

# Regulating for health

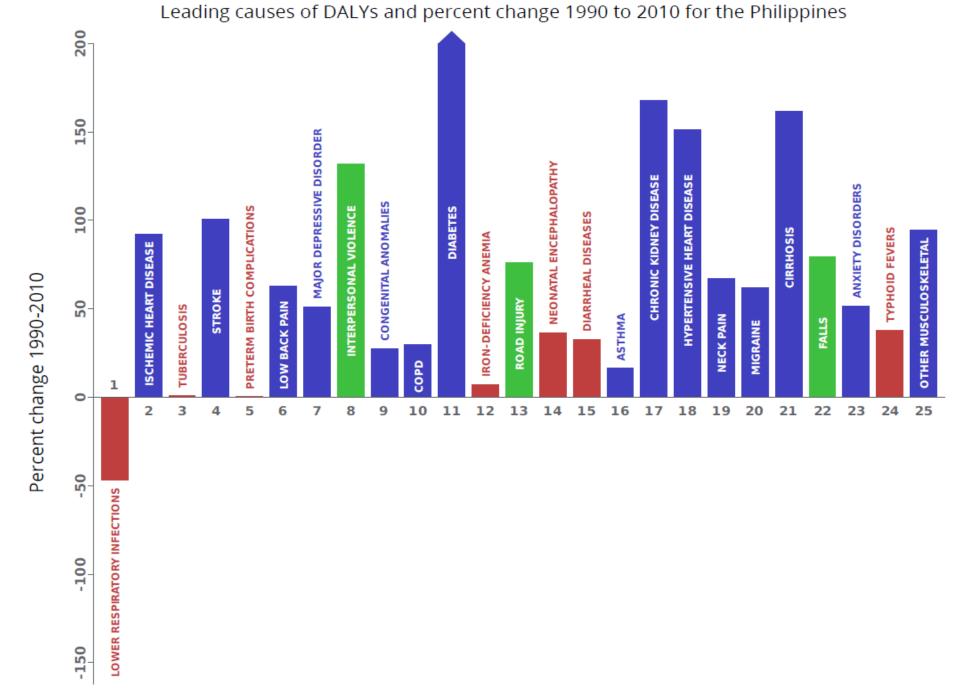
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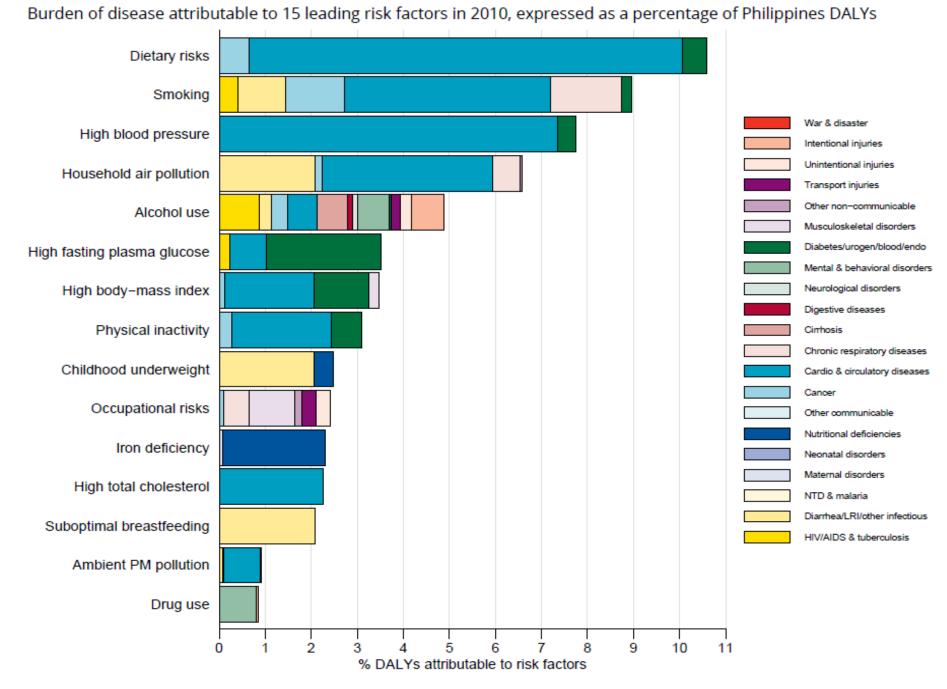
WITNESS TO MORTALITY

# 1. The policy problem

- 2. Why regulate
- 3. Suite of regulatory approaches



Institute for Health Metrics and Evaluation. 2010 Global Burden of Disease Profile: Philippines



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# For what purpose

- Efficiency
- Effectiveness
- Equity

- Promotion
- Prevention
- Treatment

# In pursuit of health

People, communities and nations need

Psycho- Material social control Resource

Political voice

to prevent poor health and to seek treatment for illness

# **Equity monitoring**

- · Health equity and SEDH in routine monitoring
- Disaggregated data on inequity and SEDH
- Targets for equity
- · Tools & processes to use equity data in policy-making

## Equity assessment tools

- Specific tools for use in health and non-health sectors
- Health Impact Assessment

## Good governance

- · Political commitment
- Intersectoral action
- Policy coherence
- · Community participation

**Actions to** measure, monitor & evaluate

address the social & environmental determinants of health

Actions to

**Actions to** address the unequal distribution of power, money and resources

## Promoting social inclusion

- Promoting rights through political and legal systems
- Ensuring equitable participation
- Closing the gaps in education and skills
- Community empowerment

## Macroeconomic policy

- Responding to financial crises
- Making trade policy good for health equity
- National public policy to reduce harmful effects of market liberalisation

## Managing & avoiding environmental degradation

- Building response capacity
- Adapting to environmental change
- Climate change mitigation
- Maximising co-benefits

### **Balanced urbanisation**

- · Urban planning and design for health
- Slum reduction and upgrading
- Improving access to services
- · Creating environments for healthy living
- development

## Labour and social protection

**Actions to improve** 

daily living conditions

- Creating employment opportunities
- Improving working conditions
- Skills to reduce workers' vulnerability
- Increasing social protection across the lifecourse

### Health systems

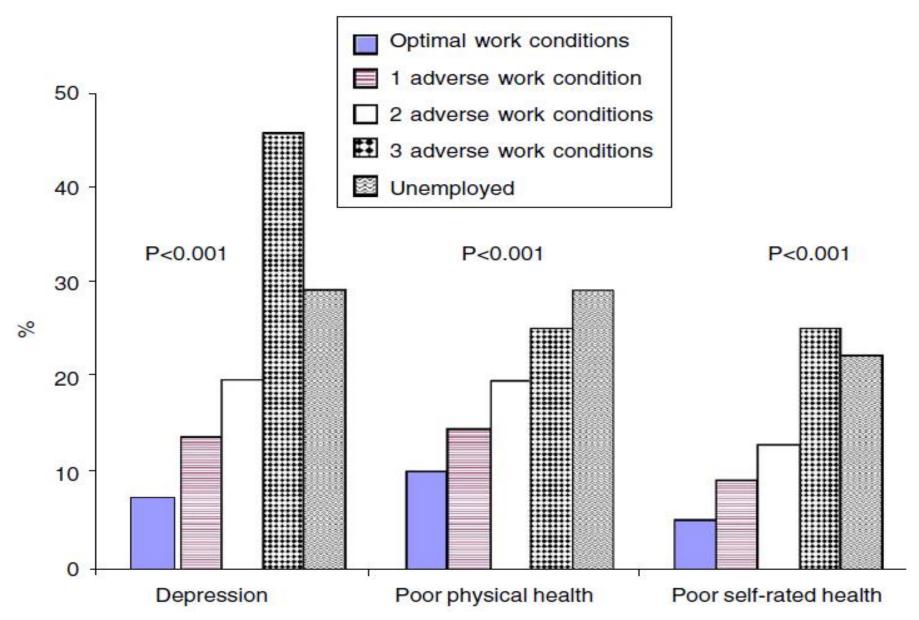
- Primary Health Care
- Universal coverage
- Reducing out-of-pocket costs
- Equity at all levels of service delivery
- Equitable access to medicines and new technologies
- Interventions to address social barriers

## Global/regional collaboration

- · Streamlining UN activities
- Holding governments to account
- A SEDH approach to development
- South-South collaboration
- Regional co-operation

- Investing in rural

# Work and health, middle aged Australians





# Health & social services matter

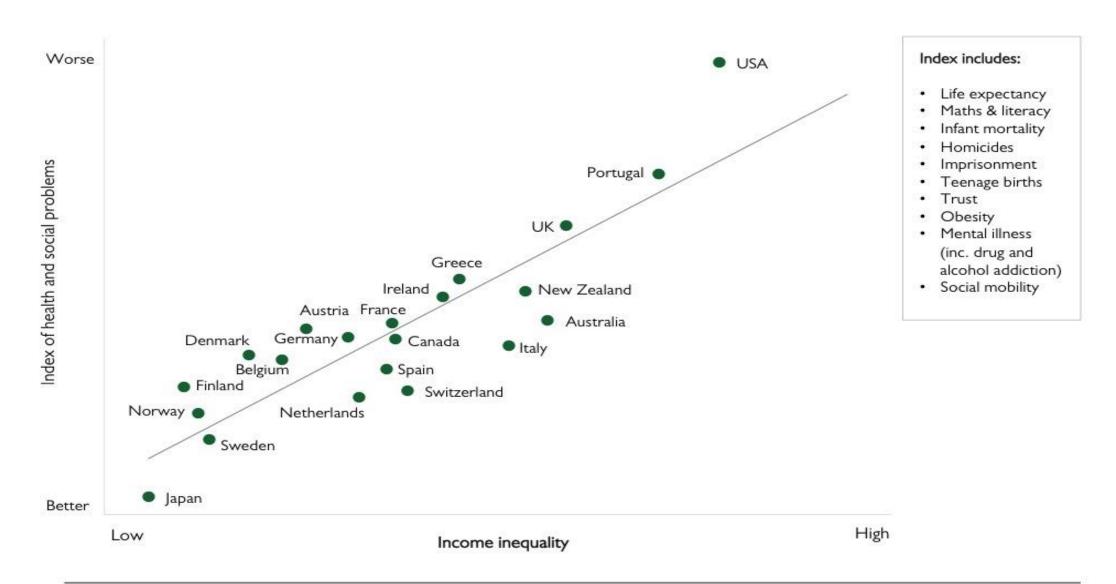
 Following the austerity agenda recommended by the IMF in 2010, Greece made radical cuts to public spending including axing health programs such as the needle-exchange programs.

 Between Jan and May 2011 HIV infections increased by 52%. DAVID STUCKLER
& SANJAY BASU



WHY AUSTERITY KILLS

## Health and social problems are worse in more unequal countries



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# Regulation and governance:

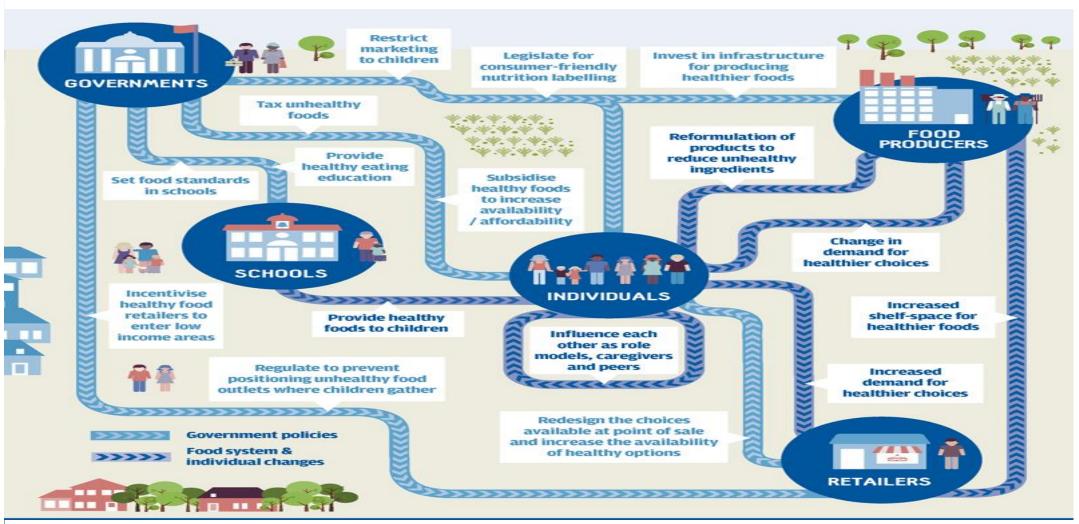
Instruments/Tools and the Actors/Institutions involved in making events happen (including making and implementing public policy)

# Many regulatory tools to improve health

| Law (tax)                             | Standards (health care)                        |
|---------------------------------------|--|
| Rules (trade)                         | Architecture (stairs)                          |
| Markets (food industry)               | Incentives (conditional cash transfers)        |
| Contracts (service providers)         | Nudges (make it easy and enjoyable)            |
| Audits (paper trails and check lists) | Social networks (school teachers and children) |
| Inspections (food safety inspections) | Norms (TV chefs)                               |

Slide: Val Braithwaite (adapted)

# What can different actors do to support healthy food preferences?



Hawkes, Friel et al. 'Smart food policies for obesity prevention' *The Lancet* 2015 <a href="http://dx.doi.org/10.1016/S0140-6736(14)61745-1">http://dx.doi.org/10.1016/S0140-6736(14)61745-1</a>

# Sugar Sweetened Beverage Tax, Mexico

Mexico implemented an excise tax of 1 peso/L on sugar sweetened beverages from 1 January 2014. During the first year, the volume of taxed beverages purchased was 12% lower than expected without the tax.

Strong resistance from commercial interests.

## Mobilized civil society networks:

- Healthy Food Consortium: a cohesive civil society network effectively campaigned for the introduction of a SSB tax.
- Groups representing citizens interests.
- Raise awareness, give voice, generate demand, hold government and other stakeholders accountable.
- Multi-pronged communications campaign.
- Direct engagement with policy-makers, using policy windows

# 'ENHANCE POLICY COHERENCE for sustainable development'.

The SDGs encourage the use of **TRADE** as a means of pursuing various goals.

# SUSTAINABLE GALS DEVELOPMENT GALS





































# How might trade & investment affect health?

- Economic growth
- Access to knowledge, technology
- Health systems, including access to medicines
- Employment and labour standards
- Social infrastructure
- Health-related products/behaviours

# **Thailand Snack Food Labelling**

# **Technical Barriers to Trade challenge**

2006 Proposed Traffic Light System X

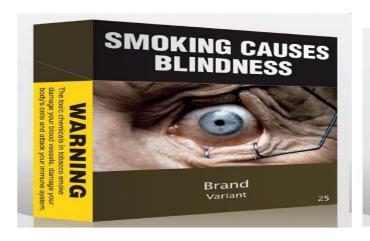


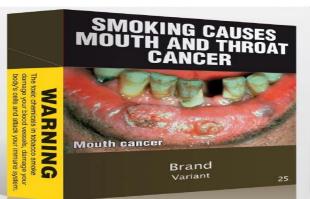
Proposed Warning Label

"Should take less, and exercise for a better health"

# Sales of Foreign Sugar Sweetened Beverages in Vietnam and the Philippines

Following Vietnam's removal of restrictions on FDI, SSCB sales growth rate increased from 6.7% per year to 23% per year.





# Challenged by tobacco industry in three forums:

- High Court
- WTO (Ukraine, Honduras, Dominican Republic)
- Hong-Kong Australia Bilateral Investment Treaty (challenge by Philip Morris Asia using an ISDS clause)

# Policy coherence

# 1. Trade sensitive health policy:

 design of health policy measures to minimise incoherence with trade policy

# 2. Healthy trade policy:

- use provisions/exceptions in existing trade and investment agreements
- re-set trade rules institutionalise cross-sectoral dialogue and public health representation in key negotiating forums
- Institutionalise HIA

# **Governance for health**

Just Institutions, Policy, Services

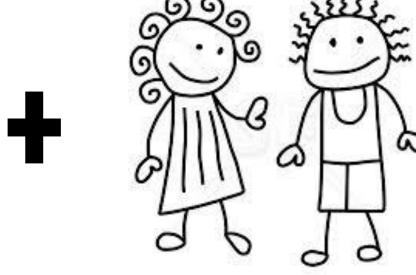




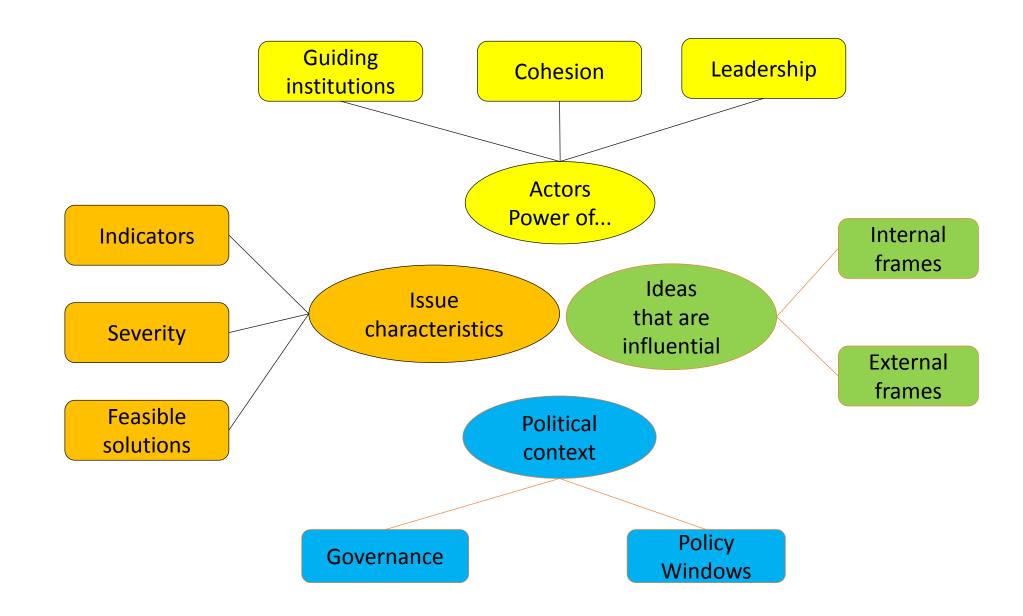


**STRUCTURE** 

Freedoms, Capabilities, Empowerment



**AGENCY** 



# Key messages

- Health is more than treating disease
  - Health opportunities exists outside of the health sector

- Model mongering
  - Suite of regulatory approaches
  - Multiple actors



HEALTH IN ALL POLICIES: REPORT ON PERSPECTIVES AND INTERSECTORAL ACTIONS IN THE WESTERN PACIFIC

Regional Repor



# Thank you

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