

Promoting health in trade agreements

Brief on a research and training workshop



August 15-17 2005

Harare, Zimbabwe

Report produced by CHP/ SEATINI /TARSC
With support from: SIDA and IDRC (Canada)

EQUINET Training Workshop Report

Promoting health in Trade Agreements

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1. BACKGROUND

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

The training courses aim to enable participants to be able to carry out assessments nationally of the key trade and investment agreements that impact on health and identify options for promoting public sector equity oriented health systems within current trade and investment policies and agreements.

The workshop thus aimed to cover

- An introduction to trade and health that outlines major issues affecting the region
- An outline of health systems, their major components of health systems and the challenges posed by commercialisation.
- An introduction to outline of the global major trade systems and the World Trade Organisation and how it agreements that impacts on health, and the options for protecting and promoting health within these trade agreements
- An outline of two major trade agreements - TRIPS and GATS - that impact on health, and the options for protecting and promoting health within these trade agreements
- A guideline for audit of the impact of trade agreements on health systems
- An introduction to analyzing and understanding the health systems context in which policy is developed, designed and implemented.

After the workshop, EQUINET through SEATINI and CHP is supporting country level follow up activities to identify and deepen understanding and evidence on priority trade and health issues identified at the workshop. National level activities will be reported back at a regional meeting to be held later in 2005.

A training manual developed for the course by SEATINI, CHP and Training and Research Support Centre (TARSC) provides the content of the work covered and is not repeated here. This brief highlights the major issues raised, the inputs from local presentations and the area proposed for follow up study. The delegates to the meeting are shown in Appendix 1 and the programme in Appendix 2.

2. PROCEEDINGS

The second EQUINET workshop on trade sensitive health policy was held in Harare at SEATINI from 15-17 August 2005. The workshop was run by SEATINI and CHP, and was well-attended by a wide range of stakeholders from civil society (FBOs/NGOs/CBOs), ministry of health, ministry of trade, Medicines Control Authority and Universities. The workshop was held with support from SIDA and IDRC.

After initial welcomes and introductions the meeting was opened by Riaz Tayob who provided an introductory overview of EQUINET followed by a discussion of globalisation, trade and the challenges facing the development of equitable health systems.

Haroon Wadee then provided an input session on health systems. The session was very interactive with active participation from the audience. After lunch there was a discussion of healthcare financing flows followed by a group-work exercise, presentations and open-discussion on the nature and challenges of the Zimbabwean healthcare system. After tea there was a short input session on regulation in the health system which flagged potential areas of GATS/TRIPS overlap. Riaz Tayob ended the day with a brief introduction to the evolution and development of the WTO laying the foundation for discussions on GATS & TRIPS on day 2.

On Day 2 there was a brief re-cap of day 1 and an open discussion of the homework exercise on regulation. This discussion highlighted the difficulty of regulating private providers and would be used throughout the day's discussion on the complexity of regulating in order to create equitable health systems.

Mrs Angelica Katrina of the Ministry of Trade provided an overview of the state of play in Zimbabwe's trade negotiations at WTO. Participants were allowed the opportunity to engage with Mrs Katrina and were able to understand the complexities of trade negotiations. Riaz Tayob continued the discussion on WTO followed by a discussion on GATS after tea.

Mr Simon Chihanga the Director of Planning in the Ministry of Health, then presented on the challenges facing the Zimbabwean health system. Yet again, there was active participation in lively discussion from participants – who were steadily able to make linkages to the application of Day 1 to the notion of commercialised health systems and the challenges posed under the prospect of heightened commercialisation if full commitments were made under the GATS).

After lunch Riaz Tayob led the discussion on TRIPS. The discussion was lively as there were several stakeholders directly engaged in access to drugs issues – namely NATPHARM (the drug procurement/management agency), the MCA and ministry of trade. It was this discussion which pointed the group in the direction of the country-level audit focus on access to ARVs under WTO trade agreements – to be spearheaded by Tsungai Kokerayi of the MCA.

Towards the end of the day there was a discussion of the country level audit framework and participants were introduced to the exercise that would take place after the workshop, namely how the audit framework would be used. The logistics of the actual country audit would be discussed on Day 3. Day 2 ended with a comprehensive presentation on EQUINET, its evolution, structure and activities by Godfrey Musuka, of TARSC.

On Day 3 there was a short re-cap and Q&A session. This was followed by an introduction to policy analysis led by Haroon Wadee. The session was interactive with a group-work exercise involving a stakeholder analysis under a health system liberalisation scenario. The aim of the exercise was to highlight the complex nature of policy change vis-à-vis actors, and the challenges posed to rolling back commercialisation given the range of powerful vested interests involved. The module also highlighted the complex interplay between content, actors, context and process. Participants engaged actively in discussion.

The session was followed by a discussion of the country-audit led jointly by Riaz Tayob and Haroon Wadee. A steering committee was formed and a lead researcher was identified to take forward the issue of access to ARVs as the 'hook' in the

country-level audit. The discussion was smooth and the group was able to agree on principles as well as content issue to focus on. There was then a presentation by Itai Rusike of Community Working Group on Health (CWGH) who provided a 'community perspective' on trade and health issues.

3. FOLLOW UP WORK IDENTIFIED

The terms of reference for this work were finalized with the Zimbabwe team,. The work will examine and analyze how, through GATS and TRIPS, national policy options in health are threatened. More specifically the study will examine how we can protect rights of access to Anti-Retroviral Therapy (ART) under trade and market policies. The study among others, will seek to answer the following questions:

Question 1: How will the health system look if the current market orientated reforms are implemented?

- a) Fully under the WTO and international agreements?
- b) In terms of the current orientation of reforms?
 - What are the national health policy objectives on access to medicines?
 - How will trade agreements affect access to medicines?
 - How will these effects relate to national policy objectives?
 - What reforms are currently taking place on access to medicines?
 - How do these reforms relate to the national policy objectives?
 - Where are the reforms coming from and why?
 - What options exist to promote national policy objectives for access to medicines?

Question 2: Who are the actors/institutions involved in access to medicines (without personalizing)? What is their position on national policy in respect of:

- national policy;
- reforms;
- trade pressures;
- Options.

Where is the policy on access to medicines being made? Who is involved (and how) and what does that mean for options to promote national policy objectives?

The study will focus on identifying:

1. Measures to protect national policy objectives on access to ART in trade agreements.
2. Measures to protect national policy objectives on access to ART in reforms.
3. For policy development: who will promote the measures and what would be

the proper policy processes to adopt in order to ensure rights of access to essential medicines

This will be done through literature review key informant and focus group interview and discussions

4. EVALUATION AND CLOSING

The meeting ended with a formal evaluation the results of which are captured in Table 2 and box 1 below. Delegates commended the relevance of the training and the conduct of the meeting. The meeting benefited from the full and active participation of the honourable parliamentarians for all 3 days of the workshop. Not only did they engage in debate, but they also offered assistance in the follow-up country level audit.

Table 2: evaluation of Harare workshop (n=12)

	Excellent (%)	Good (%)	Adequate (%)	Not Satisfactory (%)
Was the meeting well prepared?	75	25	0	0
Were the objectives pursued clearly stated	50	41.7	8.3	0
Was the meeting well-structured?	50	50	0	0
Were the speakers/resource persons effective?	75	25	0	0
Was the material appropriate?	58.3	41.7	0	0
Were discussion periods effectively managed?	25	75	0	0
Were the objectives pursued achieved at the end of the meeting?	33.3	58.3	8.3	0
How relevant was the meeting to your work?	75	16.3	8.3	0
Altogether how satisfied were you with the meeting?	58.3	41.7	0	0

From the above evaluation (50% response rate) – overall – the participants were pleased with the workshop.. The strong points were the meeting preparation, the effectiveness of the speakers/resource persons, and the relevance of the work. There is room for improvement in the emphasis on the objectives and dealing with the time constraints for group discussions. The facilitators had gained expertise in

working together from the first meeting in Dar es Salaam and were better able to complement inputs. The workshop provided a further round of input on the training materials which will now be improved and edited based on both the Zimbabwe and Tanzania meetings.

Box 1 gives an overview of key issues that emerged in the qualitative (open-ended) component of the formal evaluation. These comments highlight further areas to focus on in the short- to medium- term.

Box 1: overview of key issues emerging from open-ended component of workshop evaluation

- 1. What did you like most in the meeting and why?**
 - Aspect of regional and international trade vis-à-vis nurses
 - Issues pertinent to real issues affecting Zimbabwe
 - Contextualisation of trade issues in public health policy – critical for future study/research
 - Relevant topic, good presentations, relaxed atmosphere, open discussions
 - Content – enhances advocacy on access to quality care and treatment
 - Theme under GATS was very informative
 - WTO/TRIPS on accessing drugs – NATPHARM in process of procuring ARVS for national ART programme
 - Background of participants as it was representative
 - Relevance and comprehensiveness of the topics
 - Empowering and relevant to policy-making role
 - Policy analysis
 - The course outline was relevant and each major area complemented the other

- 2. What did you like least in the meeting and why?**
 - Enjoyed everything
 - None – all was relevant
 - Duration very short – needed more time, interactive approaches and group-work
 - No e-mail facility
 - The meeting was very informative throughout

- 3. Did you miss issues in the meeting?**
 - No – the presenters were equipped with knowledge and visual aids. This made it easy to follow through
 - (those who missed did so due to unavailability for certain sessions and presentations – 2 respondents)

4. Which issues could have been discussed in more detail?

- Policy analysis part deserved more time as it is very pertinent in determining a country position of issues that directly affect the populace sometimes without their input.
- Analysing policy to promote trade in health
- How to co-ordinate ministries of trade, health and justice with regard to health issues, especially GATS and TRIPS issues.
- Health reforms and health systems
- More time to discuss consequences of GATS on various sectors
- TRIPS
- WTO implication on 3rd world country – the capacities to negotiate and ‘appreciate’ what is in store for African countries
- Given the training period I feel that time was evenly distributed
- Overview of health system challenges in Zimbabwe and health financing

5. Suggestions for follow-up:

- constant interaction and continued involvement perhaps taking 2 people from the Nurses Association to facilitate feedback throughout the 10 provinces.
- More workshops – consultation with local forum of expertise
- Mainstream in-country public health policy formulation and strategic analysis
- Keep everyone e-mailed and send information regularly
- Identify venues away from people’s offices for consistency in attendance
- Keep in touch through e-mails and phone calls. The research team set-up – that was brilliant
- Circulate workshop material before meetings
- Need to concretise the policymakers (ministries) on the impact of some of these agreements.
- Resources permitting meeting could be regular to keep pace with the dynamic environment so that participants share/exchange current issues/positions and come up with relevant strategies to avoid time lag

6. Suggestions for the role of EQUINET/ SEATINI / CHP

- should organise local programmes to enable few beneficiaries of such meetings to spread the valuable information to an even larger constituency
- intensify co-ordination of these efforts
- should continue doing the good work they are doing
- More interaction with ministries. Your analyses will be valuable to government delegations to these agreements
- consultative roles for government and parliament

- Involve government departments regularly in your workshops because government departments lack information
- involve colleges and universities in your work
- co-ordinating role (networking), capacity building and information dissemination
- To communicate more with the Nurses Association in issues pertaining to trade-related health. There is so much that the nurses should know.
- To carry out countryside outreach programmes – to go and meet the affected stakeholders

7. Any other remarks

- to improve logistics
- This was worthwhile exercise. Should help to come up with ideas for advocacy
- Well done guys –really appreciated your inputs. Best of luck in your advocacy strategy. We hope to continue to be part of this team of knowledge
- there is a need to set up a working group on trade policy and public health
- make written materials available to college and university libraries
- would like to be more involved in this process. Please advise on how. To be involved in advocacy and lobbying activities and uses the rights-based approach to its work
- to be advised on e-mail
- there is a need for this kind of effort (country workshops of this nature and adopted way forward) for all the SADC countries because of the common (??) and to make it easier for future co-ordination of the health-related regional issues under SEATINI/ EQUINET
- meeting should be held outside Harare to enable participants to be continually focused and even allow informal meetings rather than break until the next day. It could act as a huge incentive.

APPENDIX 1: Delegates List

Organisation	Participant	email	Telephone
CWGH	Itai Rusike	cwgh@mweb.co.zw	04-788100/788099
Parliament of Zimbabwe	Aillet Mukono	ailetm@yahoo.com	04-700181/9
Parliament of Zimbabwe	Hon. Blessing Chebundo	chebundob@yahoo.com	091 278 929/ 04-700181/8
Parliament of Zimbabwe	Hon. Lovemore Mupukuta		011 781 627
Parliament of Zimbabwe	Mr Christian Ratsakatika	ratsakatika@yahoo.com	04-700181/091 428 946
Acting Dep. Dir Trade and Industry Min	Mrs Angelica Katuruza	rioce@indandcom.co.zw	723765
Seatini	Riaz Tayob	riazt@iafrica.com	0027-837787222
CHP	Haroon Wadee	haroon.wadee@nhls.ac.za	0027-114899942
TARSC/ EQUINET	Godfrey Musuka	godfreym@tarsc.org	708835
Medicines Control Authority	Ms Tsungai H. Kokerayi	mcaz@africaonline.co.zw	04-736981/5
Medicines Control Authority	Mrs Ropafadzai F Hove	mcaz@africaonline.co.zw	04-736981/5
NATPHARM	Charles Mwaramba	cmwaramba@natpharm.co.zw	04-621992 /091 207 521
ZIMCodd	Dewa Mavhinga	dewamavhinga@zimcodd.co.zw or zimcodd@zimcodd.co.zw	776830
Zimbabwe Nurses Assoc	Ms Juliana Jubane	zimnurse@mweb.co.zw	091 238 276/ 04-700479
UZ Institute of Dev. Studies	Dr Donald P. Chimanikire	dpchimanikire@science.uz.ac.zw	04-333341/4
Zimbabwe Association of Church Hospitals	Mrs Vuyelwa T.S.Chitimire	chitimire@zach.org.zw zach@africaonline.co.zw	04-700088 04-790597
GTZ/EU – HSSP	Jeffrey Tshabalala	jefft@africaonline.co.zw	04-252702/ 011 401 517
Ministry of Health	Simon Chihanga	dhlakama@africaonline.co.zw	730011/19
Min of Industry and Trade	Lovemore Mazarura	lovemoremazarura@yahoo.com	091 308 192
ACTION AID	Mrs Mercy Hatendi	Mercy.hatendi@actionaid.org	04-788122/3/5
Min of Industry & Trade	Mr Progress Nhira	Progo@Tsamail.co.za	04-702731
Min of Industry & Trade	Mr Phoebe Gusha	miit@indandcom.co.zw	702731

APPENDIX 2: Programme

Promoting Health in Trade agreements:

National training workshop

Zimbabwe August 15-18 2005

In co-operation with EQUINET

SEATINI, No. 20 Victoria Drive, Newlands in Harare

Agenda

Monday – August 15	Tuesday – August 16	Wednesday – August 17
<p>8.30-9.30 Opening Participant introductions and introduction to module objectives and timetable</p> <p>9.30-10.00 Tea break</p> <p>10.00-10.45 Overview of health system challenges in Zimbabwe – Dr Simon Chihanga</p> <p>10.45-11.30 Introduction to trade and health: Module 1: Overview of trade and equity and health systems</p> <p>11.30-13.00 Introduction to health systems Module 2: What is a health system (HW)</p>	<p>8.30-9.15 Plenary review of group work/clarification of day 1 (15 minutes) (HW/RT)</p> <p>9.15-10.00 Guest speaker (Mrs Angelica Katrina – Ministry of Trade)</p> <p>10.00-10.45 Overview of trade systems and agreements Module 4: Intro to WTO and trade (RT)</p> <p>10.45-11.15 Tea break</p> <p>11.15-13.00 GATS and TRIPS Module 5: GATS and TRIPS (RT) Discussion</p>	<p>8.30-9.15 Plenary review of group work/clarification of day 2 (15 minutes) (HW/RT)</p> <p>9.15-10.30 Analysing policy: Module 7 (HW)</p> <p>10.30-11.00 Tea break</p> <p>11.00-12.00 Group work and plenary on policy analysis: Exercise and feedback on policy analysis</p> <p>12.00-13.00 Group work: Proposals for follow up country audit Outline of objectives, areas of investigation, methods and proposed indicators for country audit and follow up on trade and health</p>
LUNCH 1300-1400		
<p>14.00-15.30 Health financing: Module 3: Introduction to health financing Exercise on health financing (HW/RT)</p> <p>15.30-15.45 Tea</p> <p>15.45-16.30 Plenary discussion of group work Comparing health financing</p> <p>16.30-17.00 Introduction to regulation (Input Session) Module 3: regulation of health systems (HW) Homework – Exercise on regulation</p>	<p>14.00-15.00 Group work on trade agreements As in Module 5</p> <p>15.00-15.15 Tea</p> <p>15.15-16.30 Plenary report and discussion of group work (HW/RT)</p> <p>16.30-17.00 Group work on trade impacts and health Module 6 Priority areas for follow up, areas for audit Homework – apply audit framework to priority area</p>	<p>14.00-15.00 Health systems and trade – a community perspective – Itai Rusike (CWGH)</p> <p>15.00-15.15 Tea</p> <p>15.15-16.15 Plenary discussion of logistic, communication and resource issues (HW/RT)</p> <p>16.15-16.45: Evaluation Of course and course materials</p> <p>16.45 – 17.00 Closing GM, EQUINET</p>

Equity in health implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.

EQUINET implements work in a number of areas identified as central to health equity in the region:

- Public health impacts of macroeconomic and trade policies
- Poverty, deprivation and health equity and household resources for health
- Health rights as a driving force for health equity
- Health financing and integration of deprivation into health resource allocation
- Public-private mix and subsidies in health systems
- Distribution and migration of health personnel
- Equity oriented health systems responses to HIV/AIDS and treatment access
- Community Voice and agency in health systems
- Monitoring health equity and supporting evidence led policy

EQUINET is governed by a steering committee involving institutions and individuals co-ordinating theme, country or process work in EQUINET: Rene Loewenson, Godfrey Musuka TARSC Zimbabwe; Firoze Manji Fahamu UK/SA; Mwajumah Masaiganah Peoples Health Movement, Tanzania; Itai Rusike CWGH, Zimbabwe; Godfrey Woelk University of Zimbabwe, TJ Ngulube CHESSORE Zambia; Lucy Gilson, Centre for Health Policy South Africa; Di McIntyre University of Cape Town HEU South Africa; Gertrudes Machatini, Mozambique; Gabriel Mwaluko Tanzania Adamson Muula, MHEN Malawi; Patrick Bond Municipal Services Project; A Ntuli Health Systems Trust, South Africa; Leslie London UCT School of Family and Public Health South Africa; Yash Tandon/ Riaz Tayob SEATINI, Zimbabwe

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