



## Joint NGO statement on health sustainability in trade and investment agreements

The undersigned organisations call on the European Commission to design and implement a responsible trade policy which ensures health sustainability, enables public health action on health security threats, and mainstreams the EU commitments under the UN Sustainable Development Goals (SDGs). This is in line with the obligation in the EU treaties to ensure a high level of health protection in all EU policy areas (TFEU article 168).

Moreover, in September 2015, the EU and all Member States adopted the SDGs and committed to take domestic action in order to achieve them by 2030.<sup>1</sup> In November 2016, the Commission set out in its *Communication on next steps for a sustainable European future*,<sup>2</sup> its plan to support the implementation of SDG 3 to "Ensure healthy lives and promote well-being for all at all ages". **SDG 3 targets the burgeoning global burden of chronic non-communicable diseases (NCDs), infectious disease epidemics (e.g. HIV, viral hepatitis, tuberculosis, malaria and others) and inequitable access to medicines.** Since EU trade negotiations are taking place in the context of these health threats, identified in the SDGs, the EU must consider these health objectives as part of a sustainable trade policy. **The failure to achieve the SDGs health-related objectives could undermine the EU's health security and stability** as well as increasing pressure on EU member states' healthcare systems. Non-achievement is also likely to thwart the EU's economic growth objectives.

True policy coherence with the SDGs implies respecting international legal and political commitments relating to NCDs<sup>3</sup> and their risk factors: tobacco<sup>4</sup>, alcohol<sup>5</sup>, food high in fat, salt and sugar (HFSS)<sup>6</sup>, infectious diseases,<sup>7</sup> and universal, affordable access to medicines.<sup>8</sup> The EU ought to advance a public health agenda in its trade policy.

It is crucial that trade and investment policy neither weakens the ability of the EU, its member states or partner countries to take action to ensure the prevention and management of NCDs and infectious diseases, nor impedes efforts to promote universal health coverage and access to affordable medicines. This requires that the EU recognises key global public health concerns, and mainstreams them and the SDG health objectives in trade and investment policy in all chapters of existing and future Free Trade and Investment Agreements.

**All 17 SDGs either directly or indirectly contribute to health protection and improvement: good health is both an outcome of and precondition for achieving all the SDGs, particularly goal 3. Therefore, in order to achieve the SDGs, public health security threats must be considered as a priority in trade negotiations and broader trade and investment policy design.**

<sup>1</sup> <http://www.un.org/sustainabledevelopment/health/>

<sup>2</sup> [https://ec.europa.eu/europeaid/sites/devco/files/communication-next-steps-sustainable-europe-20161122\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/communication-next-steps-sustainable-europe-20161122_en.pdf)

<sup>3</sup> Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf) and the NCD Global Monitoring Framework adopted in 2013 [http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/)

<sup>4</sup> The WHO international treaty on Framework Convention on Tobacco Control (2005), as a legally binding treaty [http://www.who.int/fctc/text\\_download/en/](http://www.who.int/fctc/text_download/en/) and its protocols

<sup>5</sup> Global Strategy to reduce harmful use of alcohol (2010) [http://www.who.int/substance\\_abuse/activities/gsrhua/en/](http://www.who.int/substance_abuse/activities/gsrhua/en/)

<sup>6</sup> United Nations Decade of Action on Nutrition 2015-2025 <http://www.who.int/nutrition/decade-of-action/en/>

<sup>7</sup> <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>

<http://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/>

<sup>8</sup> WTO Agreement on Trade-Related Aspects of IPRs (TRIPs)

## Signatories:

All-Ukrainian Network PLWH

Association of European Cancer Leagues (ECL)

European AIDS Treatment Group (EATG)

European Alcohol Policy Alliance (EUROCARE)

European Heart Network (EHN)

European Public Health Alliance (EPHA)

European Respiratory Society (ERS)

Health Action International Europe (HAI Europe)

IOGT International

IOGT NTO

International Federation of Anthroposophic Medical Associations (IVAA)

International Federation of Medical Students' Associations (IFMSA)

Smoke Free Partnership (SFP)

---

## Notes to editors

**Current EU trade deals** seek to eliminate tariffs on almost all goods, regardless of their impact on health. For instance, under CETA, almost all existing tariffs on processed food and beverages (such as soft drinks high in sugar) will be removed. The impacts of this, and increased affordability of such products due to other trade deals has not been studied, but a proliferation of cheaper unhealthy food products, alcohol and tobacco will likely bring negative health impacts, including alcohol harm, principally through higher consumption of those products. High consumption of food high in fat, salt and sugar (HFSS) has been linked to higher incidence of cancers, heart disease, strokes, type-2 diabetes and obesity.

**High medicine prices** are not only relevant for the Global South but also for Europe. Equally, the fact that intellectual property rights (IPR) are protected in many of the EU's current and future deals, shows a failure to recognise concerns regarding the impact intellectual property rights (IPR) have on medicine prices. IPR acts as an insurmountable barrier to equitable access to medicines, by granting monopolies to a given medicine, meaning that other, cheaper, generic versions of the same medicines cannot be placed on the market until the patent protection exists, which drives up prices. It is very difficult to change patent processes once they are locked into international trade agreements.