

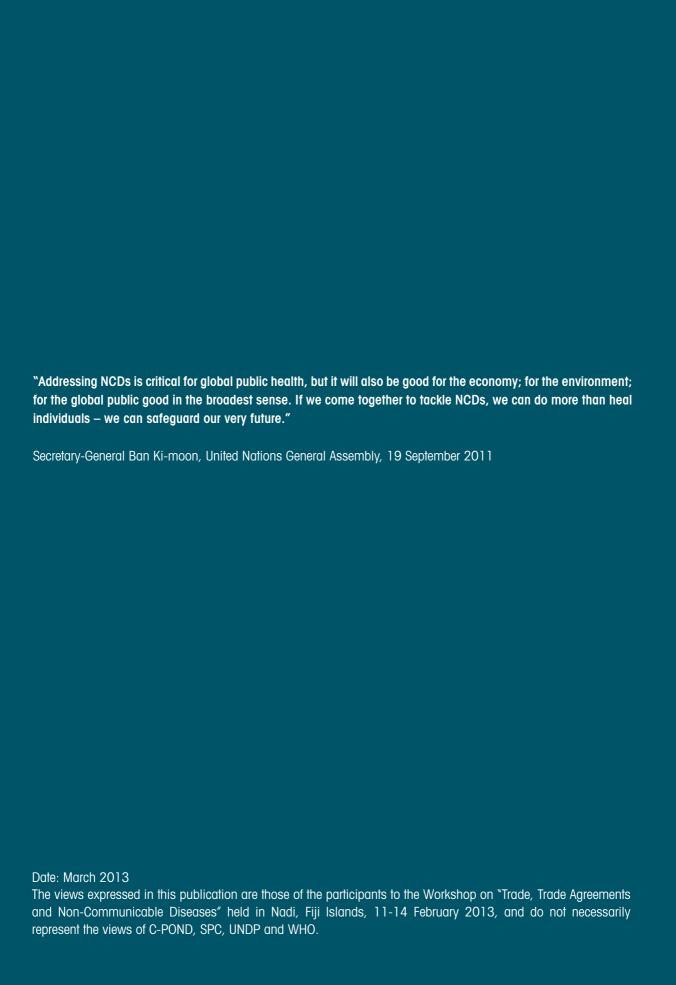








Intersections, Lessons Learned, Challenges and Way Forward



Trade, trade agreements and non-communicable diseases in the Pacific Islands

Intersections, Lessons Learned, Challenges and Way Forward









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Abbreviations

C-POND	Pacific Research Centre for the Prevention of Obesity and Non-communicable Diseases
CSO	Civil Society Organisation
EPA	European Partnership Agreement
GATT	General Agreement on Tariffs and Trade
HIA	Health Impact Assessment
HIES	Household Income and Expenditure Surveys
HRIA	Human Rights Impact Assessment
IP	Intellectual Property
IPR	Intellectual Property Right
LDC	Least Developed Countries
МоН	Ministry of Health
MSG	Melanesia Spearhead Group
NCDs	Non-Communicable Diseases
PACER	Pacific Agreement on Closer Economic Relations
PICTA	Pacific Island Countries Trade Agreement
PIFS	Pacific Islands Forum Secretariat
RTA	Regional Trade Agreement
SIA	Social Impact Assessment
SPARTECA	South Pacific Regional Trade And Economic Co-operation Agreement
SPC	Secretariat of the Pacific Community
SPSS	Agreement on Sanitary and Phytosanitary Measures
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UNDP	United Nations Development Programme
WHO	World Health Organization
WTO	World Trade Organization

Introduction

Background

The Pacific islands have some of the highest rates of obesity and diabetes in the world, with obesity rates as high as 75% and diabetes rates as high as 47% in some countries¹. Increasing reliance on imported foods has contributed to an 'epidemic' of obesity and related non-communicable diseases (NCDs) in the region². In 2011 Pacific Island Forum Leaders as part of the 42nd Pacific Islands Forum communiqué declared the Pacific in a crisis due to the non-communicable disease epidemic.

Several trade agreements currently being negotiated by the Pacific island countries are likely to have a big impact on future ability to address NCDs, including PACER Plus (being negotiated between the Pacific Island Forum Countries including Australia and New Zealand) and the Economic Partnership Agreements (EPAs) with the European Union. For example, reductions in tariffs (import taxes) on unhealthy products such as fatly meats, tobacco and alcohol could lower the prices of these products, contributing to obesity, diabetes and heart disease. Trade agreements can also restrict governments from introducing policies and laws to address NCDs, such as bans on certain products, restrictions on food labelling, etc.

There is a need for closer engagement between the health and trade sectors in (i) developing health promotion strategies to address NCDs that are compliant with existing trade commitments; and (ii) contributing to the design of trade policies and trade agreements that are health promoting. The concept of policy coherence asks that health policies and trade agreements are formulated in ways which enable both trade objectives and public health objectives to be met at the same time. The need to work towards closer coherence between health policy and trade policy has been recognised in World Health Assembly Resolution 59.263 and reiterated in many regional meeting and research reports.

Capacity development is needed to support such collaboration. In August 2011 during the NCD forum in Tonga, health offficials with responsibility for NCD prevention and management from 14 Pacific island countries were interviewed regarding their capacity for health-trade collaboration in their countries. The findings from these interviews substantiate anecdotal evidence and concerns previously expressed in the literature that the health sectors of Pacific island countries are generally not well equipped to initiate cross-sectoral discussions about health and trade. Capacity building strategies that were prioritised most highly included training in technical disciplines such as epidemiology and health economics; support from regional organisations (particularly country-specific advice); and earning opportunities for health officials (focused on understanding trade agreements) and trade officials (focused on understanding the impact of trade agreements on NCDs). Also emphasised was a need for different sectors (health officials, trade officials, clinicians, civil society, media etc.) to coordinate interventions in the intersection between trade and health.

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