

Training for advocacy on Trade and Health in east and southern Africa

Regional Workshop report

August 31 to September 1 2007
Bagamoyo, Tanzania



**Southern and Eastern African Trade Information and Negotiations Institute (SEATINI)
with Training and Research Support Centre (TARSC)**



**In the
Regional Network For Equity In Health In East And Southern Africa (EQUINET)**

With support from SIDA Sweden

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1. Background and objectives

SEATINI with TARSC under the umbrella of the Regional Network for Equity in Health in East and Southern Africa are carrying out work on the health and trade theme (see www.equinet africa.org and www.seatini.org). This work involves skills building, research and information exchange on the effects of trade agreements on health. In 2007 this work focuses on key trade and health issues, including Intellectual Property Rights protection in the TRIPS agreement and access to medicines, the Economic Partnership Agreement (EPA) being negotiated between East and Southern African countries and the European Union and their implications for health and trade agreements promoting the liberalisation of health care services.

This report is of the proceedings of a training workshop on policy engagement and advocacy to promote health in trade agreements held in Bagamayo, Tanzania, August 31 and Sep 1 2007. The workshop covered general issues of trade and health, and a deeper review of TRIPS and use of TRIPS flexibilities, the EU-ESA EPA, and health services liberalisation.

It included 2-3 people from each of the following countries: Zimbabwe, Tanzania, Kenya and Uganda, one each from health and trade backgrounds and a spectrum of additional skills inputs, including media and law. The delegate list is included in Appendix 1.

The workshop developed proposals for follow up national work between September 07 and December 07 to take forward measures to protect health goals within the TRIPS and EPA, including dialogue using materials developed on these issues with officials, parliamentarians, civil society and other key stakeholders and dialogue to support informed media as a means to achieve agreed outcomes on TRIPS and EPAs on health. The programme provided training and information materials. SEATINI and TARSC developed an advocacy pack to support the work with briefs on

- Trade and health
- Using TRIPS flexibilities
- Health issues in the Economic Partnership agreements

The workshop provided an opportunity for delegates to develop national follow up plans to promote health goals within trade policies and agreements. The full programme is shown in Appendix 2. Facilitation was provided by SEATINI, TARSC and MWENGO, and expertise from the delegates tapped in the meeting.

SEATINI will monitor and support the implementation of the national advocacy plans and give support to the trainees, in co-operation other institutions in EQUINET, particularly TARSC. The work is supported by SIDA (Sweden).

This report is organised in three major sections.

- The first presents the regional context for work on migration and retention, as outlined in presentations by EQUINET, ECSA-HC, SADC, WHO, and other regional partners.
- The second presents the overview of the current situation with respect to health worker retention and migration, integrating evidence from background papers and country experiences.
- The final section summarises the discussions held on follow up work on migration and retention.

It was produced by SEATINI with input from TARSC and workshop delegates.

2. Opening and welcome

Percy Makombe, SEATINI, gave the opening remarks welcoming the participants and outlined the objectives of the workshop. He pointed out that the workshop was part of capacity building in the health and trade theme. The workshop was on policy engagement and advocacy to promote health in trade agreements. It was therefore important to see that by the end of the workshop national action plans have been developed for work between September 07 and December 07. Percy also gave an introduction on the Southern and eastern African Trade Information Negotiations Institute (SEATINI).

SEATINI is an African initiative that seeks to strengthen Africa's capacity to take a more effective part in an emerging global trading system and to better manage the process of globalization. SEATINI aims at facilitating research, analysis, and advocacy on issues of concern to the South, such as trade, aid, development governance, human rights, structural adjustment, gender relations, the environment and protecting the intellectual value systems of the peoples of the South. It was formed following the November 1996 World Trade Ministerial meeting in Singapore where it was observed that African countries were being marginalized.

Delegates then introduced themselves and their areas of work. From the introductions the thematic areas that participants were working on included:

- Trade negotiations and trade justice
- Health rights, access to health care and HIV and AIDS issues, including for elderly, youth
- Participation in health; politics of health
- TRIPS, patent reform, Access to medicines, medicine pricing, access to medicines in specific groups eg elderly
- Multilateral and bilateral negotiations, EU co-operation
- Alternatives to, advice on and advocacy to resist unacceptable EPAs
- Media and policy advocacy on trade issues, macroeconomics, poverty alleviation
- Legal advocacy on health issues and international legal texts, research,
- Role of youth in development process, global coalitions, cyberspace activity
- Reproductive health education
- Labour, trade, negotiations, information dissemination
- Training and research on health

Everyone was welcomed and it was hoped that there would be fruitful deliberations.

3. Trade and Health

3.1 Trade and health in east and southern Africa

Rene Loewenson, TARSC, welcomed the participants on behalf of the Regional Network on Equity in Health in east and southern Africa (EQUINET) steering committee. She explained EQUINET's work and its objectives. She explained how people come together on shared values within the network. EQUINET networks professionals, civil society members, policy makers, state officials and others from within the region who come together to promote and realize shared values of equity and social justice in health. It fosters a forum for dialogue, learning, sharing of

information and experience and critical analysis. It does this to build knowledge and perspectives, shape effective strategies strengthen voices nationally, regionally and globally to influence policy, politics and practice towards health equity and social justice.

EQUINET has three types of networking and coordination roles: country, theme and process networking and coordination.

- **Theme coordinators:** coordinate key areas of theme work in EQUINET, currently trade and health, human resources for health; fair financing; health systems responses to AIDS; participation and health governance; health rights and monitoring equity in health.
- **Process coordinators:** EQUINET processes are coordinated through the secretariat or institutions in the region, and include networking, research, web and ICT, information and publication, parliamentary alliances, policy analysis, capacity building and resource mobilization.
- **Country Co-ordinators:** EQUINET country networking activities are currently taking place in Tanzania, Malawi and Zambia.

In her presentation Rene interrogated whether trade is a means or an obstacle to health. She highlighted how the process of globalisation is creating winners and losers. The presentation raised a number of issues such as the fact that East and Southern Africa has opportunities for health but highly unequal resources to achieve these opportunities. The need for health systems that challenge inequalities in health rather than merely reflecting them was reiterated. The presentation also argued how the present trade regime has failed to address food, water and electricity shortages Africa with Africa for instance consuming only 4% of global electricity.

Trade and health have competing objectives, while trade pursues liberalization, health is about equity and universal access to health hence these two cannot be handled in the same manner. The question to ask now is: What are governments doing to protect the health of their people? She insisted that countries need to work together as a region to protect public health in trade, particularly in dealing with global institutions such as World Trade Organisations.

She raised a number of possible responses to the challenges posed by trade to health. These included:

- Informed audit- there is need for exchange of information from within and outside Africa on effects of trade on health equity.
- Precautionary principle-vigilance and caution on policies whose impacts are not clear
- Negotiate public health fundamentals-widen and use policy space and flexibilities
- Advance a positive policy agenda based on public health principles, conventions, evidence

The main message of the presentation was that health advocates should shift from just reacting to trade agreements and move towards reclaiming our health. For this, health systems need to be strengthened, particularly public health systems, so they can lead in the protection of health. She thus called on the participants to defend the public health system, to provide health advocates. Secondly health can only be promoted and protected people are informed, can talk for themselves about health issues affecting them and play a role in health advocacy.

3.2 Policy debates on trade and health in Kenya

Constance Walyaro, Citron Wood Foundation, gave an overview of the Kenyan Bio safety Bill which if passed into law will regulate Genetically Modified Organisms (GMOs). She gave a comprehensive report on advocacy around the Bill, major areas being health, patenting of seeds and its effect on food security and the absence of guiding principles of natural justice which include the precautionary principle, principle of public participation and international co-operation.

Advocacy around the Bill involve issues of lack of adequate public participation in the development process of the Bill as well as the need for a broad based participatory, all inclusive, proactive collection of stakeholders' views across the country. The need to protect the right to health and food security of the Kenyan people is the main drive behind the advocacy against the Bill.

3.3 Discussion

In the discussion on the presentations one participant commented on the issue of reclaiming resources for health versus trade agenda viz a vis resources that we already have. He observed that the discussion needed to also integrate issues such as misgovernance and corruption in Africa as contributing factors to health problems.

Another participant asked a question on how successful the Kenyan patent law has been in ensuring access to medicines. In response a participant from Kenya highlighted the difficulties faced by the health sector due to the fact that health ministers are not given the prominence that ministers of defense for instance get as a result they get low budgetary allocations. He reiterated the need to have people in health and trade in politics. Percy Makombe asked a question on how willing parliaments are in the region to work with civil society organizations on health issues. A participant from Zimbabwe answered in the affirmative, provided briefs are prepared for them.

Dr Loewenson commented on the need to have strong public health boards in our countries so as to ensure the promotion of public health interests as well as involving the ministry of health active in health legislation. She noted how countries have been clearer on their trade interests than their health interests, which have been affected by liberalization agenda's and other interests. It was noted that the right to health has been used in the Doha TRIPS negotiations to widen interpretation, but has had limited use as a basis for challenge in settlement of WTO disputes.

4. WTO, trade agreements and health

4.1 WTO processes and agreements in health

Aulline Mabika, SEATINI gave an overview of the WTO and trade agreements affecting health. She gave a brief background of the WTO as an institution, focusing particularly on the principles of Most Favoured Nation (MFN) as well as National Treatment and how they affect government regulation of healthcare. She highlighted how WTO puts commercial interests above human rights concerns especially the right to health particularly through the Dispute Settlement Body. Panelists to this body are selected for their trade credentials and not their knowledge of such areas as public health or development policy.

The presentation also looked at the General Agreement on Trade in Services (GATS). The GATS lays down the basic rules to conduct international trade in services and aims to promote international trade in services, and to remove barriers to such trade. The GATS applies to all services ranging from transport to health and education, to banking and telecommunications. The four modes of supply within the GATS were explained. The presenter went on to explain how the GATS transforms services like healthcare, education, utilities and social services into tradable commodities. Thus taking away a fundamental function of government to ensure and protect citizens' access to these services. Trade liberalization may improve health services in countries importing health professionals and services, but benefits accrue mainly to better off populations for instance private hospitals which in many countries are the preserve of the rich.

She gave a brief overview of the Sanitary and Phytosanitary Agreement (SPS) which sets strict limits on WTO member's abilities to enact laws pertaining to food safety as well as animal and plant health. Article 2.2 of SPS Agreement declares WTO-illegal measures that are based on insufficient scientific evidence. This is in direct conflict with the Precautionary principle which says that potentially dangerous substances must be proven safe before they are put on the Market.

On TRIPS the presenter gave an overview of the agreement, and highlighted public health concerns such as the effects of patents protection on access to medicines by making them more expensive. The presentation looked at the effects of patent system on indigenous knowledge systems particularly the patenting of community owned medicinal knowledge.

In conclusion it was stated that there is need to advocate that WTO be scaled back so that the human rights, health and other multilaterally agreed public interest standards already enshrined in various international treaties can serve as a floor of conduct for corporations seeking the benefits of global trade rules.

4.2 Protecting the right to health in Uganda

Mulumba Moses outlined the legal framework within the Ugandan context and particularly those laws with implications for public health. He highlighted the fact that the right to health is not enshrined in national legislation save for some mention in the constitutional objectives. He informed delegates that the debate surrounding the Intellectual Property legal reform in Uganda is aimed at attracting foreign direct investments rather than serving the health interests of the people of Uganda. An interesting observation was that even though the new Bill on patenting of medicines provides for compulsory licensing it makes the procedure more difficult. The other problem is the role of foreign funding in capacity building as well as the involvement of foreign technical expertise. There is then a tendency to concentrate on commercial interests at the expense of health equity.

4.3 TRIPS and health

Aulline Mabika, SEATINI, outlined the TRIPS agreement provisions that have consequences for health. The major concerns highlighted were the negative effect of TRIPS on access to medicines and food security. The TRIPS section on patents was cited as the one most problematic for health and food security in as far as it provides monopolistic rights on inventions such as new medicines and seed varieties.

TRIPS provisions provide for strong protection of patents on medicines, limiting the extent to which countries can produce, import and export generic medicines. With rising prices for patented medicines, the problem of access to medicines in developing countries becomes more acute.

The importance of drugs to the realization of the right to health was emphasized. It was stated that drugs play a significant social role in that they are an integral part of the realization of a fundamental human right, the right to health. (See *Art 12 ICESCR*). Also inherent in the right to health is the obligation to ensure access to affordable medicines for all without discrimination, in order to prevent, treat and control diseases. (*ICESCR Gen Comment 14/2000*).

The flexibilities in the TRIPS agreement meant to safeguard public health such as compulsory licensing, parallel importation, Bolar provisions were discussed. The Doha Declaration, August 30 Decision as well as the permanent amendment of the TRIPS agreement a measure meant to increase the legal certainty on flexibilities available to developing countries. The use of TRIPS flexibilities however, remain problematic because the procedural requirements for implementing the appropriate national legal provisions are complex and burdensome, particularly for developing countries which often lack the necessary technical and legal expertise and administrative capacity. Lack of political willingness to utilize these flexibilities by some countries was also cited.

In conclusion the presenter highlighted the importance of using the right to health framework as a basis for advocacy. This is because states' first duty towards their citizens is to respect the right to health by refraining from adopting laws or measures that directly infringe upon people's health. States also have an obligation to adopt measures to protect the population from effects of policies imposed upon states by pharmaceutical companies, third party states and international organizations such as the WTO. Another critical area for advocacy was to establish links between the corporatisation of the food supply system and privatisation of basic services, between the hijacking of intellectual property rights of indigenous farmers and the actions of pharmaceutical multi-nationals, and also between the increasing dependency upon international markets for food security and limits to domestic policy.

4.4 Country experiences with TRIPS and access to medicines

Itai Rusike, Community working group on health, Zimbabwe gave an overview of the utilization of TRIPS flexibilities by Zimbabwe. The presenter outlined how Zimbabwe declared AIDS a national emergency and then went on to issue compulsory licenses for the manufacture of generic antiretroviral drugs. This led to a reduction in drug prices. This is happening against a backdrop of foreign currency shortages and hyperinflation, a scenario where most people cannot afford medicines. He also told the workshop that despite the compulsory license the antiretroviral needs of the people of Zimbabwe are yet to be met with only 86000 people getting free ARV out of the 350 000 people who need them.

Rosette Mutamba, HEPS, gave an audit of Intellectual Property laws in Uganda. She indicated that the IP law reforms in Uganda are being carried out without wider consultation of all stakeholders' especially civil society. The bill is being treated as confidential and allegations are that it has trade concern overriding those of public interest. Civil society in Uganda has remained suspicious of the bill and the general consensus among them is that their concerns on the bill were not taken on board.

She reported that despite the problem with the bill, currently there has been no problem on importation of medicines under patent legislation.

Elisha Sibale reported that Tanzania is a member of East African Community (EAC) as well as SADC but is not a COMESA member. In terms of health the government provides free access to treatment for certain people such as old people as well as children under the age of five. Drugs for treatment of AIDS are available for free in the public sector but their availability is not necessarily guaranteed. Tanzania does not have manufacturing capacity in the pharmaceuticals sector and relies heavily on imports.

5. Health issues in the Economic Partnership Agreements (EPAs)

5.1 Issues and health advocacy concerns with the EPAs in east and southern Africa

Percy Makombe, SEATINI, gave a background to the EPAs negotiations. He outlined the EU-ACP relationship from the Cotonou Agreement to the EPA and how the EPA should be WTO compatible by complying with GATT article 24 which requires duties to be eliminated on substantially all trade. He however highlighted that the EPA does not need to include an agreement on services or trade related issues to ensure WTO compatibility.

He stated that the EPA is likely to have impact for health and other health determinants such as food security. It is however not easy to quantify the impacts because there has been no proper health impact assessments of the EPA. He therefore urged ESA countries to exercise caution in the EPA so as to safeguard their public health interests.

The EPA is likely to cause substantial losses in government revenue estimated at USD\$473 million. The loss in public sector revenue leads a cut in social services such as health and puts pressure on households to fund health.

He pointed out that ESA countries must not commit their service sectors beyond their GATS commitments and that governments must guard their space to regulate providers, manage health worker migration and other measures needed to ensure universal access to health care.

The presentation also outlined how the EPA is likely to impact on access to medicines in as far as it provides for the protection of intellectual property rights. He said that ESA countries should retain their right to utilize the flexibilities contained in the TRIPS agreement. The major concerns surrounding the EPA negotiations were stated as:

- failure of the negotiations to have a development focus
- the imbalance in the negotiations towards a focus in trade liberalization
- the lack of appreciation of the major adjustment challenge that African economies would face in implementing EPA

The European Commission is of the view that the EPA will bring about development in Africa through trade liberalization whilst ESA EPA negotiators believe that unless supply side constraints are addressed the EPA will not benefit the region.

5.2 Country experiences with the EPAs

Naome Chakanya, LEDRIZ, Zimbabwe updated the workshop on the processes being undertaken by the Alternatives to Neoliberalism in Southern Africa (ANSA) in conjunction with the labor movement in Southern Africa on EPAs. She shared the declarations from the two workshops held by ANSA on EPAs. The message of the two declarations basically demands fairness on the EU's part in the EPA negotiations and demands that the EU should not rush the ESA countries into signing the EPA by December 2007. Both declarations demand that all stakeholders take an active role in the EPA processes so as to ensure that their interests are taken on board.

6. Priorities for advocacy on trade and health

In a session facilitated by Thomas Deve, MWENGO and Rene Loewenson, TARSC, and using a market place approach participants identified the priorities for advocating for health within trade agreements. They also explored the major institutions that have interests in these areas and messages to advance the priorities.

Examining the issues raised by participants the major messages which came out of the process were collectively discussed and agreed on as outlined below:

1. All trade agreements should recognise the right to health including access to medicines
2. Countries should ensure that public health priorities and principles are clear and legally binding. Protect public health system
3. EPAs must protect public health- Our countries should not commit beyond their WTO obligations.
4. Countries should have clear coordinating mechanism on issues of trade and health that involve government, particularly health ministries, and civil society
5. Civil society needs to disseminate health and trade information in accessible ways to inform and engage people.

7. Policy analysis to support advocacy on trade and health

Dr Loewenson used a presentation on policy analysis to facilitate country working groups development of their proposals for follow up advocacy. She outlined that policy analysis focuses on understanding the context within which one is operating, the content of the message and the targeted actors.

On the context she pointed to structural issues such as the political and policy positions prevailing at the time; temporary situational influences, cultural values and social norms were also highlighted. Some of these factors are external to national systems. Contextual factors may be enabling or disabling. Delegates in their country groups identified the factors affecting their advocacy goals and assessed whether the contexts were sufficiently enabling to advance their goals, and how to address disabling settings.

In the content of the advocacy there also needed to be consideration of what would enable or disable achievement of the goals in the nature of the issue, how familiar people are with it, what supporting evidence is available, and whether the change proposed is complex to implement.

The actors need to be identified: who are the main initiators of change; who bears the costs and who are the main beneficiaries? Advocacy activities need to identify the spokespersons for and against the change proposed and engage them.

8. Country plans for advocacy on trade and health

As a way of guiding the preparation of country action plans the participants were then given time to work in groups around their plans, identifying

- 1. Goals of the advocacy plan
- 2. Principles and key messages of the plan
- 3. Platforms and processes where the goals will be achieved
- 4. Key Actors
 - i. the major targets who will produce the change
 - ii. the people targeted who influence them
 - iii. the people who implement the advocacy
- 5 Communication channels
- 6. A working project plan
- 7. Reporting
- 8. Budget

Using the above questions as guidelines the country teams came up with their action plans. The detailed action plans are attached as annexes and this report outlines the major goals and messages.

Workshop delegates



8.1 Country plan, Zimbabwe

Goal

- To mobilise people to ensure that the Public Health Act is enforced. Specifically in the first instance in relation to universal access to clean and safe water
- To raise awareness and profile that all trade agreements enshrine the right to health-including access to essential drugs

Key messages

- Universal access to clean and safe water for all!
- Health is life. Trade agreements must protect the right to health

Forums where the advocacy will be undertaken

- National NGO Expo due to take place on the 19th-22 of September, the space is open, and the co-ordinating mechanism group will organise a session on the right to access to clean and safe water and the right to health
- International Day against EPAs- 27 September
- International Day on the Eradication against Poverty- 17 October
- National consultations on the budget processes(pre budget meeting- CWGH-date to be advised)
- Regional CSO meeting on Trade- 27-29 September
- Zimbabwe Social Forum event-late September
- Southern African Social Forum- Maputo-October in liaison with the Municipal Services Project-South Africa
- Post Budget meeting- 1st week of December after the commemoration of the World Aids Day

Targets

- The main beneficiaries-primary target- people living and affected with HIV & AIDS, residents associations, Zimbabwe Doctors for Human Rights, Zimbabwe Medical Doctors Association
- Main spokesperson for change- eminent credible people, media, parliamentary portfolio committees, traditional leaders

8.2 Country plan, Kenya

Goals

- To ensure that all trade agreements enshrine the right to health [Bill of Rights, EPAs, WTO Agreements, IGWG, Draft BioSafety Bill, IP Act, Minimum Constitution Reforms]
- To identify whether public health policies and principles are clear and legally binding
- To strengthen and enhance mechanisms for civil society participation in health and trade discussions
- To raise public awareness by disseminating health and trade information in accessible ways

Key message: Protecting health, promotes wealth

Forums / processes where the advocacy will be undertaken

- Policy: Bill of Rights, EPAs, WTO Agreements, IGWG, Draft BioSafety Bill, IP Act, Minimum Constitution Reforms
- Forums: Regional Negotiating Forums, KEPLOTRADE forums, BioSafety Forums, Civil Society Forums

Targets

Ministers, Negotiators, Trade/Health Officials, PS, MPs, Media, Constituents CWF, GSI, HAI-Africa, & Our Network. They will reach their targets through various channels of communication such as policy briefs, meetings, conference, networking

lunch, workshop, feature article in the newspaper, email alerts, press release, website, promotional literature, national seminars/meetings.

8.3 Country plan, Tanzania

Goals

- To ensure that Tanzania public health laws enshrine clear, legally binding and enforceable public health principles
- To raise awareness and profile of the need for trade agreements Tanzania enters into to respect public health principles

Targets

- Ministries of health and trade as well as the parliamentary portfolios on health and trade. Director of the department of preventive medicine
- Chairpersons of the parliamentary portfolio on health and trade
- Civil society organisations working on health issues

8.4 Country plan, Uganda

Goal

- To ensure that the protection of public health is a priority and is enshrined in the EPA.

Key message

- Health is a fundamental human right enshrined both in international and national legal frameworks.
- Health is key to development and poverty and alleviation

Platforms and processes where goals will be achieved

- MTTI-EPA desk and committee meetings preparing Uganda's position on EPA (requests and Offers)
- Civil society meetings to influence Uganda's position in the ongoing negotiations, including regional level civil society meetings.
- At the trade negotiations conferences
- Inter ministerial conferences of health ministers.
- Lobbying the Minister of Health and Director General of Health Services.
- 27th September 2007 (international day against EPAs)

Key targets.

- Permanent secretary MTTI
- EPA desk
- Inter-Institutional Trade Committee
- Minister of Health
- Director of Medical Services
- Uganda Debt Network
- Action Aid Uganda
- Health CSO (OXFAM, UNASO, TASO, AIC, e.t.c)
- Medical Association.
- Uganda Pharmaceutical Society
- Makerere Medical School
- Institute of public health
- Uganda Law Society
- Media

8.5 Regional process

All country teams will send periodic progressive report to the SEATINI secretariat and EQUINET secretariat (TARSC). SEATINI will allocate resources for additional resource needs for implementation of plans.

The proposed timeline for action plans was agreed as

- Revised plan to SEATINI and EQUINET secretariat - September 7
- Feedback and draft grant, SEATINI - September 12
- Final grants, SEATINI - September 19
- First tranche disbursed and received, (SEATINI) - September 30
- Activities by countries - Sep-November
- Country interim report and sent to SEATINI and EQUINET by country teams -November 15
- Feedback on country report SEATINI/ TARSC -November 30
- Second tranche disbursed (50%)-SEATINI -November 30
- Final activities -December-January
- Final reports- countries -February 10

SEATINI will provide regional communication support and link with regional forums and EQUINET secretariat will set up a trade and health mailing list for the delegates.

EQUINET will also support complementary work on making public health laws and principles clearer for trade advocacy as well as for wider health advocacy.

Some other dates and events noted were

- EPAS Regional negotiating Forum Harare Zimbabwe November 2007 (SEATINI/ ECHONEWS attending)
- SADC Parliamentary Forum Gaborone Botswana 1st week of October 2007 (MWENGO, SEAPACOH/EQUINET, ANSA)
- International Day against EPAS 27 September ALL
- Social forum (Open Call, mid October)
- East and Central Africa Health Ministers, Feb/March 2008
- Intergovernmental working group on health Geneva November (HAI attending)

9. Concluding session

In closing the organizers thanked the participants and the trainers for their work and input in the workshop. Elisha Sibale of Tanzania gave closing remarks, thanking the participants and hoping that they had enjoyed Tanzanian hospitality. He wished all the participants safe journeys back home and success in all their future endeavors.

The main message emerging from the workshop is that the right to health should be respected in all trade agreements, the protection of public health explicitly enshrined in ALL agreements, and that governments should consider the welfare of their people before making commitments in trade agreements

ANNEX 2: DELEGATE LIST
SEATINI, TARSC, EQUINET
Regional Workshop and advocacy on trade and health, Aug31- 1 Sep 2007

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Apologies: D Kasongi, ACORD Tanzania; G Mwaluko TANESA Tanzania

ANNEX 1: Workshop Programme
SEATINI, TARSC, EQUINET
Regional Workshop and advocacy on trade and health, Aug 31- 1 Sep 07

DAY TWO–SATURDAY SEPTEMBER 1 2007

TIME	SESSION CONTENT	SESSION PROCESS	ROLE
830-9am	Administration and registration	Registration. Delegate materials.	P Makombe, Aulline Mabika, SEATINI
9-10am	Opening remarks	Welcome Introduction to objectives and process of the workshop and the post workshop programme Intro on SEATINI Delegate introduction and brief few minutes intro to own work on trade and health	P Makombe SEATINI G Mwaluko, EQUINET Delegates
10-1030	TEA/COFFEE		
1030-1130	Introduction to EQUINET And to trade and health issues	Overview of EQUINET, perspectives and programme of work Introduction to trade and health in ESA (30 min) Discussion (10 min) Policy debates on trade and health in Kenya:(10 min) Discussion (10 min)	Rene Loewenson TARSC C Walyaro, CWF, Kenya
1130-1230	Overview of WTO and trade agreements affecting health	Outline of WTO and processes, spectrum of trade agreements and outline of the key agreements impacting on health (30 min) Discussion (10 min) Current efforts to address health issues in trade (10 min) Discussion (10 min)	Aulline Mabika SEATINI Mulumba Moses, LDC Uganda
12.30pm	LUNCH		
2.00-3.30	Trade agreements continued- a focus on TRIPS	Presentation of TRIPS issues, and current concerns, policy issues and advocacy in the ESA region (30 min) Discussion of country experiences – each country to report on its issues in TRIPS, 10 min per speaker Zimbabwe: Tanzania: Kenya: Uganda: Discussion (15 min)	Aulline Mabika SEATINI I Rusike CWGH D Kasongi Acord E Mpapale GSI R Mutambi HEPS
3.30-3.45	TEA/COFFEE		
3.45-4.45	The EPAs: issues for ESA countries	Outline of issues in the EPAs, current status of the EPA negotiations and issues for country advocacy (30 min) Discussion of country experiences – Zimbabwe (10 min) Discussion on issues raised (20 min)	Percy Makombe SEATINI N Chauke, LEDRIZ
4.45-5.30	Brainstorming advocacy goals	Brainstorming on advocacy issues and goals arising from the day	Thomas Deve
Evening	Country discussions	Country discussions on advocacy plans: <i>Review advocacy target lists brought and discuss messages, “messengers” and info for each target re goals</i>	Delegates

DAY TWO–SATURDAY SEPTEMBER 1 2007

TIME	SESSION CONTENT	SESSION PROCESS	ROLE
800-900am	Country discussions	Country discussions on advocacy plans (discussion guide to be provided)	Delegates
900-1015am	Policy analysis matrix for countries on trade – health goals	Participatory work with delegates on policy processes, actors, content for trade -health goals	Facilitator: R Loewenson Delegates
1015-1045	TEA/COFFEE		
1045-1215	Advocacy plans and mapping- country work	Each country in a group with a facilitator to finalise country plans covering goals, targets, content and messages, evidence, processes, actors and resources	Delegates; All resource people- one per country group
12.15pm	LUNCH		
2.00-330pm	Plenary feedback from country work and discussion on	Report and discussion of country plans Each country to identify its spokesperson. 10 minute presentation 10 minute discussion Zimbabwe Tanzania Kenya: Uganda	Facilitator: P Makombe Delegates
3.30-3.45	TEA/COFFEE		
3.45-4.30	Follow up	Summary of logistics, reporting, way forward	P Makombe
4.30-5.15	Links to wider areas of advocacy on reclaiming the resources for health and closing	Opportunities for links between trade –health work and wider research, advocacy and training on reclaiming the resources for health in EQUINET Closing	R Loewenson G Mwaluko, EQUINET SC

ANNEX 3: Country Action plans

UGANDA Action Plan

1. Goals of the advocacy plan

In one sentence each the specific things we want to achieve within the next 6 months (noting the need for progress within 3 months)

Uganda should ensure that the protection of public health is a priority and is enshrined in the EPA.

2. Principles and key messages of the plan

Your key messages. These should be aligned with the goals of the plan.

- Health is a fundamental human right enshrined both in international and national legal frameworks.
- Health is key to development and poverty and alleviation.

3. Platforms and processes where the goals will be achieved

The key policy processes and forums where the change will take place. These should be aligned with the goal of the plan.

- MTTI-EPA desk and committee meetings preparing Uganda's position on EPA (requests and Offers)
- Civil society meetings to influence Uganda's position in the ongoing negotiations, including regional level civil society meetings.
- At the trade negotiations conferences
- Inter ministerial conferences of health ministers.
- Lobbying the Minister of Health and Director General of Health Services.
- 27th September 2007 (international day against EPAs)

3. Key Actors

Who are you targeting – a detailed description of the

- i. the major targets who will produce the change (eg ministers, negotiators)
- ii. the people you are also targeting who influence them (eg officials, media)
- iii. the people who implement the advocacy

What are your priorities and why? Add contacts already made.

Key targets.

- Permanent secretary MTTI
- EPA desk
- Inter-Institutional Trade Committee
- Minister of Health
- Director of Medical Services

Pressure Makers

- Uganda Debt Network
- Action Aid Uganda
- Health CSO (OXFAM, UNASO, TASO, AIC, e.t.c)
- Medical Association.
- Uganda Pharmaceutical Society
- Makerere Medical School
- Institute of public health
- Uganda Law Society
- Media

4 Reaching key actors	Preferred/appropriate channel of communication
How are you going to communicate, what is the most appropriate channel – a policy brief, a meeting, conference, networking lunch, workshop, feature article in the newspaper, email alerts, press release, website, promotional literature, national seminars/meetings etc?	
You will probably have several channels that are appropriate	
- EPA desk	Meetings
- Inter-Institutional Trade Committee	e-mail alerts, workshop, networking, policy brief
- Parmanent sectary MTTI	Meetings, policy briefs
- Minister of Health	Meetings, policy briefs
- Director of Health Services	e-mail
- Uganda Debt Network - Action Aid Uganda - Health CSO (OXFAM, UNASO, TASO, AIC, e.t.c) - Medical Association. - SEATINI - Uganda Pharmaceutical Society - Uganda Law Society	Meetings, e-mails, promotional literature
- Media	<u>Meetings, e-mails, feature article on health and trade</u>

5. Achieving your objectives – working project plan			
Drawing from the above, provide details of all the relevant advocacy actions developed into a working plan with deadlines and responsibilities. Include how you will know that the activity is succeeding. Remember to include key milestones and review dates, think carefully about cost? Fill he table below:			
Communications plans are living documents and will need regular reviewing and updating.			
Activity	Resources	Deadline/timeframe/ Who is responsible	Success criteria
Fact finding visits to target institutions to establish progress on preparation for EPA	- Human resources-2 people - Transport	15 th September 2007	brief report on status of preparation process
Review policy, legislation and write policy briefs on health protection in EPAs	Ugandan Team, literature on EPAs and health	15 th October 2007	Report produced
Lobby and advocacy with the target groups	Ugandan Team	Oct-December 2007	Media reporting on EPAs and health, government and civil society interest on EPAs and health

Coordination (national and regional) with related actors. e.g. SEATINI	e-mail, telephony, stationary, transport and human resources (HEPS-coordinating institution)	September –December 2007	Report on progress
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6. Reporting

Outline the reports that you are producing

- for the work
 - on the work (for national and regional information)
- and when in your time plan you will produce them .

Inception report on status of preparation process

Report on literature review on health protection under the EPAs in Uganda

Report on progress and review

Final report on all activities

Kenya Action Plan

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1. Goals of the advocacy plan

In one sentence each the specific things we want to achieve within the next 6 months (noting the need for progress within 3 months)

- All trade agreements recognise and protect the right to health [Bill of Rights, EPAs, WTO Agreements, IGWG, Draft BioSafety Bill, IP Act, Minimum Constitution Reforms]
- Ensure public health policies and principles are clear and legally binding
- Strengthen and enhance mechanisms for civil society participation in health and trade
- Inform and engage the public by disseminating health and trade information in accessible ways

2. Principles and key messages of the plan

Your key messages. These should be aligned with the goals of the plan.

Protecting Health, Promotes Wealth

3. Platforms and processes where the goals will be achieved

The key policy processes and forums where the change will take place. These should be aligned with the goal of the plan.

Policy: Bill of Rights, EPAs, WTO Agreements, IGWG, Draft BioSafety Bill, IP Act, Minimum Constitution Reforms

Forums: Regional Negotiating Forums, KEPLOTRADE forums, BioSafety Forums, Civil Society Forums

3. Key Actors

Who are you targeting – a detailed description of the

- iv. the major targets who will produce the change (eg ministers, negotiators)
- v. the people you are also targeting who influence them (eg officials, media)
- vi. the people who implement the advocacy

What are your priorities and why? Add contacts already made.

*Ministers, Negotiators
 *Trade/Health Officials, PS, MPs, Media, Constituents
 *CWF, GSI, HAI-Africa, & Our Networks

*Refer to goals
 *In progress

4 Reaching key actors	Preferred/appropriate channel of communication
How are you going to communicate, what is the most appropriate channel – a policy brief, a meeting, conference, networking lunch, workshop, feature article in the newspaper, email alerts, press release, website, promotional literature, national seminars/meetings etc?	
You will probably have several channels that are appropriate	
All	– a policy brief, a meeting, conference, networking lunch, workshop, feature article in the newspaper, email alerts, press release, website, promotional literature, national seminars/meetings etc?

5. Achieving your objectives – working project plan

Drawing from the above, provide details of all the relevant advocacy actions developed into a working plan with deadlines and responsibilities.

Include how you will know that the activity is succeeding.

Remember to include key milestones and review dates, think carefully about cost? Fill the table below:

Communications plans are living documents and will need regular reviewing and updating.

Activity	Resources	Deadline/timeframe/ Who is responsible	Success criteria
Attending Civil Society ESA – Naivasha	Docs. EPA/ESA	6-10 th Aug	
Attending Monthly KEPLOTRADE meeting	Docs	Monthly	
Attending Weekly BioSafety meetings	Draft Biosafety Bill, EMCA, Cartagena Protocol	Weekly/Biweekly	
Prepare Position Papers on Health and Trade in Kenya	2 laptops	Monthly	
Create linkages	Alliances &	Continuous	

between existing civil society networks on health and trade	Networks		
Prepare and disseminate fact Sheets on health and trade	Equinet/ Seatini Briefs to domesticate	<u>Monthly</u>	

6. Reporting

Outline the reports that you are producing

- for the work
- on the work (for national and regional information) and when in your time plan you will produce them .

We will report on meetings, progress

Zimbabwe action plan

LEADING ORGANIZATION- CWGH- Community Working Group On Health
CONTACT PERSON - itai@cwgh.co.zw

Goals of advocacy plan	Key message	Platforms and processes	Key actors	Reaching key actors
1. To advocate for universal access to clean and safe water , by mobilising people in ensuring that the Public Health Act is enforced	Universal access to clean and safe water for all	i)National NGO Expo due to take place on the 19th-22th of September, the space is open, and the co-ordinating mechanism group will organise a session on the right to access to clean and safe water and the right to health ii)International Day against EPAs- 27 September iii)International Day on the Eradication against Poverty- 17 October iv)National consultations on the budget processes(pre budget meeting- CWGH-date to be advised) v)Regional CSO meeting on Trade- 27-29 September vi)Zimbabwe Social Forum event-late September vii)Southern African Social Forum- Maputo-October in liaison with the Municipal Services Project-South Africa viii)Post Budget meeting- December 2007	i)Target groups- line ministries, chairpersons of portfolio committees, traditional leaders(chiefs) ii), residents associations, Directors of Municipal Health Depts Policy Directors Min of water, Min of Health and the Min of Local Gov iii)Main spokesperson for change-eminent people who can be listened to by people-media,	i) disseminating policy briefs on access to safe and clean water to policy makers

2. All trade agreements recognise the right to health-including access to essential drugs	trade agreements must protect the right to health	i)National NGO Expo due to take place on the 19th-22th of September, the space is open, and the co-ordinating mechanism group will organise a session on the right to access to clean and safe water and the right to health ii)International Day against EPAs- 27 September iii)International Day on the Eradication against Poverty- 17 October iv)National consultations on the budget processes(pre budget meeting- CWGH-date to be advised) v)Regional CSO meeting on Trade- 27-29 September vi)Zimbabwe Social Forum event-late September vii)Southern African Social Forum- Maputo-October in liaison with the Municipal Services Project-South Africa viii)Post Budget meeting- December 2007	i)Target groups-line ministries, chairpersons of portfolio committees, traditional leaders(chiefs) ii)Trade negotiators, Trade Strategy group iii)Main spokesperson for change-eminent people who can be listened to by people-media	i)disseminating policy briefs on the right to health and trade
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Channel of communication for both areas:
i) consultative meetings ii) organising workshops

Working Project Plan			
Activity	Resources	Deadline/timeframe/Who is responsible	Success criteria
Planning meeting of the coordinating committee and then a broader meeting involving other key players	CWGH/LEDRIZ/AAIZ/CHRA/SEATINI/TARSC, i)Brief National policy position on ii)water and health Facts on lack of access to water	13 Sep CWGH will co-ordinate	Policy briefs circulated to targeted media houses / health / parliamentary and trade reporters
Meetings with all the identified key players in health and trade issues including showcasing at different platforms e.g. NGO EXPO	Policy Briefs from EQUINET , SEATINI, TARSC, LEDRIZ Financial support / stationery, refreshments, venue and resource persons, communications – phones ,fax	As from the 13 th Sep this will be coordinated by the Coordinating Committee	Reports produced and sent to SEATINI and EQUINET

6. Reporting

Outline the reports that you are producing

- for the work
- on the work (for national and regional information)

And when in your time plan you will produce them.

- i) Planning meeting report 13 September
- ii) Stakeholder meeting report end September
- iii) policy briefs circulation – monthly
- iv) NGO Expo report
- v) follow up meeting- after participation at the National NGO Expo
- vi) regional meeting Southern Africa Social Forum, Maputo
- vii) Report on the research on best practice on access to water in Bulawayo and Harare

Tanzania Action Plan

1. Goals of the advocacy plan

In one sentence each the specific things we want to achieve within the next 6 months (noting the need for progress within 3 months)

To ensure that Tanzania public health laws enshrine clear, legally binding and enforceable public health principles.
Trade laws respect public health principles.

2. Principles and key messages of the plan

Your key messages. These should be aligned with the goals of the plan.

Public health principles respected in all health laws!
No to trade that do not respect public health.

3. Platforms and processes where the goals will be achieved

The key policy processes and forums where the change will take place. These should be aligned with the goal of the plan.

Ministry of health particularly the department of preventive medicine
Parliamentary portfolio on health
Parliamentary portfolio on trade
Parliament

3. Key Actors

Who are you targeting – a detailed description of the

- vii. the major targets who will produce the change (eg ministers, negotiators)
- viii. the people you are also targeting who influence them (eg officials, media)
- ix. the people who implement the advocacy

What are your priorities and why? Add contacts already made.

Health Minister (major target)
Director of the department of preventive medicine
Chairpersons of the parliamentary portfolio on health and trade
Civil society organisations working on health issues
Parliamentarians will be prioritised because they are the main spokespersons for change.
Contact with the junior minister of health.
Contact with parliament.

4 Reaching key actors	Preferred/appropriate channel of communication
How are you going to communicate, what is the most appropriate channel – a policy brief, a meeting, conference, networking lunch, workshop, feature article in the newspaper, email alerts, press release, website, promotional literature, national seminars/meetings etc? You will probably have several channels that are appropriate	
Meetings	
Half day seminar/workshop	

5. Achieving your objectives – working project plan			
Drawing from the above, provide details of all the relevant advocacy actions developed into a working plan with deadlines and responsibilities. Include how you will know that the activity is succeeding. Remember to include key milestones and review dates, think carefully about cost? Fill the table below: Communications plans are living documents and will need regular reviewing and updating.			
Activity	Resources	Deadline/timeframe/ Who is responsible	Success criteria
Carry out an audit of Tanzania's health legislation.	Purchase legislation Legal consultant Peer reviewed in the region as well as locally	Allow for this process to happen therefore allow for more time.	A paper outlining the weaknesses and strengths of Tanzanian health laws with regards to public health issues
Meeting with the Director of Preventive Medicine to present findings of the audit.		Last week of September-need appointment.	Director agrees to the proposals
Meeting with the chairpersons of the parliamentary committees of health and trade		First week of October-need appointment	Chairpersons agrees to the proposals.
Half day seminar for 15 people to trade and public health issues. Focusing on Tanzania public health laws as well as the effect of EPAS on public health.	Resource person on EPAS and public health. Seminar facility, stationery, refreshments and daily subsistence allowance.	Good Samaritan Social Service Tanzania will co-ordinate with input from other CSOs working on trade and health in Tanzania still to be identified. This will be done second week of October 2007.	Participants are able to articulate health and trade issues in their forums Initiation of health law reform in Tanzania.

6. Reporting
Outline the reports that you are producing and when in your time plan you will produce them .
Will submit monthly progress reports to EQUINET/SEATINI A report on the work to be produced by 15 December outlining the work carried out, the successes, challenges and outcomes for regional information.