

Health and international agreements on trade, investment and services

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International agreements on trade, investment and services are highly complex and technical in nature. The NZMA has developed this principles-based position statement to help ensure that health considerations remain at the forefront of such agreements.

While international agreements on trade, investment and services are intended to produce economic benefits, they can have a significant impact on health, health equity,¹ and the social and environmental determinants of health.

The World Medical Association (WMA) has noted that “trade agreements may have the ability to promote the health and wellbeing of all people, including by improving economic structures, if they are well constructed and protect the ability of governments to legislate, regulate and plan for health promotion, health care delivery and health equity, without interference.”²

The NZMA calls on the Government to adopt the following principles, consistent with recommendations by the WMA, when considering and negotiating International agreements on trade, investment and services:

1. There should be transparency and openness in negotiations, including public access to negotiating texts, to the extent that is possible, and meaningful opportunities for stakeholder engagement.
2. Health professionals and their representative bodies must be able to engage with, and inform, negotiators and relevant officials, before and during negotiations.
3. Agreements must protect, promote and prioritise public health considerations over private commercial interests.
4. Agreements should not restrict the government’s ability to legislate, regulate or make policy for issues that could affect health, including future unanticipated ones. This means taking an approach that draws on the precautionary principle.
5. Government actions to protect and promote health should not be subject to challenge through an investor-state dispute settlement or similar mechanism.

¹ NZMA. Health Equity Position Statement. 2011. Available from https://www.nzma.org.nz/_data/assets/pdf_file/0016/1456/Health-equity-2011.pdf

² WMA Council Resolution on Trade Agreements and Public Health. April 2015. Available from http://www.wma.net/en/30publications/10policies/30council/cr_20/

6. Agreements must be coherent with climate policy and support efforts to reduce activities that cause climate change.³
7. Agreements must take into account obligations under health-protecting UN/WHO agreements.⁴
8. Agreements must take into account impacts on global health and equity. Agreements with small Pacific Island countries must not be detrimental to the health of their populations.
9. Agreements must not reduce access to affordable medicines, particularly to people in developing countries.
10. Before committing to any international agreement on trade, investment and services, the Government must commission a formal, comprehensive, independent Health Impact Analysis (HIA). The HIA should be based on the actual text of the agreement and include input from sector experts. It must take into account all broad possible impacts on our health system. These include short- and long-term impacts as well as direct and indirect impacts, including social and environmental determinants of health and healthy equity. The HIA should also consider New Zealand's ability to continue its current policies, and to develop and implement future policies, for the protection of public health. The HIA should be released for full public review, well before New Zealand commits to any such agreement. The HIA should be separate and supplementary to the National Interest Analysis, but also presented in the House of Representatives as part of the international treaty examination process.

³ NZMA. Health and Climate Change Position Statement. August 2015. Available from https://www.nzma.org.nz/_data/assets/pdf_file/0010/16984/NZMA-Position-Statement-on-Health-and-Climate-Change-FINAL_August-2015.pdf

⁴ Such agreements include, but are not limited to, the following: 1948 Universal Declaration of Human Rights, 2010 WHO Global strategy to reduce harmful use of alcohol, WHO Global action plan for the prevention and control of non-communicable diseases 2013-2020, 1981 WHO International Code of Marketing of Breast-milk Substitutes; 2007 UN Declaration the Rights of Indigenous People, 2015 UN Sustainable Development Goals, 1992 UN Framework Convention on Climate Change (UNFCCC) and the 2015 Paris Climate Change Agreement