Ottawa 25 years on: a more radical agenda for health equity is still required

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SUMMARY
This article revisits our 1995 assessment of the international health promotion agenda. Then we concluded that a more radical agenda for change was required in which responses were both technically sound and infused with an appreciation of the imperative for a change in politics and power. We conclude that this message is even more relevant in 2011 in an era when the continuing rise of transnational corporations (TNCs) poses a major threat to achieving improved and more equitable health. We support and illustrate this claim through the example of food and agriculture TNCs where the combination of producer subsidies, global trade liberalization and strengthened property rights has given increasing power to the corporate food industry and undermined national food security in many countries. We argue that a Health in All Policies approach should be used to monitor and enforce TNC accountability for health. Part of this process should include the use of a form of health impact assessment and health equity impact assessment on their activities. Civil society groups such as the People’s Health Movement have a central role to play in monitoring the impacts of TNCs.

Key words: social determinants of health; policy development; policy and implementation analysis; politics

INTRODUCTION
The Ottawa Charter has proved to be a remarkably robust, insightful and useful document. The Charter makes it clear that health will result from government policies that change the structures people live, work and play in and advocated the use of ‘legislation, fiscal measures, taxation and organizational change’. It aimed to make the healthy choices the easy choices. All these messages are as relevant today as they were in 1986 even though the world has changed significantly since that time. Global health inequities have increased, especially between sub-Saharan Africa and the rest of the world. We have greater global recognition of the extent of health inequities and the role of social determinants in causing these through the work of the Commission on the Social Determinants of Health (CSDH). This Commission was very conscious in its deliberations that it was the heir of and able to build upon both the Ottawa Charter and the Alma Ata Declaration on Primary Health Care (CSDH, 2008).

WHAT IS CHANGED?
In 1995, we wrote an article for Health Promotion International entitled ‘Health promotion and primary health care: can they achieve health for all without a return to their earlier, more radical
agenda?’ (Baum and Sanders, 1995). Then we concluded that while both the Ottawa Charter and the Alma Ata Declaration (World Health Organization, 1978) were ‘Originally conceived as global strategies to reduce inequities in health between and within nations and emphasizing intersectoral and community action, both have tended to be reduced to a more limited and technical approach to selected diseases within nations’ [(Baum and Sanders, 1995), p. 49]. Our conclusions in 2011 are much the same and we argue that a more radical agenda for change is required in which responses must be both technically sound and infused with an appreciation of the imperative for a radical change in politics and power. In coming to this conclusion, we are particularly struck by how today, even more than a decade ago, the continuing rise of transnational corporations (TNCs) poses a major threat to achieving improved and more equitable health. These corporations play an ever-increasing role in shaping the global economy and the patterns of everyday life, even in countries distant from the national bases of these sprawling and diversified entities (Korten, 2006). Whereas both the Alma Ata document and the Ottawa Charter focused overwhelmingly on addressing local and national factors primarily through intersectoral and legislative actions (although the Alma Ata document recognized the need for a New International Economic Order), the accelerated integration of the world economy—‘economic globalization’—increasingly under the domination of corporate monopolies, forces a re-consideration of this emphasis on local action. The World Health Organization (2005) Bangkok Charter did pay attention to the impact of TNCs on health and called for the promotion of health to be a requirement of good corporate practice but fell short of recommending government regulation to enforce this (Baum, 2008). A member of the People’s Health Movement noted that ‘Worst of all, the new charter takes the corporate line that the interests of the powerful corporations are basically (or at least potentially) pro-people, and that their commitment to equity, public health, and sustainable environment should be voluntary rather than through strong regulation and democratic process’ (Werner, 2005). It is clear that in our increasingly globalized world, countries—and especially low- and middle-income countries—need to respond to social determinants by simultaneously addressing local, national and supranational factors (Sanders et al., 2010). Thus, local intersectoral action, action at national level to ensure ‘health in all policies’ and action at supranational level to regulate the health-harming effects of trade, especially in unhealthy foods, tobacco and alcohol, are urgently necessary (Labonte et al., 2011). In addition, the work of the Globalisation Knowledge Network of the CSDH identified that global governance structures are either lacking or too weak to effectively ensure that global trade and economic policy is implemented in a way that protects health and encourages health equity (Lee et al., 2009). The need for effective global governance structures is particularly important in a world in which the power of non-state actors is increasing and that of nation states decreasing.

NEED TO REGULATE TRANSNATIONAL CORPORATIONS

Regulating the activities of TNCs now appears as the most crucial task for health promotion. It truly calls for a more radical agenda in a world that sees very few challenges to the domination of the global economy by the agendas set by corporate capitalism. Health in All Policies has become a key strategy in promoting health for government agencies (see collection of papers in Kickbusch and Buckett, 2010), but we now need to ask what this implies for the supranational as well as the national policy level, especially in regard to TNCs. This is particularly important, given the analysis which holds that TNCs do not only sell physical products but their marketing sells emotional products that Klein (Klein, 2001) maintains both change and pervert our cultural landscapes. These changes are generally not healthy as the example below illustrates.

The crucial importance and urgency of challenging the practices of TNCs is shown clearly in relation to the global increase in the numbers of people who are overweight and obese and the chronic disease epidemic this increase is driving. Changes in the production, distribution and marketing of food in the past few decades have been profound. At the turn of the century, food represented 11% of international trade and is still increasing, with trade in processed food rising more rapidly than primary agricultural products (Pinstrup-Anderson and Babinard, 2001). Simultaneously, the level of subsidies provided to agricultural producers in Japan, the USA and EU has increased with much of their produce...
being exported, undermining local, small producers in the global South.

The combination of producer subsidies, global trade liberalization and strengthened property rights has given increasing power to the corporate food industry and undermined national food security in many countries. Between 1990 and 2001, the foreign sales of food-related transnational corporations (TFCs) within the world’s largest 100 TNCs rose from US$88.8 to US$234.1 billion, with total foreign assets rising from US$34.0 to US$ 257.7 billion. These TFCs dominate the whole food supply chain, including seeds, fertilizers and pesticides, the production, processing and manufacturing of foods and the way they are sold and marketed to consumers (Hawkes, 2005). The products they sell are processed to contain high salt, fat and sugar content. Supermarkets and fast food chains aggressively market their foods to children in particular. For example, in the late 1990s, soft-drink companies targeted school children in Mexico and Colombia by selling products in attractive combination packages in schools. This led to a 50% increase in soft-drink sales among children (Hawkes et al., 2009). Hawkes et al. have demonstrated that the increase in international trade has influenced a change in dietary patterns in India and the Pacific Islands from local, ‘healthy’ diets to the consumption of fattier diets (Hawkes et al., 2009). Today, many of the threats to health that contribute to non-communicable diseases come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health. Director-General of WHO, Dr Margaret Chan, put it bluntly at the recent First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control convened in Moscow: ‘Today, more than half of the world’s population lives in an urban setting. Slums need corner food stores that sell fresh produce, not just packaged junk with a cheap price and a long shelf-life’ (Chan, 2011).

HEALTH IN ALL POLICIES FOR TNCs

Yet, despite the evidence linking the growth and practices of food TNCs to the growing problem of overweight and obesity, including amongst children, most national responses to the increase in weight focus on behaviour change strategies targeted at individuals (see Baum, 2011 for appraisal of recent Australian disease prevention policy and in the Canadian context Raphael et al., 2008). They are classic examples of what Hunter et al. (Hunter et al., 2010) have referred to as ‘lifestyle drift’ whereby policy makers may start with a recognition of the ‘upstream’ social determinants of health—in this case including the marketing of unhealthy food to children—and then drift ‘downstream’ to a response that relies on strategies to directly change the behaviour of individuals. Such approaches dominate because ‘medical ideology’ stresses individual responsibility and lifestyle responses do not threaten the powerful interests of TNCs. We have both previously written at length about these tendencies (Sanders, 1985; Baum, 2008) and noted explicitly the ways in which this individualism leads to a victim blaming approach in policy. In the face of these concerns, health promotion in the twenty-first century has to have as a core consideration the operations of these corporations and what ‘health in all policies’ might mean in relation to the TNCs.

Some guidance on this question is given in the report of the CSDH. Building on the work of its Knowledge Network on Globalization, the CSDH considers the role of TNCs. It notes that the notion of corporate social responsibility is very limited because of its voluntary nature and lack of enforcement. It suggests that ‘Corporate accountability may be a more meaningful approach’ [(CSDH, 2008), p. 142]. Monitoring and enforcing TNC accountability for health must include the use of a form of health impact assessment and health equity impact assessment on their activities. Given the global nature of these companies, the role of conducting such impact assessments should be taken up by the World Health Organization and supported in this activity by civil society organizations. The assessments will be the first step. They will need to be followed by a determination to use legislation and global frameworks to restrict the health threatening activities of these TNCs as has recently been done with respect to tobacco under the WHO Framework Convention on Tobacco Control. Although actions explicitly aimed at securing policy change are often viewed as ‘political’ and somehow only for ‘activists’, it has been argued that they fall squarely within the domain of public health practice. ‘Public Health’ is defined by Satcher and
Higginbotham (Satcher and Higginbotham, 2008) as ‘...what we as a society do collectively, to assure the conditions for people to be healthy’. These authors note that the social determinants of health lie at the heart of achieving such conditions. The potential roles of those who identify themselves as operating within this broad remit of Public Health and specifically within the field of Health Promotion will vary with different contexts, but will include a combination of research and advocacy: the extent to which these activities influence progressive health policy will ultimately depend on the degree of mobilization of broad social forces around such issues (Sanders, 2009).

Civil society is well positioned to play an important role in monitoring the activities of TNCs. There is a growing ‘antiglobalization’ movement epitomized by the World Social Forum. The People’s Health Movement is part of this movement. It was formed in late 2000 to combat the economic and political causes of deepening inequalities in health world-wide. The PHM (www.phmovement.org) is now present in about 80 countries and constitutes a large global network of grassroots health workers, activist academics and researchers. Its vision of a healthier and more equitable world is expressed in the People’s Charter for Health, and its critique of the current world order and dominant trends in health policy is evident in the three Global Health Watches (People’s Health Movement, Medact, GEGA, 2005, 2008, 2011) it has published with other progressive civil society groups. At its Third People’s Health Assembly, planned to be held in Cape Town in July 2012, the impact of the practices of TNCs will be central to discussion and campaign planning.

CONCLUSION

We appreciate that suggesting radical action in relation to the TNCs will be viewed as variously impractical, unrealistic and politically naïve by many. In response to this, we note that Korten (Korten, 2006) has suggested that the way TNCs act is akin to feudal lords in the middle ages, in that they exercise largely unfettered power over so many aspects of our lives. With hindsight, it is clear that the power of the feudal lords had to be contained, restrained and democratized. We argue that health promotion should be in the vanguard of the movement to democratize and make accountable the practices of TNCs. Unless this happens, the dream of Health for All will not be realized.

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