

Trade and Health:

Towards building a National Strategy

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Preface

Globalization and the rise of international trade of goods and services in terms of volume and speed influence human health. This influence can be both positive and negative. Our work on “trade and health” is all about harnessing and maximizing opportunities to promote public health and minimizing the risks and threats.

WHO and its Member States are very conscious of these opportunities and challenges. In 2006 the World Health Assembly adopted a resolution (WHA 59.26) on international trade and health and urged Member States to take advantage of the potential opportunities, and address the potential challenges, that trade and trade agreements may have for health. There are a number of additional WHO resolutions and decisions that involve the international trade and health interface. These deal with subjects such as tobacco control, the HIV/AIDS epidemic, intellectual property, international migration of health personnel, medical tourism as well as nutrition and alcohol policies. WHO’s work on international health regulations (IHR), which addresses health and trade issues, epitomizes the significance that we attach to helping the international community to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

At the global level, WHO works closely with relevant organizations such as the World Trade Organization, the World Intellectual Property Organization as well as the United Nations Conference on Trade and Development. We work with the Food and Agriculture Organization of the United Nations to develop and promote international food standards through the Codex Alimentarius to protect the health of consumers and ensure fair trade practices. The WHO Framework Convention of Tobacco Control (FCTC) was the first international treaty negotiated under the auspices of WHO to tackle the globalization of the tobacco epidemic. These are just a few examples of WHO’s involvement in trade and health related issues at global level.

Coherence between trade and health policies at the country level is the key to effectively manage the interface between trade and health. This requires going beyond the confines of sectoral policies to embrace new collaborations. The first step towards policy coherence is the development of a good understanding of the issues, based on the analysis of the situation from both a health and trade perspective. WHO has for a long-time identified this as an area, which needs to be facilitated through technical cooperation and provision of assistance through offering reliable empirical evidence and a menu of viable policy options.

This publication is part of WHO’s response to help develop a better understanding of the issues involved in the interface of trade and health, generally and with reference to specific issues. We have produced a number of important publications on trade in health services, intellectual property and public health, and health impact of trade liberalization. Our latest publication is a product of the trilateral cooperation between WHO, WTO and WIPO, titled “Promoting access to medical technologies and innovation: intersections between public health, intellectual property and trade”.¹ On tobacco and trade, WHO has published “Confronting the tobacco epidemic in a new era of trade and investment liberalization” in 2012.²

This publication was initiated some years ago as part of a programme to support WHO Member States to systematically assess their trade and health situation. The project was originally conceived as two parts: the first, a background document on key issues in trade and health and the second, an assessment tool to facilitate the development of national strategies on issues at the trade and health interface. We are now pleased to make available online this background document.

1 Available at: http://www.who.int/phi/PAMTI_WHO-WIPO-WTO.pdf?ua=1

2 Available at: http://www.who.int/tobacco/publications/industry/trade/confronting_tob_epidemic/en/ (Given this comprehensive monograph, we decided not to include a chapter on tobacco in this publication).

There are a number of acknowledgements in order here: first and foremost I would like to appreciate a former colleague of mine at WHO, Nick Drager who very effectively directed the trade and health area of work for many years as well as his collaborator Matthias Helble. I also would like to acknowledge all the contributors of the chapters. Thank you all for being generous with your time.

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Chapter 1

Trade and health – the linkages

Richard Smith, Chantal Blouin, Nick Drager

1.1 The growing challenge of trade and health

The view of health as predominantly a national concern is increasingly being challenged as the international dimensions of health grow in number and importance. According to one commentator

[o]ver 1 million people travel to Asia each year to receive health care, contributing some US\$2 billion to the region's economy. Over 50% of doctors trained in Ghana emigrate. Cuba is a regional hub for tele-radiology services. Private companies from India, Singapore and elsewhere invested more than US\$1 billion [in 2007] establishing hospitals or other ventures abroad (1; see also 2).

The severe acute respiratory syndrome (SARS) outbreak of 2003 resulted in a loss of some US\$100 billion in global gross domestic product, and a potential pandemic influenza outbreak could create far greater economic as well as health losses (3, see also 4). The financial crisis and recession of the late 2000s had negative impacts on health and the affordability of health care (5). Food price rises have increased malnutrition, yet at the same time record levels of type 2 diabetes (which is associated with being overweight) are being observed in developed and developing countries alike. The reader could no doubt add extensively to this list of challenges currently facing health policy-makers.

As the global movements of goods, services, capital, people and ideas grow, what will the impact on health systems and population health be? What will the implications of increased economic liberalization in other sectors be on the health sector and on population health? What impact do health issues, such as infectious disease or obesity, have on non-health sectors? How well placed are health policy-makers to address these questions?

This book is designed to guide the systematic analysis of such questions, considering the core evidence concerning key aspects of international trade and health, and the linkages between them. It aims to help policy-makers and decision-makers address the challenges posed by global health issues and to incorporate such issues into national health-related processes.

In order to further assist policy-makers and others in dealing with this daunting agenda, an important component of this process will be the preparation of national and regional strategy papers on trade and health, whereby national policy-makers can assess the opportunities and risks associated with international trade and trade rules, and with greater cross-border flows of goods, services and capital. These national and regional strategy papers should position governments, especially developing-country governments, to adopt a clear plan to harness the benefits associated with trade in order to promote health and to prevent or mitigate any negative impacts of international trade on health. It should also facilitate the participation of health authorities in the trade policy-making process, to ensure that a health perspective is integrated in the adoption of new rules and new trade policies at the national and regional level. Finally, a national strategy paper should enable policy-makers in developing countries to access resources for building trade capacity, as they would be in a better position to identify the needs and gaps where training or research is necessary. The situation analysis provided by the above-mentioned assessment tool would feed into the development of a national or regional strategy paper.

This chapter provides an introduction to the scope of the issues facing health policy-makers concerning trade and health. Section 1.2 provides an overview of the relationship between trade and health, and

the role of globalization as a key factor in this relationship. Finally, section 1.3 outlines the content of the remaining chapters of the book.

1.2 Overview of the relationship between trade and health

Increased cross-border flows in goods, services, people and capital — whether health related or of wider relevance — will affect health through a number of ways, including the cross-border spread of infectious disease, the advertising of unhealthy lifestyles and the migration of health professionals. Health, and the health sector, will be affected by general changes in trade liberalization, international agreements and international institutions, as well as by changes specific to health (6). One development affecting health and the health sector is increased trade in services. Indeed, perhaps the main reason that the health sector has been relatively unaffected by globalization directly is because it is predominantly a service-oriented sector, and historically trade liberalization has focused upon the movement of goods, and to a lesser degree people, as goods can be stored and therefore transported. However, this has changed as a result of a number of factors, including advances in technology, making e-commerce and web-based medicine a technical possibility; easier travel and fewer border restrictions, making feasible the temporary cross-border movement of patients and health professionals; and the rise of transnational corporations, making the ownership and management of health care facilities more fluid (2).

Trade agreements too will have implications for health and the health sector, whether they are bilateral, linked to the World Trade Organization (WTO), or involve regional trading systems such as the European Union, the Association of Southeast Asian Nations (ASEAN), the Southern African Development Community (SADC) and the North American Free Trade Agreement (NAFTA). For instance, the General Agreement on Trade in Services (GATS), finalized in 1994 during the Uruguay Round of WTO negotiations, aims to liberalize trade in services, including health services. Similarly, the WTO's 1994 Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) mandates patent protection for pharmaceuticals, which has the potential to provide greater incentives to invent new medicines but is also likely to increase the prices of those new medicines and therefore reduce their accessibility especially for the poor. In terms of non-WTO trade agreements, ASEAN has been promoting the development of agreements covering the migration of health-care workers, and there are many concerns about recent bilateral trade treaties — particularly between the United States of America and Europe and various developing countries — that include provisions going beyond WTO rules and offering even greater patent protection for, e.g. pharmaceuticals (7, 8).

Historically trade and health have operated as separate policy spheres, but developments such as those just mentioned mean that the two policy sectors are increasingly interrelated. Although some issues have produced closer cooperation between the two sectors, others have exposed tensions between the

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