



Public Forum on Trade and Health in the Pacific PACER-Plus: Should we be concerned?

Final Report

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Public Forum on Trade and Health in the Pacific: PACER-Plus: Should we be concerned?

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Public Forum on Trade and Health in the Pacific PACER Plus: Should we be concerned?

Introduction:

At the 2009 Pacific Island Forum Leaders' Meeting, held in Cairns, it was announced that Australia and New Zealand would begin negotiations for a new trade agreement with 14 Pacific island countries¹. This trade agreement, to be called PACER-Plus, would replace existing trade arrangements in the region.

It is well established that trade relations (and trade agreements) affect health, and not always positively:

*The fact that trade directly and indirectly affects the health of the global population with an unrivalled reach and depth undoubtedly makes it a key health issue that the global-health community can no longer ignore.*²

PACER-Plus has the potential to enhance, or degrade, health and access to health services in the Pacific island countries. The current negotiations provide the opportunity to get it right, to promote economic development in the Pacific, to progress Health for All, and make progress towards realising the Millennium Development Goals (MDGs). However, there are also a range of ways a new trade agreement could undermine health in the region – for example by reducing government revenue available for health spending, by raising prices for patented medicines, or by encouraging the privatisation of health services.

In early 2010, the People's Health Movement (Australia) in association with the Public Health Association of Australia and the Institute for Human Security at La Trobe University convened a Public Forum on Trade and Health in the Pacific³. This forum, bringing together a range of public health experts, trade analysts, and Pacific commentators, posed the question **PACER-Plus: Should we be concerned?**

This report is an overview of that Public Forum (held in Melbourne on April 13-14, 2010), including key presentations, suggestions for further activities, contact details of Forum participants and suggestions for further readings.

¹ Parties to PACER-Plus negotiations include Australia, Cook Islands, Federated States of Micronesia, Kiribati, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Republic of the Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Fiji is currently excluded from PACER-Plus discussions, but may be included in the future.

² Horton, R. Macdonald, R. 2009. 'Trade and Health: Time for the Health Sector to get involved.' *The Lancet*, Vol. 373, Issue 9660, Pages 273-274, January 24, 2009.

³ Funding support was provided by the Victorian Branch of PHAA, and the International Health, Political Economy of Health and Primary Health Care Special Interest Groups of PHAA and by the La Trobe Institute for Human Security.

Summary of Day One: Health Implications of PACER-Plus

Yes, we should be concerned:

Overwhelmingly, those who attended the Public Forum⁴, decided that public health professionals, and anyone interested in public health in the Pacific island countries, should be concerned about the potential implications of PACER-Plus.

If a new regional trade agreement is designed as a reciprocal (or WTO compatible) free trade agreement (FTA), there are a number of ways in which such an agreement could adversely affect the realisation of health in the Pacific. Key areas of concern include:

- Potentially reduced public expenditure on health care associated with falls in government revenue arising from tariff reductions;
- Increased exposure of Pacific island populations to cheap junk food with reduced policy space for national governments to regulate for health; this has particular implications for the prevalence of obesity and diabetes (and associated morbidity and health care costs);
- Increased exposure to alcohol and tobacco and reduced policy space for national governments to promote population health measures;
- Two-tiered health care delivery if GATS⁵ type provisions are introduced (protecting foreign private investment in privatised health service delivery and health insurance, while reducing options for developing public healthcare or cross-subsidising the extension of health services to rural areas and the urban poor);
- Increased costs of medicines associated with the introduction of WTO standard intellectual property rules (or possibly more restrictive 'TRIPS Plus' provisions), with potential implications for the treatment and control of AIDS/HIV;
- Long term professional 'brain drain', with loss of return on higher education investment for health-care professionals and nurses, and local shortages;
- Implications for employment and economic development; the loss in government revenues could impact on all service sectors that rely on government funding (including; health care; education; transport etc) with predictable employment and service quality outcomes; it is not clear that increased private sector activity would compensate in terms of employment and economic activity;
- Implications for gender roles and gender inequality; neglect of the gender dimension in negotiations to date suggest a range of disproportionate consequences for women and children

⁴ A list of Forum participants is available. See attached as Appendix 1: Registered Forum Participants.

⁵ GATS is the General Agreement on Trade in Services, a World Trade Organization treaty designed to remove trade barriers.

Participants agreed that promoting sustainable 'social development' should be a key goal for PACER-Plus, and that it is not self-evident that the liberalisation of markets would necessarily promote the realisation of social development in the Pacific island countries. Participants felt that PACER-Plus should not be negotiated as a reciprocal free trade agreement, and that the negotiation of a new agreement must take into account the unique and inherent circumstances of the Pacific island countries.

In particular, participants felt that the PACER-Plus negotiations must not result in an agreement that impedes the ability of governments in the Pacific to fulfil their obligations to respect, protect and fulfil the universal human right to the highest attainable standard of health.

Key presentations:

Trade agreements can cover a wide range of areas, including trade-in-goods, trade-in-services (including the movement of people – such as nurses – to provide services), investment rules, intellectual property rules, competition policy, government procurement, quarantine, labelling and safety standards etc.

In acknowledgement of the wide-ranging and varied impacts of trade agreements, this Forum on Trade and Health in the Pacific encompassed a wide range of expertise, and presenters each focussed on a different aspect of public health, and explored the potential implications of PACER-Plus.

Below is a brief account of each of the presentations, provided by the presenters.



Trade and Health: International issues

Associate Professor David Legge, School of Public Health, La Trobe University

“Trade can promote health where increased commercial activity contributes to sustainable social development and the benefits and costs are fairly shared. However, trade can also damage health, most notoriously in the case of opium, tobacco and mutton flaps. Where trade liberalisation leads to increased competition unemployment can result from a flood of cheaper manufactured goods and farmers' livelihoods can be damaged by the dumping of cheap agricultural goods on local markets. Trade agreements which allow easy patenting but strong intellectual property (IP) protection can restrict access to medicines and increase prices. Trade agreements which create investor friendly investment and expropriation rules can restrict national policy space including in promoting and protecting health.

Since the establishment of the WTO in 1995 considerable experience has been gained in relation to the impact of trade agreements on health. The impact of the Agreement on Agriculture on small farmers' livelihoods through sanctioned dumping and protection has been well documented. There has been much comment on the implications of the GATS Agreement (General Agreement on Trade in Services) in promoting stratified health care with foreign control of health insurance and hospitals. Perhaps most focus has been on the Agreement on Trade Related Intellectual Property Rights (TRIPS) and the tension between the objectives of innovation and access. There have been several revealing controversies over the TRIPS agreement as a barrier to access involving South Africa, Brazil, India and Thailand among others. The Report of the WHO Commission on IP, Innovation and Public Health (2003) and the subsequent Global Strategy and Plan of Action provides some guidance with respect to the reconciliation of IP protection and access.

Beyond the multilateral WTO agreements are the slew of bilateral and regional trade agreements, many of which are much more restrictive of 'policy space' (the range of policy choices available to national governments) than are the WTO agreements. The impact of the North American Free Trade Agreement on Mexico provides a warning to other low and middle income countries about the potential downsides of 'WTO-plus' agreements.

The Pacific island countries are closely affected by the changing shape of the European relationship to the ACP countries (the ex colonies of Africa, the Caribbean and the Pacific). When the European Common Market was established the preferential arrangements established by Britain, France and Belgium with their ex-colonies were formalised in the first (and subsequent) Lomé Agreement(s). However, after the WTO was established these arrangements were challenged-successfully - by the USA - on the grounds that they were not 'WTO compliant'. After some negotiation, formalised in the Cotonou Agreement, the European Union (EU) and the ACP countries were given until December 2007 to negotiate a series of regional trade agreements which would extend preferential access to the European market for all 'least developed countries (LDCs)' (for 'everything but arms') and also set up new Economic Partnership Agreements (EPAs) for the other ACP countries.

Once the Pacific Island countries commenced negotiations with the EU towards the new EPAs, Australia and New Zealand actioned the 'trigger' for a new regional trade agreement which had been included in the original PACER Agreement; hence the move to negotiating the new PACER Plus Agreement.

Resolution 59.26 of the WHO (2006) on Trade and Health is a key reference for health officials in approaching the health implications of trade agreements. This resolution argues for policy coherence

between the trade and health portfolios and recommends inter-sectoral dialogue, involving civil society and private enterprise, to seek to reconcile health and trade considerations. The WHO is committed to assisting in this kind of dialogue.

Clearly trade agreements can damage population health and health care. Clearly there are grounds for concern regarding the proposed PACER Plus Agreement. The WHO resolution provides a useful framework for working through these concerns.”

PACER-Plus: Towards development or free trade?

Mr Wesley Morgan, Masters by Research, Melbourne University



“During the post-independence period, Pacific island economies benefitted from trade and development pacts with European nations and Australia and New Zealand. Agreements provided preferential market access for Pacific exports such as sugar and textiles from Fiji, tuna from Papua New Guinea and car parts from Samoa. By the late 1990s however, a universal ‘rules based’ trading system had grown in importance through the development of the World Trade Organisation (WTO) and ‘free trade’ had become a byword for progress. In this context, trade rules for the Pacific islands were deemed outdated.

Largely to placate pressure from donor agencies, and to indicate a willingness to embrace ‘free trade’, the Pacific island countries (PICs) negotiated an intra-regional Pacific Island Countries Trade Agreement (PICTA) and are continuing to negotiate an ‘Economic Partnership Agreement’ (EPA) with the EU. Australia, not wanting to be left out of new trading regimes in the region, pushed for the Pacific Agreement on Closer Economic Relations (PACER) – a defensive pact that guarantees discussions for a new trade agreement if the Island countries negotiate new trade deals with any other developed countries (including the EU). In recent years, the Australian government has been aggressive about pursuing new trade talks, and successfully secured the launch of *PACER-Plus* negotiations when it hosted the Pacific Islands Forum Leaders’ Meeting in Cairns, in August 2009.

Advocates argue that PACER-Plus will lead to welfare gains in the PICs through price reductions for consumers and producers that rely on imports, and improved service delivery through competition. However, if PACER Plus is designed as a reciprocal free trade agreement, it could lead to massive revenue losses, business closures and job losses, and a reduced ability to regulate to ensure access to essential services (health, education, electricity).

Whether or not a new agreement will have development outcomes depends on the willingness of parties involved to think 'outside the box' and much depends on the negotiating process itself. Civil society groups, faith-based organisations and trade unions all have a role to play in ensuring that development is placed at the heart of PACER-Plus discussions."



Nutrition and trade in the Pacific island countries

Ms Anne-Marie Thow, PhD Candidate, Menzies Centre for Health Policy

"Pacific Island countries are currently experiencing a devastating epidemic of chronic diseases such as diabetes and heart disease. While the traditional diet of Pacific Islanders was very healthy, changes in the food supply associated with integration into the global economy have resulted in increased availability and decreased price of foods high in salt, fat and sugar, such as low quality meats and processed foods. This historical effect of trade on diets can help to inform an advocacy response to the current PACER-Plus negotiations.

Within the Pacific, consumption of convenient imported foods has risen with urbanisation and the shift to the cash economy, cash cropping and export promotion have changed agricultural production and decreased the production of traditional food crops, new technologies for food production and processing have increased availability of processed foods, and food aid and colonisation have influenced the food culture towards a more western diet. Globally, food prices have fallen with global export promotion and cash cropping, and there has been external pressure on Pacific Island countries to open markets, including from influential donor countries. The resultant nutritional situation is one with ongoing importation of low quality and unhealthy foods, agricultural under-investment in production for domestic consumption and ongoing pressure for further liberalisation.

Opportunities to mitigate the negative effects of trade liberalisation on diet, which are likely to be exacerbated by the implementation of a free trade agreement with Australia and New Zealand, include: parallel agricultural and technological investment for traditional foods, both domestically and by donor agencies; building national capacity and political will for policy change to maintain Pacific Island countries' policy space for public health intervention; encouraging nutritional and health input into trade negotiations; and allowing capacity for higher tariffs on unhealthy foods and subsidies for healthy food production in trade agreements."

Tobacco and Alcohol: Links with trade, and the implications of PACER-Plus

Mr Jonathan Liberman, Senior Adviser, International Legal Policy, the Cancer Council Victoria and Senior Legal Policy Adviser, International Union Against Cancer.



“Liberalisation of trade in tobacco products can have harmful consequences. In 2003, the World Health Assembly unanimously adopted the WHO Framework Convention on Tobacco Control – WHO’s first treaty. The FCTC has been in force since 27 February 2005 and currently has 168 Parties, including Australia, New Zealand and all of the Pacific Island countries. The Foreword to the FCTC notes that it was developed ‘in response to the globalization of the tobacco epidemic’, the spread of which is ‘facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment’.

It is important that the possible – including unintended – impacts of trade agreements such as the proposed PACER Plus on tobacco-related harm be considered. The fact that we now have an FCTC, to which all of the proposed Parties to a PACER Plus agreement are Parties, provides a sound political basis on which to raise any possible concerns, and to seek to ensure that PACER Plus does not lead to any increase in tobacco-related harm.”



Intellectual property rights, farmers’ rights and the right to food in the Pacific islands (TRIPS type provisions)

Dr Jagjit Plahe, Lecturer, Monash University

“The TRIPS agreement of the WTO was framed with the intention of harmonising intellectual property (IP) rules globally by establishing minimum standards of protection. Article 27.3(b) of the TRIPs agreement excludes plants, animals and biological processes for producing plants and animals from patentability but considers micro-organisms (such as genes and cells) and non biological processes (for producing plants and animals) to be patentable matter.

Patentability of life forms is alien to indigenous cultures and the idea that a form of life can be monopolised for commercial benefit goes against the value system of communities in the Pacific Island nations. It also has profound implications for biodiversity, food security and

farmers' rights. Article 27.3(b) has been under review since 1999. However, given the lack of commitment by developed countries to review the patentability of life forms, little progress has been made in the WTO in terms of revising the provisions of the article especially in the name of food security, or farmers' rights in the Global South.

Instead there has been a successful push to introduce TRIPS-Plus binding rules on patenting of life forms which include plants, plant varieties, animals and even human genetic material through free trade agreements (FTAs) like PACER-Plus. PACER-plus could potentially impose upon the Pacific islands a legal system which legitimises bio-piracy and severely compromises the right to food."

Implications of foreign investment in health care (GATS type provisions)

Professor Jane Kelsey, Law Department, University of Auckland



"The underlying tension in relation to services is between a holistic and culturally appropriate approach to health policy and services that is designed to meet the needs of people and communities, and the objective of trade agreements to facilitate the operation of a health market by minimising obstacles to international players and expanding governments' foreign exchange earnings. That tension is reflected in the opaque way that health appears in the technical rules, often split among many different subsectors that comprise the health industry supply chain, from water to health education to health insurance to professions and hospitals.

These agreements aim to tie the regulatory and policy options of present and future governments of the Pacific Islands to a globalised neoliberal model, which would have devastating public health consequences for the people in the Pacific. It is essential for public health activists to understand how their world intersects with the trade agenda if they are to intervene effectively during the PACER Plus negotiations."



Labour mobility: Development or brain drain?

Nick Blake, Senior Federal Industrial Officer, Australian Nursing Federation

"PACER Plus will establish new rules for trade in goods and services throughout the Pacific and may have widespread and significant effects on the provision and standard of health care.

While traditionally health services have been viewed as an essential service and a public good PACER Plus will require Pacific island countries to open up their health sectors to foreign competition and to provide foreign firms with the same access and treatment as domestic firms, including government.

Will foreign health care investment meet the need of people who live in outlying rural areas or outer islands? Will foreign firms offer health promotion and disease prevention services, critical issues in our region?

Many countries see PACER Plus as a new and improved opportunity to access labour markets in Australia and New Zealand. Australia is currently scanning the globe for nurses and it is estimated that in 2006 nearly 3500 Pacific island born nurses and midwives were working in Australia.

While most organisations with an interest in the provision of health services have generally supported the movement of health workers recognizing that health care has a strong tradition of international collaboration, with nurses and others moving around the globe to gain further training and different clinical experiences. There is merit in international exchange and diversity, as well as the economic benefit of remittances and transfers in technologies. However there is a clear danger that unrestricted movement of nursing labour will severely weaken the, already fragile health systems, in many Pacific island countries.”



Economic Development and Health

Mr Nic Maclellan, Freelance Journalist

“The push for a regional free trade agreement, known as PACER-Plus, comes in the context of regional structural adjustment programs over the last two decades, involving: liberalisation of trade and removal of tariffs; reduction of staffing in the public sector; corporatisation and privatisation of public utilities in health, energy, water and other sectors; and introduction of “Value Added” or GST consumption taxes.

PACER-Plus will have significant impacts on the health sector in the Pacific, raising concerns about the potential creation of a “two-tier” system that will benefit wealthy members of urban elites but disadvantage people from peri-urban squatter settlements, rural villages and outlying islands. PACER-Plus will be used to promote market-based competition in health-related services, but it is unlikely that private sector interests will provide the full range of affordable and

accessible public health services that Pacific countries require. This could exacerbate existing inequalities in access to services in the Pacific and reduce policy options available to ensure universal access to services.

The major impacts will include: threats to health budgets as governments lose revenue through removal of tariffs and import duties; impacts on pharmaceutical policy, intellectual property rights and access to generic drugs; loss of policy flexibility, as WTO-compatible trade measures override attempts to use public health measures to restrict the import of nutritionally poor junk food, tobacco etc. As trade in services agreements are likely to be incorporated in PACER-Plus, increased regional labour mobility will mean a number of key workers in the public health sector will be lost – on a temporary or permanent basis – as nurses, doctors and health technicians move overseas in search of career opportunities, training or better employment conditions. Health staffing in island states will suffer as Pacific Rim countries seek more skilled workers or develop new industries in aged care as their populations age.”

Gender implications: access to health care and education; jobs, food, water

Claire Rowland, Overseas Program Manager, International Women’s Development Agency



“PACER-Plus has the potential to exacerbate existing gender inequalities and worsen women’s economic and social status in the Pacific. Unless trade negotiations take into account gender-based disparities in access to decent employment, wages, credit, economic resources, export skills, education, training and unpaid work responsibilities, it is unlikely that trade will result in increased decent employment or trading opportunities for women. Due to women’s limited voice in Pacific Parliaments, limited access to income, limited mobility, responsibilities for care giving and household work, and the prevalence of violence against women, women will be less able to recover from job losses, manage with reduced social services, or price fluctuations of imported goods that could result from adjustment to a liberalised market. They will likely bear the brunt of these adjustment costs, with impacts for gender equality regionally.

Predicted reductions/removals of tariffs in Pacific island countries through a PACER Plus trade agreement that result in reductions in health services or the introduction of fee paying health services, will disproportionately affect women and children. Gendered norms that limit women’s access to education, mobility, or ability to control decision-making around their health already pose a challenge to ensuring women’s access to health services in the Pacific region. A reduction in accessible low-cost/free services combined with the reduction in the availability of experienced female nurses as a result of labour mobility schemes, could impact on reproductive and sexual health,

childbirth and health care for young children. At the same time, women's workload could increase as they absorb responsibility for delivery of health and education services within their household as primary care-givers, with impacts for their time, health, status and future opportunities.

If PACER PLUS negotiators fail to recognise and address potential gendered outcomes of policy choices, they risk undoing progress towards gender equality to date and further marginalising women.”

Summary of Day Two: Developing an advocacy, research and capacity building agenda

Developing an agenda for further action:

Participants at the **Public Forum on Trade and Health in the Pacific** were deeply concerned that a new trade agreement between Australia, New Zealand and 14 Pacific island countries has the potential to be detrimental to public health in the Pacific. This concern meant that a large number of participants attended the Forum for a second day – to discuss ways that they might contribute to developing a better understanding about trade and health in the Pacific, and to discuss activities that might help to mitigate or prevent some of the potential negative outcomes of any regional free trade agreement under PACER-Plus.

The second day of the Forum was marked by a sense of enthusiasm from participants that was inspiring – as a number of individuals committed to helping out with further activities. Participants felt that follow-up activities needed to be divided into three areas. Firstly, it was felt that it would be important to engage with and lobby governments involved in negotiating PACER-Plus (particularly the Australian government) through new *advocacy* activities, secondly it was felt that it would be important to develop a better understanding of the potential implications of PACER-Plus through new *research*, and finally, it was considered important that public health activists take responsibility for sharing concerns about PACER-Plus and undertaking *capacity building* activities aimed at growing the ability of public health activists and scholars in Australia to engage the issues around the intersection of trade and health in our region.

Below is an account of key future activities that were discussed on Day Two of the Forum. All participants who were present indicated that they would take responsibility for different activities in follow-up to the Forum. It will be important for organisations committed to campaigning for better public health outcomes to work together, and reach out to other researchers and activists, to continue to take this agenda forward. Key organisations could potentially include the People's Health Movement (Australia), the Public Health Association of Australia (PHAA) and the Institute for Human Security.

Note: Following the completion of the **Public Forum on Trade and Health in the Pacific**, the Public Health Association of Australia (PHAA - Victoria

Branch) allocated funds that had not been fully used during the Forum towards undertaking follow-up work pertaining to the Forum (including developing this Report, putting together further resources on trade and health in the Pacific, and helping to organise a subsequent Forum in Sydney). PHAA - Victoria Branch has appointed Wesley Morgan (currently undertaking a Masters by Research at the University of Melbourne), on a temporary basis, to coordinate further activities.

Advocacy

As governments are the primary duty bearers with regards to the realisation of the human right to health, and are responsible for the negotiation of new trade agreements, it is important to engage with governments in the region (particularly the Australian government) through public lobbying and formal advocacy to ensure that concerns about the potential health ramifications of PACER-Plus are taken into consideration.

It is also important that advocacy activities support the voices of Pacific islanders in regards to health outcomes. Where possible, it will be important to develop a working relationship with organisations and individuals working on public health issues in the Pacific island countries.

Some key potential advocacy activities are listed below.

Press releases, interviews, journal articles

Participants should be pro-active about disseminating information through media sources, including Pacific media (particularly newspapers) and relevant association newsletters and bulletins.

Researchers and presenters may also consider identifying key public health journals and seeking publication for concerns in relation to the health implications of PACER Plus.

Radio Australia has shown a keen interest in PACER-Plus previously, and reports extensively on Pacific issues. A panel of experts could address Radio Australia in conjunction with any follow-up Forum in Sydney.

Advocacy Resources

Develop a resource package with around two pages on each of the main areas of concern covered during the Forum in Melbourne (and other areas, such as access to water). Such a package could be made available in time for subsequent Forums (in Sydney and/or in Vanuatu).

Developing resources such as these could form the main work programme for a part-time researcher (to be supported by the PHAA, Victoria Branch).

Advocacy at the Pacific Islands Forum Secretariat

The Forum Secretariat organises semi-regular regional meetings of Pacific Health Ministers to discuss issues of concern across the region. Work could

be undertaken to include 'Trade and Health' as a concern, and to look at mitigating potential negative implications of PACER-Plus in particular.

In October 2009, Pacific Island Forum Trade Ministers' "noted the importance of national consultations with Non-State Actors [regarding PACER-Plus]" and "directed the Secretariat to organise an annual discussion with regional Non-States Actors on PACER Plus issues in the margins of a Forum trade meeting". Such a meeting, in the margins of a Forum trade meeting, would be an ideal opportunity to raise concerns about the potential health implications of PACER-Plus. Organisations based in Australia should be proactive about organising access to such a meeting, including requesting details for when such a meeting will be held from the Forum Secretariat.

Advocacy with the Australian government

The Public Health Association of Australia (PHAA) may consider organising low-key consultations with appropriate officials from the Department of Health and Ageing (DOHA), AusAID and the Department of Foreign Affairs and Trade (DFAT), to review the concerns raised at this Melbourne workshop. Key questions to be asked could include:

- Has DOHA been involved in exploring the health implications of PACER-Plus, in accordance with WHA 59.26?
- Is PACER-Plus a free trade agreement, or a development agreement? Will Australia insist that PACER-Plus must be 'WTO compatible'?
- What options are available for an asymmetrical agreement? Could Australia's non-reciprocal market access offered to developing and least developed countries under the General System of Preferences (GSP), be extended and tailored to the Pacific island countries?
- Can concerned NGOs assist in improving the trade literacy of public health people (at DOHA), or the health literacy of trade people (at DFAT)?
- The liberalisation of trade in health services has been listed as a 'priority area' for the PACER-Plus negotiations. Has DOHA (or DFAT) undertaken any investigation of the potential health outcomes of listing liberalising health services in the Pacific?

Advocacy with the Office of the Chief Trade Advisor

A number of NGOs, trade unions and church groups have met with the recently appointed Chief Trade Advisor (for the Pacific Island Countries) – Dr Chris Noonan. Dr Noonan is currently the Pacific island countries' Chief Negotiator. Regular liaison with the Office of Chief Trade Advisor (based in Port Vila, Vanuatu) may be useful, especially if public health activists in the Pacific hope to see some of their concerns reflected in the negotiating strategy of the Pacific island countries – potentially including special demands, or the exclusion of health-sensitive areas from negotiations (such as intellectual property provisions, or trade in health services). Further to this, they could be a role for Australian researchers to assist by undertaking the research needed to gain an understanding about the health impacts PACER-Plus might have on the Pacific.

Lobbying for a Human Rights Impact Assessment

Calling for a Human Rights Impact Assessment to be undertaken by the UN regarding PACER-Plus could form a central tenet to lobbying and campaigning work.

The UN High Commissioner for Human Rights, Representative for the Pacific, Matilda Bogner, has shown an initial interest in considering a Human Rights Impact Assessment in relation to PACER Plus. It may also be possible to request the UN's Special Rapporteur for Health visits the region to assess PACER-Plus (if potential health implications emerge as a major concern).

The UN's Human Rights framework has been slowly responding to the global shift towards the negotiation of free trade agreements (FTAs), and calls for a human rights assessment have been a core component of activists organising around other FTAs (such as the Thai-US FTA). Concerns about the potential implications of trade agreements to impact on the realisation of the right to health have been prominent.

In 2009, the UN's recently appointed *Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, Anand Grover, released a report on the impact of the Trade-Related Intellectual Property Standards (TRIPS) agreement at the WTO, and FTAs, on the realisation of the right to health. That report found that:

The framework of the right to health makes it clear that medicines must be available, accessible, acceptable, and of good quality to reach ailing populations without discrimination throughout the world. As has been evident, TRIPS and FTAs have had an adverse impact on prices and availability of medicines, making it difficult for countries to comply with their obligations to respect, protect, and fulfil the right to health.

- 2009 United Nations Office of the High Commissioner for Human Rights⁶

The UN High Commissioner for Health, Navanethem Pillay, will visit Australia in August to meet with the Australian Government. A special evening is also scheduled during her visit, for her to meet with Australian NGOs to discuss Human Rights and Australian Foreign Policy. This may be an opportune time to raise concerns about the potential human rights implications of PACER-Plus. The Australian Council for International Development (ACFID) is organising this evening event.

Research

At the present time, there is a considerable dearth of research regarding the potential implications of a trade agreement between Australia, New Zealand and the Pacific island countries broadly. This is particularly the case with

⁶ United Nations Office of the High Commissioner for Human Rights. 2009. *2009 Report from the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover (A/HRC/11/12)*. UNOHCHR.

regards to the particular implications of a new agreement for health in the Pacific. A group of researchers affiliated with the Institute for Human Security have agreed to work together on further developing a research agenda in relation to trade and health in the Pacific. Some initial areas to be considered for further research are listed below.

Further research – Research agenda

Areas that could be considered for further research include:

- Social Impact Assessments – undertaking systematic social impact assessment (food and nutrition, biodiversity and food, alcohol and tobacco, employment, services) including distributional effects, with a particular focus on gender implications;
- Creating a health-specific version of the ‘Trade in Services’ Toolkit presented by Professor Jane Kelsey;
- What are the key drivers for Australia and New Zealand pushing PACER-Plus as a FTA?;
- Describing the negotiating dynamics for PACER-Plus negotiations;
- What would a ‘development agreement’ look like?;
- Intersections between trade and human rights as reflected in PACER-Plus;
- Implications of PACER-Plus proposals on HIV and malaria in the Pacific;
- Implications for the accessibility of medicines under any Intellectual Property commitments;
- Need for investment in technology to enable more convenient use of traditional foods and greater productivity in traditional agriculture;
- Implications of trade in services in the Pacific context;
- Application of the WHO code on health professionals recruitment and the regulation of recruiters;
- Health care workforce production and migration dynamics; in Australia and NZ and in the Pacific Island Countries;
- Intersection of law and Non-Communicable Diseases (NCDs);
- Strengths of traditional food chain and land use arrangements; and,
- Exploring application of Doha round proposals (especially Agriculture and NAMA) on the WTO member countries in the Pacific.

Capacity building

While it is clear that a number of individuals and organisations working on public health issues in Australia have personal and professional linkages with the Pacific island countries, and show a keen interest in the PACER Plus negotiations, it will be important to continue to raise the profile of trade and health in the Pacific. Researchers and activists who have particular expertise in relation to the wide-ranging potential effects of a new trade agreement need to take responsibility for sharing concerns about PACER-Plus and undertaking *capacity building* activities that grow the ability of public health activists and scholars in Australia (and the region) to engage the discussion about the intersection of trade and health in the Pacific island countries.

Some initial suggestions for capacity building activities were raised during Day Two of the Forum on Trade and Health, and these are listed below.

Subsequent Forums (Sydney, Port Vila)

A follow up Forum, replicating the concerns raised during the Forum in Melbourne, could be held in Sydney in coming months. Organisations such as AIDWatch, the Australian Fair Trade and Investment Network (AFTINET), and Uniting World have expressed interest in supporting such an event. Anne Marie Thow has also said she would help to organise.

Such a forum could also help to draw researchers, academics and public health professionals with a broader range of expertise. A Forum in Sydney could also be an opportunity to invite speakers from the Pacific island countries to address an Australian audience.

A Forum on Trade and Health in the Pacific could also be considered to be held alongside the annual Pacific Islands Forum Leaders' Meeting, scheduled for August 3-6 2010, in Port Vila, Vanuatu.

Follow-up with public health activists and researchers in the Pacific

It is very important to maintain linkages with public health activists and researchers in the Pacific island countries. Personal relationships should be fostered, and the report from the Public Forum should be shared with partners in the Pacific.

Timeline for further activities:

Date	Event	Comments
9 April, 2010 (and regular ongoing regional meetings)	PIC Trade Ministers' Meeting	Services (which includes health and education) and investment are listed as priorities for negotiations. PIC trade ministers have decided to support an NGO meeting in parallel with trade meetings;; continued lobbying needed to ensure regional NGOs would be able to attend; perhaps a focus on trade and health
12-13 April, 2010	PIC trade officials	Opportunity to get health on the agenda. May have missed the opportunity.
27-29 April, 2010	PIF Trade ministers and officials meeting	Need to have shared with PIC ministers and officials the outcomes of this workshop before this date
14-16 June	Regional meeting on land – Port Vila, Vanuatu.	AID/Watch attending. May be able to provide a short briefing on links between customary land tenure and land use, customary and contemporary foods diets and nutrition and health and trade
July	Sydney follow up workshop?	PHAA, PHM (Oz), AFTINET, AID/Watch, Uniting World and others to follow up in Sydney

Date	Event	Comments
3-6 August, 2010	Pacific Islands Forum Leaders' meeting in Port Vila, Vanuatu	Possibility of organising a health seminar in the lead up to this meeting; involve USP, PHANZ, PHAA, etc
August	UN High Commissioner for Human Rights to visit Australia	Possibility of organising a session on Trade and Human Rights in the Pacific during a high level evening/meeting organised by ACFID and UNOHCHR
30 August	UNDPI NGO Conference	One or more NGOs here represented to consider submitting an abstract for a contribution to this event around progress on the MDGs in the Pacific and the role of trade relations (PHAA considering)
September	ACFID Council	PHAA to brief ACFID on the health implications of PACER Plus?
27-29 September	PHAA Annual conference	Ensure that we have materials to distribute
Nov 11	South Pacific Nurses Forum in Auckland	Perhaps an opportunity for colleagues in NZ to organise a session on trade and health
June 2011	PIC Biennial Health Ministers Meeting	Possibilities for including some consideration of trade relations and health
July 2011	PHA3	PHM's third global People's Health Assembly. PHM keen to encourage strong Pacific participation
Sept 2011	PHAA Annual Conference	Perhaps a stronger focus on trade

Further Readings:

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5. Meads, S. 2008. Trade, Medicines and Human Rights: Protecting Access to Medicine in Fiji and the Pacific. Masters Thesis, Victoria University of Wellington, New Zealand.

Labour mobility and healthcare with emphasis on *brain drain* AND *remittances*:

1. Badkar, J. Callister, P. Williams, J. 2009. '[The future supply of caregivers for the elderly: Should Australia and New Zealand look to the Pacific?](http://peb.anu.edu.au/pdf/PEB24_3_Callister.pdf)' (http://peb.anu.edu.au/pdf/PEB24_3_Callister.pdf) Pacific Economic Bulletin. Volume 24, Number 3. October 2009. Australian National University, Canberra.
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Appendix 1:

Public Forum on Trade and Health in the Pacific Registered participants

Speakers and Chairs

Name	Organisation Affiliation
Blake: <i>Nick Blake</i>	Senior Federal Industrial Officer Australian Nursing Federation
Gleeson: <i>Deb Gleeson</i>	Research Fellow La Trobe University School of Public Health,
Kelsey: <i>Jane Kelsey</i>	Professor University of Auckland Law Department
Legge: <i>David Legge</i>	Associate Professor La Trobe University School of Public Health
Lieberman: <i>Jonathan Lieberman</i>	Senior Legal Policy Adviser, International Union Against Cancer
Lin: <i>Vivian Lin</i>	Professor La Trobe University School of Public Health
Maclellan: <i>Nic Maclellan</i>	Freelance Journalist and researcher
Morgan: <i>Wesley Morgan</i>	Melbourne University PhD Candidate
Plahe: <i>Jagjit Plahe</i>	Lecturer Monash University
Rowland: <i>Claire Rowland</i>	Overseas Program Manager International Women's Development Agency
Thow: <i>Anne Marie Thow</i>	PhD Candidate Menzies Centre for Health Policy

Participants

Name	Organisation affiliation
Ahmed: <i>Shakil Ahmed</i>	Nossal Institute for Global Health University of Melbourne
Barraclough: <i>Simon Barraclough</i>	La Trobe University- School of Public Health
Boudville: <i>Andrea Boudville</i>	Marie Stopes International Australia
Brink:	La Trobe University- School of Public Health

<i>Ms Emily Brink</i>	
Bryant: <i>Dr Bronwen Bryant</i>	La Trobe University- School of Human Biosciences
Butcher: <i>Miss Nicole Butcher</i>	The University of New South Whales
Chong: <i>Susan Chong</i>	La Trobe University- School of Public Health
Couch: <i>Mr Murray Couch</i>	Australian Research Centre in Sex, Health and Society
Crammond: <i>Mr Brad Crammond</i>	Monash University- Human rights and bioethics unit
Cross: <i>Emeretta Cross</i>	Ernst & Young- Accounting Firm
Grant: <i>Elise Grant</i>	Monash University- MPH
Evans: <i>Owen Evans</i>	La Trobe University- Centre for Ergonomics and Human Factors
Fletcher <i>Miss Cassandra Fletcher</i>	La Trobe University- School of Public health
Miranda Forsyth	Law Lecturer Previously: University of South Pacific
Frean: <i>Ms Emma Frean</i>	Monash University
Glowacka: <i>Ludmila Glowacka</i>	Deakin University
Handford: <i>Sarah Handford</i>	-
Iezzi: <i>Diana Iezzi</i>	-
Lee: <i>Mr Gary Lee</i>	AID/WATCH
Liu: <i>Chaojie (George) Liu</i>	China Health Program
Macdonald: <i>Dr Wendy Macdonald</i>	La Trobe University
Martin: <i>Mr Erik Martin</i>	Deakin University- School of Medicine
Mc Cartan: <i>Julia McCartan</i>	Health Promotion Practitioner Community Nutritionist (AN, APD) Community Kitchens Project Manager
O'Brien <i>Paula O'Brien</i>	LaTrobe University- Faculty of Law & Management
Petrony: <i>Sylvia Petrony</i>	University of Melbourne
Pratt: <i>Bridget Pratt</i>	Monash University
Sandy: <i>Larissa Sandy</i>	LaTrobe University
Wallis:	Returned AYAD (Australian Youth

<i>Liza Wallis</i>	Ambassador for Development) in the Kingdom of Tonga 2008-2009
Wolfenden: <i>Adam Wolfenden</i>	Pacific Network on Globalisation (PANG)

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