



Human Rights Council
SOCIAL FORUM
18 – 20 February 2015
Palais des Nations, Geneva

Guide to Breakout Discussion Groups

On 19 February 2015, from 16.30 pm to 18.00 pm Social Forum participants are invited to participate in one of three breakout discussion groups that will address the following subjects related to access to medicines in the context of the right to health:

1. Intellectual property regimes and access to medicines (Room XII)

- Facilitator: Mr. Germán Velásquez, Special Adviser for Health and Development, South Centre

2. Health systems strengthening, capacity building, community engagement, and empowerment (Room XI)

- Facilitator: Mr. Nhan T. Tran, Manager, Implementation Research Platform, Alliance for Health Policy & Systems Research, World Health Organization

3. Financing access to medicines and universal health coverage (Room IX)

- Facilitator: TBC

The Secretariat has prepared a list of guiding questions for the discussion groups that are included below. These questions are intended to guide and catalyze discussion; however, it is not necessary for discussion groups to strictly adhere to them.

Designated facilitators will lead each of the discussion groups. The role of the facilitator will be to initiate and steer the conversation. At the end of the discussion, the facilitator will ask discussion participants to nominate a rapporteur to report back to the plenary discussion of the Social Forum that will take place on the morning of 20 February. Each rapporteur will have no more than 10 minutes to present a summary of the previous afternoon's discussion.

In order to assist the work of the rapporteurs, an intern or staff member will be present during each session to take notes that can be referred to by the designated rapporteur in his or her reporting. The objective of this exercise is to capitalize on the collective expertise of Social Forum participants to produce preliminary conclusions and recommendations for the Report of the Social Forum that will be presented to the Human Rights Council.

Breakout Group One: Intellectual property regimes and access to medicines

Do intellectual property regimes facilitate or impede access to medicines?

- What are the arguments for intellectual property rights being applied to medicines?
 - Are they consistent with the right to health?
 - Are they consistent with other human rights?
- What are the arguments against applying intellectual property rights to medicines?
 - Are they consistent with the right to health?
 - Are they consistent with other human rights?

How do we ensure that intellectual property regimes are compliant with the right to health?

- What role can States play in achieving this?
 - What are some examples of good practices in this regard?
- What role can non-State actors play in achieving this?
 - What are some examples of good practices in this regard?

What is the role of businesses in the production and distribution of medicines?

- Are business interests compatible with the public interest and the right to health?
 - What are some examples of corporate good practice?
- To what extent do businesses influence trade negotiations and State practices, including the use of TRIPs exceptions?

Should medicines be exempt from intellectual property regimes?

Are there alternative ways to encourage innovation and increase access to affordable medicines?

- Should States subsidise medicines and medical research?
- How can we promote research and development of new medicines, particularly for neglected diseases?

Breakout Group Two: Health systems strengthening, capacity building, community engagement, and empowerment

What does health systems strengthening (HSS) mean to countries? (e.g. procurement, health finance, governance, delivery systems, etc.)

- Should there be a differentiated approach to health systems strengthening amongst countries, and if so what differences are appropriate?
- What parts of health systems should be given most attention?

How successful are States at health systems strengthening, capacity building, community engagement and empowerment?

- How can we measure and monitor the strength of health systems?
 - What are some examples of good practices in this regard?
 - Is there adequate funding for HSS? To what extent have funds been utilized for HSS? How is donor funding aligned with country needs? Should there be arrangements for counterpart financing by countries?
 - To what extent have HSS activities targeted women, children and key populations/vulnerable and marginalized groups?

What methods can be used to build capacity and strengthen health systems?

- Have countries assessed health system gaps and needs?
- What obstacles do individuals, communities, States, international organisations and NGOs face when trying to build the capacity of health systems?
 - How can these obstacles be overcome?
 - What are some examples of good practices in this regard?

How can greater community engagement and empowerment strengthen health systems?

- What are the benefits of actively engaging local communities in the process of health systems strengthening?
 - What are some examples of good practices in this regard?
- What methods can be used to increase community engagement and empowerment with health systems?
 - What are some examples of good practices in this regard?
- How can State governments and health personnel build and hold public trust?
 - What are some examples of good practices in this regard?

How can non-State actors contribute to health systems strengthening?

- What role can non-State actors play in complementing the work of States?
 - What are some examples of good practices in this regard?

Breakout Group Three: Financing access to medicines and universal health coverage

How successful have States been in implementing the right to health?

- How many people have access to near-universal health coverage including mental and physical healthcare?
- What is the coverage of women, children and key populations/vulnerable and marginalized populations?
- What are some examples of good practices in universal health coverage?
 - What are the difficulties in financing universal health coverage?
- Are certain medical services covered but others not? Which ones?
 - Are medicines always included in universal health coverage?
- Are there alternative methods to public universal healthcare for achieving the right to health? If so, what are they?
- How do some States manage to provide universal coverage while others do not?

What options do we have for financing access to medicines and universal health coverage?

- How should State laws, budgets and tax policies reflect States' obligations to achieve the right to health?
- What models of funding mechanisms are available?
- How can the human rights principles of transparency, participation, accountability, etc. contribute to addressing health budget deficits that impact access to medicines?
- What is the role of civil society and the international community?
 - What are some examples of good practices in this regard?
- What is the role of the human rights monitoring mechanisms (i.e. special procedures, treaty bodies, etc.)?
- Do laws and tax policies need to be changed to facilitate the growth of health budgets?
 - What are some examples of good practices in this regard?
- Are there ways for governments to reduce health-related costs without impacting service delivery? If so, what are they?
 - What are some examples of good practices in this regard?

Are there non-financial barriers to access to medicines and universal health coverage?

- What are these barriers?
- Are these barriers different in different countries? If so, why?
- How can these barriers be overcome?
 - What are some examples of good practices in this regard?

What is the potential for the post-2015 development agenda to mobilise resources for achieving the right to health?

- What steps should States take to ensure that the post-2015 development agenda mobilizes maximum available resources for the realization of the right to health?
- What other stakeholders can contribute to achieving this objective?
 - What are some examples of good practices in non-State funding for healthcare?