

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Walls, Helen; Baker, Philip; Parkhurst, Justin (2018) Addressing trade policy as a macro-structural determinant of health: The role of institutions and ideas. *Global social policy*. p. 1468018117748700. ISSN 1468-0181 DOI: <https://doi.org/10.1177/1468018117748700>

Downloaded from: <http://researchonline.lshtm.ac.uk/4646745/>

DOI: [10.1177/1468018117748700](https://doi.org/10.1177/1468018117748700)

Usage Guidelines

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

Title: Addressing trade policy as a macro-structural determinant of health: The role of institutions and ideas

Authors: Helen Walls, Philip Baker, Justin Parkhurst

Journal: Global Social Policy; 'commentary' style

Key words

trade policy; macro-structural determinants of health; institutions; ideas; policy analysis

Abstract

The 'macro-structural' determinants of health, which include macroeconomic policy and social policy, significantly influence people's living and working conditions, behaviours, and health. Trade policy is one example of a macro-structural determinant, with increasingly well recognised health outcomes. The health effects of macro-structural determinants such as trade policy are mediated through the policy and governance mechanisms of economic, social, and political institutions. Thus, responding to these determinants will require actions that generate institutional and policy change – and a politically-informed research approach. Some recent empirical work in the public and global health community has taken a more politically-informed approach to trade and health, however there is scope for considerable conceptual and methodological development. We describe how a perspective informed by political science might inform new ways of investigating and addressing trade policy to improve health outcomes. A range of theories and methods from policy studies are relevant, but particularly important will be application of institutional and ideational lenses of policy analysis, to understand better policy processes and inform avenues for macrostructural change.

Main text

A strong theme from the public health community regarding how to address health problems is the need to engage with the 'upstream' or structural determinants that shape individual behaviours and risk – the so called 'causes of the causes' of health outcomes. Interventions addressing disease risk at the individual level remain important, but many of the key determinants of health and wellbeing are considered to be best addressed at a population level (Marmot and Allen, 2014, McKee et al., 2014). This concept is perhaps most clearly illustrated in the work of the World Health Organization's Commission on the Social Determinants of Health (Commission on Social Determinants of Health, 2008), and is described by various frameworks, several of which have been recently summarised in a report of the Canadian Council on Social Determinants of Health (Canadian Council on Social Determinants of Health, 2015). One of the most commonly seen of these is the Dahlgren and Whitehead (1991) rainbow model of the wider determinants of health (Dahlgren and Whitehead, 1992) (Figure 1). The determinants on the outer layer of the model are those often described as the 'macro-structural' determinants of health. They include macroeconomic policy and social policy and have significant influence over our living and working conditions, our lifestyle choices, and behaviours. Trade policy is one example of such a macro-structural determinant (Woodward et al.,

2001, Labonté and Schrecker, 2007, Blouin et al., 2009), with increasingly well recognised health outcomes (c.f. (Blouin et al., 2009, Labonte et al., 2011, Hawkes, 2006, Baker et al., 2014)).

Figure 1. A conceptual model of the wider determinants of health



Source: Dahlgren & Whitehead (1991) (Dahlgren and Whitehead, 1992); Canadian Council on Social Determinants of Health (Canadian Council on Social Determinants of Health, 2015).

The health effects of macro-structural determinants such as trade policy are mediated through the policy and governance mechanisms of economic, social, and political institutions (Commission on Social Determinants of Health, 2008). Thus, responding to these determinants will typically require actions that generate institutional and policy change. Yet the public and global health communities have often struggled to apply approaches outside traditional biomedical or public health perspectives that might target these higher-level determining structures. In regard to trade and health research, several authors have already critiqued the limitations of the health sector in such ways (c.f. (McNamara, 2017, Walls et al., 2016b, Hanefeld et al., 2017)). McNamara (2017), for instance, argued that there has been “little methodological reflection on what theories, research designs or methods best inform analysis of trade and health” (McNamara, 2017). Here, we discuss how a perspective informed by political science might inform new ways of investigating and addressing trade policy to improve health outcomes.

While there are an abundance of theories developed to explain features of policy-making or processes of policy change (John, 1998, Hill, 2005, Parsons, 1995), a common approach often taken is to consider the relevance of the so-called ‘3Is’ of *interests*, *institutions*, and *ideas* to explain policy outcomes (Hall, 1997). While many descriptions of policy-making might focus on the means by which stakeholders pursue their various interests, considering institutions and ideas has been shown to shed light on many critical features influencing the policy process beyond this initial starting point (c.f. (Beland, 2016, Beland, 2009, Smith, 2013a, Lowndes and Roberts, 2013)). *Institutions* include political, economic, and cultural structures – both formal structures (e.g. regulations, laws and ‘brick and mortar’ organizations) and less formal rules and patterns of behaviour. *Ideational* approaches consider aspects such as the way issues are framed or the roles that ideas play as motivating forces for change. Institutions and ideas are in many ways intertwined. Ideas help to conceptualise what is

important within the remit of different institutional bodies, while institutions have their own 'logics of appropriateness' that reinforce certain ideas about what is appropriate action to take (Lowndes and Roberts, 2013, March and Olsen, 1984, Peters, 2008, March and Olsen, 2011). Thus, as Berman (2001) has noted, ideas persist over time through the process of institutionalisation (Berman, 2001).

A growing number of scholars in the global health community have been considering how the interaction of institutions and ideas works to dictate which health issues are addressed (and which are not), by whom, and how (c.f. (Shiffman and Smith, 2007, Shearer et al., 2016, Smith et al., 2014, Walls et al., 2017, Shiffman et al., 2002)). But the challenges in addressing the macro-structural determinants of health remain. An example of these challenges, and the value of a more conceptually-informed policy analysis approach in helping to find a way forward, can be seen in the social determinants of health as described by the report of the WHO Commission on Social Determinants of Health (Commission on Social Determinants of Health, 2008).

The WHO Commission on the Social Determinants of Health was established in 2005 to synthesise the evidence on how to address health inequities globally (Commission on Social Determinants of Health, 2008). The Commission's overarching recommendations were to: 1) improve the daily living conditions; 2) tackle the inequitable distribution of power, money and resources; and 3) measure and understand the problem and assess the impact of action. Despite the high profile of this work, the overall lack of progress in addressing these recommendations has disappointed many in the global health community.

The reasons for the lack of progress on the social determinants of health on government agendas are complex, but as several authors have described (c.f. (Scott-Samuel and Smith, 2015, Smith, 2013a, Lynch, 2017, Smith and Joyce, 2012)), they can be attributed to institutionalised norms such as neoliberalism and a dominant biomedical approach to health that sit at odds with thinking about addressing broader social determinants of health. Neoliberalism, the prevailing economic paradigm since the 1980s, focuses on individual responsibility for health behaviours and outcomes, and fails to recognise the broader structural factors that have been shown to be crucial in explaining health outcomes (Navarro, 2007b, Rushton and Williams, 2012, Navarro, 2009, Navarro, 2007a, Scott-Samuel and Smith, 2015, Smith, 2013b). Similarly, the biomedical approach looks for causes of illness proximal to the individual such as pathogens or individual behaviours rather than the broader structural factors that shape pathogen spread or influence the behaviour of individuals within a population (Glasgow and Schrecker, 2016, Bambra and Schrecker, 2015, Birn et al., 2009, Baum et al., 2013). These institutionalised ideas can either limit the consideration of the social determinants of health in agenda setting and policy development, or result in an their adaptation such that the policy as described in documents and vision statements is not reflected in actual on-the-ground implementation (Scott-Samuel and Smith, 2015, Smith, 2013b).

As a result of the institutionalisation of ideas such as neoliberalism and a biomedical approach to health, often supported by powerful private actors who seek to further their particular interests (Moodie et al., 2013, Panjwani and Caraher, 2014, Scott et al., 2017), those seeking to promote the social determinants of health in government policy face substantial barriers to achieving change. For an example, the Public Health Responsibility Deal of England launched in March 2011, a partnership approach to addressing specific behaviours such as alcohol and food consumption. Involving collaborations between public, private and third-sector actors, this approach relies on voluntary private sector actions to help meet public health goals, has been critiqued as a neoliberal policy that advances private sector values and interests – rather than an approach likely to be effective in addressing important public health concerns (Panjwani and Caraher, 2014).

The institutional constraints to a more structural approach were recently described by Hunsmann (2012) in relation to HIV/AIDS planning. The author explored the political obstacles to integration of a broad set of approaches to addressing the social/structural drivers of HIV within donor agencies working in African settings, through an exploration of Tanzania in particular. He found that donor incentive structures worked against taking a broader structural approach, despite thinking in the field that this approach was increasingly necessary to affect the drivers of HIV risk and transmission (Hunsmann, 2012).

Alternatively, despite the Canadian government's strong support for a social determinants approach to addressing health and inequities, several authors have described the challenges in Canadian public health practice, which often focuses on inducing individual behavioural change, rather than strategies addressing the social determinants of health that shape such behaviours (Brassolotti et al., 2014, Raphael, 2003, McIntyre et al., 2013).

An analysis of nutritional concerns in the European Union's Common Agricultural Policy described obstacles in the Commission's legal mandate that impede addressing nutrition through agricultural policy – institutionalising an approach instead focused on consumer education strategies to improve nutrition. This analysis also uncovered sectoral differences in opinion regarding the appropriateness of addressing nutrition within agricultural policy – an example of ideational differences between different governing institutions, that can impede policy development (Walls et al., 2016a).

In various ways, then, research from a number of areas of health helps to point to the institutional and ideational obstacles that may also serve as barriers to achieving more healthy international trade policy. One key factor is the strong industry influence over the process, dominating the ideas around what appropriate goals are to pursue in international trade (principally growth and revenue oriented), as well as reflecting a dominant idea of free market access and minimal regulation (in favour of health and social goals, at least) as supporting such growth (c.f. (Walls et al., 2015, Hawkins and Holden, 2016, McNeill et al., 2017)). Some recent empirical work taking this more politically-informed approach to trade and health has also been conducted (c.f. (Thow et al., 2015, Friel et al., 2016, McNamara and Labonté, 2017, Thow et al., 2014)), including by Schram and colleagues in this Special Issue (Schram, 2018); however, there is scope for considerable conceptual and methodological development.

Research to improve understanding of the health impact of trade policy is critically important and this is fortunately an area of growing research interest. However despite increasing recognition of the importance of macrostructural factors, including trade policy, to health outcomes, systems of policy making and governance are often structurally aligned in ways that hinder action on these issues. To go beyond descriptions of problematic outcomes to inform positive change, will likely require a more explicit political economy approach that challenges the systemic arrangements perpetuating the health outcomes of concern. A range of theories and methods from policy studies will be relevant to explore the mechanisms that hinder change. One way of starting can be to apply institutional and ideational lenses of policy analysis. Research addressing interests will be important, complemented by analyses of power in regard to how it is attained, distributed and exercised, and how organised interests function and propagate favourable arrangements (Lukes, 2005, Lukes, 1993). But also important will be explicit institutional and ideational approaches to understanding policy processes and informing avenues for macrostructural change.

References

- BAKER, P., KAY, A. & WALLS, H. 2014. Trade and investment liberalization and Asia's noncommunicable disease epidemic: a synthesis of data and existing literature. *Globalization and Health*, 10, 66.
- BAMBRA, C. & SCHRECKER, T. 2015. *How politics makes us sick: neoliberal epidemics*, Palgrave Macmillan.
- BAUM, F., LARIS, P., FISHER, M., NEWMAN, L. & MACDOUGALL, C. 2013. Never mind the logic, give me the numbers": former Australian health ministers' perspectives on the social determinants of health. *Soc Sci Med*, 87, 138-46.
- BELAND, D. 2009. Ideas, institutions and policy change. *Journal of European Public Policy*, 16.
- BELAND, D. 2016. Ideas and institutions in social policy research. *Social Policy & Administration*, 50, 734-750.
- BERMAN, S. 2001. Path dependency and political action. *Comparative Politics*, 30, 379-400.
- BIRN, A., PILLAY, Y. & HOLTZ, T. 2009. *Textbook of international health: global health in a dynamic world*, New York, Oxford University Press.
- BLOUIN, C., CHOPRA, M. & VAN DER HOEVEN, R. 2009. Trade and social determinants of health. *The Lancet*, 373, 502-507.
- BRASSOLOTTI, J., RAPHAEL, D. & BALDEO, N. 2014. Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada: a qualitative enquiry. *Critical Public Health*, 24.
- CANADIAN COUNCIL ON SOCIAL DETERMINANTS OF HEALTH 2015. A review of frameworks on the determinants of health.
- COMMISSION ON SOCIAL DETERMINANTS OF HEALTH 2008. Closing the gap in a generation: health equity through action on the social determinants of health, final report of the Commission on the Social Determinants of Health. Geneva: World Health Organization.
- DAHLGREN, G. & WHITEHEAD, M. 1992. Policies and strategies to promote equity in health. Copenhagen, Denmark: World Health Organization Regional Office for Europe.
- FRIEL, S., PONNAMPERUMA, S., SCHRAM, A., GLEESON, D., KAY, A., THOW, A. & LABONTE, R. 2016. Shaping the discourse: What has the food industry been lobbying for in the Trans Pacific Partnership trade agreement and what are the implications for dietary health? *Critical Public Health*, 26.
- GLASGOW, S. & SCHRECKER, T. 2016. The double burden of neoliberalism? Noncommunicable disease policies and the global political economy of risk☆. *Health & Place*, 39, 204-211.
- HALL, P. 1997. *The role of interests, institutions, and ideas in the comparative political economy of the industrialized nations*. In M. I. Lichbach & A. S. Zuckerman (Eds.), *Comparative politics: Rationality, culture, and structure*, Cambridge, Cambridge University Press.
- HANEFELD, J., KHAN, M. & SMITH, R. 2017. Trade is central to achieving the sustainable development goals: a case study of antimicrobial resistance. *British Medical Journal*, 358.
- HAWKES, C. 2006. Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Globalization and Health*, 2, 4.
- HAWKINS, B. & HOLDEN, C. 2016. A Corporate Veto on Health Policy? Global Constitutionalism and Investor-State Dispute Settlement. *J Health Polit Policy Law*.
- HILL, M. 2005. *The public policy process*, Harlow, Pearson Longman.
- HUNSMANN, M. 2012 Limits to evidence-based health policymaking: Policy hurdles to structural HIV prevention in Tanzania. *Social Science & Medicine*, 74, 1477-1485.
- JOHN, P. 1998. *Analysing public policy*, London, Continuum.
- LABONTE, R., MOHINDRA, K. & LENCUCHA, R. 2011. Framing international trade and chronic disease. *Globalization and Health*, 7.
- LABONTÉ, R. & SCHRECKER, T. 2007. Globalization and social determinants of health: Introduction and methodological background (part 1 of 3). *Globalization and Health*, 3, 5.

- LOWNDES, V. & ROBERTS, M. 2013. Why institutions matter: The new institutionalism in political science. Basingstoke: Palgrave Macmillan.
- LUKES, S. (ed.) 1993. *Three distinctive views of power compared*, London: Prentice Hall.
- LUKES, S. 2005. *Power: A Radical View (2nd ed)*, New York, Palgrave Macmillan.
- LYNCH, J. 2017. Reframing inequality? The health inequalities turn as a dangerous frame shift. *Journal of Public Health*.
- MARCH, J. & OLSEN, J. 1984. The New Institutionalism: Organizational Factors in Political Life. *The American Political Science Review*, 78, 734-749.
- MARCH, J. & OLSEN, J. (eds.) 2011. *The logic of appropriateness*.
- MARMOT, M. & ALLEN, J. 2014. Social determinants of health equity. *American Journal of Public Health*, 104, S517-S519.
- MCINTYRE, L., SHYLEYKO, R., NICHOLSON, C., HOPE BEANLANDS, H. & MCLAREN, L. 2013. Perceptions of the social determinants of health by two groups more and less affiliated with public health in Canada. *BMC Res Notes*, 6.
- MCKEE, M., HAINES, A., EBRAHIM, S., LAMPTEY, P., BARRETO, M., MATHESON, D., WALLS, H., FOLIAKI, S., MIRANDA, J., CHIMEDDAMBA, O., GARCIA MARCOS, L., VINEIS, P. & PEARCE, N. 2014. Towards a comprehensive global approach to prevention and control of NCDs. *Globalization and Health*, 10, 74.
- MCNAMARA, C. 2017. Assessing the health impact of trade: A call for an expanded research agenda. Comment on "The Trans-Pacific Partnership: Is it everything we feared for health?". *International Journal of Health Policy and Management*, 6, 293-294.
- MCNAMARA, C. & LABONTÉ, R. 2017. Trade, Labour Markets and Health: A Prospective Policy Analysis of the Trans-Pacific Partnership. *Int J Health Serv*, 47, 277-297.
- MCNEILL, D., BIRKBECK, C., FUKUDA-PARR, S., GROVER, A., SCHRECKER, T. & STUCKLER, D. 2017. Political origins of health inequities: trade and investment agreements. *Lancet*, 389, 760-762.
- MOODIE, R., STUCKLER, D., MONTEIRO, C., SHERON, N., NEAL, B., THAMARANGSI, T., LINCOLN, P., CASSWELL, S. & LANCET NCD ACTION GROUP 2013. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet*, 381, 670-9.
- NAVARRO, V. 2007a. Neoliberalism as a Class Ideology; Or, the Political Causes of the Growth of Inequalities. *International Journal of Health Services*, 37, 47-62.
- NAVARRO, V. 2007b. *Neoliberalism, Globalization and Inequalities: Consequences for Health and Quality of Life*, Amityville, NY, Baywood.
- NAVARRO, V. 2009. What we mean by social determinants of health. *Journal of Health Services Research & Policy*, 39, 423-441.
- PANJWANI, C. & CARAHER, M. 2014. The Public Health Responsibility Deal: Brokering a deal for public health, but on whose terms? *Health Policy*, 114, 163-173.
- PARSONS, W. 1995. *Public policy: An introduction to the theory and practice of policy analysis*, Cheltenham, Edward Elgar.
- PETERS, B. 2008. *Institutional theory: problems and prospects*, Manchester, University of Manchester Press.
- RAPHAEL, D. 2003. Barriers to addressing the societal determinants of health: public health units and poverty in Ontario, Canada. *Health Promotion International*, 18, 397-405.
- RUSHTON, S. & WILLIAMS, O. 2012. Frames, paradigms and power: global health policy-making under neoliberalism. *Global Society*, 26, 147-167.
- SCHRAM, A. 2018. Constraints on trade and health policy coherence. *Global Social Policy*.
- SCOTT-SAMUEL, A. & SMITH, K. 2015. Fantasy paradigms of health inequalities: Utopian thinking? *Social Theory & Health*, 13, 418-436.
- SCOTT, C., HAWKINS, B. & KNAI, C. 2017. Food and beverage product reformulation as a corporate political strategy. *Soc Sci Med*, 172, 37-45.

- SHEARER, J., ABELSON, J., KOUYATE, B., LAVIS, J. & WALT, G. 2016. Institutions, interests, ideas and networks in three cases of policy reform. *Health Policy Plan*, 31, 1200-11.
- SHIFFMAN, J., BEER, T. & WU, Y. 2002. The emergence of global disease control priorities. *Health Policy and Planning*, 17, 225-234.
- SHIFFMAN, J. & SMITH, S. 2007. Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality. *The Lancet*, 370.
- SMITH, K. 2013a. *Beyond evidence based policy in public health*, Palgrave MacMillan UK.
- SMITH, K. 2013b. The politics of ideas: The complex interplay of health inequalities research and policy. *Science and Public Policy*, 1-14.
- SMITH, K. & JOYCE, K. 2012. Capturing complex realities: Understanding efforts to achieve evidence-based policy and practice in public health. *Evidence and Policy*, 8, 59-80.
- SMITH, N., MITTON, C., DAVIDSON, A. & WILLIAMS, I. 2014. A politics of priority setting: Ideas, interests and institutions in healthcare resource allocation. *Public Policy and Administration*.
- THOW, A., SNOWDON, W., LABONTE, R., GLEESON, D., STUCKLER, D., HATTERSLEY, L., SCHRAM, A., KAY, A. & FRIEL, S. 2015. Will the next generation of preferential trade and investment agreements undermine prevention of noncommunicable diseases? A prospective policy analysis of the Trans Pacific Partnership Agreement. *Health Policy*, 119, 88-96.
- THOW, A. M., ANNAN, R., MENSAH, L. & CHOWDHURY, S. 2014. Development, implementation and outcome of standards to restrict fatty meat in the food supply and prevent NCDs: learning from an innovative trade/food policy in Ghana. *BMC Public Health*, 14, 249.
- WALLS, H., BAKER, P. & SMITH, R. 2015. Moving towards policy coherence in trade and health. *Journal of Public Health Policy*, 36, 491-501.
- WALLS, H., CORNELSEN, L., LOCK, K. & SMITH, R. 2016a. How much priority is given to nutrition and health in the EU Common Agricultural Policy? *Food Policy*, 59, 12-23.
- WALLS, H., HANEFELD, J. & SMITH, R. 2016b. The Trans-Pacific Partnership: should we 'fear the fear'? *International Journal of Health Policy and Management*, 5, 1-3.
- WALLS, H., LIVERANI, M., CHHENG, K. & PARKHURST, J. 2017. The many meanings of evidence: A critical analysis of the forms and roles of evidence within health policy-making in Cambodia. *Health Research Policy and Systems*, In press.
- WOODWARD, D., DRAGER, N., BEAGLEHOLE, R. & LIPSON, D. 2001. Globalization and health: a framework for analysis and action. *Bull World Health Organ*, 79.