



Prevention and control of NCDs in the face of free trade: How to preserve policy space for public health?  
Civil society side event to the 67th WHA, 20 May 2014, related to item 13.1 “Prevention and control of NCDs”

## Free trade agreements undermine public health

At the 67th session of the World Health Assembly (WHA) in Geneva several actors active within global health have raised their concerns about free trade agreements and market deregulation. A side event at the WHA organized by the [Medicus Mundi International Network](#) and [Wemos](#) Foundation together with the [NGO Forum for Health](#) underlines the potential loss of policy space that governments have to address the increasing global health threat of non-communicable diseases (NCDs). It led to a lively debate where civil society, the WHO and member states expressed their concerns related to the potency of trade and investment agreements to undermine health policies, for example related to tobacco control or the marketing of junk food. Trade deals are being made without proper assessment of the health effects and often do not take health problems into account.

Risk factors of NCDs include smoking, unhealthy foods & drinks, and unhealthy environments. To prevent diseases such as diabetes and cardiovascular diseases caused by obesity, governments have to be able to take measures to protect their citizens. What is at stake regarding food and nutrition?

Worldwide, 40 million children under 5 are overweight or obese. We face a first generation of children with a shorter life expectancy than their parents. In 30 years, obesity rates have nearly doubled in every region. 36 million of the 57 million deaths in 2008 were due to NCD's and over 300 million people are living with type 2 diabetes. Part of this increase is related to the consumption of unhealthy processed food and drinks. Governments have to be able to protect their citizens and address these issues with adequate policy measures.

Professor David Price of the Queen Mary University discussed in his presentation the Transatlantic Trade and Investment Partnership (TTIP). This trade and investment agreement is currently being negotiated between the US and the EU. The negotiations take place behind close doors so it is difficult to actually assess how they will influence our health and health policies. But national health policies run the risk of being overruled by the TTIP if non-tariff barriers will be lowered. Non-tariff barriers are rules and regulations created to protect (the health of) citizens and make sure access to health services is guaranteed. Professor Price takes the example of planning the number of hospital beds as a national policy that might be removed under pressure of TTIP, with the aim to increase competition for health service providers and attract foreign investment. He also mentions that the TTIP will increase market access for processed foods. This might contradict with the regulatory capacity of states to protect citizens from harmful products. The decision to include such policies in the TTIP means that the European Commission is taking more control over member states' health policy and that it is promoting free markets over public planning.

Potential challenges for policy space and autonomy of member states are a consequence of certain provisions under TTIP, including the Investor State Dispute Settlement (ISDS) and

regulatory cooperation. On ISDS, Price mentions that the negotiating brief does not include standard safeguards to protect public policies when investor guarantees are disputed. Based on current evidence it is reasonable to expect that EU negotiators will want to maximise guarantees to investors at the expense of governmental freedom of action. EU trade negotiators aim to extend member states' liberalization beyond that required under WTO or EU rules and to provide additional guarantees for foreign investors. The plans will promote marketization of health care further than current rules require or than domestic reform has achieved. They represent a substantial reduction in member states' policy autonomy.

Price: "TTIP is an attack on the policy autonomy of European member states."

Tamar Lawrence-Samuel of [Corporate Accountability International](#) (CAI) continues the session highlighting the influence of (transnational) corporations and their lobby affecting our health and the health policies of the WHO and member states. CAI has 20 years of experience in challenging the tobacco industry, working on the WHO Framework Convention for Tobacco Control (FCTC). In these negotiations, parties were determined to give priority to protect public health. This sets an excellent precedence for thinking of ways to halt the growing involvement of the food industry in policy formulation. Challenges in today's trade agreements are those provisions – such as ISDS – that allow corporations to take governments to a tribunal over public health policies. Lawrence-Samuel mentions for example the case of Australia's plain packaging law of tobacco that was challenged by tobacco industry. Another example of health policies being restricted is that Sweden could not ban marketing directed at children because it was seen as a trade barrier in the EU.

The discussion that followed the presentation gave some insight in the difficulties faced by the WHO, member states and civil society when addressing trade and investment agreements, including a lack of resources and pressure of industry. David Legge of the [People's Health Movement](#) (PHM) discussed the [WHA resolution of 2006 on International Trade and Health \(59/26\)](#) and the promise that a tool was going to be released to assist governments in trade negotiations; the tool was finished six years ago, but still not released. The difficulty is also that the work of WHO is not being properly funded and only Norway seemed willing to address the sensitive policy area of trade and health. Although NCDs are an increasing global problem, and the link to trade and investment treaties is broadly acknowledged, not many member states are prepared to support the WHO in tackling this issue. The question that arose from this discussion was: are trade actors and platforms more powerful than health actors in providing public health exceptions within trade negotiations?

A final remark made by Nicoletta Dentico ([Health Innovation in Practice](#)) was on the fact that global health related to the burden of NCDs is under high pressure of the industry. Obesity related problems are an increasingly global problem, affecting low-, middle and high-income countries, and a lot of money and potential markets are involved (in comparison to communicable diseases). We should therefore be extra aware of the fact that the corporate lobby will be big and puts a lot of pressure on governments preventing NCDs. Health policies should not be undermined by trade policies. To be effective in health policies, the health community needs to become more involved in trade policies.

Documentation of the event: [www.bit.ly/WHA67-NCDs](http://www.bit.ly/WHA67-NCDs)

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