

Southgate Institute for Health, Society and Equity



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Southgate Policy Club

**'Not-so-free' trade, investment and health:
Focus on the Trans-Pacific Partnership Agreement?**

**On Tuesday, 3 May 2016
Flinders in the City, Victoria Square
Level 1 Lecture Theatre 1
5.15pm – 7.00pm**

**"The Trans-Pacific Partnership: A 21st Century Agreement
or a Public Health Washout?"**

Presented by
Professor Ron Labonté

and

"What will the TPP mean for health in Australia?"

Presented by
Dr Deborah Gleeson

Please RSVP to enquiries.southgateinstitute@flinders.edu.au

This event will be live-streamed @
http://video.flinders.edu.au/events/southgate_policy_club_030516.cfm

www.flinders.edu.au





Professor Ron Labonté holds a Canada Research Chair in the area of Globalization and Health Equity at the University of Ottawa, and was the Chair of the Globalization Knowledge Network for the WHO Commission on the Social Determinants of Health. He co-led with Prof David Sanders an international study on Comprehensive Primary Health Care (2007-2011). Prof Labonté is a founding member, and past Board Chair, of the Canadian Coalition for Global Health Research, and a past Director of the Saskatchewan Population Health and Evaluation Research Unit.



Dr Deborah Gleeson is a Lecturer in Public Health at La Trobe University's School of Psychology and Public Health. Her research focuses on the intersection between trade policy and public health. She has been undertaking research on the Trans Pacific Partnership Agreement over the last five years. Dr Gleeson is national convener of the Political Economy of Health Special Interest Group of the Public Health Association of Australia (PHAA) and as part of this honorary role, often represents PHAA on issues related to trade agreements. In this capacity she has observed (from the sidelines) seven trade negotiating rounds and/or ministerial meetings for the TPP. She received a President's Award 2015 from the Public Health Association of Australia for public health leadership, engagement and commitment on the impact of international trade issues on health.

SUMMARY

The Trans-Pacific Partnership has been described as the most advanced trade and investment agreement so far negotiated: a 'mega-treaty' involving 12 countries including the giant economies of the USA and Japan. Public health advocates at the outset of negotiations (or at least after the USA joined) expressed concerns over the impacts of the Agreement on intellectual property rights and access to medicines, investor state provisions, and new rules that would constrain public health regulatory space (expanding upon those already under WTO Agreements). In the end, and based on a 3 year health impact assessment study of the TPP updated when the final Agreement was made public, the TPP is not as bad for public health as it could have been, but it still advances a globalizing economic agenda favouring transnational corporations and foreign investors over the policy flexibilities needed by governments to address the immense socioeconomic and ecological challenges of the new Millennium. Despite an 'exclusion' from investor suits for tobacco control policies, weak chapters in the TPP on environment and labour, and provisions supposedly protecting governments' abilities to regulate in the public interest (e.g. for environmental and human health), offer little guarantees that public health will be protected, even given the flexibilities that health regulators can use (skillfully) to minimize non-compliance with trade or investment rules. Moreover, the projected welfare gains from the TPP (which could trickle down to improve the livelihoods and subsequent health of citizens within the 12 member nations) are modest to non-existent, raising the fundamental question: What is the purpose of such 21st treaties? In light of the new Sustainable Development Goals (SDGs), such a question is of fundamental importance, with evidence that the TPP (and alongside it, the yet to be ratified CETA, and the still in negotiation TTIP and TiSA agreements) are incoherent with many of the SDGs and with international human rights obligations. The implications for public health advocates are simple: Work to withdraw such agreements, work to amend such agreements and/or work to ensure such agreements in the future have full carve-outs for the domestic policies governments need to reduce the income/wealth inequalities and environmentally destructive growth patterns that have dominated the 'free trade' and de-regulated investment era of the past thirty years.