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How Do International Trade Agreements Influence the Promotion of Public Health?—An Introduction to the Issue

Jason Andrews and Samantha Chaifetz

The past two years have seen a substantial proliferation in international trade liberalization agreements. Even as the World Trade Organization (WTO) has continued to expand its membership, there has been a remarkable increase in other bilateral and multilateral trade agreements.¹ The United States, in particular, has been actively pursuing bilateral agreements around the world—from recently signed agreements with Chile and Singapore to continued negotiations with Morocco, Saudi Arabia, South Africa, and other countries.

Concomitant to this trend are concerns about how WTO member nations will be able to import or produce affordable pharmaceuticals without violating trade policies. This has led to extensive debate at WTO ministerial meetings, in academic journals, among non-governmental organizations, and even in domestic courtrooms. As a result, heightened attention is now being paid to the question of how—and, perhaps, whether—countries can successfully protect their health interests while expanding free trade.

In this issue of the *Yale Journal of Health Policy, Law, and Ethics*, we offer several perspectives on the ways in which trade agreements are likely to affect domestic health promotion. We hope that this collection of short essays will shed light on this important issue—furthering our understanding of how health and trade interests intersect for both developing and developed countries. Moreover, we hope that these diverse responses to this Case Study topic will illuminate how countries are—or ought to be—analyzing the implications of these trade agreements for their own health care systems.

1. For example, regional agreements include the Free Trade Area of the Americas (FTAA) and the Central American Free Trade Agreement (CAFTA). Recent agreements have been added to the already existing structures of the North American Free Trade Agreement (NAFTA) and the African Growth and Opportunity Act (AGOA).

There are many questions about the relationship between trade interests and health interests that have only just begun to be explored. In addition to the ongoing debate surrounding intellectual property and access to pharmaceuticals, other nexuses between trade and health have started to garner attention, such as the regulation of environmental consequences of trade, the implications of trade protections for tobacco and firearms, the effects of job creation and reduction of wage inequality on access to health care, and the consequences of privatization of previously public structures (such as hospitals) as a result of prohibitions on trade restrictions. While the contributions to this Case Study focus on the issue of access to pharmaceuticals, we hope that these essays will help to encourage a continuing dialogue on not only this issue, but also all others related to the linkage between trade and health. It is a dialogue whose time has come.