

Trade and Health:
Reformulating Global Governance
to Advance Public Health

EXECUTIVE SUMMARY

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December, 2005

INTRODUCTION

This Executive Summary reviews the following topics:

- I. Overview: Trade and Health**
- II. Health and Trade: Links, Policy Implications, and Outcomes - Toward Convergence or Conflict?**
- III. Global Governance:
Democratic participation in establishing and enforcing trade rules
Trade Agreements, and Nations' Rights to Regulate in the Interest of Public Health**
- IV. Trade Agreement Provisions Regarding the Organization, Financing and Delivery of Public Health and Medical Care Services**
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- VI. Trade agreements, Intellectual Property, and Access to Affordable Medicines**

The full report, **Trade and Health: Reformulating Global Governance to Advance Public Health**, is available online at www.cpath.org. The complete Table of Contents for the full report is included at the end of this Executive Summary.

EXECUTIVE SUMMARY

Public health principles prioritize achieving and protecting the health and wellbeing of individuals, communities and populations, which in turn requires economic and social equity and justice, democracy, and equitable access to health-related services.^{20,31,32,33,37} Leaders internationally have vowed to “place people at the center of development and direct our economies to meet human needs more effectively.”³⁴ Yet widespread threats to global health persist, coexisting with both unprecedented wealth and economic inequality.

Global health policies and global economic policies appear to be running on divergent tracks. International trade agreements illuminate these potentially conflicting policy priorities and regulatory regimes. Proponents claim that trade agreements, by eliminating government laws and regulations, such as financial tariffs and import quotas, that act as trade “barriers,” will encourage businesses to produce more in order to take advantage of more easily accessible foreign markets.²⁶ This will generate economic activity, jobs and growth, and make more products and services available at lower prices. Critics assert that the present rules for international trade, however, fail to achieve these economic benefits.^{9,15,36}

The policies of global financial and trade institutions frequently conflict with or subordinate public health policies that prioritize the achievement of human health and the wellbeing of populations.^{17,35,36} Over the last decade global trade institutions and agreements have expanded their reach to setting international rules in new areas of services that affect health, including health care, water provision, and education. Multilateral and bilateral (nation-to-nation) trade agreements present particular barriers to global progress in health.^{1,4,7} Current trade negotiations seek to extend trade rules related to health, but there has been little or no assessment of their impact on health and health care services.^{2,7,14,15}

Trade dispute panels have at times determined that laws and regulations that protect or promote population health are impermissible barriers to trade.

These developments raise key questions for health:

- To what extent are trade policies and rules consistent with public health principles?
- What are the consequences of conflicts between trade and health policies for the health of the world's people?
- What are the prospects for and possible benefits of policy coherence between these approaches? What policy alternatives have been proposed to bridge the divide between trade and health? What are the barriers to implementing these alternatives?

The Center for Policy Analysis on Trade and Health (CPATH) aims to address these questions and to present information in a format accessible to general readers, while framing issues that are particularly relevant to public officials, health policy decision-makers, and professional and non-professional workers in the fields of public health and health care services. This Executive Summary begins to explore these topics.

We propose to focus the discussion within a **global public health policy framework** that is centered on the goal of achieving global health. Such a framework **prioritizes the achievement and protection of health** and wellbeing of individuals, communities and populations. It aims to **foster progressively greater international cooperation**, the development of an interdependent model **to address international health issues**, and **global rules that promote health and access to health-related services**, as well as advance each nation's public health and medical care systems. It entails **promoting conditions of economic and social equity and justice, democracy, and equitable access to health-related services.**^{20,31,32,33,37}

Sustainable development is an important element of the framework. This means that **economic decisions are interdependent and integrated with health and environmental concerns** to promote healthy and productive lives for human beings equitably in the present "without compromising the ability of future generations to meet their own needs." This necessarily includes effective protection, conservation and restoration of the environment, and prudent use of natural resources.¹⁰ Eradicating poverty is "an indispensable requirement for sustainable development," to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world, according to the Rio Declaration of 1992.³⁰

This discussion on trade and public health is essential for two reasons. First, the influence of trade agreements on health is a relatively new issue. Public health advocates in developed countries, for example, may not be fully acquainted with the important implications of trade agreements for domestic policy as well as for foreign countries. While international health agencies such as the World Health Organization and the Pan American Health Organization have given consistent and valuable attention to these issues, awareness within national ministries and health advocacy organizations is far less advanced. There is also striking variation among countries; the debate in the U.S., for example, is still in its infancy. Health advocates at the national level will be important in motivating consideration of these issues.

Second, trade policy and health policy analysts tend to work in separate silos, relying on different concepts, analytical methods, standards of evidence, and assumptions, for example, about the role

of popular participation, and the value of epidemiology, statistics, and economic analysis for problem-solving, and, as well as the implications of each realm for the other.

Therefore, in order to provide a context for these discussions, we first explore essential elements of public health policy and of global trade, and the relationships between them. We discuss current economic and trade policies that influence health and health related services.

Health advocates considering policy alternatives will find a useful grounding in information on relevant trade agreements, the evolution of the World Trade Organization (WTO) and the role of trade dispute mechanisms in enforcing the agreements, and known critiques of trade agreements from the public health perspective.

Several policy areas currently addressed by trade agreements may have important implications for health. The expanded scope of trade policies and rules are likely to influence the health of the world's people and public health policy. We present critiques of those trade policies and their consequences, and note alternative options for global rules that promote health and access to health-related services. These key areas include:

- Global governance of institutions and policies that affect health, democratic representation within governance processes, and tensions between global governance of international trade and international health.
- The rights and ability of nations to exert sovereignty over domestic health regulations that promote health and that protect populations from harmful substances such as tobacco, alcohol, and food additives, and from environmental and occupational hazards;
- The financing and provision of health care and health-related services, and effects on the public and private sectors;
- The migration of health care professionals, including push-pull factors that affect adequate training, recruitment and staffing in both higher and lower-income countries, standards for credentialing, and assuring their fair and ethical treatment; and
- Intellectual property rules that affect access to affordable medicines.

The discussion is particularly timely. The relatively recent inclusion of health care services in international trade agreements has called new attention to the wide-ranging implications of these agreements for health. On the international level, there is an ongoing round of discussions on trade in services through the General Agreement on Trade in Services (GATS). There are numerous trade negotiations at the regional and bilateral levels involving virtually every area of the globe: the Americas, Europe, Asia, Africa, the Middle East, and Oceania. International trade negotiations offer key entry points to reframe the debate on trade and health, and to present public health policy alternatives.

We tried to provide enough information on each perspective to stimulate a discussion. We hope the information will be applicable to readers internationally, but have not aimed to describe comprehensively the great variety of global health experiences. We hope that subsequent reports will focus more specifically on the conditions relevant to particular regions or countries.

In summary, the paper presents and discusses for consideration the following global health problems, the aspect of trade agreements that bear on that problem, and public health policy alternatives:

I. Overview: Trade and Health.

Public health, the global economy, international trade and sustainable economic development are linked, although rarely discussed in a common vocabulary. The public health field can and should contribute actively to the debate on trade and health.

There are broad questions regarding the global economy and international trade that are relevant and of interest to public health. These broad issues include: whether and under what circumstances open trade across borders as opposed to internally developed industries best advances economic growth; the equitable distribution of wealth, and sustainable development; and the relationships between economic growth, wealth, health, and other factors such as democratic and accountable governments and social infrastructure.

The debate about the health care delivery system typically addresses market forces in health care and health-related services, privatization of health care services, and alternative approaches to expanding access to affordable, high quality care, including the primary care movement, and the health systems approach. Well-functioning services based in the public or private nonprofit sectors can be disrupted by privatization, and are hard to reassemble if for-profit private providers default.

Although these issues are sometimes presented in polarized terms, it is appropriate for public health officials and policymakers to explore them. However, public health officials do not need to resolve these questions before taking positions and intervening effectively on more specific public health issues raised in the context of trade negotiations, including those noted below.

II. Health and Trade: Links, Policy Implications, and Outcomes - Toward Convergence or Conflict?

New and widespread threats to global health present new challenges to advancing the health of the world's population. Expansion of the scope of international trade rules presents potential conflicts with public health priorities. Enforcement of trade agreements through the powerful regulatory regime of the WTO presents additional challenges to public health, including nations' ability to regulate in the interest of health.

Certain international trade agreements and specific trade dispute decisions are related to health, suggesting the trade and health policy may be on divergent and conflicting paths. An alternative public health policy framework calls for a shift toward global cooperation and achieving health and human wellbeing, and away from a focus on achieving purely microeconomic and macroeconomic objectives. Current international trade negotiations offer entry points for offering such an alternative policy framework.

III. Global Governance 1: Democratic Participation in Establishing and Enforcing Trade Rules.

Global health problem: In a global economy, accountable governments must be able to cooperate to protect populations from cross-border hazards such as infectious diseases and environmental degradation, and to assure that the activities of transnational corporations contribute to population health and sustainable development.

Health-related trade problems: The regulatory “police” powers of public health have often conflicted with commercial interests.¹² Trade agreements prioritize commercial interests over public health concerns, rather than striking an effective balance.

Public health officials are generally excluded or only peripherally involved in negotiating trade rules and agreements.³¹

Trade dispute panels that enforce trade agreements do not adequately rely on or prioritize public health standards.

Public health policy alternatives: Public health representatives should be included in trade negotiations and dispute resolution proceedings, and public health principles accorded greater priority. Alternative, cooperative mechanisms for global governance that prioritize health goals and protect health could play a useful role. Leaders and civil society organizations at the national level can play an important role in motivating such mechanisms.

In order to protect and advance health, public health policies and administrative mechanisms need to recognize and address changes in the global economy, in particular the increased pace and volume of international trade in finances, goods and services, and increasing economic integration among nations.

III. Global Governance 2: Trade Agreements, and Nations’ Rights to Regulate in the Interest of Public Health.

Global public health problem: Exposure to a range of environmental and workplace hazards, and to hazardous products, can result in harm from unsafe food, infant formula, and tobacco and alcohol products, among others. Public health measures legitimately provide protection from these hazards and the marketing of unsafe products; and set affirmative standards for the safety and quality of goods and services. These protections are sometimes under attack from affected domestic commercial interests, and from efforts to restrict government enforcement of accountability generally.

Trade-related public health problem: Both trade dispute decisions, and trade rules such as the Domestic Regulation rule, present challenges to nations’ right to regulate in the interest of public health.^{6,15,24} These decisions can provide protections for foreign corporations, but may also indirectly benefit domestic interests in conflict with public health rules, as well as interfere with governments’ rights to enact and implement public health protections. A number of recent trade dispute decisions have challenged public health protections from exposure to environmental health standards and to other health-related threats.^{17,35,40}

Public health policy alternatives: Trade rules and alternative health rules can prioritize and protect the public’s health, and better balance health priorities with commercial concerns.

IV. Trade Agreement Provisions Regarding the Organization, Financing and Delivery of Health Care and Health-Related Services.

Global public health problem: Millions lack access to affordable health care services; 2.4 billion people have inadequate access to safe drinking water and sanitation.

Private for-profit corporations can provide needed cash to expand services, but unless held accountable by an effective regulatory environment can undermine equity and divert profits away from services.

Trade-related public health problem: The terms of trade agreements can bind countries to exposing health-related services to privatization, commodification and deregulation.^{11,14,19} They penalize countries for reversing decisions to privatize, and discourage creation of new services based in the public sector.

The agreements undermine the regulatory environment required to hold corporations accountable.

Provisions regarding health-related services can be traded off against other economic goods and services in the context of trade negotiations.

Public health policy alternatives: Countries can and do choose to make policy choices about how to finance and deliver health-related services, including the role of market forces in health care and health-related services and the privatization of health care services, without the additional pressure and unintended consequences related to internationally binding and enforceable trade commitments.

Countries need to be well-informed about the trade-offs involved in treating health-related services as globally traded commodities.

Alternative approaches to expanding access to affordable, high quality health care include a focus on primary care and health systems.

V. Trade Agreement Provisions Regarding Clinician Migration: Mode 4 of GATS.

Global public health problem: Shortages of nurses and other health professionals are caused by the failures of fragmented and underfinanced health care systems in both higher and lower income countries. There are inadequate educational programs in higher income countries to provide sufficient staff. Low wages, sometimes exacerbated by austerity in government spending for health care, contribute to the problem. The resulting “brain drain” of nurses deprives lower income countries of desperately needed health professionals. It also often disrupts the family lives of migrating nurses and exposes them to exploitation and unethical recruitment. While migration can offer social benefits from financial remittances and the temporary relief of workforce shortages, as well as some benefits to individuals, these are unlikely to offset the negative effects in many areas.²⁸ There is growing recognition that more comprehensive solutions are needed.^{8,23}

Trade-related public health problem: Trade negotiations may consider clinician migration as a discrete issue, for example proposing to ease credentialing standards for clinicians who migrate temporarily, without monitoring the impact of such changes on the quality and availability of care, the domestic workforce, or the wellbeing of immigrants.³⁸

Public health alternatives: Proposals include: recruiting, educating and deploying an adequate health care workforce within countries at all income levels, including higher pay and attractive working conditions; sharply limiting recruitment of health care personnel from under-staffed low-income nations, and providing ethical treatment for immigrant workers; and harnessing the financial capital and skills of immigrants for targeted social programs. Better tracking and

evaluation of health professional migration would support more effective policy interventions.^{13,21,27} The underlying structural problems that lead to clinician migration require stronger national health systems and greater cross-border cooperation. It is not clear whether trade negotiations offer a constructive framework for this undertaking. A number of alternative models are being explored at the country and regional levels.

VI. Trade Agreements, Intellectual Property, and Access To Affordable Medicines.

Global public health problem: Unaffordable drug prices result in lack of access to essential medicines in developing countries. For example, of 38 million people with HIV/AIDS, 5.8

million globally could benefit now from effective pharmaceutical treatments, including antiretroviral therapies, drugs preventing mother-to-child transmission, and the control of related opportunistic infections. Only about half a million of these people in the developing world are receiving treatment.

High prices are also a barrier to prescription drugs in developed countries which lack regulatory mechanisms to address drug pricing, such as the United States.

Few useful innovative drugs are being developed, despite substantial revenue from drug sales. There is insufficient research into therapies for conditions prevalent in low-income countries.

Trade-related problems: Trade agreements enforce, extend, and progressively strengthen intellectual property rules internationally, such as patents that offer monopoly marketing rights to pharmaceutical companies which therefore exert tremendous influence over prices. While trade rules have been used to block the provision of lifesaving drugs in developing countries, the recent Doha Agreement on public health seeks to overcome this obstacle.^{4,39} In the future, trade rules, including intellectual property rules, can discourage the production of generic equivalents and the distribution of essential medicines in developing countries. Trade rules could also block the reimportation of affordable brand-name patented drugs from one developed country to another. Alternatively, trade rules may encourage the production and distribution of essential medicines and generic equivalents, if the Doha Agreement on public health is fully implemented.³⁹ Proponents of intellectual property rules assert that extending patent laws will stimulate pharmaceutical innovation and production in new countries, and that using trade agreements to raise drug prices in developed countries will more fairly share the burden of research and development. They further maintain that intellectual property rules and patents do not restrict access to life-saving drugs in developing countries.⁵ Critics contend that patent laws have raised drug prices and stifled innovation in developed countries by encouraging the industry's dependence on "blockbuster" copycat drugs.³

Public health alternatives: Some proposals address easing or modifying how intellectual property rules are applied to production and distribution of generic drugs in developing countries, fully recognizing and implementing the Doha Agreement flexibilities, and eliminating parallel importation rules that could block reimportation of drugs into developed countries. More far-reaching proposals address the underlying causes of high drug prices and flagging innovation, such as reformulating patent rules to incentivize innovation.

There is an analytical gap in discussions of pharmaceutical policies between developed and developing countries. Better understanding the links between these policies could lead to better alternatives, and more unified support for them.

VII. CONCLUSION

International trade agreements raise fundamental questions for policymakers and the public about whether and how we will improve human health and wellbeing, and achieve sustainable economic development. The will and ability to create institutions of global governance that respect the rights of nations and individuals to participate in economic and political decisions will play an important role.

Trade rules and trade dispute decisions currently prioritize commercial interests without participation by public health advocates, or consideration for their effects on health. After a decade, WTO agreements and regional agreements such as NAFTA remain controversial, and have contributed both to an increase in economic inequality and the elimination of some public health protections.

An alternative public health policy framework elevates the priority of individual, community and international health in economic decision-making. Such a framework can motivate greater convergence between public health policy, and trade and economic policy, and support structural changes required to achieve sustainable development and alleviate poverty, while increasing political and social rights. This paper proposes alternative solutions based in public health principles, in four areas critical to public health and sustainable economic development, and which are also the subject of trade negotiations: global governance, the financing and delivery of health-related services, the migration of clinicians, and access to affordable medicines. Some can be implemented in the near term. All merit consideration.

Acknowledgements

This report was initially prepared with support from the Global Policy Initiative, a project of the Carnegie Endowment for International Peace. Thanks to Dylan Walters for research assistance on updating this edition.

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BIBLIOGRAPHY

1. 3D → Trade - Human Rights - Equitable Economy Trade-related intellectual property rights, access to medicines and the right to health – Ecuador. Submitted to the Committee on Economic, Social and Cultural Rights April 2004.
<http://www.3dthree.org/en/page.php?IDpage=23&IDcat=5>
2. Adlung Rudolf, Carzaniga A. Health services under the General Agreement on Trade in Services. *Bull World Health Organ.* 2001;79:352–364.
3. Angell, Marcia. *The Truth About the Drug Companies: How They Deceive Us and What to Do About It.* Random House, New York. 2004.
4. Annas, George J. The right to health and the nevirapine case in South Africa. *N Engl J Med.* 2003;348:750–754.
5. Attaran A. How do patents and economic policies affect access to essential medicines in developing countries? *Health Aff.* 2004;23:155–166.
6. Baker, Dean and Noriko Chatani. Promoting good ideas on drugs: Are patents the best way? The relative efficiency of patents and public support for bio-medical research. Center for Economic and Policy Research. October 11, 2002.
http://www.cepr.net/promoting_good_ideas_on_drugs.htm
7. Belsky L, Lie R, Mattoo A, Emanuel EJ, Sreenivasan G. The General Agreement on Trade in Services. *Health Aff.* 2004;23:137–145.
8. Burkhalter, Holly. **Shortage of African doctors and nurses: We must support primary health infrastructure.** Op-Ed, Washington Post May 25, 2004.
9. Carnegie Endowment for International Peace. NAFTA’s promises and realities: lessons from Mexico for the hemisphere. Available at:
http://www.ceip.org/files/pdf/NAFTA_Report_ChapterOne.pdf.
10. Coalition of Service Industries. Response to Federal Register notice of March 28, 2000. Available at: <http://www.uscsi.org/publications/papers/CSIFedReg2000.pdf>
11. Commission on the Future of Health Care in Canada. Final report. <http://www.hc-sc.gc.ca/english/care/romanow/hcc0023.html>.
12. Deaton, Angus. Health in an age of globalization. Princeton University. July, 2004.
13. Dovlo, Delanyo. Migration of Nurses from Sub-Saharan Africa – A Review of Issues and Challenges. Presentation, Bellagio Conference, International Nurse Migration, July 5-10, 2005. <http://www.academyhealth.org/international/nursemigration/dovolo.pdf>
14. Drager, Nick and David P. Fidler. GATS and health related services. Trade and Health Notes. World Health Organization. February 2004.

15. Environmental Health Coalition. Globalization at the crossroads: Ten years of NAFTA in the San Diego/Tijuana border region. 2004. www.environmentalhealth.org.
16. Evans, Tim. Addressing the Health Workforce Crisis: Avenues for Action. Presentation to the Pan American Network of Human Resources in Health: Critical Challenges for a Decade of Human Resources in Health in the Americas, October 5-7, 2005.
<http://www.observatoriorh.org/Toronto/Presentaciones/wed/TimEvans.pdf>
17. Greider W. The right and U.S. trade law: invalidating the 20th century. *The Nation*. October 15, 2001;273(11):21-29.
18. Health Franchise Initiative. Health franchising. www.healthfranchise.org
19. Hillary, John. The Wrong Model: GATS, Trade Liberalization and Children's Rights to Health. London: Save the Children. 2001.
20. Institute of Medicine. The future of public health in the 21st century. National Academies Press, Washington, DC. November, 2002. <http://www.iom.edu/Object.File/Master/4/165/0.pdf>
21. International Council of Nurses, ICN Position Statement on International Trade Agreements, Adopted 1999. Last Review 2004. <http://www.icn.ch/pstradeagree.htm>
22. McQuide, Pamela. East African Nursing Workforce Project: Measuring the outmigration of nurses in Kenya and Uganda. Abstract, the American Public Health Association, December 13, 2005. http://apha.confex.com/apha/133am/techprogram/paper_109076.htm
23. Physicians for Human Rights. An action plan to prevent brain drain: Building equitable health systems in Africa. June 2004. www.phrusa.org, www.healthactionaids.org.
24. Pollock AM, Price D. The public health implications of world trade negotiations on the General Agreement on Trade in Services and public services. *Lancet*. 2003;362:1072–1075.
25. Richards, Judith Smith. Managed Migration of Nurses. Presentation to the Pan American Network of Human Resources in Health meeting: Critical Challenges for a Decade of Human Resources in Health in the Americas, October 5-7, 2005.
<http://www.observatoriorh.org/Toronto/Presentaciones/thr/SmithRichardsJM.pdf>
26. Rosset, Peter M. Agricultural Subsidies and Trade Issues: The Key Alternatives. Global Policy Innovations Project. 2004.
27. Salmon, Marla and Jean Yan. The Caribbean Context: Prelude to Regional Strategies. Presentation, Bellagio Conference, International Nurse Migration, July 5-10, 2005.
<http://www.academyhealth.org/international/nursemigration/dovolo.pdf>
28. Schrecker, Ted and Ronald Labonte. Impacts in Developing Countries. Taming the Brain Drain: A Challenge for Public Health Systems in Southern Africa. *International Journal of Occupational and Environmental Health*. 2004; 10:409-415.
http://ijoeh.com/pfds/1004_Schrecker.pdf

29. Shaffer, Ellen R, Howard Waitzkin, Joseph Brenner, Rebeca Jasso-Aguilar. Global Trade and Public Health. *American Journal of Public Health*. January, 2005. (Am J Public Health. 2005;95:23–34. doi: 10.2105/AJPH.2004.038091)
30. Shaffer, Ellen R, Joseph E. Brenner, Alicia Yamin. The FTAA: Health Hazard For The Americas? Hearing on public health accountability in international trade agreements: Free Trade Area of the Americas (FTAA). Center for Policy Analysis on Trade and Health (CPATH). November 19, 2003. www.cpath.org
31. United Nations. United Nations Millennium Declaration. A/Res/55/2. Adopted by the UN General Assembly Sept. 18, 2000.
32. United Nations. Universal Declaration of Human Rights. 1948. <http://www.un.org/Overview/rights.html>
33. United Nations. International Covenant on Economic, Social and Cultural Rights. Office of the High Commissioner for Human Rights. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966. *entry into force* 3 January 1976, in accordance with article 27. http://www.unhchr.ch/html/menu3/b/a_cescr.htm.
34. United Nations General Assembly, A/RES/S-24/2, S-24/2. Further initiatives for social development, 15 December 2000, Twenty-fourth special session.
35. United States Department of State. Metalclad Corporation v. United Mexican States. <http://www.state.gov/s/l/c3752.htm>.
36. Wallach L, Woodall P. *Whose Trade Organization?: A Comprehensive Guide to the WO*. New York, NY: New Press; 2004.
37. World Health Organization. Constitution of the World Health Organization. http://www.who.int/rarebooks/official_records/constitution.pdf
38. World Health Organization, International Labour Office, International Council of Nurses, Public Services International 2001. Public Service Reforms And Their Impact On Health Sector Personnel Critical Questions: A Tool For Action. WHO/EIP/OSD/01.2. December 2000.
39. World Trade Organization. Doha work programme. Decision adopted by the General Council on 1 August, 2004. WT/L/579. August 2, 2004.
40. World Trade Organization. United States – Measures Affecting The Cross-Border Supply Of Gambling And Betting Services. *Report Of The Panel*. WT/DS285/R. 10 November 2004 (04-2687). http://www.wto.org/english/tratop_e/dispu_e/285r_e.pdf

The Center for Policy Analysis on Trade and Health (CPATH) brings a public health voice to the debate on sustainable development and trade. CPATH conducts research, policy analysis and advocacy in the interest of the public's health.

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