Globalization and Its Impact on Health

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San Francisco, CA
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Global Health education Consortium
And collaborating partners
Learning Objectives

• Understand changes in the global economy that affect health
• Identify global public health priorities and conflicts with prevailing economic and trade policies
• Articulate how trade agreements can restrict access to affordable health-related services and medicines, public health regulations that protect health such as tobacco and alcohol control measures, health professional workforce, and food supply
• Provide examples of campaigns to bring public health’s voice into global economic policy
Introduction: Public Health And Global Trade

- Global trade agreements address public health concerns
- Public Health not generally involved
- Sustainable economic development is a public health issue
- Trade negotiations are at a crossroads: we can make a difference
Outline: GLOBALIZATION & PUBLIC HEALTH

1. Context: Economic Globalization
2. Trade Agreements and Public Health
   - Public Health’s Right to Regulate
   - Environment, Tobacco Control
   - Services
   - Affordable Medicines
3. Public Health Representation in U.S. Trade Negotiations
4. Prospects for Progress: Bringing Public Health Voice to Sustainable Development
1. Context: Economic Globalization

• Threats to Global Health
• Global Economic Trends
• Barriers to Development
• Sustainable Development: Prevailing Economic View Vs. Public Health View
• The Trade Landscape
• Trade Policy at a Crossroads
Threats to Global Health

• Widespread threats to global health persist
  – AIDS, TB, Malaria
  – Infectious diseases
  – Chronic illnesses: Hypertension, diabetes
  – Environmental: Cancer, respiratory

• Coexisting with both unprecedented wealth and economic inequality
  – Americas have greatest income inequalities
Notes on Threats to Global Health

Threats to Global Health

Data on inequalities in income and health status among and within nations, continents

Table 1. Income, Expenditures on Health, Infant Mortality in the Americas, 1998.


From Michele Barry, MD, FACP
(Former) Director of the Office of International Health Yale University School of Medicine:

- The gap in per capita income between the wealthy and poor countries has tripled from 1960 – 19931
- 100/174 countries per capita income is lower than 15 years ago
- 1.2 billion people live on < $1 a day 2


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<td>3,580</td>
<td>320</td>
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<tr>
<td>Chile</td>
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<td>369</td>
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<tr>
<td>Columbia</td>
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<td>Costa Rica</td>
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<td>Nicaragua</td>
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<tr>
<td>Peru</td>
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<td>100</td>
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<td>43</td>
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<td>28</td>
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<tr>
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<td>248</td>
<td>4.3</td>
<td>16</td>
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<tr>
<td>Uruguay</td>
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<td>697</td>
<td>9.1</td>
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<td>4,310</td>
<td>200</td>
<td>4.2</td>
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Inequalities: Health Care Expenditure Gap

89% of all global expenditures on health care goes to 16% of the world’s population

World expenditure on healthcare = $2.2 trillion
U.S. expenditure on healthcare = $1.1 trillion
% Gross National Product spent on health care
U.S. = 14.1%
Sub-Saharan Africa = 1.6%

## Which Comes First: Wealth or Health?

<table>
<thead>
<tr>
<th>Higher Income Growth</th>
<th>Lower Income Growth</th>
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<tbody>
<tr>
<td><strong>Better IMR</strong>*</td>
<td>Many East Asian countries</td>
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<tr>
<td><strong>Worse IMR</strong></td>
<td>Many South Asian countries</td>
</tr>
</tbody>
</table>

*IMR = Infant Mortality Rate, or deaths <1 year of age/1000 live births

_Nishan de Mel, Trinity College, Oxford
Health Without Wealth_
Barriers to Development

• Imbalance of wealth and power

• Legacy of colonialism

• History of Cold War politics
Global Economic Trends

• Manufacturing, agriculture growth in low/middle income countries
• Growth of services sector in wealthier nations
• Greater quantity and accelerated pace of cross-border financial transactions and exchanges
Economic Globalization

• The integration of economic and political systems across the globe

• Who will control and benefit?
Sustainable Economic Development: Competing Views

Prevailing Economic View

- **Facilitate trade** to increase the wealth of corporations and the general population, including the poor.
- **Deregulation.** By reducing laws and regulations:
  - Facilitate faster flow of capital, with Foreign Direct Investment
- **Privatization:**
  - Turn public entities into private enterprises
  - Save public funds, increase access
Public Health Views: Sustainable Alternative

• **Countries determine mix** of foreign investment and local development

• **Accountable, democratic governments**

• **Strong social institutions** and infrastructure
  – Assure access to affordable vital services
    • Health care, education, water and sanitation
  – Promote equity

• **Privatization** shifts costs to individuals
Public Health Views: Sustainable Alternative

Health as a Public Good; Other Health Consequences of Globalization - Graham Lister, Judge Business School

Health as a Global Public Good
A global public good is one all can share and from which none can be excluded
Global Public health goods include:
  - Health knowledge
  - Drugs and treatments
  - Health systems that protect global health
Globalization may increase public goods
  - By supporting global health solutions, sharing knowledge and enabling common action but
It also leads to a reduction in public goods
  - By taking health resources from where they are needed
  - By privatizing health knowledge and resources

Health and Trade
Selected health impacts related to trade by 500 Trans National Companies which account for 50% of international trade and 90% of foreign direct investment
  - Financial instability: Reduced resources, depression
  - Agriculture subsidies in rich countries reduce farm income in poor countries
  - Patent laws raise drug prices, restrict supply of drugs
  - Pharmaceutical research 90% is spent on 10% of people
  - Trade and tourism: spread of Hepatitis B and BSE/ nvCJD (New variant Creutzfeldt-Jakob Disease)
  - Investment: can produce “sweat shops” and poor health as countries reduce environmental protection measures to attract investment
The Trade Landscape

Trade Agreements

1947 GATT

1995 WTO

International Financial Institutions

1944 World Bank

1944 IMF

1994 NAFTA

2004 CAFTA

2005? FTAA
Key Multilateral Trade Agreements

• General Agreement on Trade and Tariffs (GATT). Part of Bretton Woods accords at end of World War II. Reduced tariffs as financial barriers to trade.

• World Trade Organization (WTO). Established as formal trade organization in 1995. Assumed administration of GATT, added 9 new trade agreements, including agreements on services, intellectual property, and agriculture for the first time.
WHAT DO TRADE AGREEMENTS DO?

“Liberalize” trade:

Facilitate global corporate transactions
Reduce barriers to trade

• Barriers to trade in steel & other goods = tariffs

• Barriers to trade in services = “measures”
  • Regulations
  • Laws
  • Administrative rulings
Stalemate

• The major countries have sought “liberalizing” measures for their competitive sectors (services, goods) but have been unwilling to make offsetting concessions in their noncompetitive sectors (e.g., unwilling to reduce subsidies for agriculture).

• Popular opposition at conferences: Seattle, Cancun, Hong Kong, Guatemala, Thailand

It has been fashionable to state that trade can do more than development aid to lift people out of poverty in developing countries.

But trade is only one policy mechanism among many that must be pursued to achieve economic growth and rising incomes.
Trade Policy at a Crossroads: Trade Gains Modest

Recent studies* by Carnegie Corp. and the World Bank show a one-time global income gain of less than $60 billion under any realistic new WTO trade scenario.

That is 0.146 percent (about one-seventh of one percent) of current global gross domestic product (GDP).

Carnegie Policy Proposals

1. Reject proposed trade policy changes that are likely to worsen poverty
2. Reject trade policy changes likely to produce benefits for only small numbers of firms and households while inflicting economic harm on larger numbers
3. Sequence liberalization
4. Strengthen trade adjustment assistance.
CURRENT U.S. PROPOSALS:
Regional, Bilateral Agreements

• Since failure of large international trade negotiations at WTO in 2003 and 2006, US is focusing on individual countries and smaller regions.
  – Australia
  – CAFTA (Central America Free Trade Agreement, also including the Dominican Republic)
  – Andean Region, Korea
2. Trade Rules vs. Public Health Priorities

- Right to regulate trade
- Trade dispute resolution
- Tobacco control
- Services
- Intellectual property (IP) and access to medicines
- Agriculture
What Do Trade Agreements Do? Review

• “Liberalize” trade:
  – Facilitate global corporate transactions

• Reduce tariff & other barriers to trade
  – Barriers to trade in steel = tariffs
  – Barriers to trade in services = regulations
Trade Rules Vs. Public Health Right to Regulate

Trade rules threaten to pre-empt a wide range of laws, regulations, policies, and programs designed to prevent disease and promote health.
Vectors of Pre-Emption: Trade Agreement Rules

- Example: Domestic Regulation Rules
- Laws and regulations that are “more burdensome than necessary” to ensure the quality of a service” can be challenged as barriers to trade.
- Public health officials may view a regulation as “necessary,” but trade officials may view the same regulation as an “unnecessary barrier to trade.”
Laws and Regulations At Risk

- Public subsidies for “safety net” health services
- Affordable medications
- Food safety/foods that are Genetically Modified Organisms
- Quality standards for health care services and products & allocation based on need
- Clinician licensing
- Health insurance & patient protection
- Distribution of alcohol, tobacco, firearms
- Occupational safety & health
- Public administration of water & sanitation
Enforcing Trade Rules: WTO Dispute Resolution

- 3 WTO-appointed trade “experts” decide in closed session if a WTO policy has been violated
- They can impose economic sanctions on losing country
- These rules challenge domestic sovereignty to regulate and protect health and access to vital human services
Right to Regulate Vs. Corporations’ Right to Sue

Bilateral/regional agreements like NAFTA* provide a unique “investor’s rights” mechanism.

– Foreign corporations can directly challenge national government actions.
– Grounds: the loss of current or future profits, even if caused by a government agency prohibiting the use of a toxic substance.

*North American Free Trade Agreement – covers Canada, U.S., Mexico
NAFTA Challenge to Health: Metalclad

- State of San Luis Potosí - permission to re-open waste disposal facility denied.
- Geological audit - waste disposal site would contaminate local water supply. Community opposed re-opening.
- Metalclad Company - local decision was an expropriation of its future potential profits.
Does Public Health Ever Win? Rarely and Barely

- 2 cases in 10 years upheld public health
- Global trade dispute panels: no concept of public health
- Decisions set poor precedents, delayed public health protections
“Transnational tobacco companies...have been among the strongest proponents of tariff reduction and open markets. Trade openness is linked to tobacco consumption.”

CHILLING EFFECT ON PUBLIC HEALTH REGULATIONS

• Canada proposes "plain" packaging for cigarettes
• American tobacco companies threaten NAFTA suit for "expropriation" of their intellectual property - their trademarks
• Canada withdraws proposal
WHO Framework Convention for Tobacco Control

- Bans sales to minors
- Promotes agricultural diversification
- Bans advertising promotion & sponsorship
- Rotates pack health warnings at 30-50% size
- Eliminates illicit trade in tobacco
- Violates WTO Rules?

Michele Barry, MD FACP, Yale
Bargaining Away Services: GATS

• General Agreement on Trade in Services (GATS)
• A WTO agreement that entered into force in 1995.
• Extends the multilateral trading system to vital human services such as health care, education and water supply, as well to commercial services such as finance and banking.
• Through the WTO, countries bargain with each other for concessions on services covered by GATS at the same time as they seek changes in other WTO agreements
• Countries can bargain away health “protections” for services in exchange for economic “protections” for goods, agriculture
WTO Trade Disputes on Services

• Trade dispute panel banned Mexico telecommunications surcharges intended to fund wider access to phone services, because unfair to foreign companies
• U.S. internet gambling prohibitions overturned
  – Intended to protect youth, the public, from online abuses related to gambling addiction
  – Found to discriminate against online gambling companies in Antigua


In the first trade dispute decided under GATS, a WTO tribunal rejected Mexico’s defense of its telecommunications regulations. The tribunal found that charges including a contribution to the development of Mexico’s telecommunications infrastructure were not “reasonable.” Mexico had argued that GATS provisions appeared to give flexibility to governments in achieving development objectives, including Mexico’s policy goal of promoting universal access to basic telecommunications services for its population.
HEALTH CARE PROFESSIONALS
MIGRATION AND GATS
Workforce RNs per 100,000 Population in Sending and Receiving Countries

Receiving

<table>
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<th>Country</th>
<th>RNs per 100,000 Population</th>
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<td>750</td>
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<td>United Kingdom</td>
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<td>Canada</td>
<td>900</td>
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<tr>
<td>Australia</td>
<td>1000</td>
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<tr>
<td>New Zealand*</td>
<td>1200</td>
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Sending

<table>
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<tr>
<th>Country</th>
<th>RNs per 100,000 Population</th>
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<tbody>
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<td>South Africa</td>
<td>1200</td>
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<td>Philippines</td>
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<td>Zimbabwe</td>
<td>200</td>
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<td>Nigeria</td>
<td>100</td>
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<td>India</td>
<td>50</td>
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</table>

*New Zealand includes both RNs and midwives.

Jean Ann Seago, UCSF  Julie Sochlaski, U Penn
Should Countries Rely on GATS for Health Professionals? Proponents!

• Immigration resolves staffing shortages in richer countries
• Remittances are paid by migrants to poorer countries
• Some patients follow “temporary” MDs back to home country when they return (e.g., for specialty care)
• Poor countries seek rules for easier emigration of unskilled labor; willing to trade for rules that also make it easier for their skilled professionals to emigrate
Should Countries Rely on GATS for Health Professionals? Opponents!

- Temporary migration:
  - Inefficient, unfair, hard to enforce
  - Unsustainable model for development
- Rules for licensing, staffing, quality should not be determined in trade arena
- Human rights not addressed
  - Migrant nurses often underpaid, isolated, unaware of their rights to fair treatment
- Infrastructure issues not addressed
  - Use of migrant labor relieves pressure to provide health care workplaces that attract and retain nurses
Nurse Migration: Some Proposed Solutions

• Protect nurses’ human rights
  – Fair treatment: assure fair pay, working conditions
  – Right to travel to advance global nurse expertise
• Invest in nursing education and higher pay
• Models:
  – International Council of Nurses Code of Ethics
  – PAHO Caribbean Managed Migration project
INTELLECTUAL PROPERTY RULES AND ACCESS TO AFFORDABLE MEDICINES
Global AIDS Pandemic

- 38 million people with HIV/AIDS
- 5.8 million could benefit now from effective drugs
- Generic antiretrovirals (ARVs) inaccessible to millions
- 3x5 plan (3 million on ARVs by 2005) failed
  - ARVs increased 440,000 to reach 1M in the developing world receiving treatment.
TRIPS

• Trade-Related Aspects of Intellectual Property Rights = TRIPS
• WTO Agreement
• All WTO member countries must give patent holders rights as stated in TRIPS
  – Phased in: Least Developed Countries to implement by 2016
  – Already in effect for most countries
What Do Patents Do?

- Monopoly rights to originator who can then sell product without competition
- Protection for originator’s “intellectual property” (= IP)
Role of Patent Policy for Drugs

- Key incentive to innovation
- Fairly compensates investments in Research & Development (R&D)
- Assures timely access to new life-saving drugs
  -- OR (a contrary view) --
- Props up exorbitant pharmaceutical company profits in absence of actual innovation
- Perpetuates monopoly as long as possible by extending patent terms and durations
- Discourages fair competition by generics
Pharmaceutical Industry is one of the most profitable in the World

- Industry justifies profits in large part based on R&D costs. But…..
  - 15% Research and Development
  - 37% Marketing and Administration
  - 19% Profits
  - With only ~29% as the Cost of Production

Sources: M. Angell, The Truth About the Drug Companies; Kaiser Family Foundation, Prescription Drug Trends, Nov. 2001
Crisis in Innovation

- Fewer new drugs in research pipeline
- Business model stuck in vicious cycle
  - Windfall of billions due to patent laws that created mega-corporations with obligations to investors, employees
  - Driven to seek blockbuster, copycat drugs
Pharma Political Strategy: Trade Agreements

A. Protect high prices in US market
   – Block reimportation to US (“parallel importation”)

B. Seek higher prices in other developed countries
   – Pharma argues that price controls harm quality, access, innovation

C. Maintain IP structure in regional trade agreements with low and middle-income countries
   – “TRIPS-Plus” trade rules extend patents
   – Restrict production and sale of generics
   – Market to small number of wealthy individuals
TRIPS Challenge to ARVs in South Africa

- Clinton Administration threatened to cancel other trade benefits (Generalized System of Preferences) to force S. Africa to change laws providing affordable drugs
- Gore rescinds threat, 2000
- Pharma files TRIPS suit against SA drug law
- Pharma withdraws suit in 2001 due to international outcry
- Results led to Doha Declaration, 2001
International Response to Crisis: 
Doha Declaration on the TRIPS Agreement and Public Health

• Addition to the TRIPS Agreement
• Establishes that countries can protect public health
• Paragraph 4. “We agree that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health.”
  – World Trade Organization Ministerial Meeting, Doha
  – Adopted November 14, 2001
Doha Declaration Allows Compulsory Licenses

- Government can issue a license to a producer other than the patent holder to market a drug
  - Can authorize generic production of patented drugs
- Compulsory license can be issued for various reasons including – but not limited to - an emergency, eg, epidemic, humanitarian disaster
  - License can let a country develop its own drug industry, and/or attain higher outputs and efficiencies
  - License can be bargaining chip to lower brand name drug prices
- TRIPS Health Solution, 2003: Grants limited right to import/export generics for least developed countries that can’t produce own drugs
What is “TRIPS-Plus?”

- Debate: Is TRIPS a Floor or Ceiling?
- Can bilateral and regional agreements give patent holders greater monopoly rights than they enjoy under TRIPS?
  - US says ‘Yes’, through bilateral/regional Free Trade Agreements (FTAs)
  - India, China, Brazil, South Africa say ‘No’, and urge use of WTO
- TRIPS-Plus provisions in bilateral/regional trade agreements give drug companies with patents greater monopoly rights than they have through TRIPS alone.
U.S. Imposes TRIPS-Plus Rules

• CAFTA (Central American Free Trade Agreement)– enacted 2006
• Proposed since 2005:
  – Andean FTA: Peru, Panama, Colombia
  – South Korea
  – Thailand: withdrew from negotiations after coup, issued Compulsory Licenses
  – Southern African Customs Union: withdrew from negotiations
CPATH on Australia FTA: Trade Rules Prop Up Drug Prices:

- Trade rules protect brand-name pharmaceutical companies from fair competition
- U.S.-Australia FTA: challenges effective Australian program for controlling drug prices
- Forbids reimporting lower priced drugs from Australia to US
  - Real target is Canada
U.S. Congress on Reimportation

• Appropriations bills, 2005 and 2006, respond to misuse of trade agreements to set U.S. policy
• Appropriations bills state that trade agreements cannot bar reimportation of drugs to U.S.
  – Trade agreements achieve corporate policy without public debate
• Singapore and Australia provisions banning reimportation cited
Agriculture, Trade and Obesity

• Global agribusiness and transnational shifting of raw materials to processed foods, high calorie soft drinks and snacks
• Nutrition transition during globalization
  • Dietary convergence of low to high income country patterns
  • Consumption of foods high in fats and sweeteners
• Cultural change: urbanization, eating outside home, global supermarkets

Michele Barry, MD, Yale
Worldwide Obesity

1 billion adults are overweight (BMI > 25)

300 million adults are obese (BMI > 30)

22 million children are overweight

Michele Barry, MD, Yale
# Diabetes prevalence in people over 20 years of age in 2000 and predicted for 2030

<table>
<thead>
<tr>
<th>Countries</th>
<th>Diabetes prevalence in 2000 (&gt;20 years of age as percentage)</th>
<th>Estimated prevalence in 2030 (&gt;20 years of age as percentage)</th>
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</thead>
<tbody>
<tr>
<td>Developed</td>
<td>6.3% adults</td>
<td>8.4% adults</td>
</tr>
<tr>
<td>Developing</td>
<td>4.1% adults</td>
<td>6.0% adults</td>
</tr>
<tr>
<td>Worldwide</td>
<td>175 millions</td>
<td>353 millions</td>
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Democracy in Trade Policy
Who Decides for U.S.?

- US Trade Representative (USTR) appointed by President
  - Susan Schwab is USTR as of 2006
- Congress limited by “Fast Track” Rules:
  - Congress cannot amend trade agreements, just vote yes or no
  - Fast Track expired June 30, 2007
    - Applies to agreements negotiated before 6/07 – Andean, Korea
    - Congress could renew
- The public can speak up
Campaign for Public Health Representation

- US Trade Representative Advisory Committees
- Mechanism for domestic input into trade negotiations
- Provide both formal and informal advice to Executive branch
- 110 meetings in 2001, per study by Govt. Accountability Office
Access to Policy Making

• Govt. Accountability Office findings: Advisory Committee members feel they benefit from increased access to the US Trade Rep. and other government officials, and increased ability to influence trade negotiations and policy.

• There are no public records of meetings.
### Trade Advisory Committee members, 2005:
**Big Business Reps: 42 vs. Public Health: 0**

<table>
<thead>
<tr>
<th>Category</th>
<th>Business Reps.</th>
<th>Public Health</th>
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<tr>
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<td>20</td>
<td>0</td>
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<tr>
<td>Tobacco reps.</td>
<td>7</td>
<td>0</td>
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<tr>
<td>Alcohol reps.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Food reps.</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Health Insurance reps.</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
Public Health Takes Action

• Public health and medical groups file federal lawsuit for representation: 2005
• One tobacco control (public health) representative appointed, 2005
• USTR reports appointing a public health rep to each of 2 Committees: Pharmaceuticals, and Intellectual Property
  – 1 of them comes from a pharma think tank
• Now 42 to ~ 2
• 2007: Congress demands greater transparency, accountability

Both public health representatives and members of Congress are demanding a greater role in setting U.S. trade policy, and more fundamental changes in trade policy that benefit individuals and communities as well as corporations. See www.cpath.org for the latest developments.
4. Prospects for Progress: Public Health Voice for Sustainable Development
Alternative Models of Trade Alliances and Objectives

- MERCOSUL – Latin American trade/development alliance
- European Union
- Cash transfers to lower income neighbors
- Aim to eliminate inequalities among countries
- Bolster social programs
Public Health Campaigns

• These campaigns…..
  – Help reframe the debate on global trade and economic development
  – Have declared health care & water vital human rights
  – Engage in dialogue and decision-making process to protect health care services and promote public health
Health Leaders Prescribe Caution on Trade Agreements

Drs. David Satcher, Joyce Lashof, Victor W. Sidel, Anthony Robbins, CPATH, APHA, ANA, Nov. 2003:

- New trade rules threaten ability of nations to protect public health
- Issue Call for Public Health Accountability
Public Health Positions

American Medical Association: Collaborates with interested members and other professional organizations to advise the U.S.T.R. on trade issues that involve the distribution and advertising of alcohol and tobacco, and other pertinent public health issues.
States, Cities, Towns Concerned

• State and local officials are gravely concerned about the prospect of the trade dispute resolution mechanism… no provision remotely similar to NAFTA’s should be included in future agreements…
  – Executive Directors of National Conference of State Legislators, National League of Cities, National Association of Towns & Townships
    - Comments to USTR, Fed. Register, August, 2002, regarding the trade dispute mechanism in Singapore FTA
U.S. Public Health Groups Support World Health Organization Trade Resolutions – May, 2006

• Resolution on Trade and Health: EB 117 R5
• Global Framework on Essential Health Research and Development: EB 117. R1
• Support by wide range of U.S. health groups:
  – American Cancer Society
  – American College of Preventive Medicine
  – American Nurses Association
  – American Public Health Association
  – Campaign for Tobacco-Free Kids
  – Center for Policy Analysis on Trade and Health
  – Physicians for Social Responsibility
  – Tobacco-Free Kids Action Fund
2007: New Views in Congress

- Freshmen members dubious on trade
- Re-negotiated Andean agreements
  - Minimized TRIPS-Plus rules
  - Stronger labor and environmental protections
- Resistance on Korea for health, other issues
  - Restricts drug listing/pricing systems used in Korea and in US safety net
  - Eliminates tobacco tariffs, threatens tobacco controls
  - Controversy on auto, beef exports
- Democrats’ Statement of principles
  - March 2007: Share benefits of trade more broadly
- Opposition to renewing Fast Track approval of trade agreements
Getting Specific:  
Public Health Objectives for 2007  
Major Public Health and NGO Groups

1. To assure democratic participation by public health and transparency in trade policy
2. To develop mutually beneficial trade relationships that create sustainable economic development
3. To recognize the legitimate exercise of national, regional and local government sovereignty to protect population health
Getting Specific: Public Health Objectives for 2007

4. To exclude tariff and non-tariff provisions in trade agreements that affect vital human services
5. To exclude tobacco and tobacco products from consideration
6. To exclude alcohol products from consideration
7. To eliminate intellectual property provisions related to pharmaceuticals from bilateral and regional negotiations….and promote trade provisions which enable countries to protect health per the Doha Declaration on Public Health
The objectives, and links to other public health groups concerned about economic globalization, are online at the website for the Center for Policy Analysis on Trade and Health: [www.cpath.org](http://www.cpath.org)

CPATH’s goals are:

- Increase visibility of public health leaders in the global trade debate.
- Education and mobilization on the threats of trade agreements for public health.
- Develop alternative approaches.
- Assure that trade policy promotes and protects health.
- Network With CPATH

To subscribe to CPATH’s Globalization and Health listserv
Send a blank message to:

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Summing Up

- Present rules for economic globalization threaten the livelihood and health of people and communities.
- Public health advocates can and must work to change trade policies to assure sustainable development, access to affordable health-related services, and the right to improve and protect health.
General References


6. C. Everett Koop, *Critical Issues in Global Health*


10. *International Trade in Health Services and the GATS*, The World Bank


17. Marcia Angell. The Truth About the Drug Companies: How They Deceive Us and What To Do About It.


26. Merrill Goozner. The $800 Million Dollar Pill.


Credits

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