

Novo Nordisk comments to the Draft Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines

Novo Nordisk welcomes the effort to draft guidelines that can help companies define their responsibilities with regard to human rights and the right to health in particular. International human rights standards are written at a very high level and give rise to unclear expectations towards the private sector. We believe that the UN guidelines could contribute to clarify what actions companies can legitimately be expected to take in order to contribute to the realisation of the right to health.

In order to achieve this aim the guidelines must be conceivable with the operation of a sound business. We would therefore like to draw your attention to a number of provisions in the current draft which we strongly fear would prevent the guidelines from gaining the authority and widespread application they deserve:

- The draft's provisions on patents and pricing fails to recognise the crucial role of intellectual property rights in generating investments in research and development in health care. Of the global investments in development in new medicine only a fraction is publicly funded. If realised, the suggested abolition of patents in all middle and low income countries and discounted pricing schemes for all products would have severe adverse effects to the aims stated under the heading of 'availability' by the UN Committee on economic, social and cultural rights in their general comment no. 14 on the right to health.
- Similarly the draft guidelines take the ambition to provide transparency in lobbying activities too far by imposing unrealistic demands on business. We find these misplaced and irrelevant to the scope and aim of the document.

We find it regrettable that the scope of the draft guidelines is limited to access to *medicines* only. We believe that many of the other aspects of the right to health as defined by the general comment no. 14 and the WHO are equally relevant. In the case of chronic diseases and in middle income countries we believe that discounts and donations of medicine is a less effective instrument than programmes such as the world partner programme run by Novo Nordisk. We suggest the scope of the draft is widened so it puts more value on providing access to *health care* in general.

Chronic diseases are the leading cause of morbidity and mortality in the developing world and most initiatives currently ongoing are private and are primarily funded by the industry. Novo Nordisk's World Diabetes Foundation is today the single most important organisation providing unrestricted funding for diabetes in developing countries. We have experienced that our efforts to improve accessibility to insulin through a discount scheme in the least developed countries partly failed because of poor infrastructure and logistics and lack of political will from governments. We find that UN guidelines on the broader issue of accessibility of treatment would therefore be an important contribution to the right to health.

We are grateful for the ongoing constructive dialogue we have had on the draft and are confident that the final draft will reflect our comments. We encourage that business is involved in developing the guidelines further in order for the guidelines to gain the widest possible acceptance and authority in the pharmaceutical sector.