relatively small number of companies; with more than 30% of

[81] https://www.who.int/news-room/feature-stories/detail/health-impact-of-the-escalation-of-conflict-in-the-middle-east.

[82] https://news.un.org/en/story/2026/05/1167516; https://www.care.org/media-and-press/the-middle-east-conflict-and-the-blocking-of-the-strait-of-hormuz-are-fueling-a-global-hunger-crisis/; https://www.unicef.org/media/182691/file/The%20impact%20of%20the%20war%20in%20the%20Middle%20East%20on%20children%20in%20monetarily%20poor%20households.pdf; https://www.unicef.org/press-releases/increased-transport-costs-mean-less-money-lifesaving-supplies-children-need.

[83] A/HRC/54/23; paras.19-37; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00189-5/fulltext.

[84] https://www.ohchr.org/en/meeting-summaries/2023/09/human-rights-council-hears-unilateral-sanctions-and-over-compliance; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4476520; https://gh.bmj.com/content/8/2/e010968.

[85] https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00058-0/fulltext.

[86] https://www.ohchr.org/en/press-releases/2021/10/over-compliance-us-sanctions-harms-iranians-right-health; A/HRC/59/22, para.24; A/HRC/40/24, para.35; https://journalaim.com/FullHtml/aim-23243;.

[87] https://pmc.ncbi.nlm.nih.gov/articles/PMC10801097/; https://www.emro.who.int/emhj-volume-31-2025/volume-31-issue-8/addressing-refugee-health-challenges-in-islamic-republic-of-iran.html; https://www.who.int/emergencies/funding/health-emergency-appeals/2022/2023/2023-appeals/appeal-iran.

[88] https://www.ohchr.org/en/press-releases/2026/06/us-sanctions-against-cuba-are-endangering-lives-and-must-be-lifted; https://www.unognewsroom.org/story/en/2998/un-human-rights-spokeperson-marta-hurtado-concerns-over-cuba-s-deepening-economic-crisis; https://www.ohchr.org/en/statements-and-speeches/2026/07/deputy-high-commissioner-dabo-global-health-demands-leadership; https://www.ohchr.org/en/press-releases/2026/06/un-experts-strongly-condemn-new-us-threats-and-coercion-against-cuba.

[89] https://www.oecd.org/en/publications/2021/02/using-trade-to-fight-covid-19-manufacturing-and-distributing-vaccines_75789a89.html; https://unctad.org/news/export-restrictions-do-not-help-fight-covid-19; https://www.who.int/news-room/speeches/item/who-director-general-s-remarks-at-the-ministerial-conference-on-local-production-of-medicines---other-health-technologies-in-africa---27-november-2025; https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-second-world-local-production-forum--enhancing-access-to-medicines-and-other-health-technologies..

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global pharmaceutical market share held by just 10 'Big Pharma' firms.[90] In Sub-Saharan Africa, countries import over 70% of medicines and over 99% of all vaccines as of 2025-2026.[91] The geographical concentration can make supply chains vulnerable to disruption, resulting in shortages of medicines, including chronic shortages and stock-outs, reduced affordability and high out-of-pocket costs, and increased use of unsafe counterfeit medications, particularly in SIDS, LDCs and LLDCs.[92]

31. Several international initiatives, including public-private partnerships, are dedicated to tackling this issue.[93] These include the April 2026 announcement by WHO of a designated a network of six regional training centres to strengthen local production of medicines;[94] the World Bank Africa Initiative for Medical Access and Manufacturing (AIM2030)[95]; and Gavi's African Vaccine Manufacturing Accelerator (AVMA).[96]

C. Trade rules, TRIPS flexibilities and compulsory licensing

32. Pricing, patenting, licensing and distribution decisions by pharmaceutical companies can have significant human rights implications for equitable access, especially for people in vulnerable and marginalized situations.[97] Sustainable availability of health products through affordable and equitable pricing strategies that are consistent with the UN Guiding Principles on Business and Human Rights (UNGPs) is key.[98]

33. The 1997 Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), reaffirmed by the 2001 Doha Declaration, contains safeguards and flexibilities, including the use of compulsory licensing, which allows governments, under certain circumstances, to grant licences to third parties to produce and sell patented medicines or vaccines without the consent of patent holders.[99] In practice, these flexibilities remain underused in LMIC, due to limited manufacturing capacity, fear of retaliatory steps from other States, and legal action by pharmaceutical companies.[100]

[90] https://blogs.worldbank.org/en/psd/developing-countries-have-path-creating-their-own-pharmaceutical-industries; https://www.statista.com/statistics/309425/prescription-drugs-market-shares-by-top-companies-globally/; https://www.cdgconseil.com/en/top-10-pharmaceutical-companies-2026/.

[91] https://www.ifc.org/en/stories/2021/africa-pharma-manufacturing-hubs-en; https://www.gavi.org/vaccineswork/africa-imports-over-70-its-medicines-making-active-ingredients-locally-would-change; https://x.com/WorldBankAfrica/status/2054548531126403446?s=20.

[92] https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-mozambique-international-health-expo-and-summit-30-july-2025; https://unctad.org/system/files/official-document/aldcafrica2023_en.pdf; https://www.who.int/news-room/fact-sheets/detail/substandard-and-falsified-medical-products; https://pmc.ncbi.nlm.nih.gov/articles/PMC11251437/.

[93] https://www.afro.who.int/news/african-small-island-states-win-global-un-award-transforming-access-essential-medicines; https://www.who.int/our-work/science-division/research-for-health/product-development-partnerships; example; https://www.mmv.org/news-resources-search/who-prequalification-coartemr-baby-marks-breakthrough-treating-malaria.

[94] https://www.who.int/news/item/29-04-2026-who-expands-global-biomanufacturing-workforce-network-to-strengthen-equitable-access-and-health-security.

[95] https://www.worldbank.org/en/region/afr/brief/africa-initiative-for-medical-access-and-manufacturing.

[96] https://www.gavi.org/news/media-room/gavi-propose-new-incentives-aimed-advancing-vaccine-manufacturing-africa.

[97] A/HRC/56/28; Submission of The National Council for Human Rights (NCHR).

[98] A/HRC/59/29, para.58; A/HRC/56/28, para.57; A/63/263, annex; para.32; para.26.

[99] A/HRC/59/29, para.17.

[100] A/HRC/59/29, para.18; https://gh.bmj.com/content/11/1/e021481; https://www.hhrjournal.org/2023/12/06/pharmaceutical-patents-and-economic-inequality/; https://www.wto.org/english/tratop_e/trips_e/factsheet_pharm02_e.htm;

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34. Tariffs may have a compounding impact since they significantly inflate the wholesale and final prices of pharmaceuticals and active pharmaceutical ingredients.[101] In 2025, the US Administration announced plans for a 100% tariff on imported branded or patented pharmaceuticals), unless companies agreed to manufacturing in the US[102], marking a departure from the WTO tariff elimination framework.[103]

35. Trade-related disruptions to accessing medicines and vaccines can disproportionately impact older persons, persons with disabilities and those requiring uninterrupted treatment (such as people living with NTDs).[104] These include persons affected by leprosy requiring timely diagnosis and uninterrupted access to multidrug therapy.[105] People living in SIDS are particularly vulnerable to shortages of medical devices, medicines and vaccines at affordable prices.[106]

D. Global system for accessing vaccines and other medical innovations

36. Access to vaccines and medical innovations remains fragmented, slow and politically contested. In practice, access depends on a patchwork of national procurement, bilateral deals, donor and pooled procurement mechanisms such as the Coalition for Epidemic Preparedness Innovations **(**CEPI), Gavi and the Global Fund, as well as *ad-hoc* platforms like COVAX, IP pooling and know-how sharing.[107]

37. Responding to the gaps exposed by COVID-19, WHO Member States adopted the Pandemic Agreement in May 2025, which will come into force once an Annex on a Pathogen Access and Benefit-Sharing (PABS) system to link pathogen sharing with equitable access to vaccines and other countermeasures is agreed.[108] A May 2026

https://www.elibrary.imf.org/display/book/9781589063419/ch06.xml; https://www.wto.org/english/news_e/pres03_e/pr350_e.htm; ; https://ustr.gov/issue-areas/intellectual-property/special-301; https://ustr.gov/about/policy-offices/press-office/press-releases/2026/april/ustr-releases-2026-special-301-report-intellectual-property-protection-and-enforcement; https://msfaccess.org/us-special-301-report-undermines-efforts-lower-medicine-prices-globally.

101 https://ecipe.org/wp-content/uploads/2017/09/Tariffs-on-medicines-final.pdf; https://geneva-network.com/research/how-tariffs-impact-access-to-medicines/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12123191/; https://iris.who.int/server/api/core/bitstreams/3b141a96-0289-433c-ad79-f6b8adbcfeaa/content.

102 Effective for some companies 31 July 2026; others from 29 September 2026. https://www.whitehouse.gov/presidential-actions/2026/04/adjusting-imports-of-pharmaceuticals-and-pharmaceutical-ingredients-into-the-united-states/.

103 https://www.whitehouse.gov/presidential-actions/2026/04/adjusting-imports-of-pharmaceuticals-and-pharmaceutical-ingredients-into-the-united-states/; https://www.bbc.com/news/articles/cx29kke01gpo; https://iris.who.int/server/api/core/bitstreams/3b141a96-0289-433c-ad79-f6b8adbcfeaa/content; https://www.hinrichfoundation.com/research/wp/supply-chain-security/impact-us-tariffs-global-pharmaceutical-trade-patients.

104 https://pmc.ncbi.nlm.nih.gov/articles/PMC3858608/; https://www.who.int/news/item/22-03-2023-covid-19-pandemic-significantly-impacted-access-to-medicines-for-noncommunicable-diseases; https://iris.who.int/server/api/core/bitstreams/550846a3-78f0-4c4b-9697-d8e1e75f0c32/content.

105 A/80/139, para.4.

106 https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_17-en.pdf; https://lancetcountdown.org/wp-content/uploads/2025/02/Lancet-Countdown-2022-SIDS-Policy-Brief_EN.pdf; https://www.oecd.org/content/dam/oecd/en/publications/reports/2021/01/covid-19-pandemic-towards-a-blue-recovery-in-small-island-developing-states_a3cf66ce/241271b7-en.pdf.

107 https://pmc.ncbi.nlm.nih.gov/articles/PMC9694144/; https://www.theglobalfund.org/media/boef1uoq/core_non-global-fund-financed-procurement_policy_en.pdf; https://static.cepi.net/downloads/2024-03/CEPI_Equitable%20Access%20Framework_May%202023_0.pdf.

108 https://www.who.int/health-topics/who-pandemic-agreement#tab=tab_1; https://www.who.int/health-topics/who-pandemic-agreement#tab=tab_2.

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deadline to conclude negotiations was missed, and talks have been extended for one year.[109]

38. A key obstacle of the PABS negotiation is the longstanding inequalities between countries in the Global South where most pathogen data and outbreak samples originate, and those in the Global North where pharmaceutical research is carried out. A focus on the improvements that a robust PABS can bring to human lives everywhere, in particular for groups in vulnerable situations, is needed to break the impasse on PABS negotiations. The recent Ebola outbreak underscores further the urgency of reaching an agreement.

E. Human rights responsibilities of pharmaceutical companies

39. According to the UNGPs, business, including pharmaceutical companies, have a responsibility to respect human rights. They are expected to conduct due-diligence; identifying and addressing adverse human rights impacts with which they are involved through their own activities and when linked to their operations, products or services by their business relationships.[110] Companies' human rights due diligence should take into account the potential impacts of lobbying or advocacy activities that may impact upon people's access to medicines, for instance activities that undermine intellectual property "flexibilities" (which include compulsory licencing and exhaustion of IP rights), or otherwise diminish affordability and accessibility of medicines.[111]

40. Tensions often arise between private commercial interests and human rights principles when health products are considered as commercial products, rather than public goods.[112] NTDs are particularly affected by this tension, since they are largely seen as impacting low profit markets, thereby leading to low expected profits and consequently receiving insufficient Research and Development attention.[113] Human Rights Council in resolution 62/21 of July 2026, called upon States to strengthen efforts and commitments to address the "unacceptably high" burden of NTDs. These include scaling up predictable, sustained and adequately resourced technical, financial and capacity-building support.[114]

VI. Narratives and policies leading to reduced access to medicines and vaccines

41. Narratives questioning the safety, effectiveness, or legitimacy of healthcare interventions, medicines and vaccines are rapidly spreading through digital platforms, reaching global audiences and shaping health choices, behaviour, and policies. Scepticism and fear about health interventions can also substantially impede health work on the ground, as seen in the ongoing Ebola epidemic. These narratives result in

[109] https://www.who.int/news/item/01-05-2026-who-member-states-agree-to-extend-negotiations-on-pathogen-access-and-benefit-sharing-annex.

[110] https://www.ohchr.org/sites/default/files/documents/publications/guidingprinciplesbusinesshr_en.pdf; https://webtv.un.org/en/asset/k1i/k1imj9a3u0; https://www.humanrights.dk/files/media/document/Due%20diligence%20in%20the%20downstream%20value%20chain%20-%20case%20studies%20of%20current%20company%20practice.pdf; https://www.ohchr.org/sites/default/files/documents/issues/business/2022-09-13/mandating-downstream-hrdd.pdf.

[111] https://dash.harvard.edu/server/api/core/bitstreams/7312037e-c407-6bd4-e053-0100007fdf3b/content.

[112] https://www.ohchr.org/en/statements-and-speeches/2021/12/comprehensive-inclusive-and-universal-covid-19-human-rights; https://dash.harvard.edu/server/api/core/bitstreams/7312037e-c407-6bd4-e053-0100007fdf3b/content; https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/vaccine-procurement-the-changes-needed-to-close-access-gaps-and-achieve-health-equity-in-routine-and-pandemic-settings/497DC7B2F232446D22D53CC2DAE88B54.

[113] https://pmc.ncbi.nlm.nih.gov/articles/PMC10013560/; https://www.pharmaceuticalaccountability.org/issues/no-product/.

[114] A/HRC/RES/62/21; https://www.who.int/news/item/07-07-2026-historic-resolution-on-neglected-tropical-diseases-adopted-by-the-united-nations-human-rights-council.

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reduced uptake of essential vaccines and treatments, widening health inequities, and erosion of confidence in health authorities and evidence-based medicine.[115] These narratives are at times promoted by political leaders and organized groups as part of a broader push that undermines trust in scientific evidence and institutions.[116]

42. Campaigns pushing back on women's bodily autonomy can reinforce local beliefs and religious convictions, limiting women's access to sexual and reproductive care in relation to contraceptives, HPV vaccines and abortion. This trend is seen in countries across every region of the world.[117]

43. Children are particularly impacted by narratives questioning vaccines. Measles has been on the rise globally due to the under-immunization of children. In 2024, some 11 million people worldwide were infected and an estimated 95,000 people died from measles, most of them children.[118] Several specific measles outbreaks have been linked to anti-vaccination campaigns and hesitancy.[119] In September 2026, the Pan-American Health Organization (PAHO) reported a total of 51,027 confirmed measles cases and 55 related deaths across 17 countries in North and South America, representing a 4.6-fold increase over 2025, linked to low MMR vaccination coverage and vaccine hesitancy.[120] Changes introduced in August 2026 to the US vaccine schedule, including separating the MMR vaccine into three shots, may leave children unprotected from diseases including measles, amidst rising measles infections.[121]

A. Criminalization as a barrier to access

44. People who use drugs continue to have limited access to drug treatment, and other essential medicines and harm reduction services, primarily as a result of stigma and criminalization of drug use, with particularly restricted access during incarceration.[122] This situation potentially impacts an estimated 331 million people who use drugs annually, of whom 14 million injected drugs in 2024.[123]

[115] https://pmc.ncbi.nlm.nih.gov/articles/PMC11091197/pdf/41598_2024_Article_61205.pdf; https://www.who.int/news/item/22-09-2025-message-by-the-director-of-the-department-of-immunization--vaccines-and-biologicals-at-who---september-2025; https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00624-2/fulltext.

[116] For example: https://pmc.ncbi.nlm.nih.gov/articles/PMC12799026/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12091771/.

[117] Examples: CEDAW/C/POL/OIR/1; https://www.ohchr.org/en/meeting-summaries/2026/02/experts-committee-elimination-discrimination-against-women-praise-el; https://pmc.ncbi.nlm.nih.gov/articles/PMC8457152/; https://pmc.ncbi.nlm.nih.gov/articles/PMC11500256/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12281686/; https://dhsprogram.com/pubs/pdf/WP194/WP194.pdf; https://www.gavi.org/vaccineswork/despite-wave-misinformation-pakistans-hpv-introduction-campaign-covers-ground; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5766744; https://psycnet.apa.org/fulltext/2025-01759-004.html; https://pmc.ncbi.nlm.nih.gov/articles/PMC7750605/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12572937/.

[118] https://www.who.int/news/item/28-11-2025-measles-deaths-down-88--since-2000--but-cases-surge.

[119] https://publichealth.jhu.edu/ivac/2025/us-measles-cases-hit-highest-level-since-declared-eliminated-in-2000; https://pmc.ncbi.nlm.nih.gov/articles/PMC12357784/; https://pubmed.ncbi.nlm.nih.gov/32113136/.

[120] https://www.paho.org/sites/default/files/2026/09/measles-sitrep-10-sept01-2026.pdf; https://www.paho.org/en/news/23-4-2026-paho-calls-strengthen-vaccination-amid-rising-measles-cases-americas; https://pmc.ncbi.nlm.nih.gov/articles/PMC12357784/.

[121] https://news.un.org/en/story/2026/08/1168124.

[122] https://news.un.org/en/story/2021/11/1104552; https://www.unodc.org/documents/data-and-analysis/WDR_2026/WDR26_Special_points_of_interest.pdf, p.25; Joint submission of Harm Reduction International, the International Drug Policy Consortium and the Eurasian Harm Reduction Association; the Global Commission on Drugs.

[123] https://www.unodc.org/documents/data-and-analysis/WDR_2026/WDR26_Special_points_of_interest.pdf, p.6-7.

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45. In 2025, 41 million people were living with HIV, an estimated 1.2 million people newly acquiring HIV.[124] At the same time, 8.9 million people living with HIV were still not accessing medicine – around half of them from Sub-Saharan African countries.[125] In 2024, 1.7 million people who injected drugs had HIV and 1.5 million who injected drugs had HIV and Hepatitis C.[126] Discrimination and stigma remain major obstacles to detection and treatment[127] with disproportionate impacts on adolescent girls and women, as well as on people facing intersecting stigma such as drug users, transgender women, sex workers and gay men.[128] Sharply reduced funding to HIV programmes has compounded these issues with external financing for the global HIV response in LMICs falling by 18% in 2025 compared with 2024.[129] Policies criminalizing aspects of HIV are increasing[130]; in 2026, 186 countries criminalized some aspect related to HIV through specific or general laws, undermining access to prevention and treatment.[131]

46. Criminalization policies exacerbate barriers migrants face in accessing healthcare including medicines and vaccines; often already limited by being in transit, situations of displacement, lack of status and fear of high costs, arrest, detention and deportation.[132] Women, LGBTIQ+ people, and migrants in detention settings face added risks.[133] LGBTIQ+ people and transgender people, face abuse, discrimination, and barriers caused by identity documents that do not match their gender identity.[134]

47. In the Dominican Republic, Haitian women have reportedly undergone unsafe births for fear of deportation, as those seeking public health services have in some cases subsequently been deported.[135] US immigration policies as well as actions by Immigration and Customs Enforcement (ICE) have reportedly deterred people from seeking health services, with significant detrimental health results.[136] While in most

[124] https://www.unaids.org/sites/default/files/2026-09/20260727_special_report_IAC.pdf, p.3.
[125] Ibid. p.16 .
[126] https://www.unodc.org/documents/data-and-analysis/WDR_2026/WDR26_Special_points_of_interest.pdf, p.7.
[127] https://www.aidsdatahub.org/sites/default/files/resource/2025-global-aids-update-jc3153-en.pdf; pp.37-38; https://www.ecdc.europa.eu/en/news-events/hiv-stigma-healthcare-settings-need-increased-knowledge-among-healthcare-workers-and; https://pubmed.ncbi.nlm.nih.gov/28358828/; Submissions of Malawi LGBTIQ Consortium; the Optimum Foundation.
[128] https://www.aidsdatahub.org/sites/default/files/resource/2025-global-aids-update-jc3153-en.pdf; p.38; https://swannet.org/wp-content/uploads/2024/12/intersecting_issues_eng.pdf, pp.8-9; https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0309231.
[129] https://www.unaids.org/sites/default/files/2026-09/20260727_special_report_IAC.pdf, p.1; https://www.kff.org/global-health-policy/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2025/.
[130] Including same-sex sexual activity in private, transgender people, sex work, possession of small amounts of drugs, or HIV nondisclosure/exposure/transmission. See https://www.unaids.org/sites/default/files/2026-09/20260727_special_report_IAC.pdf, p.24.
[131] A/79/177, para.33; https://www.unaids.org/sites/default/files/media_asset/01-hiv-human-rights-factsheet-criminalization_en.pdf, p.24.
[132] https://www.who.int/news-room/questions-and-answers/item/refugee-and-migrant-health; CMW/C/GC/5.
[133] A/HRC/62/49; A/HRC/7/12; A/65/222, para.7; https://www.unhcr.org/au/publications/externalisation; https://www.fmreview.org/externalisation/garlick-2/.
[134] https://publications.iom.int/system/files/pdf/pub2023-036-sogiesc-report-digital.pdf; https://pmc.ncbi.nlm.nih.gov/articles/PMC8775429/pdf/ijerph-19-00869.pdf.
[135] https://www.ohchr.org/en/press-releases/2023/09/dominican-republic-un-experts-condemn-detention-and-deportation-pregnant-and; https://migracion.gob.do/en/dgm-deported-379553-irregular-foreigners-in-2025-and-processed-20-4-million-traveler-documents; https://news.un.org/en/story/2025/04/1162591; https://news.un.org/en/story/2025/02/1159691; https://www.nytimes.com/2026/05/26/world/americas/dominican-republic-haiti-hospital-deportations.html.
[136] https://www.dhs.gov/news/2025/06/27/dhs-and-doj-announce-streamlined-process-fining-illegal-aliens; https://www.sciencedirect.com/science/article/abs/pii/S0277953624004878; https://pmc.ncbi.nlm.nih.gov/articles/PMC11914743/; https://phr.org/news/ice-tactics-and-deportation-fears-limit-access-to-health-care-for-children-of-immigrants-survey/; https://news.un.org/en/story/2026/01/1166816.

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countries of the European Union, irregular migrants have the right of access to emergency and basic healthcare services, in multiple EU Member States, health authorities have been subject to legal duties to report irregular migration to the authorities; combined with administrative and legal barriers, resulting in exclusion, fragmented care and negative health outcomes.[137]

48. Criminalisation of irregular migration often heightens human rights risks.[138] Firewalls, establishing a strict and real separation between immigration enforcement and public services are a necessary measure to ensure access to health.[139]

B. Stigma and discrimination

49. Indigenous Peoples, people of African descent, Roma and other ethnic minorities have been reported to experience stigma, racism and racial discrimination in accessing healthcare services, impacting their access to medicines and vaccines and resulting in poorer health outcomes.[140] Stigma is also associated with specific health conditions including mental health and NTDs, such as leprosy, and may substantially reduce care-seeking and the uptake of medications, lowering their demand and resulting in reduced availability.[141] Several studies have found that people with obesity - particularly minority women, are more likely to be misdiagnosed; and report being judged and treated more harshly, which can lead to delayed or avoided care and poorer health outcomes.[142]

50. Transgender people face significant barriers in accessing healthcare, including discrimination in facilities, lack of provider knowledge, barriers to accessing gender-affirming healthcare, and identification documents that do not match gender identity.[143] These barriers contribute to healthcare avoidance and poorer access to screening and medicines related to HIV prevention, contraception, fertility care, abortion care, and cancer.[144] Intersex persons suffer from barriers to receiving

[137] https://www.europarl.europa.eu/RegData/etudes/STUD/2022/702670/IPOL_STU(2022)702670_EN.pdf, p.28; https://genevahealthforum.com/undocumented-migrants-fall-through-europes-healthcare-cracks-joint-research-shows/; https://ec.europa.eu/info/funding-tenders/opportunities/grants/docs/080166e50529d0fa/Attachment_0.pdf; https://pace.coe.int/en/news/10296/committee-calls-for-migrants-and-refugees-to-be-guaranteed-effective-and-free-access-to-healthcare; https://pmc.ncbi.nlm.nih.gov/articles/PMC11395426/; https://pubmed.ncbi.nlm.nih.gov/41817617/.

[138] A/65/222, para.19; CERD/C/GC/39–CMW/C/GC/8, para.38; A/HRC/39/45; A/HRC/13/30, para.58.

[139] A/73/178/Rev.1, para.33; Transforming Migration Governance: Beyond Criminalization Issue Brief 1, OHCHR; see also E/C.12/2000/4, Art.12.

[140] https://www.who.int/activities/tackling-structural-racism-and-ethnicity-based-discrimination-in-health; https://iris.who.int/server/api/core/bitstreams/269925fa-95d1-413c-96b7-61ab2ae8f667/content.

[141] https://pmc.ncbi.nlm.nih.gov/articles/PMC10220277/; https://pmc.ncbi.nlm.nih.gov/articles/PMC3698814/; https://www.sciencedirect.com/science/article/pii/S1658361217301166; Submission of Samoa.

[142] https://iris.who.int/server/api/core/bitstreams/507971bd-5234-4d70-a9af-8f0a9f44c500/content; https://www.europarl.europa.eu/RegData/etudes/STUD/2024/754218/IPOL_STU(2024)754218_EN.pdf; https://pmc.ncbi.nlm.nih.gov/articles/PMC9722456/; https://pubmed.ncbi.nlm.nih.gov/35388341/; https://pmc.ncbi.nlm.nih.gov/articles/PMC11964796/; https://pubmed.ncbi.nlm.nih.gov/40819045/; https://pubmed.ncbi.nlm.nih.gov/34061867/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12357338/; https://pmc.ncbi.nlm.nih.gov/articles/PMC4902272/.

[143] A/HRC/50/27; https://www.americanprogress.org/article/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways/; Submission of Malawi LGBTIQ Consortium.

[144] https://pmc.ncbi.nlm.nih.gov/articles/PMC7276492/; https://journals.lww.com/ijcm/fulltext/2026/02001/navigating_health_care__a_study_on_the.14.aspx; https://pmc.ncbi.nlm.nih.gov/articles/PMC12188679/.

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healthcare due to stigma and exclusion often leading to marginalization and harmful medical practices such as genital mutilation.[145]

C. Health isolation policies and travel bans applied during pandemics

51. Blanket border bans put in place during pandemics ostensibly to stop the spread of disease, frequently conflicted with the legal principle of using the least rights-restrictive measures consistent with public health protection.[146] If implemented absolutely, they can also disrupt humanitarian access, medical evacuation and supply chains, worsening health outcomes in already-fragile affected regions and indirectly everywhere.[147] They have also proven to be ineffective epidemiologically, undermining global health security rather than supporting it.[148] The reality on the ground underscores the need for international engagement, health cooperation, political commitment, financing, and timely delivery of pledged resources to front-line response efforts.[149]

VII. Digital technology

52. The digital transformation of health, with the necessary human rights safeguards, can support the right to health.[150] Since COVID-19, digitization has accelerated and now includes tools such as electronic health records, virtual visits, mobile health, wearable technology, digital therapeutics, AI and machine learning.[151] Telehealth can help overcome staff shortages, improve access to care, and extend coverage to people who otherwise struggle to obtain services, including sexual and reproductive health information.[152] Digital tools can also support persons with disabilities, for example through adaptive learning platforms, speech-to-text software, signing avatars and AI-enabled tools that help people live more independently.[153] At the same time, digital health tools, including AI, can also exacerbate medical misinformation and unsafe self-diagnosis. It is essential that digital tools are designed and governed in line with human rights principles to maximise their potential to advance the right to health.

A. The digital divide and structural exclusion of marginalised groups

53. The benefits of digitally assisted healthcare are not, available to all. Internet access still varies widely across countries and within countries, with lower connectivity in LDCs and LLDCs.[154] Women generally have less access than men, and are also less likely to own a mobile phone and access internet.[155] Use of digital health

[145] https://www.undp.org/africa/publications/advancing-health-human-rights-intersex-persons-africa-policy-guidance; https://www.americanprogress.org/article/the-intersex-community-faced-significant-barriers-and-challenges-in-2024/; Submission of Malawi LGBTIQ Consortium.

[146] https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30373-1/fulltext.

[147] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01291-2/fulltext.

[148] https://pmc.ncbi.nlm.nih.gov/articles/PMC5033593/; https://pubmed.ncbi.nlm.nih.gov/25625224/; https://www.tandfonline.com/doi/epdf/10.1080/13696998.2024.2305009?needAccess=true; https://www.msf.org/ebola-response-overshadows-drcs-fragile-health-system.

[149] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01291-2/fulltext.

[150] A/HRC/56/28; A/HRC/43/29, para.19; Submission of Spain.

[151] https://iris.who.int/server/api/core/bitstreams/c0b312f6-4877-4d2a-aa66-769e84625226/content, p.vi,1

[152] A/HRC/53/65, paras.27-28.

[153] A/HRC/49/52, para.29.

[154] https://unstats.un.org/sdgs/report/2026/goal-17/.

[155] https://unstats.un.org/sdgs/report/2026/goal-17/; https://www.itu.int/itu-d/reports/statistics/2023/10/10/ff23-the-gender-digital-divide/;

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tools is higher in urban areas and among younger, better-educated and higher-income people, and lower with older persons, persons with disabilities, minorities and people facing language barriers.[156] Although some gender-focused initiatives have emerged, many digital health tools also still lack a systematic gender lens.[157] Exclusion of certain groups has been documented repeatedly, showing that digital transformation is still not consistently shaped by the needs of people most affected by it, including children and youth.[158]

54. Digital health tools are often built on data that underrepresent women and marginalized groups, creating "data poverty" and the risk of exclusion.[159] Machine-learning tools used across areas such as radiology, dermatology and cardiology can underperform when training data samples are too small or not diverse enough.[160] Women can be disadvantaged because health tools often reflect a male-centred perspective leading to potential misdiagnosis.[161] In one example, a kidney-injury prediction algorithm trained on 94% male data performed poorly for women.[162] Beyond the challenge of data poverty and data bias, especially if used by non-health professionals, AI Large Language Models (LLMs) pose a risk by producing answers that are overly agreeable rather than accurate. Robust regulatory tools and AI governance are urgently needed to close existing protection gaps.[163]

B. Data sharing, misuse, surveillance and breaches

55. The dependence of digital health on extensive data collection raises privacy and surveillance risks.[164] While data breaches can affect everyone,[165] they can have significantly greater human rights implications where people already fear criminalization, including those seeking abortion, drug users, migrants, LGBTIQ+

https://www.gavi.org/sites/default/files/programmes-impact/support/Gender-Intentional-DHI-and-Enablers-a-rapid-guide-for-analysis-planning-and-monitoring.pdf, p.6.

156 https://digitalhealthandrights.com/wp-content/uploads/2026/05/395742-Warwick-Policy-brief-Human-rights-in-GSDH-Digital-A4.v2.pdf, p.4; https://www.who.int/europe/news/item/21-12-2022-digital-health-not-accessible-by-everyone-equally-new-study-finds; https://iris.who.int/server/api/core/bitstreams/c0b312f6-4877-4d2a-aa66-769e84625226/content, p.vi.

157 https://www.gavi.org/sites/default/files/programmes-impact/support/Gender-Intentional-DHI-and-Enablers-a-rapid-guide-for-analysis-planning-and-monitoring.pdf; https://pmc.ncbi.nlm.nih.gov/articles/PMC12245544/.

158 https://www.thelancet.com/article/S0140-6736(21)01824-9/fulltext; https://www.oecd.org/content/dam/oecd/en/publications/reports/2018/09/new-technologies-and-21st-century-children_3f3c95af/e071a505-en.pdf.

159 A/HRC/49/52, paras.24-26; https://pubmed.ncbi.nlm.nih.gov/30901543/; https://pubmed.ncbi.nlm.nih.gov/32960230/; https://www.sciencedirect.com/science/article/pii/S2589750020303174#bib25.

160 https://pmc.ncbi.nlm.nih.gov/articles/PMC7509620/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12689012/; https://www.nature.com/articles/s41746-024-01103-x; https://pmc.ncbi.nlm.nih.gov/articles/PMC12481837/; https://pmc.ncbi.nlm.nih.gov/articles/PMC12517078/.

161 https://digitalvital.org/gender-data-gap-invisible-women/; https://www.unwomen.org/en/news-stories/interview/2025/02/how-ai-reinforces-gender-bias-and-what-we-can-do-about-it; https://www.nature.com/articles/s41746-023-00953-1; https://www.pharmasalmanac.com/articles/the-gender-bias-built-into-ai-and-its-threat-to-womens-health.

162 https://pmc.ncbi.nlm.nih.gov/articles/PMC10751025/.

163 A/HRC/63/51, para.24; https://www.nature.com/articles/s43856-025-01021-3; https://link.springer.com/article/10.1186/s13054-023-04393-x; https://medschool.duke.edu/stories/hidden-risks-asking-ai-health-advice; https://pmc.ncbi.nlm.nih.gov/articles/PMC13158598/. See also examples: https://letsdatascience.com/news/ai-misguides-patient-leads-to-fatal-treatment-delay-f40f6b00; and https://www.nbcnews.com/tech/tech-news/family-teenager-died-suicide-alleges-openais-chatgpt-blame-rcna226147.

164 A/HRC/53/65, para.7.

165 https://www.hipaajournal.com/healthcare-data-breach-statistics/; https://www.sciencedirect.com/science/article/pii/S0268401223001007; https://www.sciencedirect.com/science/article/abs/pii/S0167811625000047.

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people and people living with HIV.[166] Digital health apps and platforms contain particular privacy risks when sensitive data is shared with third parties without clear consent. This can be especially concerning for 'period-tracking' data in a climate of reproductive surveillance and prosecution.[167]

56. Poorly regulated health data sharing between States can create similar risks and is especially concerning when tied to aid. Recent US health cooperation agreements, which include health data sharing, with Kenya[168], Rwanda and Uganda[169] raise concerns about privacy, consent, accountability and data security.[170]

57. Work towards the adoption of a new WHO global digital health strategy provides an opportunity to address some of the identified challenges; including through addressing digital inequities and secure data governance across national health networks.[171]

VIII. Environmental degradation and climate change

58. Climate change, driven by human greenhouse gas emissions, is already harming health and causing deaths worldwide.[172] A 2025 WHO-supported Lancet Countdown analysis estimates that about 546,000 heat-related deaths in 2012-2021 linked to climate change; representing a 63% increase since the 1990s.[173] The impacts of climate change are felt hardest on groups in vulnerable situations including Indigenous Peoples; and on SIDS, LDCs, remote areas and climate-vulnerable regions, that have contributed little to global emissions.[174]

59. Climate change has impacted people's health, including through expanding disease burdens and straining health systems, delaying diagnosis and treatment.[175] Heat, malnutrition, vector-borne disease, displacement, and worsening mental health

[166] A/HRC/53/65, para.57; https://digitalhealthandrights.com/wp-content/uploads/2025/05/Summary-and-recommendations-flyer-1.pdf; https://pmc.ncbi.nlm.nih.gov/articles/PMC8775429/pdf/ijerph-19-00869.pdf.

[167] https://privacyinternational.org/long-read/5151/hidden-cost-digital-health-services; https://privacyinternational.org/long-read/5593/all-eyes-my-period-period-tracking-apps-and-future-privacy-post-roe-world.

[168] https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/december/20251204_kenya-us; https://www.hhrjournal.org/2025/12/17/health-data-protection-and-governance-under-the-kenya-us-health-agreement/#; https://x.com/ForeignOfficeKE/status/1996708521048698921; https://health.go.ke/sites/default/files/2025-12/Cooperation%20Framework-%20Kenya-%20U.S.pdf; https://healthpolicy-watch.news/wp-content/uploads/2025/12/US-Kenya-Data-Sharing-Agreement.pdf; https://www.jurist.org/commentary/2026/01/kenyas-health-data-deal-with-the-us-what-the-agreement-gets-right-and-what-it-misses-in-the-age-of-ai/.

[169] https://www.reuters.com/business/healthcare-pharmaceuticals/us-signs-228-mln-deal-with-rwanda-health-under-new-aid-model-2025-12-06/; https://www.reuters.com/business/healthcare-pharmaceuticals/uganda-receive-up-17-billion-us-funding-under-trump-health-plan-2025-12-10/.

[170] https://www.citizen.org/wp-content/uploads/LETTER-TO-AFRICAN-HEADS-OF-STATE-AND-GOVERNMENT-URGENT-NEED-TO-PROTECT-SOVEREIGNTY-BY-DEMANDING-FAIR-TERMS-IN-HEALTH-AGREEMENTS-WITH-THE-U.S.-GOVERNMENT.pdf.

[171] https://iris.who.int/server/api/core/bitstreams/a64d584f-015b-471f-9d86-9ea263cfb516/content.

[172] A/HRC/32/23, para.8; https://www.ipcc.ch/report/ar6/syr/downloads/report/IPCC_AR6_SYR_SPM.pdf, pp.5-7.

[173] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01919-1/fulltext.

[174] A/HRC/59/51, para.12; https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health; https://www.ipcc.ch/report/ar6/syr/downloads/report/IPCC_AR6_SYR_SPM.pdf; submission of the Indigenous Determinants of Health Alliance (IDHA).

[175] A/79/152; https://www.ncbi.nlm.nih.gov/books/NBK611199/; https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health; https://www.ijl.org.in/published-articles/29122025083033/Wahyuningsih_and__Susanto__Oct_Dec_2025.pdf.

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are already increasing[176], with persons with disabilities and older people facing heightened risks.[177]

60. Reshaping ecosystems, shifting temperatures and rainfall, and increasing contact between humans, animals and vectors is also increasing zoonotic diseases.[178] Examples include mosquito-borne Zika, tick-borne Lyme disease, and the recent hantavirus outbreak. Climate induced deforestation and land-use change add to that risk by altering ecosystems, fragmenting habitats and pushing wildlife closer to human settlements.[179] Social, political, and economic issues, such as poverty and inadequate healthcare systems, exacerbate the risk of zoonotic diseases, and reduce access to medicines, vaccines and medical products.[180]

A. Disruptions to availability of medicines and vaccines in climate-exposed regions

61. Climate change can contribute to disruptions in the production, storage, and distribution of essential medicines and vaccines. Extreme heat, drought, floods and storms can reduce raw material supplies, damage transport and infrastructure, and weaken cold-chain systems, putting temperature-sensitive products like oxytocin and insulin at risk, especially in low-resource settings.[181] Extreme weather events are already disrupting vaccination campaigns. Vaccinations were disrupted as a result of floods in several Nigerian States in 2022; and reduced immunization coverage in flood-affected regions of Brazil in 2024.[182] Climate-related displacement estimated to reach 200 million people by 2050, further increases disease outbreaks and reduces access to medicines and vaccines.[183] Climate change is likely to have direct impact on chronic or disabling NTDs, increasing unpredictability, disrupting care, rehabilitation, assistive products and psychosocial support.[184]

[176] https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_25-en.pdf.

[177] https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health; https://www.ipcc.ch/report/ar6/wg2/downloads/outreach/IPCC_AR6_WGII_FactSheet_Health.pdf; https://www.unep.org/news-and-stories/story/how-climate-change-disproportionately-impacts-those-disabilities.

[178] https://doi.org/10.11648/j.ajz.20250801.11; https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON611; https://iris.who.int/server/api/core/bitstreams/ea5ec80e-d3a3-420c-9ef5-427fd128383a/content; https://www.who.int/europe/news/item/01-07-2022-new-report-highlights-the-impact-of-changes-in-environment-on-one-health; https://ris.cdu.edu.au/ws/portalfiles/portal/124449326/Zoonoses_and_Public_Health_-_2025_-_Teeluck_-_Understanding_the_Effect_of_a_Changing_Climate_on_the_Re_Emergence_of.pdf.

[179] https://openknowledge.fao.org/server/api/core/bitstreams/2dee6e93-1988-4659-aa89-30dd20b43b15/content/FRA-2025/key-findings.html; https://www.worldwildlife.org/our-work/forests/disease-and-deforestation/; https://www.nature.com/articles/s41893-025-01750-2.

[180] https://doi.org/10.1098/rstb.2016.0168; https://www.onehealthcommission.org/en/why_one_health/what_is_one_health/; https://doi.org/10.11648/j.ajz.20250801.11.

[181] Building-climate-resilient-sustainable-low-carbon-health-supply-chains.pdf; https://www.sciencedirect.com/science/article/pii/S2352771424002830.

[182] https://www.one-health.panafrican-med-journal.com/content/article/9/21/pdf/21.pdf; https://pubmed.ncbi.nlm.nih.gov/40749351/.

[183] https://www.gavi.org/vaccineswork/climate-change-and-immunisation-time-widen-scope; https://www.worldbank.org/en/news/press-release/2021/09/13/climate-change-could-force-216-million-people-to-migrate-within-their-own-countries-by-2050.

[184] https://www.who.int/news/item/22-05-2024-new-research-flags-the-urgent-need-for-research-and-evidence-on-the-impact-of-climate-change-on-neglected-tropical-diseases-and-malaria; https://academic.oup.com/trstmh/article/118/9/561/7656506?login=true.

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B. Climate change and Anti-Microbial Resistance (AMR)

62. AMR is directly linked to climate change, biodiversity loss, pollution and waste.[185] It rose in more than 40% of the bacteria-drug combinations tracked by WHO between 2018 and 2023. An estimated 4.71 million deaths were associated with bacterial AMR in 2021.[186] UNEP warned that up to 10 million people could die annually by 2050 due to AMR, which is among the ten top global threats to health.[187] The burden is heaviest in LMICs and in health systems with weak surveillance and diagnostic capacity.[188] AMR directly reduces access to effective treatment, especially where alternative medicines and diagnostics are limited. Rising climate-sensitive disease burdens will further increase demand for medicines, including antibiotics, putting extra pressure on already strained supply systems.[189]

C. Environmental degradation and traditional medicines

63. Healthy ecosystems and biodiversity are directly linked to the right to a healthy environment, access to medicine and vaccines, and the enjoyment of the right to life.[190] Environmental degradation, including climate change, threatens the development of new medicines and the preservation of Indigenous and peasant knowledge about the ecology, taxonomy and usage of medicinally important organisms.[191] It also reduces access to traditional medicines, especially for Indigenous Peoples, peasants and rural communities who rely on them for both healthcare and cultural identity.[192] Scarcity of essential plants used for herbal medicine as a result of climate change was found for example in Meru County in Kenya in 2024.[193]

64. The 1992 Convention on Biological Diversity (CBD), as further operationalized in the Kunming-Montreal Global Biodiversity Framework (GBF) adopted at COP-15 in December 2022[194], together with the 2007 UN Declaration on the Rights of Indigenous Peoples (UNDRIP)[195], and the 2018 UN Declaration on the Rights of Peasants and Other People Working in Rural Areas (UNDROP)[196], establish and affirm standards calling on States to promote and protect traditional knowledge, innovations, and practices; uphold the rights of Indigenous peoples, local communities and peasants; and promote equitable benefit-sharing from their use.

185 https://wedocs.unep.org/items/e06380a1-453c-4a77-811f-9bfcced60018, p.12; https://www.genevaenvironmentnetwork.org/resources/updates/antimicrobial-resistance-and-the-environment/.

186 https://www.who.int/publications/i/item/9789240116337, p.xv; https://www.who.int/news/item/27-05-2025-seventy-eighth-world-health-assembly---daily-update--27-may-2025; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext.

187 https://news.un.org/en/story/2023/02/1133227.

188 https://news.un.org/en/story/2025/10/1166087.

189 https://www.who.int/publications/i/item/9789240116337, p.xii,p.xvii

190 CCPR/C/GC/36.

191 https://pmc.ncbi.nlm.nih.gov/articles/PMC5735771/; https://www.un.org/en/climatechange/science/climate-issues/biodiversity?utm_content=buffer28d4d&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer; https://www.cbd.int/article/indigenous%26localcommunitiesforbiodiversity; Submission by the Indigenous Determinants of Health Alliance.

192 https://www.scidev.net/global/news/protect-biodiversity-to-secure-traditional-medicine-sources/; https://pmc.ncbi.nlm.nih.gov/articles/PMC1847427/.

193 https://journals.unesco.go.ke/index.php/jknatcom/article/view/169/116.

194 https://www.cbd.int/doc/decisions/cop-15/cop-15-dec-04-en.pdf; https://www.cbd.int/traditional/default.shtml.

195 https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf, arts.24,31

196 A/HRC/RES/39/12, arts.20(2),23(2).

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IX. Conclusions

65. **This study underscores the value of a holistic rights-based approach that addresses both immediate barriers to access to medicines, vaccines and other health products, as well underlying social, economic, social, cultural and technological factors. It finds that, despite progress, significant access gaps persist, compounded by emerging and evolving barriers to expanding access.**

66. **The study finds that, in both developed and developing countries, discrimination and stigma, exacerbated by narratives undermining support for science-based approaches to healthcare – continue to increase risks of exclusion and harm. States should adopt and enforce comprehensive anti-discrimination laws and policies that tackle all forms of discrimination and address health-related disinformation and misinformation.**

67. **It further shows that limited fiscal and policy space is preventing urgently needed investment in resilient health systems. States should work together to tackle unsustainable debt burdens and developed countries should reverse health aid cuts.**

68. **Recent disruptions to complex global medical supply chains have demonstrated the need for a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the WTO that enables the full use of TRIPS flexibilities as well as the removal of undue restrictions. States should also strengthen legal and regulatory frameworks to ensure that private sector actors, including pharmaceutical companies, respect human rights.**

69. **With the digital transformation of health systems, growing concerns over privacy, data bias, and data poverty, among other issues, underscore the need for stronger regulation of technology companies. The ongoing work on a new WHO global digital health strategy offers an opportunity to ensure that people and their rights, especially those of marginalized and vulnerable population groups, are put at the centre.**

70. **The study highlights the devastating impact of conflict on access to medicines, vaccines and other health products, especially for those living in vulnerable or marginalized situations. Parties to conflicts should end attacks on healthcare, and accountability has to be ensured.**

71. **Finally, the study underscores how environmental degradation and climate change are posing major threats to countries with weak health infrastructure, both by increasing the need for medicines, vaccines and other health products, and by rapidly increasing AMR. In addition to continued mitigation of climate change and environmental degradation, States should systematically consider the close interdependence of the human, animal and ecosystem health in their health policies, giving special attention to the needs of marginalized and vulnerable groups.**

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