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Globalisation, World Trade and Health

The meeting focused on globalisation across the EU and developing countries referring to a process of growing economic integration on trade and health worldwide, the main driving forces behind: global flows of capital, goods, ideas and people across borders and restrictions and rules established to regulate these flows.

We could expect a conflict between commerce and trade for many centuries. In the 14th century the first conflicts between health and trade appeared. People stopped all trade due to quarantine for several hundred years.

The first international conference on trade and health was held in 1856. The main issues discussed were understanding the microbial basis of infectious disease and how to control infectious diseases as infringing free trade.

After 1945 plenty of international organisations were established:

- **WHO** is the main intergovernmental agency responsible for organising the local and global efforts to prevent death, disease and injury and promoting population health on global level. Health became one of the most important issue on global policy agenda. The goals are the achievements in health. Domestic action alone is insufficient (see September issue of Bulletin of WHO – www.who.int/bulletin). Global risks for health are exclusion of global markets, private ownership of knowledge on diseases, cross border transmission of marketing, environmental degradation and conflict. Global opportunities for health are inclusion, new market incentives for R&D (RBM etc.), new resources for effective interventions, knowledge dissemination and new rules to control cross border risks.

Public health crisis appeared in developing countries, such as population growth (80 mil), double burden of disease (HIV/AIDS), weak health infrastructure, public sector reform. WHO analyses the impact of globalisation on health (risks, opportunities and responses) and encourage cooperation between the Member States and supporting health-promotion measures undertaken by them, to foster coordination of their policies by devising and implementing networks, joint measures and systems for exchanging information and experience.

- **WTO** passed under General Agreement on Tariffs and Trade (**GATT**) in 1994 as a permanent institutional structure with provisions beyond the usual area of trade agreement, tariffs and quotas. It includes provisions which concern domestic public health, food safety, consumer, worker and environmental protection. There are standards providing more protection to consumers or public health that can be challenged as unfair barriers to trade. Specific international standards are set by organisations such as the International Organization for Standardization (ISO) as private, industry standard-setting body. For setting global food standard there is the Codex Alimentarius Commission (Codex) that has an important formal role to industry.

- **GATS** promotes the liberalization of trade in goods set in multilateral rules and covers sectors of economy like banking, construction, education, insurance, retail, health etc Today it is impossible to prosper under the burden of an inefficient and expensive services infrastructure. Due to this agreement the private companies can insist on being allowed to enter the market for a publicity services.

- **TRIPS** covers a wide range of subjects, copyright, trademarks and patents. The aim of the patent is to reward the inventor and enable research costs to be recovered. The WTO members have to grant patents for twenty years not to use the advantage of shorter period to produce generics. There are safeguards established for protecting Public Health interests.

In recent decades, the health of the community population has improved dramatically. From the commercial enterprises in health point of view we were provided a nice presentation of one of the biggest multinational pharmaceutical company, GlaxoSmithKline. With its 108 manufacturies in 40 countries, delivering drugs to 140 countries worldwide, 2,5 billion pounds budget GlaxoSmithKline is a real global company. As a leading international pharmaceutical company they can make a real difference to healthcare in the developing world. It is both an ethical imperative and key to business success. The global response to the crisis must be one of true partnership. No single organisation can produce a solution: it is necessary to form a broad coalition of stakeholders that have the will and the resources to improve the health of developing world. Such a company has to improve the quality of people's lives

across the world by enabling them do more, feel better and live longer and at least access to medicines for the world's poorest people.

Following discussion concerned lots of details about stimulating a vigorous debate about better ways of measuring health system performance and thus finding a successful new direction for health systems to follow. By shedding new light on what makes health systems behave in certain ways, WHO also hopes to help policy-makers weigh the many complex issues involved, examine their options, and make wise choices.

Three main topics:

1. Public Health Advocacy (that needs to be engaged);
2. Public Advocacy (referring to public franchise, explanation of WHO existence);
3. Research (the growth and impact of various international agreements).