

Forum: World Health Assembly

Issue: The impact of global trade on access to healthcare

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Introduction

Global trade has emerged as a defining factor in shaping access to healthcare across nations. The intricate web of international commerce influences the availability, affordability, and distribution of medical supplies, pharmaceuticals, and healthcare technologies. In an interconnected world, where economies are interdependent, trade policies and agreements have far-reaching effects on public health systems. The globalization of healthcare markets has led to unprecedented opportunities for improved medical care but has also exposed systemic vulnerabilities that require international cooperation and policy alignment.

Healthcare access is deeply linked to global trade dynamics through the import and export of essential medical goods. Countries with advanced trade networks benefit from a steady supply of pharmaceuticals, medical equipment, and vaccines. Conversely, developing nations often struggle due to trade imbalances, restrictive tariffs, and limited production capacities. For example, during the COVID-19 pandemic, the unequal distribution of vaccines underscored the disparity caused by global trade dependencies, with wealthier countries securing supplies faster through established trade agreements. Intellectual property rights embedded in international trade agreements also play a critical role in healthcare access. Patents granted under the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement have historically limited the production of generic medicines in low-income countries. This has led to high costs for life-saving drugs, limiting their accessibility to poorer populations. However, initiatives like the TRIPS waiver during global health emergencies have demonstrated how policy adjustments can mitigate these barriers.

Moreover, the World Health Organization (WHO) highlights that trade liberalization can boost economic growth, indirectly enhancing healthcare access by increasing national revenues available for healthcare spending. Yet, this potential benefit is often offset by the adverse effects of trade policies that prioritize profit over public health. The influx of processed foods and tobacco products due to relaxed trade regulations has contributed to a rise in non-communicable diseases globally, putting additional strain on healthcare systems.

Addressing these challenges requires a multifaceted approach involving trade policy reforms,

international partnerships, and investment in local healthcare infrastructure. Organizations such as the World Bank advocate for high-performance health financing models that align trade and public health goals. Strengthening domestic production capacities, negotiating fair trade agreements, and ensuring equitable access to medical innovations are critical steps toward a more inclusive global health system. Ultimately, the intersection of global trade and healthcare access is a complex but essential area of international policy. As nations continue to navigate the evolving landscape of global commerce, balancing economic growth with equitable healthcare access remains a pressing global challenge.

Definition of Key Terms

Global Trade

The exchange of goods, services, and capital across international borders, influencing healthcare through the availability of medicines and technologies.

Globalization

The process of increased interconnectivity between countries, impacting healthcare systems and accessibility.

Healthcare Access

The ability to obtain necessary healthcare services, often affected by trade policies and economic disparities.

Intellectual Property Rights (IPR)

Legal protections for creators, influencing the cost and availability of medicine globally

Universal Health Coverage (UHC)

A healthcare system ensuring equitable access without financial hardship.

Out-of-Pocket Payments

Direct expenses paid by individuals for healthcare services not covered by insurance.

Essential Medicines

Medicines required to address the most critical healthcare needs of a population.

Trade Liberalization

Reduction of trade barriers to facilitate the free flow of goods and services

Health Systems

The organizational structure for delivering healthcare services within a population.

Economic Globalization

The increasing interdependence of world economies, with mixed impacts on healthcare.

Public Health Policy

Government actions and decisions aimed at improving population health.

Health Inequality

Differences in health outcomes and access to care among different population groups.

Patent Protection

Exclusive rights granted to inventors to protect their creations, often impacting generic drug production.

Generic Medicines

Non-branded drugs that are equivalent in quality and performance to branded ones.

Supply Chain Management

Coordination of the production, shipment, and delivery of healthcare goods.

Trade Barriers

Tariffs, quotas, and regulations that limit the trade of healthcare goods.

Public-Private Partnerships (PPPs)

Collaborations between public and private sectors to enhance healthcare delivery.

Global Health Governance

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Systems and processes managing global health issues and policies.

Health Diplomacy

The use of diplomatic efforts to address global health challenges.

Medical Tourism

The practice of travelling to other countries for medical care.

Sanitary and Phytosanitary (SPS) Measures

WTO rules to protect human health in trade.

Technical Barriers to Trade (TBT)

Regulations affecting the international trade of goods to ensure safety and quality.

Health Technology

Medical devices, equipment, and innovations influencing healthcare.

International Health Regulations (IHR)

WHO agreements to manage cross-border health risks and emergencies.

Key Issues

Inequitable Distribution of Healthcare Resources

Wealthier nations benefit from advanced trade networks that secure essential medical supplies, leaving low-income countries struggling with shortages. This disparity was evident during the COVID-19 pandemic, where affluent nations prioritized vaccine stockpiles through pre-existing trade agreements, sidelining developing countries. Trade frameworks, designed to optimize profits, often fail to account for equitable resource distribution. Such imbalances perpetuate global health inequities and delay emergency responses in resource-poor regions.

The Role of Intellectual Property Rights

The WTO's TRIPS agreement protects pharmaceutical patents but often drives up costs, restricting access to essential medicines in low-income nations. During the HIV/AIDS crisis in the 1990s, sub-Saharan Africa faced devastating health outcomes as patented antiretroviral drugs were unaffordable for many. Although flexibilities like compulsory licensing exist, their limited implementation reflects systemic challenges in balancing intellectual property rights with public health needs. Without substantial reform, such protections continue to undermine global health equity.

Trade Barriers on Medical Equipment

Tariffs and regulatory restrictions disrupt the flow of medical supplies, particularly during crises. The global PPE shortage during COVID-19 exposed how trade barriers exacerbate inequities in healthcare. Manufacturing nations imposed export bans to prioritize domestic needs, leaving developing countries vulnerable. Weak multilateral agreements failed to mitigate these barriers, underscoring the need for resilient trade policies that prioritize healthcare over economic protectionism during emergencies.

Dependency on Imported Healthcare Goods

Developing nations' reliance on imports for medical supplies creates vulnerabilities during trade disruptions. This issue was starkly visible during the 2014 Ebola outbreak, where inadequate local manufacturing capacities in African nations led to critical shortages of essential healthcare products. This dependency reflects the failure of trade policies to encourage regional self-sufficiency, leaving many nations unprepared for global health crises.

Brain Drain in Healthcare

Global trade liberalization has facilitated the migration of healthcare professionals from low-income to high-income countries. Nations like India and the Philippines saw a significant exodus of trained professionals in the early 2000s, weakening their domestic healthcare systems. This "brain drain" results from better opportunities abroad and insufficient incentives for retention, further straining already overstretched healthcare infrastructures in developing nations.

Ineffective Implementation of Trade Agreements

The Doha Declaration was a pivotal attempt to balance trade and public health, granting countries the right to issue compulsory licenses during emergencies. However, its implementation has been hindered by procedural hurdles and resistance from high-income nations and pharmaceutical companies. This ineffectiveness highlights the need for stronger enforcement mechanisms and capacity-building support for developing nations to utilize these flexibilities effectively.

Rising Non-Communicable Diseases (NCDs)

Trade liberalization has enabled the influx of processed foods and tobacco products into developing nations, contributing to the rise in NCDs such as diabetes and cardiovascular diseases. These products, often cheaper than healthier alternatives, have strained healthcare systems in resource-poor regions. This trend underscores the unintended consequences of prioritizing economic growth without adequately addressing public health implications.

Limited Access to Health Technology

High costs and restrictive trade policies have made advanced medical technologies inaccessible to many low-income nations. During the COVID-19 pandemic, the absence of genome-sequencing tools in African countries hindered their ability to track and respond to variants. This gap highlights the need for global agreements facilitating technology transfers to enhance healthcare capacities in under-resourced regions.

Export Restrictions During Emergencies

Unilateral export bans during health crises disrupt global healthcare access. India's temporary ban on hydroxychloroquine exports during the COVID-19 pandemic affected global supply chains and delayed treatments in several countries. Such actions reflect the lack of binding international rules to ensure equitable distribution of essential medicines and supplies during emergencies, underscoring the importance of strengthening multilateral cooperation.

Inadequate Multilateral Collaboration

Inefficiencies in global health governance arise from overlapping mandates and poor coordination between organizations like the WHO and WTO. This was evident during the COVID-19 vaccine rollout, where fragmented efforts delayed distribution to low-income countries. Stronger collaboration and alignment of trade and health policies are crucial to addressing systemic inefficiencies and ensuring equitable healthcare access.

Major Parties Involved and Their Views

World Health Organization (WHO)

The WHO is the principal global health authority, playing a crucial role in ensuring equitable access to healthcare. It has been instrumental in negotiating public health-friendly trade provisions, such as the Doha Declaration of 2001. This declaration reaffirmed the rights of member states to prioritize public health over commercial interests under the WTO's Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement. WHO also leads initiatives like the COVAX facility, which aimed to provide equitable vaccine distribution during the COVID-19 pandemic. Despite these efforts, the WHO often faces challenges in enforcing its recommendations due to its reliance on member states' cooperation.

World Trade Organization (WTO)

The WTO governs international trade, including agreements that directly affect healthcare, such as TRIPS. While the TRIPS agreement ensures intellectual property rights for pharmaceutical companies, it has been criticized for restricting access to affordable medicines in low-income countries. The WTO attempted to address this with the 2001 Doha Declaration, which allowed for compulsory licensing of patented medicines in health emergencies. However, implementation has been inconsistent, highlighting the tension between trade liberalization and public health priorities.

The United States of America

The U.S. is a dominant player in global pharmaceutical production and trade, advocating for strong intellectual property protections under TRIPS to incentivize innovation. However, it has faced criticism for prioritizing its domestic pharmaceutical industry over global healthcare access. During the COVID-19 pandemic, the U.S. supported waivers for vaccine patents under TRIPS, signaling a shift toward prioritizing global health. It is also a key contributor to global health initiatives, such as funding for the Global Fund and COVAX.

The European Union (EU)

The EU is another major force in global trade and healthcare. It supports intellectual property rights but has pushed for more balanced approaches to improve global health equity. For instance, the EU was a significant backer of the TRIPS waiver for COVID-19 vaccines. The EU also leads initiatives to strengthen healthcare systems in low-income countries through programs like the European Development Fund.

India

India is a leading producer of generic medicines, often referred to as the "pharmacy of the world." It played a vital role in advocating for the Doha Declaration and remains a strong proponent of compulsory licensing to improve access to affordable medicines. During the COVID-19 pandemic, India's Serum Institute was a critical supplier of vaccines to low-income countries, though its export bans during domestic surges highlighted vulnerabilities in global supply chains.

South Africa

South Africa has been at the forefront of advocating for equitable access to medicines. It was a key player in the legal battles against pharmaceutical companies during the HIV/AIDS crisis in the 1990s. Alongside India, South Africa championed the TRIPS waiver for COVID-19 vaccines, arguing that

intellectual property rights should not impede public health during emergencies.

Médecins Sans Frontières (MSF)

MSF, also known as Doctors Without Borders, is a leading non-governmental organization advocating for affordable healthcare. It has consistently challenged trade policies that prioritize profit over public health, especially those restricting access to generic drugs. MSF played a significant role in highlighting the inequities in vaccine distribution during the COVID-19 pandemic and continues to campaign for reforms in global trade agreements to improve access to medicines.

African Union (AU)

The AU works to improve healthcare access across its member states, often focusing on reducing dependency on imports. It supports local pharmaceutical production through initiatives like the African Medicines Agency, which aims to harmonize regulatory frameworks. The AU also advocated for the TRIPS waiver to address vaccine inequities during the COVID-19 crisis.

China

China is a major producer of active pharmaceutical ingredients (APIs) and medical equipment, influencing global healthcare supply chains. It has increased its engagement with low-income countries through initiatives like the Belt and Road Initiative, which includes investments in healthcare infrastructure. During the COVID-19 pandemic, China provided vaccines and medical supplies to developing nations but faced criticism for transparency issues.

Pharmaceutical Companies (e.g., Pfizer, Moderna, and AstraZeneca)

These companies play a dual role as innovators and suppliers of life-saving medicines. They advocate for robust intellectual property protections to recoup R&D investments but face criticism for high pricing strategies. During the

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COVID-19 pandemic, pharmaceutical companies developed vaccines at unprecedented speeds, but their initial hesitance to share intellectual property delayed wider distribution in low-income countries.

Development of Issue/Timeline

Date	Event	Outcome
15 April 1994	Formation of the WTO and establishment of the TRIPS Agreement.	The TRIPS agreement granted extensive intellectual property rights to pharmaceutical companies, making patented medicines expensive. For instance, during the 1990s, the annual cost of antiretroviral treatment for HIV/AIDS was around \$10,000-\$15,000 per patient, putting it out of reach for many in sub-Saharan Africa
14 November 2001	Doha Declaration on TRIPS and Public Health adopted at the WTO Ministerial Conference in Qatar.	Enabled countries to issue compulsory licences for generic drug production during health emergencies. This provision was first widely utilized by Thailand and Brazil in the mid-2000s to lower the cost of HIV medications, reducing the cost of treatment to less than \$100 per year in some cases
23 May 2005	International Health Regulations (IHR) revised and adopted by the World Health Assembly.	Improved global collaboration in managing public health emergencies. For instance, during the H1N1 influenza pandemic in 2009, the IHR facilitated the sharing of influenza virus samples, allowing for the rapid development of vaccines
15 September 2008	Global financial crisis begins, triggered by the collapse of Lehman	The crisis led to a 20% reduction in healthcare aid to developing nations between 2009 and 2012, according

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	Brothers.	to the OECD. Many global health programs, including those funded by the Global Fund, faced financial shortfalls, affecting HIV/AIDS and malaria treatment initiatives
21 May 2013	Global Vaccine Action Plan (GVAP) approved at the 66th World Health Assembly.	By 2020, GVAP led to the immunization of an additional 116 million children annually. However, 20 million children worldwide still missed essential vaccines due to systemic inequities, as reported by WHO
March 4, 2014	Ebola outbreak declared in West Africa.	Over 11,000 people died during the outbreak, with Sierra Leone, Liberia, and Guinea disproportionately affected. The lack of local healthcare manufacturing and dependency on global trade for medical supplies delayed the response and led to preventable deaths
25 September 2015	Sustainable Development Goals (SDGs) adopted by the UN General Assembly.	Goal 3 pushed for universal health coverage and equitable access to medicines, leading to commitments from 53 nations to strengthen public health systems. However, a 2022 UN report revealed that 2 billion people globally still lack access to essential medicines
20 June 2016	African Medicines Regulatory Harmonization (AMRH) initiative launched by the African Union.	The AMRH reduced approval timelines for new medicines by up to 40% in participating nations. However, only 37% of essential medicines were locally produced across Africa by 2020, highlighting the need for further

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		capacity-building
31 December 2019	WHO alerted to a cluster of pneumonia cases in Wuhan, China, marking the start of the COVID-19 pandemic.	COVID-19 led to over 6.9 million deaths globally by 2023. Low-income countries received only 1% of the vaccines distributed globally by mid-2021, reflecting severe inequities in access
4 February 2020	COVAX initiative launched by WHO, Gavi, and CEPI.	As of 2022, COVAX delivered over 1.9 billion vaccine doses to 146 countries, but funding shortages and vaccine nationalism delayed equitable access. Sub-Saharan Africa still faced vaccination rates under 20% by mid-2022
15 November 2022	WHO adopts the Global Strategy on Health, Environment, and Climate Change.	The strategy proposed integrating trade and public health goals but faced criticism for lacking actionable steps to address existing healthcare inequities
9 September 2023	G20 leaders agree to reform global healthcare supply chains during the New Delhi summit.	The agreement emphasized diversifying manufacturing hubs for vaccines and medicines. By 2024, countries like Rwanda and Senegal announced plans to establish local vaccine production facilities, supported by WHO and the African Union
1 December 2023	World Bank launches the Pandemic Fund.	Allocated \$1.6 billion in its first year to strengthen pandemic preparedness in low-income nations. Critics argue the fund is insufficient to address systemic issues in global healthcare infrastructure

[Previous Attempts to Solve the Issue](#)

The Doha Declaration on TRIPS and Public Health (2001)

Adopted during the WTO Ministerial Conference in Doha, Qatar, the Doha Declaration was a groundbreaking agreement aimed at addressing the impact of intellectual property rights on public health in low-income countries. It acknowledged the challenges posed by the TRIPS Agreement, which often made essential medicines unaffordable for developing nations. The declaration allowed member states to issue compulsory licenses to manufacture or import generic versions of patented medicines during public health emergencies. This provision significantly lowered the cost of treatment for diseases like HIV/AIDS. For instance, countries such as Brazil and Thailand utilized these flexibilities to produce affordable antiretroviral drugs, reducing the cost of treatment from over \$10,000 to under \$100 per year. Despite its potential, the Doha Declaration has faced implementation hurdles due to procedural complexities and opposition from pharmaceutical companies and wealthier nations, which undermined its broader application.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (2003)

The establishment of the Global Fund marked a significant milestone in global health financing. The fund operates as a partnership between governments, private organizations, and NGOs, channeling resources to fight these three major diseases. Since its inception, it has saved over 50 million lives by providing antiretroviral therapy to 23 million people, distributing 5.3 billion mosquito nets to combat malaria, and diagnosing and treating millions of tuberculosis cases. However, the fund's dependence on donor contributions has made it vulnerable to economic downturns. For example, during the 2008 financial crisis, aid flows to health initiatives decreased by 20%, highlighting the need for more sustainable financing mechanisms. Despite its success, the fund continues to face challenges in addressing systemic healthcare disparities in recipient countries.

The Global Vaccine Action Plan (GVAP) (2013)

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Launched by the WHO, the Global Vaccine Action Plan aimed to improve access to vaccines and strengthen immunization systems globally. It achieved notable successes, including vaccinating an additional 116 million children annually by 2020 and increasing coverage for diseases like polio and measles. However, the COVID-19 pandemic exposed the limitations of GVAP's framework. Wealthier nations disproportionately secured vaccines, leaving low-income countries to face severe shortages. By mid-2021, only 1% of distributed COVID-19 vaccines had reached the world's poorest nations, reflecting systemic inequalities that the GVAP framework was unable to resolve. The pandemic underscored the need for more robust global mechanisms to ensure equitable vaccine distribution during emergencies.

African Medicines Regulatory Harmonization (AMRH) (2016)

The African Medicines Regulatory Harmonization initiative, launched by the African Union, sought to enhance access to medicines by harmonizing and streamlining regulatory processes across the continent. By reducing the time and costs associated with drug approvals, the initiative accelerated the availability of essential medicines in participating nations. It also laid the groundwork for the African Medicines Agency (AMA), which aims to strengthen regulatory capacity further. However, a lack of local manufacturing capabilities has limited the AMRH's effectiveness. By 2020, only 37% of Africa's essential medicines were produced locally, leaving many countries dependent on imports, which are vulnerable to global trade disruptions.

COVAX Initiative (2020)

Coordinated by the WHO, Gavi, and CEPI, the COVAX initiative was launched to ensure equitable vaccine distribution during the COVID-19 pandemic. It delivered over 1.9 billion vaccine doses to 146 countries by 2022, significantly improving access in low-income nations. However, COVAX faced several challenges, including funding shortages, vaccine nationalism, and production bottlenecks. Sub-Saharan Africa, for instance, struggled to vaccinate its population, with vaccination rates remaining below 20% well into 2022. These shortcomings revealed systemic flaws in global health governance and emphasized the need for stronger funding mechanisms and cooperation

during health emergencies.

TRIPS Waiver Proposal for COVID-19 (2021)

During the COVID-19 pandemic, India and South Africa proposed a TRIPS waiver to temporarily suspend intellectual property protections on COVID-19 vaccines and treatments. The waiver aimed to enable low-income countries to produce and distribute generic versions of these essential medical products. The proposal gained support from over 100 nations and organizations but faced strong

opposition from pharmaceutical companies and high-income countries like Germany. Delays in reaching a consensus hindered the timely production of generics, exacerbating global vaccine inequities. The waiver debate highlighted the persistent tension between protecting intellectual property and prioritizing public health.

The Pandemic Fund by the World Bank (2023)

The Pandemic Fund was established by the World Bank to strengthen global health systems and pandemic preparedness, particularly in low-income nations. In its first year, it allocated \$1.6 billion to support healthcare infrastructure and supply chain resilience. While the fund represents a step toward addressing gaps exposed by COVID-19, critics argue that it is insufficient to tackle the scale of challenges facing global healthcare systems. Additionally, its focus on financial mechanisms has drawn criticism for prioritizing economic stability over direct health outcomes, raising questions about its long-term impact.

Possible Solutions

Reforming Intellectual Property (IP) Regulations

Intellectual property rights, as governed by the WTO's TRIPS agreement, have long created barriers for low- and middle-income nations in accessing affordable medicines. A key solution involves revising TRIPS provisions to prioritize public health over commercial interests. For instance, compulsory licensing, which allows nations to bypass

patents and produce or import generic medicines during health emergencies, could be expanded and streamlined. India and Brazil have successfully utilized this mechanism to produce affordable antiretroviral drugs, reducing treatment costs by over 90% during the HIV/AIDS crisis.

Furthermore, introducing permanent waivers for life-saving drugs during pandemics could prevent delays such as those seen during COVID-19, where global vaccine production was hindered by patent protections. The TRIPS waiver proposal by India and South Africa in 2021 demonstrated strong support for such reforms, garnering backing from over 100 nations. However, resistance from high-income countries and pharmaceutical companies underscores the need for robust multilateral advocacy to ensure these reforms are implemented effectively.

Strengthening Local Manufacturing

Enhancing pharmaceutical manufacturing capacities in low- and middle-income countries is essential to reduce dependency on imports and improve healthcare resilience. Investments in initiatives like the African Medicines Agency (AMA) and regional pharmaceutical hubs could address supply chain vulnerabilities exposed during the COVID-19 pandemic. Rwanda and Senegal, for example, have announced plans to establish vaccine manufacturing facilities with support from the African Union and WHO, which could reduce reliance on imports and ensure timely access to essential vaccines.

Governments can further encourage local manufacturing through tax incentives, subsidies, and public-private partnerships (PPPs). India's pharmaceutical sector serves as a model, producing 20% of the world's generic medicines through significant government support and a strong focus on exports. Such initiatives not only improve healthcare access but also foster economic growth and job creation.

Enhancing Global Supply Chain Resilience

The COVID-19 pandemic highlighted the fragility of global healthcare supply chains, as export bans and production bottlenecks created severe shortages of vaccines and medical

equipment. Developing diversified, regional supply hubs is critical to ensuring consistent access to healthcare goods. For example, the G20 agreement in 2023 emphasized diversifying vaccine manufacturing to regions like Africa and Asia to reduce reliance on a few major suppliers such as India and China.

Binding international agreements could also include provisions to prevent export restrictions during emergencies, ensuring equitable distribution of essential medical supplies. These reforms, coupled with investments in advanced logistics and digital tracking systems, could mitigate future disruptions and enhance global preparedness.

Expanding Financial Mechanisms for Global Health

Sustainable funding mechanisms are crucial for addressing systemic healthcare inequities. Expanding contributions to initiatives like the Pandemic Fund by the World Bank and the Global Fund could finance critical healthcare infrastructure and pandemic preparedness programs. The Pandemic Fund, launched in 2023, allocated \$1.6 billion in its first year to low-income countries, although experts argue this amount needs significant scaling to meet global needs.

Wealthy nations could also explore innovative financing mechanisms, such as taxing luxury goods, financial transactions, or carbon emissions, to fund global health initiatives. These funds could be directed toward building healthcare capacity in underserved regions, ensuring equitable access to medicines, and strengthening disease surveillance systems.

Strengthening Global Health Governance

The lack of coordination among key international organizations such as WHO, WTO, and the World Bank has hindered effective responses to global health challenges. Establishing a joint task force to align trade and health policies could improve governance and streamline decision-making during emergencies.

Revising the International Health Regulations (IHR) to address trade-related barriers to healthcare could also provide a more comprehensive framework for managing health crises. For example, integrating provisions to regulate export bans and ensure fair

distribution of vaccines and medical supplies could address systemic inefficiencies.

Encouraging Technology Transfer

High-income nations and pharmaceutical companies should be incentivized to share medical technologies and expertise with low-income countries, particularly during pandemics. Tax breaks, subsidies, or trade benefits could encourage companies to share vaccine production techniques, diagnostic tools, and treatment formulas.

The mRNA vaccine production partnership between WHO and South African manufacturers exemplifies how technology transfer can enhance local capacities. Expanding such initiatives through global frameworks mandating technology-sharing during emergencies could significantly reduce global health disparities.

Promoting Universal Health Coverage (UHC)

Achieving UHC requires integrating trade and health policies to subsidize essential medicines, strengthen public healthcare infrastructure, and ensure affordable access to services. Regional initiatives like the African Union's push for UHC demonstrate how political will and collaboration can drive progress.

Governments should focus on reducing out-of-pocket healthcare expenses, which account for over 50% of health expenditures in some low-income countries. Subsidizing essential services and expanding health

Leveraging Digital Health Solutions

Digital technologies can bridge healthcare gaps created by trade barriers. Investments in telemedicine platforms, electronic health records, and AI-driven diagnostics can expand access to care, particularly in remote areas. India's e-Sanjeevani telemedicine platform, which facilitated over 100 million consultations during the COVID-19 pandemic, illustrates the potential of digital solutions to transform healthcare delivery.

International partnerships could ensure that developing nations receive the necessary infrastructure, training, and support to implement digital health systems effectively.

Addressing Non-Communicable Diseases (NCDs) via Trade Policies

Trade agreements should include health impact assessments to limit the proliferation of unhealthy products like processed foods and tobacco. Taxing these products and regulating their marketing can reduce their consumption and alleviate the strain on healthcare systems. For instance, Mexico's tax on sugary drinks led to a 7.6% decrease in their consumption within a year, demonstrating how trade policies can positively impact public health.

Strengthening Advocacy and Partnerships

Civil society organizations, NGOs, and advocacy groups play a vital role in pressuring governments and corporations to prioritize public health. Collaborative efforts, such as Médecins Sans Frontières' Access Campaign, have successfully lowered the cost of life-saving drugs for HIV/AIDS and tuberculosis. Expanding such partnerships could ensure marginalized communities receive affordable healthcare products while holding policymakers accountable for equitable health initiatives.

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