

Promoting Health in Trade agreements

Report of a Regional Review meeting



**SEATINI and
Centre for Health Policy**



with EQUINET



29 October 2005

Johannesburg, South Africa

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Regional Workshop Report

Promoting health in Trade Agreements

Johannesburg – South Africa

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1. BACKGROUND

The workshop on Protecting health in Trade agreements held in Johannesburg in October 2005 was held within an EQUINET programme with Centre for Health Policy South Africa and SEATINI Zimbabwe that aims to build capacities in state, legislative and civil society institutions to know, understand, analyse and promote public sector equity oriented health systems within trade and investment policies and agreements.

The workshop aimed to review the work and research papers of the capacity building programme implemented in Tanzania and Zimbabwe to date. The purpose of the workshop was thus to review the training, findings and programme in order to identify issues arising for policy support, future capacity building, extension to other countries in the region and to strengthen linkages with other work on trade and health.

The meeting followed a half day session with the researchers

The delegates to the meeting are shown in Appendix 1 and the programme in Appendix 2.

2. PROCEEDINGS

The meeting was opened by Haroon Wadee (Centre for Health Policy). After welcomes and introductions Rene Loewenson (TARSC, EQUINET) provided an overview EQUINET, and of the relationship between trade agreements and health systems. Haroon Wadee then provided an overview of the training programme.

The programme has to date

- Developed training materials on trade and health
- Used these at two country level training workshops in Tanzania in June 2005 and Zimbabwe in August 2005

- Mentored the audits and given feedback on drafts.

Participants raised various issues to feed into a critical reflection of the process to date. The key issues raised were around the participants involved in the training, and around steps to be taken to ensure that other important stakeholders are reached through the process. A further important issue raised was the need to include in the training materials case study material that speaks directly to the country in which the training is being undertaken.

After tea Robert Mhamba and Tsungai Kokera of Tanzania and Zimbabwe respectively presented preliminary work on trade and access to drugs issues in their respective countries. This work is the product of the country-audit process developed at the end of the training workshops in each respective country.

The Tanzanian paper explores the challenges posed by trade agreements on attaining the goal of improving access to essential medicines. The discussion is located within the political, social, economic and epidemiological context, tracking the shift in policy stance and implications for access to essential drugs from the state-centred pro-equity approach to that of liberalised health services brought on by the onset of structural adjustment programmes. In addition it attempts to explore the policy space available to health policymakers within a liberalised health sector to ensure that trade agreements do not undermine access to essential drugs.

The Zimbabwean paper on the other hand deals specifically with improving access to Anti-Retroviral Therapy (ART) under existing liberalisation and trade agreements. The paper also provides some contextual background in which to locate the argument and begins to probe the implications of trade agreements – namely GATS and TRIPS – on the attainment of improved access to ART in Zimbabwe.

Participants engaged with the material and the feedback provided to the country-level teams would feed into strengthening the final country-level audit. Some of the key issues raised by participants was the need to develop common indicators for exploring the policy context in order to allow for some degree of comparison between the countries. Common indicators ranged from development indicators, such as the human development index (HDI) to health indicators such as the infant mortality rates (IMR), maternal mortality rate, immunisation coverage and other health system indicators. One of the main issues raised was the need to develop strategies for disseminating the work to multiple stakeholders within the countries – from health and trade officials to civil society actors.

After lunch Haroon Wadee and Riaz Tayob facilitate a discussion in the way forward. In this discussion delegates raised a number of issues on the process, the training materials and the next steps:

There was consensus that the process – training, country audit with mentoring, works. However, there is a need to broaden the scope of the programme with expansion into other countries in east and southern Africa. It was also agreed that there was need to follow up on the teams and initial training in Tanzania and Zimbabwe to deepen the capacity.

It was thus proposed that EQUINET, CHP and SEATINI continue the training in at least 2 more countries, and involve existing country teams in order to both strengthen existing capacity and to deepen capacity in the region. This training should also be followed by similar country-level audits in these two additional countries. Countries identified for the expansion of the programme were Kenya and Malawi with Health Action International (Kenya) and Malawi Health Equity Network playing a facilitative role in the process.

As further follow up it was suggested that the training materials be updated to include local level content, such as through adding country-specific case studies and experiences. SEATINI, CHP and TARSC will be editing the materials and can integrate this into the next version.

This work needs to advance to policy intervention, through the existing country teams and regionally. This includes targeting the following actors in order to raise the importance of protecting health systems under increasing trends towards trade liberalisation: civil society, ministry of health, ministry of trade and parliamentarians. The country audits and policy issues raised in the programme should thus be repackaged for these different audiences. For example for civil society it may be useful to have a publication at 2 levels (peer-reviewed and grass-roots) with possibility of translation to indigenous languages and radio/ media outreach. For a health ministry the focus could be on measures to ‘protect policy space for public health policies, while for trade officials the focus could be to sensitize on the inter-linkages between trade, health and other sectors, and strengthening co-operation with health ministries. For parliamentarians the focus may needs to be more on oversight and legislative roles and to build capacities and provide information to support parliamentarians in asking the right questions. This is particularly the case for the country level audits once completed.

The delegates suggested that within countries it may be useful to have seminars with specific industries and sectors, purely as a training exercise without necessarily making a link to the country-level audit process.

As an overall goal it was suggested that this be by 2006/7 to have a pool of skills with similar perspective on equity contributing to national policies on trade and health, and feeding regionally into a shared regional health equity analysis including other themes and constituencies in EQUINET that will be used to engage at policy level and advance health equity at regional level.

EVALUATION AND CLOSING

The evaluation of the process to-date was on the whole positive with suggestions made on how to take the work forward re-iterated. In short – participants felt that the programme was useful and that it needs to be expanded to include more countries in the region with CHP/SEATINI/EQUINET playing they driving role to ensure that the process continues.

APPENDIX**1:****Delegates****List**

Name	Institution	e-mail address
Rene Loewenson	TARSC, EQUINET	rene@tarsc.org
Haroon Wadee	Centre for Health Policy	haroonwadee@mweb.co.za
Riaz Tayob	SEATINI	riazt@iafrica.com
Robert Mhamba	Institute for Development Studies, University of Dar-es-Salaam	robert@udsm.ac.tz robertmhamba@yahoo.com
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Rangarirai Machemedze	SEATINI	rangarirai.machemedze@undp.org
Patrick Mubangizi	Health Action International – Kenya	pmubangizi@haiafrica.org
Wole Olaleye	ACTIONAID – South Africa	Wole.Olaleye@actionaid.org
Honorary Sisa Njikelana	Member of Parliament – South Africa	snjikelana@parliament.gov.za
Alinafe Kisoya	Malawi Health Equity Network	alinafe@caremalawi.org
Ian Mashingaidze	ACTIONAID – Zimbabwe	Ian.Machingaidze@actionaid.org
Michelle Govender	Aids Law Project	govenderm@law.wits.ac.za

APPENDIX 2: Programme



Southern and Eastern African Trade
Information and Negotiations Initiative



Promoting Health in Trade agreements:

Regional Workshop

Sunnyside Park Hotel, Johannesburg, South Africa October 29 2005

In co-operation with EQUINET

CHP, SEATINI and TARSC

Agenda

08h30 – 09h00: opening and participant introductions

09h00 – 10h00: Trade and Health Systems: an Introduction – Rene Loewenson

10h00 - 11h00: overview of the training workshops and audit process in Tanzania and Zimbabwe – Haroon Wadee

11h00 – 11h30: Tea break

11h30-12h00: Protect Rights of Access to Essential Medicines under Trade and Market Policies: The Tanzanian Case Study – Dr Robert Mhamba, Institute for Development Studies, University of Dar-es-Salaam

12h00-13h00: Discussion

13h00-14h00 Lunch

14h00-14h30: Protecting rights of access to Anti-Retroviral Therapy (ART) under trade and market policies – The Zimbabwean Case Study – Ms Tsungai Kokera, Medicines Control Authority, Zimbabwe

14h30-15h30: Discussion

15h30-16h00: Tea Break

16h00-17h00: the way forward

CLOSING