

Study
on
Globalization, WTO and TRIPs' Implication for
Health Sector in Bangladesh

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EXECUTIVE SUMMARY

Background of the Study

Globalization generally implies the meaning of freeing the forces of competition that helps to channel the energies of people and the resources of countries into activities where they are likely to be most productive. Some proponents think that as a consequence of “Globalization” the trend towards freer movement of goods, service, capital and technology is being strengthened. Many other people see globalization as threatening. They see it as accelerating the pace of change to which they must adapt, and over which they seem to have less and less control. The most obvious impact of globalization on diet and health is its acceleration of global inequalities in wealth. At its most extreme, poverty locks people into a cycle of hunger and premature death, a cycle, which is known to be preventable. Global inequalities in wealth are today widening at an unprecedented rate. The process keeps the majority of the world in poverty. More than \$US 400 billion annually flows from the poorer to the richer nations while health, housing, education and welfare budgets are cut for the marginalised within the rich as well as poor countries.

Adjustment with the SAP and WTO regulations by the government caused major policy changes and reforms in trade, industry and social sector. How these policy changes and reforms are influencing the health sector in Bangladesh has great importance to be investigated. Besides these factors the revolutionary changes in electronic communications, business and entertainment are also expediting the process of globalization which may have significantly influenced the health situation of Bangladesh. Since the policy and situation changes would have unpredictable or poorly predictable impact on health and to some extent these policy changes have already imposed threats to the people's health situation so a research study to explore the globalization, WTO and TRIPs' implication on people's health status and health sector in Bangladesh was highly demanding.

Study Objectives and Outputs

The principal objective of this study was to explore the possible implication of Globalization, WTO and TRIPs for the health status and health sector in Bangladesh. The specific objectives were as follows:

- To explore the possible impacts of Globalization, WTO and TRIPs on the health status of people of Bangladesh;
- To explore the implication on health sector in Bangladesh because of government policy changes and reforms in favour of globalization, WTO and TRIPs;
- To identify the factors of global trade and technology which have impact on health situation in Bangladesh; and
- To identify the more specific areas of research priority relating to Globalization, WTO and TRIPs' implication for health sector in Bangladesh.

The output of the project is a study report containing in-depth analysis of the following:

- Possible impacts of Globalization, WTO and TRIPs on the health status of people of Bangladesh explored
- Implication on health sector in Bangladesh because of government policy changes and reforms in favour of globalization, WTO and TRIPs explored
- Factors of global trade and technology which have impact on health situation in Bangladesh identified; and

- More specific areas of research priority relating to Globalization, WTO and TRIPs implication for health sector in Bangladesh identified.

The outcome of the proposed study will be useful in designing required policy changes in the health sector (e.g. HPSP and the next five year's health sector plan) and other relevant sectors.

Methodology and Implementation

By design, this study was of an exploratory type, exploring certain variables and describing the findings. Further, this study adopted both quantitative and qualitative techniques in exploring facts, establish interrelation between globalization and health situation and identify further scopes for in-depth study on the issue. Data was collected through document review, key informant interview and different participatory techniques. Key informant interviews were held with some relevant academics, political and NGO leaders, representatives from the beneficiary and different professional groups who are influenced by globalization.

Participatory approach was applied in this study for assessing globalization, WTO and TRIPs' implication for health sector. Both primary and the secondary data was collected from these different informant groups. A total of 48 potential informants were interviewed and 6 group discussions were conducted during the study period for information collection. In line with the objective and purpose of the proposed survey and in compliance with the study and sample design, data was generated by means of one-to-one interview, group discussion and review of secondary sources. For this purpose, different sets of data collection instruments were developed. The following Data Collection Instruments (DCIs) were administered for data collection e.g. semi-structured questionnaire and guidelines for group discussion

Implementation plan included management strategy, team composition, mobilization of core team, literature review, recruitment of support team, design and development of data collection instruments (DCIs), training of support team, field data collection through participatory techniques, data processing and tabulation, analysis of data, report writing and submission of it to WHO etc. Each of the members of the team collected and reviewed documents and discussed with the knowledgeable persons. Review of literature/documents related to globalization, WTO, TRIPs, health, environment etc. constituted major literature search activities before the preparation of draft data collection instruments. The fieldwork was completed within a period of three months. The data collection activities for the proposed study involved generating relevant information using the different types of instruments mentioned before. After three months' field work another one month was required for editing, coding, quantitative and qualitative data processing. One month and a half were required for analysis and report writing. Data was analyzed in the light of the direction and requirements of the specific objectives. Analysis was done in such a way so that the implications of globalization, WTO and TRIPs on health sector could be highlighted.

Health Situation, Health Services, Health Policies and Strategies in Bangladesh

The population size of Bangladesh has reached 130 million. There has been improvement in child health status with success in immunization programme. The infant mortality rate has also declined from 87 per 1000 live-births in 1989-1993 to the level of 66.3 per 1000 live-births during the period of 1995-1999, The maternal mortality ratio has reduced to 320 (per 100,000 live births) during the period of 1998 to 2000. Only 48 percent of pregnant women receive antenatal care during pregnancy, and almost all births (91 percent) occur at home. Assistance from a trained attendant at the time of birth is only 12 percent. STD/AIDS related knowledge although increased but is not so much encouraging to combat the upcoming threat of AIDS in

the region. Bangladesh has one of the worst scenario in terms of nutrition. About half (48 percent) of the women and 78 percent of the children are anaemic. Although there has been success in health services, still more than 60 percent of the population has no access to basic health care.

In Bangladesh, health services are provided by the Ministry of Health and Family Welfare (MOHFW), Ministry of Local Government, Rural Development and Cooperative (MLGRD&C), other Government and Non-Government Organizations (NGOs), and private providers. Bangladesh has a comprehensive network of health infrastructure up to the union level. Recently, this network has been extended upto the community level through establishment of Community Clinics (CC) one for each 6000 population. Since July 1998, Government of Bangladesh has launched the Health and Population Sector Programme (HPSP) based on sector-wide approach to ensure accessibility to and utilization of Essential Services Package for the entire population, specially for mothers, children and the poor. HPSP has also been deemed as one of the poverty alleviation strategies in Bangladesh.

An Overview of Globalization, WTO and TRIPs

The phenomenon 'Globalization' is characterized by worldwide interpenetration and interdependence of all sectors - economic, political, social, cultural and military. In other words, globalization, as the result of technical and economic evolution, is equivalent to a transformation of society resulting in the negation of territorial frontiers. Current surge of globalization is spear-headed by institutions such as the World Bank, IMF and multinationals. WTO was established (HQ in Geneva) on January 1, 1995. It replaced GATT, which was from 1948 to 1994. Now, 134 countries are members of WTO. All members have to sign 28 agreements. The WTO Secretariat, based in Geneva, is responsible for servicing the WTO delegate bodies. WTO is, in theory, the most democratic world organization, with each member (whether the mighty USA or the poor Bangladesh) having one vote. The Agreement on Trade-Related aspects of Intellectual Property Rights covers a new field in multilateral international trade law. The WTO agreement on intellectual property, or "TRIPs" provides WTO members with the minimum global standard for intellectual property. Intellectual Property (IP) refers to "a creation of human mind that is of value to the society, while Intellectual Property Rights (IPRs) are rights granted by the state to persons over creation of their mind".

Globalization and Health

In seeking to establish a typology of health systems existing around the world, five models were identified e.g. 1) emergent, 2) pluralistic, 3) Insurance/social security, 4) National Health Service, and 5) Socialized.

Globalization is worsening inequity and social exclusion both within and across countries. Economic globalization is worsening income distribution and income stability. The main equity concern in relation to biomedical science is the tendency to ignore the diseases suffered by the majority of human beings and to concentrate instead on commercially profitable products.

Debt repayment works like a vacuum pump that sucks away a portion of the social surplus produced by the working men and women in the South. Since the liberation of Bangladesh in 1971 it received US\$.34760 million (Tk.180,000 crore) as foreign aid. According to an recent estimate 75 percent of this foreign aid i.e. US\$.26070 million (Tk.135,000 crore) has been misappropriated by the evil foreign and national agents. In the attempt to acquire loans from the WB/IMF to help bail them out of their debt crisis, developing countries fell on the trap of implementing SAP as preconditions of WB/IMF loans. As a consequence of implementing SAP

in Mali (An African country), where the IMR had dropped by 23 per cent between 1960 and 1980, and increased by 26.5 percent between 1980 and 1985. Trade liberalization and privatization have also aggravated unemployment and under-employment.

Health sector reform is a process aimed at improving equity, quality, and efficiency in the health sector through changes in the organization and financing of health services. To minimize this waste and to promote equity and access, WHO through the Acton Program on Essential Drugs, has advocated, since 1981, the development and implementation of national drug policies based on the essential drugs concept (EDC).

The people from bottom actually have never and no voice and also little opportunity to participate in these debates and therefore often fails to reach a consensus with their counterparts. So it can be assumed that the effects of formulation and implementation of Poverty Reduction Strategy Paper (PRSP) of Bangladesh would not be better than the effects of Structural Adjustment Program which was introduced in 1980s.

Enhanced international linkages in trade, migration, and information flows have accelerated the cross-boarder transmission of diseases and the international transfer of behavioral and environmental health risks. With more than 1 million travelers flying across national boundaries everyday, many of these pathogens have the capacity to reach anywhere in the world within 24 hours.

Health and different systems of medicine have become a lucrative business today. Numerous diagnostic methods and costly drugs and injections that replace the traditional home-remedies even for the smallest of illnesses are characteristic of today's expensive, superfluous health culture. The amount of money that needs to be set aside by families for medical purposes is crossing rational limits.

Health, Poverty and Globalization

According to the tenth annual UNDP's human Development Report, the richest 20% of the world now account for 86% of world Gross Domestic Product (GDP), while the poorest 20% have just 1%. In 1989 seven TNCs accounted for 90 percent of global production of Medical equipment and in 1994 four TNCs accounted for 87 percent tobacco production of total marketed production. Dr. Gro Harlem Brundtland, Director- General WHO Stated that people in the developing world carry over 90 per cent of the disease burden – with access to only 10 per cent of the resources for health. The inequities between the developed and developing countries are striking.

In India, SKF, a TNC invested a paltry 25 lakhs at the beginning but before the decade was out they were repatriating 1000% more than what they had invested. According to an estimate in India over 85% of all drugs on the Indian market are inessential, irrational or downright hazardous.

Poor health retains the poor in poverty, and poverty retains them in poor health. Poverty is the main cause of reduced life expectancy, of handicap and disability, and of starvation. Poverty wields its destructive influence at every stage of human life – from the womb to the tomb. Poverty also increases risk from other sources such as unsafe water, hazards of urbanization such as air and water pollution, and accidents. Women, children, and older people are at greatest risk of poverty. Economic crisis makes people poorer ultimately leading to poverty and then to ill-health. It was estimated that, in 1998, three million jobs would be lost in Indonesia, 1.7 million in Thailand, and one million in Malaysia. In Bangladesh it is assumed that after 2004 due

to an effect of WTO rules a large number of garment industries will be closed and thousands of women will be jobless.

Despite the overall improvements in the socioeconomic status of the people and increased life expectancy, communicable diseases are still well entrenched in Bangladesh. Old diseases like cholera and tuberculosis still dominate the scene, while malaria, plague and kala azar, which were once on the verge of eradication, have reappeared. There will be a return of plague and epidemics of yellow fever. An added cause of concern is the appearance of forms of tuberculosis, gonococcal infections and malaria, that are resistant to the drugs normally used to treat these conditions. New diseases such as HIV infection have appeared.

Globalization is undercutting many local cultural patterns, related for example to diet and drug use. Rapid increases in unhealthy practices such as high-fat-content foods, increased tobacco use, and increased use of illicit drugs (which may also be major channels for transmitting AIDS, hepatitis C, and other blood borne diseases) causing major public health hazards.

Women are increasingly being bought and sold across national borders by organized networks. Bangladeshi women are sold to Dubai, Pakistan, India, America etc. Internationalization of sex tourism, unsafe commercial sex, women and child trafficking will inevitably increase the risk of HIV/AIDS in Bangladesh.

Globalization has probably intensified the problem of brain drain from the poorest countries. As Africa struggles with out-migration of doctors, high-income countries such as Canada and the United States actively recruit these doctors with special inducements, visa preferences, and advertising campaigns. Recent newspaper news reports that Sierra Leon wants to import 10,000 medical professionals (Doctor, Nurse, Paramedic, and Laboratory Technicians) from Bangladesh. During 80s several thousand of doctors went to Iran for better salaries.

The process of liberalization has brought in machine based goods to replace traditional products and to displace the homebased women producers. Shrimp export is expanding in the cost of destroying the coastal forest and agriculture and ultimately evicting the indigenous farmers from their own agricultural land. Since use of fertilizer and pesticide destroyed the natural rice-fish culture in Bangladesh so nobody goes for fish hunting in the paddy fields using fish hunting instrument (*Koch, teta etc.*) made by blacksmiths.

Unskilled cheap labor is a great attraction for the foreign investors that made possible the huge number of garment factories setup in Bangladesh. Market pressures pull women into exploitative relations in both the formal and informal sectors in disguised form of enslavement.

Trade Related Intellectual Property Rights (TRIPs), Trade and Health

The TRIPs Agreement requires patent protection to be available for any invention in any field of technology in all WTO member states. Several experts from developing and developed countries fear a substantial increase in drug prices in countries that did not grant patents in the past. The TRIPs agreement sets out that patents shall be available for any inventions, whether products or processes, in all fields of technology. WIPO is responsible for the promotion of the protection of intellectual property throughout the world through cooperation among states. TRIPs Agreement of WTO allow the piracy and protect the pirates. Intellectual Property Rights also emerge as powerful mechanisms for taking away the living resources and biodiversity from the people and converting them into corporate monopolies. Multinational corporations are patenting indigenous Asian knowledge. There is concern that traditional knowledge is

sometimes appropriated, adapted and patented by scientists and industry, for the most part from developed countries, with little or no compensation to the custodians of this knowledge and without their prior informed consent.

The promotion of the Biotechnology industry threatens biosafety. The most worrying development is the production of what are called as 'terminator seeds'. These are seeds whose genes have been altered to be sterile. In fact, bio-technology is used to harness properties that have already been attained by nature, primarily to create uniformity through the selective breeding of high-yield varieties. Such uniformity is disastrous for crops.

Governments have the responsibility to ensure that drug financing mechanisms are managed in such a way as to achieve equity of access to essential drugs. Possible options of drug financing include public financing, health insurance, user charges, non-state collective non-profit-making financing, donors and international loans.

Compulsory licenses are the easiest and most effective way to increase the supply of products, by acting directly on marketing conditions or by deterring patent holders from taking measures that would arbitrarily reduce supply or artificially or excessively increase prices. Global free trade should include the right to shop globally for the best process. Parallel imports are particularly important for smaller economies that suffer from inadequate competition. Where allowed parallel imports have shown to be effective in lowering drug prices.

World Health Organization estimates that all requirements of medicine in a country can be fulfilled by 220 drugs known as essential drugs. But India continues to manufacture a mind boggling 68,000 formulations. One-third of the world's population still has no guaranteed access to essential drugs-and most of these people have little or no access to primary health services.

With economic liberalization the government appears to be leaving public welfare in the hands of the private sector, and the rising market, but it must be that governments cannot turn away from their constitutional responsibility for the well-being of their people - they must not give up their accountability for societal response to human needs and aspirations. Thus, the model of state responsibility for universal access (Health for All) in primary health care promulgated at Alma Ata in 1978 has been virtually abandoned.

The developed countries impose restrictions on the flow of goods by using tariff and non-tariff barriers. When developing countries export to rich country markets, they face tariff barriers that are four times higher than those encountered by rich countries. Those barriers cost them \$100 billion a year – twice as much as they receive in aid. Producers and consumers in the least developed countries have seen their share of total trade more than halved over the last 20 years, poorest 12% of the world's population participate in only 0.3% of the world's trade. Free trade is not fair trade-where countries and producers are unequal, treating them the same leads to more inequality. Since the Second World War, the prices of primary agricultural products have been declining relative to manufactured goods, mainly produced in the developed countries.

Food Security, Agriculture and Health

According to FAO estimates, there is more than enough food, by calories to feed the world's population adequately. Yet in 1994-96, 19% of developing countries populations were under-nourished. Experts fear the liberalization of food trade will undermine the sustainability and food security of the majority of the world's population and will aggravate the malnutrition situation in

the Third World. As a result of the Green Revolution the peasantry got burdened with debt, making them dependent. They had to borrow to buy seeds (every year), fertiliser, pesticides, herbicides, tractors (which often have to be abandoned due to the lack of spare parts), and so on. They rarely produce enough to pay back their loans. After two growing seasons, they sell their land to the banks and big landowners, and go to swell the ranks of the urban slums.

One of the major reasons of death of the human beings as well as other living beings is agrochemicals. But Novartis and other TNCs are marketing these poisons in agriculture. Use of agro-chemicals in agriculture neither environmentally safe nor able to make remarkable profit in economic terms.

In Bangladesh, TNCs should not be allowed to trade with food for maximizing profit because still around 60 million Bangladeshis cannot afford even 1,805 calories per day which is less than the prescribed daily minimum calorie intake.

The development paths chosen by governments and TNCs are usually intensive and exploitative of natural resources and result in an erosion of the resource base of millions of indigenous peoples. As a consequence of construction of *Kaptai* Hydroelectric Station 100,000 people of the hill tribes lost their agricultural land. The terms of trade between the Adivasi produce and the goods and services of the modern economy adversely affect the economy of the Adivasis.

Globalization, Industry, Environment and Health

Shrimp export is expanding in the cost of destroying the coastal forest and agriculture and ultimately evicting the indigenous farmers from their own agricultural land. The working environment of the garment factories are not safe and hygienic. Most of the buildings were overcrowded, congested and poorly ventilated. Garment workers, particularly the women, are exposed to toxic substances and dust. Recent statistics shows that during the last 10 years around 300 garment workers (most of them are women) died from fire accident in the factory.

Recently published figures about violence in North American media, which have a global market, show that 93 per cent of the movies depict alcohol abuse, 89 per cent portray tobacco use and 22 per cent portray characters using drugs. Violence against women is an essential component of commercial Hindi cinema. Government must initiate a move to make all foreign and national serials adhere to a program and advertisement, because there is relation between the immoral live patten and diseases.

Globalization normally converts the developing countries into dumping grounds for highly polluting, ecologically disastrous, resource destructive production processes, materials and products. The Bhopal tragedy is as yet quite fresh in our minds. Of Course, there are other major environmental concerns such as deforestation, global warming, ozone depletion, cross-border movements of hazardous products and other forms of environmental degradation.

Globalization, Crime and Health

Global connectivity is facilitating the spread of organized criminal activities worldwide. Crime and domestic violence are on the rise in Bangladesh. Street muggings, hijackings, drug trafficking, extortion, and bribery have become rampant. Addiction has spread over the entire planet, sparing almost no nation, no social class and no age, regardless of sex and race. The illicit traffic in drugs not only violates national drug laws and international conventions, but may

in many cases also involve other antisocial activities, such as organized crime, conspiracy, bribery, corruption and intimidation of public officials, tax evasion, banking law violations, illegal money transfers, criminal violations of import or export regulations, crimes involving firearms, and crimes of violence.

Bangladesh government continues to maintain and in some cases increase expenditure on non-productive sectors such as defense, rather than investing in human development. Governments of Bangladesh could not increase the share of national budget for health since 1972 but they have doubled the expenditure for military. From 1972 to 2001 the military forces increased ten times in size. Bangladesh government could eradicate its severe national health problems with the resources which was spent for the Mig Fighters and Frigate purchase.

Globalization and Health Governance

It would be very difficult, for a developing country member to change the WTO rules, or to avoid compliance of obligations. The disciplines of the WTO are legally binding on present and future governments. Once the WTO agreements come into force, it would be difficult for a present government to have economic policies relating to foreign trade, investment, sectoral policies in services and agriculture or technology policy (vis-a-vis intellectual property rights) that are in violation of WTO rules. The government has the responsibility in national health policy formulation, drug price control, drafting of health legislation and ensuring necessary measures for protecting public health etc.

Recognizing that good governance and economic progress are directly linked, Bangladesh requires commitment to the pursuit of greater transparency, accountability, the rule of law and the elimination of corruption in all spheres of public life and in the private sector. A decentralized model can lead to promotion of health through inexpensive, participatory approaches at the village, union, upazila and district levels. High disease burden is a byproduct of corrupt and broken health systems beyond repair in poorly governed low-income countries. The nexus between the criminals and bureaucrats, between politicians, bureaucrats and the industry on the one hand and between the medical profession and the industry is the primary problem in making inexpensive drugs or for that matter anything else, easily available to the masses.

The role of education in health development must be emphasized. The literacy rate, in particular the functional literacy is cardinal to health development. Mushrooming of medical colleges and the abysmal medical education standards that produce truly half baked doctors attest to this truth. Prescription procedures are irrational and in many instances, actually harmful. Most private practitioners get all their information on latest drugs and treatment not from journals or from seminars but from wandering minstrels who are the drug representatives.

Globalization, WTO and TRIPs: A Framework to Derive Benefit

For decades it has been generally assumed that good health is a direct outcome of strong economic development. However, evidence has suggested that the opposite is true: strong economic development is an important outcome of improved health. Improvements in health would translate into higher incomes, higher economic growth, and reduced production growth.

TRIPs will provide the opportunity to create wealth for small companies, which can grow and eventually invest into research and development. In some countries, which do not have patent protection, the prices of copies are often higher than the prices of the originals. Due to establishment of export oriented industry female participation in the labour market increased and consequently increased the women's bargaining power at the household level. During the

Uruguay Round, the industrialized countries reduced, on an average, 37 per cent of their tariffs on imports from developing and developed countries. Improved access to markets is expected to substantially increase the world trade to the benefit of all partners, i.e. both the developing and developed countries. Development of local generic industry could be a profitable business for Bangladesh if it could be an export item. Free pricing in the generic sector can itself lead to generic competition and affordable medicines. According to an estimate Bangladesh has the opportunity to capture a market of \$20 billion dollar of generic medicine export.

WTO panels are comprised of trade experts that can and should benefit from WHO opinion on issues of public health. A few years ago, the United States challenged Thailand's import restriction and a strict tobacco advertising ban. In weighing its decision, the WTO relied heavily on submissions from the WHO and on WHA resolutions. Developing countries should seek help from WHO when they will face health problems which may arise as effects of globalization and WTO rules.

Recommendations and Conclusions

Recommendations

Health should be placed at the center of development. All stakeholders should advocate as widely as possible that health is central to development and that sustained development is important for health. Health must be placed high on the political agenda of governments and on the social agenda of people. Government must have strong role for health sector reform focused on good governance, including transparency, accountability and healthy public policy, long-term financial policy, including health insurance policy and safety-net program, and empowering the community, including decentralization and community-based health care. There must be a national accord for highest priority to alleviate the burdens of disease, disability, premature death and suffering afflicting our people, especially the poor. In addition to the above mentioned issues the following specific recommendations are proposed for improvement and facing health situation in a globalized world and to ensure universal access to quality health care:

- Government should not cut the resource allocation for Primary Health Care (PHC) services and public health activities. Voices must be raised from society as a whole, insisting that adequate resources are made available for basic health care.
- People should be empowered with knowledge and skills to improve their own health and application of scientific knowledge and technology should be encouraged.
- Education and training programs should be for the health personnel to meet the quality.
- Health ethics should be upheld and enforced in Bangladesh.
- Epidemiological surveillance and health information system should be strengthened.
- SAP and globalization seem to weaken the state's influence, but it is clear that current world trends demand a stronger state in order to preserve peoples rights and maintain equity of access to the social sector, particularly health services.
- Gaps and inequities in health in our society should be drastically reduced. Bangladesh should develop an effective mechanism to ensure that government subsidies reach the poor.
- Government should improve the efficiency of the public sector through good governance initiatives and implement appropriate health sector reform measures.
- Government should promote community action for health development and foster partnerships with non-governmental organizations and the private sector.

- Political leaders should advocate and mobilize support to maintain a national health safety net in order to meet the health needs of the poor.
- Health insurance schemes need to be introduced.
- The commercial planting and trade in GMOs should be stopped.
- Government must maintain the ability to regulate trade in the public interest.
- Drugs on the WHO model list of Essential Drugs should be the object of universal access to drugs.
- International agencies should have increased dialogue with parliamentarians in order to improve the understanding on different roles of all stakeholders for health development. International agencies should help the parliament to formulate and enact appropriate legislation and regulations
- WHO and other United Nations agencies, should facilitate the work of governments in monitoring the effects of globalization and WTO and TRIPs, and provide effective advice and feedback to governments in advance for taking corrective measures. An office to monitor the international pharmaceutical market should be set up as soon as possible.
- Government of Bangladesh should calculate the drug budget needed, based on morbidity data and health priority setting.
- Government should formulate appropriate drug pricing policy to ensure access to essential drugs.
- The use of generic drugs should be promoted.
- Government may consider providing incentives for local drug manufacturers to reduce the prices of essential drugs.
- Gender issues must be brought into the mainstream of development.
- Efforts for conservation of biological diversity and the great wealth of medicinal plants in Bangladesh should be propagated and strengthened. Ways should be find out to preserve traditional medicine knowledge for the use of human kind. Government should have a national policy on traditional medicine as part of the national health policy.
- More research studies should be conducted on the following issues e.g. access to health care by the poor, evaluation of key policy actions in health and trade sectors, role and function of private clinics and economic impact, equitable distribution of resources targeting the poor etc.

Conclusions

Globalization is creating unprecedented opportunities for wealth creation and for the betterment of the human condition. Reduced barriers to trade and enhanced capital flows are fueling economic growth. The revolution in communication technologies is shrinking the distance between nations, providing new opportunities for the transfer of knowledge and the development of skill-based industries. And technological advance globally offers great potential for the eradication of poverty. But the benefits of globalization are not shared equitably. The persistence of poverty and human deprivation diminishes us all. It also makes global peace and security fragile, limits the growth of markets, and forces millions to migrate in search of a better life. The greatest challenge therefore facing us today is how to channel the forces of globalization for the elimination of poverty and the empowerment of human beings to lead fulfilling lives.

Recognition of health as a fundamental human right entails the state's responsibility to ensure access to health care, including essential drugs. This does not mean that the state should necessarily finance and provide all drugs; but it is the responsibility of governments to ensure that financing mechanisms be the public and/or private, are managed in such a way to achieve

universal access to essential drugs. The state has responsibility to maintain adequate and appropriate educational standards for pharmacists, doctors and other health professionals, to ensure through the licensing process that these standards have been met, and to ensure that codes of conduct are developed and implemented.

We must pave the way toward a universal health democracy in which all people are informed, their voices are heard, and they are able to participate in decisions affecting their own health. The democratization of health will require strong political will, for no longer is it acceptable in a modern age to tolerate unnecessary illness and death in a world with abundant knowledge and resources to prevent such suffering. Good health is the cornerstone of economic progress, a multiplier of a society's human resources, and, indeed, the primary objective of development. Ultimately, we must strengthen the moral or ethical basis of global health equity.

WHO should be a global institution for global health governance and it must strengthen its recognized normative role for supporting equity-oriented health policies, operating as the "world conscience" of health.