

Power asymmetries, policy incoherence and noncommunicable disease control - a qualitative study of policy actor views

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Background

Noncommunicable diseases (NCDs) kill 40 million people each year and are the cause of 70% of global deaths annually. Proximal risk factors include tobacco use, physical inactivity, the harmful use of alcohol and consumption of unhealthy food, which are shaped by the social and economic conditions of daily life, known as the social and commercial determinants of health.

It is well recognised within the global health community that policy coherence across all levels of government at the national and international level is required to address NCDs. To date, however, there has been little coherence between health and trade policy, which directly affects access to unhealthy or healthy commodities.

Objectives

- Public health scholars have strengthened the evidence base for the impact of trade liberalisation on health; however, there has been less attention paid to policy processes and barriers to coherence.
- To improve coordination between these sectors, greater understanding of the barriers to coherence at both the national and international level is needed in order to identify opportunities for how these can be overcome.
- This paper explores policy actors' views of the challenges in achieving coordinated and coherent NCD policy across health and trade sectors.

Methodology

- Eighteen semi-structured interviews were undertaken in Switzerland, Australia and Malaysia and included participants from intergovernmental agencies (n = 5), national government (n = 2), non-government organisations (n = 9) and academic institutions (n = 2).
- Rushton and Williams's (2012) framework which focuses on the interplay between actors, ideas and power was used to analyse the transcripts.

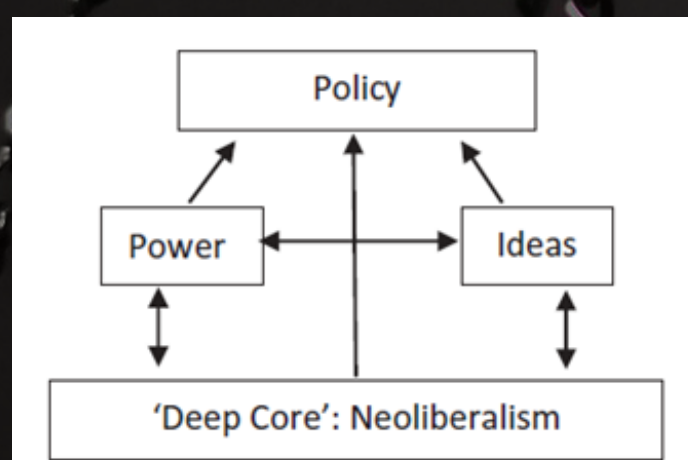


Figure 1 Framework Adapted from Rushton and Williams (2012)

Major Findings

Competing frames, power asymmetries and private interests were constraining for greater policy coherence:

- At the national level, health officials identified a knowledge imbalance that meant they were reliant on trade officials to identify whether an NCD control measure might be at risk in a trade agreement. This power imbalance was not only limited to knowledge but included constraints on what advice health officials could give to other countries, due to the elevation of trade rules above health.
- These asymmetries in power were also observed by international officials involved in supporting national actors on NCD policy. Policy actors also viewed intergovernmental trade officials as having much greater access to health forums than health officials' access to trade forums.
- Respondents identified the privileging of export interests by governments as a key factor in determining the extent of policy coherence in an NCD risk factor policy domain (i.e. nutrition, tobacco or alcohol).
- We also find differences between NCD risk factor domains. Tobacco control was highlighted as one area of generally successful coherence internationally. In contrast, alcohol and nutrition were identified as areas with little coherence.
- Industry power, the role of evidence, presence or absence of a treaty, the extent of coordinated advocacy and leadership by intergovernmental organisations were key factors influencing differences between these sectors.

Policy recommendations

- In light of these constraints, continued advocacy by non-governmental organisations is highlighted as key for much-needed policy change.
- Whilst these civil society networks have fewer material resources, they can exert a discursive power to reframe NCD risk factors and mobilise support for change.
- The coherence of NGO messaging also requires further development. While issue areas like medicines and tobacco have received prominence within public health, there is a strong need for alcohol and food to enter centre stage on trade policy issues.
- More capacity building is needed to provide technical legal assistance for countries to minimise the negative impact of trade policies on health and develop effective control measures for NCDs.
- Finally, constraints on the WHO leadership can also be addressed through improvements to WHO financing. In particular, greater contributions that are not ear-marked for specific programmes would enable more resources for WHO action on trade and health.

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