EU-Mercosur Trade Negotiations: What Fate for Access to medicines?

Trade negotiators from the EU and Mercosur countries (Argentina, Brazil, Paraguay, Uruguay and Venezuela) will meet next week from 2 to 6 May in Asuncion, Paraguay for the latest round of negotiations toward an Association Agreement between the two blocs, and public health advocates are watching with concern. Access to medicines in emerging and developing countries may come under threat if the EU continues to push for its over-reaching intellectual property (IP) demands in the trade pillar. Discussions on IP issues as part of the EU-Mercosur Association Agreement already started during the last round of negotiations in March this year, and it is likely that the two sides will present negotiating texts in Asuncion next week.

The EU’s IP demands in the EU-India trade negotiations have already sparked great controversy amongst civil society, international agencies, and developing country governments, and the Indian government recently rejected EU proposals on data exclusivity. India’s role as the “pharmacy of the developing world” would have been compromised, as well as access to affordable generic medicines not only in India, but also in the many countries that rely on Indian-produced generics.

Mercosur negotiators must also stand firm to resist EU demands for IP provisions that have damaging consequences for public health. As part of the Global-Latin American and Caribbean Alliance for Access to Medicines, HAI Europe works closely with civil society in Mercosur countries to raise awareness and campaign to ensure that health budgets and access to medicines in the region are not put under further strain as a result of a trade agreement with the EU.

Published ahead of negotiations, a HAI Europe Policy Brief highlights the adverse effects of stringent IP provisions proposed by the EU in trade agreements, including proposals on data exclusivity, patent extensions, and IP enforcement, which can have disastrous effects on access to medicines; weakening competition from generic medicines and sustaining monopoly prices.


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