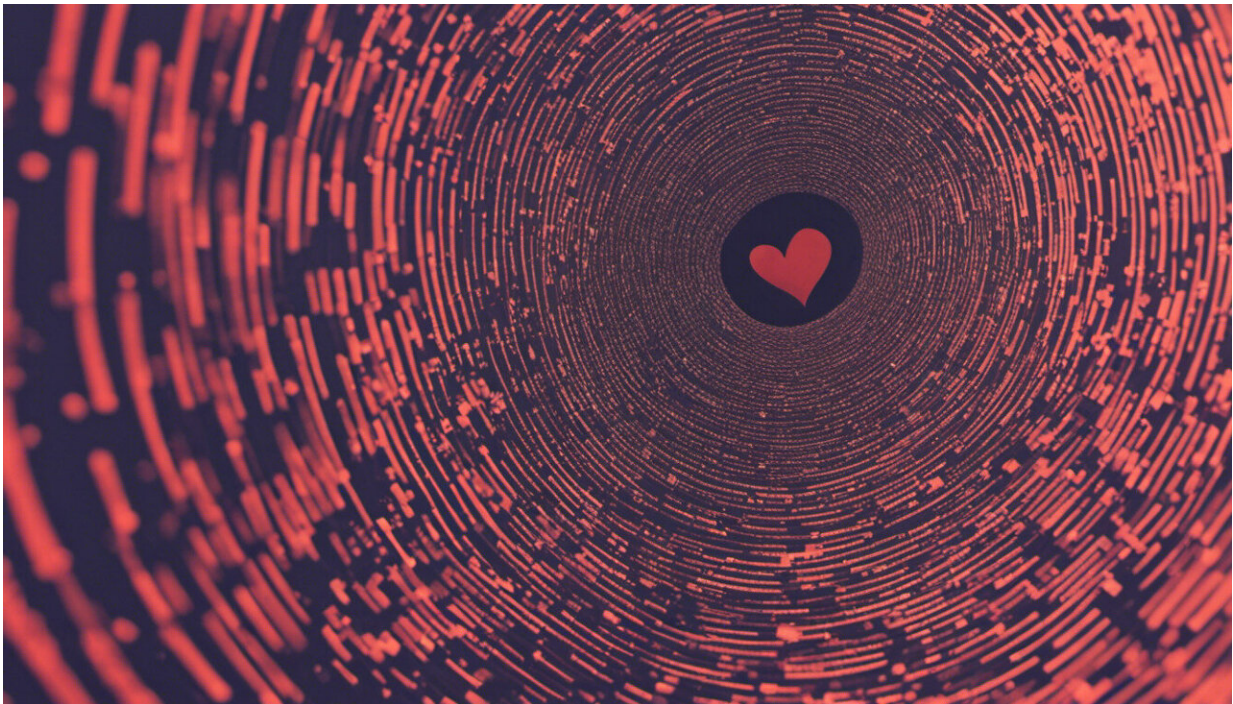


The hidden connection between obesity, heart disease and trade

October 19 2017, by Ronald Labonte



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This week, representatives from most of the world's governments are meeting at a [World Health Organization global conference](#) in Uruguay to tackle the global pandemic of noncommunicable diseases (NCDs).

These NCDs are the chronic diseases —including cancers,

cardiovascular diseases, respiratory diseases and diabetes —that [now kill around 40 million people each year](#). They are responsible for 70 per cent of all deaths globally and have a much bigger impact than infectious diseases such as HIV and malaria. Reducing the preventable deaths they cause is one of the [key health targets of the new Sustainable Development Goals](#).

The good news is that the meeting's [draft agreement](#) recognizes the need to address conflicts between [public health](#) goals and private sector interests in tobacco, [unhealthy foods](#) and alcohol products. Alongside physical inactivity, consumption of these products is one of the main drivers of NCDs.

The bad news is that the [agreement](#) is virtually silent on the role of [trade](#) and investment agreements in promoting the global rise in NCDs.

Trade agreements boost heart disease and obesity

There is plenty of research evidence of the impact of trade and investment agreements on NCDs such as heart disease, and on major risk factors such as [obesity](#) and [tobacco use](#).

One of our studies, for example, revealed that [consumption of sugar-sweetened beverages in Vietnam spiked dramatically](#) after that country opened itself to trade and foreign investment. Soft drink companies based in the United States increased their market presence even as the World Health Organization identified the rise in consumption of high-sugar content drinks as a [major cause of rising youth obesity](#).

Another study found that [consumption of unhealthy foods and sugary drinks increases after implementation of trade agreements](#), often those with the U.S. There was also a correlation between such trade agreements and higher rates of [heart disease](#) and obesity.

Other research has found that [when countries opened themselves to trade, cigarette consumption rose](#); as more cigarettes entered the domestic market, price competition made them more affordable.

Limiting government power to prevent disease

Trade and investment agreements are not the only cause of these NCD-promoting patterns. [Globalization processes more generally are also involved](#). This includes the way that products such as high-sugar drinks and cigarettes can function as symbols that people in low-income countries have "made it" to the middle class. But as [our analysis of the Trans-Pacific Partnership Agreement](#) has found, such agreements can limit the ability of governments to implement laws, policies and regulations aimed at controlling these NCD risk factors.

These agreements require governments to have scientific proof for any new control measure they introduce that could interfere with trade rules. But what if the measure, by being new, has only limited evidence? Agreements also call on governments to prove that their control measure is "necessary" and that no other less trade-restrictive options might exist, such as mass education campaigns.

Extended patent protection on drugs used to treat NCDs, meanwhile, price them beyond poor peoples' reach. And they drain limited [government health](#) budgets.

Government fear of being sued

Many trade agreements also contain rules that allow foreign investors to sue governments over perceived losses due to new regulations. Philip Morris did just that when Australia introduced tobacco plain packaging. Several [tobacco-exporting countries launched government-to-](#)

[government disputes](#) under the World Trade Organization (WTO) system.

These challenges were not successful in the end, although the final WTO ruling has yet to be made public. But the very fact that they were considered possible [creates a "regulatory chill"](#) in which governments grow reluctant to enact new public health measures for fear of a future trade or investment dispute. This is especially concerning for low-income countries that lack the financial resources to fight such a regulatory challenge.

Few NCD control measures have actually gone to formal trade or investment dispute. But under the WTO system, there are an increasing number of challenges being raised against [government policies on food or alcohol labelling](#) intended to inform consumers of health risks, on marketing restrictions and on [tobacco control measures](#). As a result of these informal challenges, governments in some instances have delayed or backed away from their policies to avoid the risk of a dispute.

Three steps to reduce preventable deaths

So what should governments do, especially since much of the liberalized global diffusion of NCD risks has already occurred? Fortunately, there are three simple steps they can take to ensure the "policy coherence" that is the theme of the Uruguay meeting.

First, governments should agree that all future trade and investment agreements contain a full carve-out for any non-discriminatory public health measure aimed at controlling NCD risks (or any other health concern), whether or not there is scientific proof or other less trade-restrictive means available.

Second, since there are already scores of existing agreements potentially

tying public health's regulatory hands, governments should commit to not initiating a dispute against another country's non-discriminatory public health measure.

Third, governments should refrain from increasing patent protection on drugs used to treat NCDs. These diseases will continue to surge before prevention measures lead to their eventual decline; affordable treatments will be needed.

These three commitments should be written into the final Uruguay agreement. They respect the aim of global trade by ensuring public health measures are not used to discriminate against another country's products or trade interests. They also respect the policy space governments need now, and into the future, to protect the health and well-being of their citizens.

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