



UKPRP Community of Practice

Enhancing future trade and investment agreements to address non-communicable diseases and health inequalities in the UK.

A research and development manifesto proposed by the UKPRP PETRA Network

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SUMMARY

PETRA was established on 1 September 2019 as a three-year project, funded by the UK Prevention Research Partnership, to explore the potential for trade policies to improve human health and tackle non-communicable diseases. PETRA was tasked with producing a research and development manifesto that identified gaps in current evidence and prioritised future research questions.

To our knowledge, this manifesto is the first time that such an analysis of the future direction of research and development in UK trade and health has been attempted. PETRA sought input from stakeholders with expertise in policy, evidence and implementation across many disciplines, including economics, public health, political science, law, and environment. In the process, PETRA had to adapt its workplan to Covid-19 as well as tackle the additional challenges of siloed research that lacks both a common language and understanding of evidence, and a fast-moving, fluid policy arena.

The manifesto emerged through inputs to PETRA's evidence enquiry, including commissioned position papers, video presentations and webinars, as well as external resources such as the areas of research interest published by the Parliamentary Office for Science and Technology. PETRA's virtual Sandpit in June 2021 sifted and synthesised the evidence in rich and intensive discussions that resulted in a three-pronged manifesto:

1. Framing the interdependent, indivisible and interrelated nature of health and trade from a rights-based approach would achieve: i) policy coherence between trade, health and climate to tackle the root causes of NCDs, ii) alignment with current objectives in addressing inequalities through the levelling up agenda and support for the work of the new Office for Health Improvement and Disparities and iii) support the effective delivery of the UK's Obesity Strategy.
2. Looking at the policy levers to support trade negotiations and deliver co-benefits to both health and economy: i) using the Net Zero strategy and delivery of the Sustainable Development Goals to enable trade deals to support current government commitments to deliver on climate change, ii) adopting rigorous health impact assessments to trade deals to benefit the "levelling up" agenda.
3. Building the evidence base for policymakers and policy influencers through multidisciplinary research; using modelling, case studies, and quantitative analyses to determine the population impacts of issues such as digital trade, public acceptability of trade-offs, and trade disputes.

PETRA's Co-Investigators and Expert Advisory Group agreed the priorities as an indication of the range of issues that could be usefully pursued by researchers and supported by funding bodies rather than as an exhaustive list of research topics for PETRA to address. An independent appraisal welcomed the proposed manifesto as a programme to address an under-researched area and for its potential to tackle health inequalities by investigating trade impacts on the determinants of health, health regulations and policies, and the consequences of trade governance.

During its final months of UKPRP funding, PETRA will refine the manifesto with further sets of stakeholders, including young people through a University survey, as well as selecting key topics from it to develop a potential future research brief for the Network.

All manifestos are living documents, designed to respond flexibly to shifting policy circumstances. Accordingly, PETRA presents this manifesto identifying trade and health research priorities over the next five to ten years, with the aim of drawing greater attention to the secretive, political nature of trade negotiations that are heavily weighted in favour of economic rather than health outcomes.

1. BACKGROUND

The PETRA Network is an interdisciplinary expert community, exploring how international trade can improve human health and prevent non-communicable diseases (NCDs). It was established on 1 September 2019 as a three-year project, funded by the UK Prevention Research Partnership. The Network is hosted by the University of Chester with Professor Paul Kingston, Co-Director of the Westminster Centre for Research on Ageing, Mental Health and Veterans, as PETRA's Principal Investigator. Eleven Co-Investigators from eight UK universities plus the University of Sydney comprise the nucleus of the Network. PETRA's day to day work is overseen by the Management Group and a part-time Network Coordinator. Peer review is provided by an international Expert Advisory Group that comprises academics, third sector bodies, policy organisations and a professional communications company. There are over 50 wider members of PETRA.

Covid-19 required PETRA to reshape the delivery of its workplan, particularly as policymakers have had far less capacity to engage than anticipated at the outset. Governance meetings have taken place online instead of face-to-face and an evidence enquiry, supported by commissioned position papers, replaced the planned evidence-gathering workshops. This culminated in a virtual, rather than the planned residential, Sandpit research prioritisation exercise in June 2021. Although it compromises on relationship-building, remote working has bridged time differences and geographic location very effectively. This has delivered wider input to the research identification and prioritisation work from disparate expertise than might otherwise have been achieved.

Important progress has been made, especially during the difficulties imposed by the pandemic. However, the immense scale of bringing together diverse disciplines to unpick the topic of trade and health cannot be under-estimated. Subject experts are siloed with little common understanding or vocabulary and minimal mechanisms for joint work.¹ To our knowledge, this manifesto is the first time that an analysis of the future direction of UK research and development in the field has been attempted.

As with all manifestos, PETRA's R&D manifesto is a living document that will evolve as PETRA brings together new partners and researchers and facilitates cooperation between them through events and identifying common challenges. It is a dynamic process that has to respond to a fast-moving policy environment. During its third year, therefore, PETRA will build on and refine this manifesto, engaging with presently under-represented disciplines and with policymakers, including Parliamentarians in both Westminster and the devolved nations, third sector advocacy bodies and the public, in particular with young people who will inherit the legacy from the trade deals currently being negotiated and signed.

1.1 PETRA's objectives

PETRA was established to build interdisciplinary links and develop research capacity to investigate the relationships between trade and health in order to better inform policymakers on the potential for this field to tackle the root causes of NCDs. The aim is to become a Centre of Excellence and Action on trade-related matters that are, or have the potential to be, instrumental for the public's health and wellbeing. PETRA delivers this aim by:

¹ Melvin K (2021) *Challenges confronting PETRA*. Briefing paper. Chester: PETRA <https://cutt.ly/DRjRbFr>

1. Addressing NCD prevention at scale: linking interdisciplinary research across the disciplines of law, public health, economics, the environment and public policy to assess and quantify the broader social and environmental co-benefits of trade measures in NCD prevention.
2. Establishing research and development priorities in trade and health, learning from international experience in using trade and investment agreements (TIAs) to promote health.
3. Building interdisciplinary research capacity in trade and health, developing collaborations on trade and health between academic disciplines, third sector and government users and international expertise to break down existing silos of work and increase its impact.
4. Informing policy on the implications of trade for health, improving the potential for collaboration across England, Wales, Scotland and Northern Ireland by sharing perspectives, information needs, and innovations on trade and health policy.

1.2 Manifesto methodology

PETRA developed this R&D manifesto through a process of consensus evaluation and expert judgement of evidence gaps. A wide variety of inputs were sought:

1. **An evidence enquiry 2020-21:** inviting submissions on trade implications of themes such as air pollution, Brexit, alcohol consumption, access to medicines, and health inequalities. [Evidence](#) included 13 written position papers and six video shorts.
2. **A systematic literature review:** a two-part literature review with the first part² comprising an update of the 2017 systematic review by Barlow et al³, which focusses on the impacts of TIAs on NCD risk factors, and the second part⁴ evaluating the opportunities for protecting or enhancing policy space in TIAs.
3. **Webinars 2019-21:** five [webinars](#) were convened to look at trade and investment laws, discuss trade disputes, examine Technical Barriers to Trade, and explore post-Brexit governance in the UK.
4. **Virtual Sandpit & ideas lab in June 2021:** the [sandpit](#) was attended by 47 participants from England, Wales and Scotland and representative of academic, non-government advocacy bodies, and policymakers.
5. **External evidence (outwith PETRA):** during 2020-21, the [Parliamentary Office of Science and Technology](#) published areas of research interest on health inequalities, economic recovery post-Covid-19, and global trade which provided further input on policymakers' evidence needs. Alongside this, PETRA also considered significant policy statements such as the [G7 communiqué](#) in May 2021.

² Barlow P. et al (2022) Reassessing the health impacts of trade and investment agreements: a systematic review of quantitative studies, 2016–20. *Lancet Planetary Health* **6**(5): E431-E438 [https://doi.org/10.1016/S2542-5196\(22\)00047-X](https://doi.org/10.1016/S2542-5196(22)00047-X)

³ Barlow P. et al (2017) The health impact of trade and investment agreements: a quantitative systematic review and network co-citation analysis. *Global Health* **13**:13 <https://doi.org/10.1186/s12992-017-0240-x>

⁴ Thow AM. et al (2022) Protecting noncommunicable disease prevention policy in trade and investment agreements. *Bulletin of the WHO* **100**(4): 268–275 doi: 10.2471/BLT.21.287395

The final approach presented in Section 2 was agreed jointly by PETRA’s Co-Investigators and Expert Advisory Group in October 2021. The proposed priorities will form the basis of PETRA’s stakeholder engagement during its third year to test, verify and further refine the research themes and questions.

1.3 Definitions

- **Health** research covers interventions to tackle and prevent NCDs such as: front of pack labelling, food imports, agricultural and environmental protections and standards, tobacco and alcohol taxation, plain packaging, health impact assessments.
- **Trade** research covers the negotiation and implementation of free trade and investment agreements, mini-trade deals, bilateral agreements, multilateral agreements as well as tariffs, services, imports and exports, technical barriers to trade and phytosanitary agreements.

2. POLITICAL CONTEXT OF TRADE AND INVESTMENT AGREEMENTS

TIAs are legal instruments that are designed to support national economic policies and, as such, are usually associated with economic or legal analysis.⁵ However, trade and health are neither mutually exclusive nor incompatible policy arenas. Health and wealth go together, as Derek Wanless pointed out in his 2002 report on the future of the NHS⁶ for the then Labour government. The issues are also, at root, highly political since they depend on choices over who gets what, when and how. As Michael Marmot noted, “The generation and distribution of wealth in a country through income and welfare policy, in particular, reflects political priorities.”⁷ In theory, political choices over the economy are designed to promote the country’s economic growth – presumably in the hope that increasing GDP will result in an equitable rise in living standards. In reality, as events have shown in 2022, political decisions based on ideologies that lack sound evidence do not always result in desired economic outcomes with stock markets reacting poorly to unexpected, hasty and ill-thought through changes in economic plans.⁸

Health has been a devolved power across the UK since 1999 with Wales, Scotland and Northern Ireland all determining their own policies to tackle NCDs and health inequalities within their populations. These powers are leading to additional tensions over trade policy matters which remain centralised at Westminster. Wales would like to see health impact assessments of TIAs in line with the Wellbeing of Future Generations (Wales) Act while Scotland has produced its own *Vision for trade* policy. The extent to which devolved powers on health policies, such as minimum unit pricing of alcohol, conflict with the UK’s trading arrangements through the Internal Market Act remains unclear. While a deep divide exists in the UK between economic and health policy-making, and one that has been intensified by Brexit’s negative impact, the country’s trade deals are likely to miss out on the potential for incorporating “health policy measures that regulate commercial activities.”⁹

⁵ Thow AM. et al (2022) Protecting noncommunicable disease prevention policy in trade and investment agreements. *Bulletin of the WHO* **100**(4): 268–275

⁶ Wanless D. (2002) *Securing our future health: taking a long-term view*. Final report. London: HM Treasury <https://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf> (as at 3/10/2022)

⁷ Marmot M, Allen JJ. (2014) Social determinants of health equity. *Am J Public Health* **104**(Suppl 4): S517–S519

⁸ Harford T. (2022) Liz Truss’s growth delusion *Financial Times* 30 September

⁹ Thow AM. et al (2022) Protecting noncommunicable disease prevention policy in trade and investment agreements. *Bulletin of the WHO* **100**(4): 268–275

National policies can also be at odds with international objectives. For example, the World Trade Organization joined with the International Monetary Fund, World Bank, Food and Agriculture Organization, and the World Food Programme to call for urgent and coordinated market action to transform the food system and tackle food insecurity in the light of war in Ukraine, to combat extreme weather events and to create resilience from economic shocks.¹⁰ Given that the health community is never party to trade negotiations - a failing that PETRA has sought to expose and challenge - it is unlikely that public health professionals will be in a position of influence to advise on any appropriate measures that might be supportive of the need to improve food security.

Trade negotiations are, and are likely to remain, highly secretive. Post-Brexit, which has resulted in the UK economy taking a serious hit, the government's focus is on completing trade deals as quickly as possible. In the process, a cross-Government approach is being avoided to reduce objections with little thought is being given to health concerns. As the weaker negotiating partner, the UK is not best placed to insist on health-related concerns being given priority.

In the absence of investigatory journalism to explore behind the closed doors of TIA deals, the research focus must, therefore, be on how best to inform those involved, or those who can potentially influence trade negotiations, including the general public. The public's health needs should be a national priority and, therefore, making research funding available for multi-disciplinary, multi-sectoral collaborations to investigate the intended and unintended impacts on the public's health also needs prioritising accordingly.

The development of this R&D manifesto has taken place in a highly-charged political and rapidly changing policy arena, and one that has not been conducive to privileging health as a topic of particular interest. PETRA believes these circumstances provide the public health community with ideal opportunities to:

- 1) further its knowledge and understanding of the health impacts of trade policies;
- 2) develop stronger, targeted, and more vigorous advocacy that has hitherto been weak or absent but which is vital to protect public interests against the powerful vested interests that drive the commercial determinants of disease and health.

¹⁰ *Second joint statement by the Heads of FAO, IMF, WBG, WFP, and WTO on the global food security and nutrition crisis* (2022) Washington, DC: World Bank (21 September)
https://www.worldbank.org/en/news/statement/2022/09/21/second-joint-statement-by-the-heads-of-fao-imf-wbg-wfp-and-wto-on-the-global-food-security-and-nutrition-crisis?cid=SHR_SitesShareTT_EN_EXT (as at 3/10/22)

3. FUTURE RESEARCH

On the basis of input to date, PETRA's Co-Investigators and Expert Advisory Group propose a three-layered R&D manifesto:

1. Framing and analysing the 'interdependent, indivisible and interrelated' nature of health and trade.

2. The levers to support policy objectives.

3. Solutions: multidisciplinary modelling, case studies, and quantitative analyses/tools.

This layered approach to future R&D will support interdisciplinary, cross-sectoral research to explore the power and potential of the UK's new trade and investment agreements over the next ten years to improve and protect the public's health and wellbeing and help tackle the root causes of NCDs and reduce health inequalities. The real challenges, however, will be for this research programme to engage with political contexts that focus solely on achieving economic outcomes through trade deals and trade negotiations which presently exclude health as a direct consideration.

The following areas were identified as priorities for investigation either as new research or where evidence may exist but has not been translated into action.

Notes:

- This manifesto should not be viewed as an exhaustive list of all potential research questions. Trade and health is an extremely broad field notable for having a wide spectrum of interests. The questions presented here emerged from cross-sectoral and interdisciplinary discussions as being valuable starting points acceptable to all represented disciplines rather than an absolute list of priorities.
- The research question numbers do not necessarily indicate priority at this stage.
- The manifesto will benefit from additional engagement with disciplines that, to date, have been under-represented in PETRA's discussions. These include agriculture and agronomy, ecology, information technology relating to digital marketing and ecommerce, as well as the behavioural and environmental sciences.

Research theme 1. Framing and analysing the 'interdependent, indivisible and interrelated' nature of health and trade

In order to achieve parity between the trade and health communities, PETRA believes it is a priority to further explore how the public's health could be sustainably embedded in TIAs, multi-level public interest governance, and scrutiny and dispute mechanisms for trade deals. As such, the first layer of the manifesto addresses questions around the intersection of trade and health agendas.

In May 2021 the G7¹¹ affirmed a commitment "to advance key issues including trade and the environment, trade and health, and digital trade" and recognised the need for trade agreements to be "responsive to the needs of global citizens." Although a purely aspirational statement, the communiqué highlighted its obligations under international human rights law by which States commit to respect, to protect and to fulfil human rights. The upshot is that States cannot restrict the enjoyment of human

¹¹ *G7 Trade Ministers' Communiqué* (2021) London: Department for International Trade (28 May) <https://www.gov.uk/government/news/g7-trade-ministers-communication> (as at 3/10/22)

rights but must protect individuals and groups against any abuses of human rights. Additionally, States are obliged to act to ensure continuing enjoyment of such rights. This includes the right to the highest attainable standard of physical and mental health. The “interdependent, indivisible and interrelated”¹² nature of human rights also means that the right to health is a powerful way of protecting not just health but also rights around other determinants of health such as food, adequate housing and standards of living, and freedom from discrimination. Since the purpose of trade is to “boost economic well-being, and through that improve health,”¹³ PETRA concludes that trade is in itself consistent with advancing human rights. TIAs should provide the means by which such obligations to respect, protect and fulfil human rights can be promoted.

PETRA believes that applying this framework to TIAs will both support the G7 aims and offer added value to government departments in i) achieving policy coherence between the economy and health, ii) alignment with current objectives in addressing inequalities through the levelling up agenda and the work of national public health agencies and offices across the UK, iii) supporting effective delivery of NCD prevention strategies in obesity, tobacco, harmful alcohol consumption and air pollution and iv) enabling the UK to argue for the better and fairer trading rules at the WTO that will strengthen environmental, animal welfare, food safety, human rights and labour standards.¹⁴

Research questions (NB: the numbering does not necessarily indicate prioritisation)

- RQ1 What is the role of multi-level governance structures and how will these impact on national policy decisions on both trade and health?
- RQ2 How could a rights-based approach to TIAs deliver ethical and sustainable policy impacts in health and the environment at the same time as improving economic outcomes?
- RQ3: How will the UK Internal Market Act (which affects trade between UK nations and between them and the world) affect devolved powers over health policy post-Brexit?

Research theme 2. The levers to support policy objectives

The second layer of the manifesto identifies key ways in which TIAs could provide additional support for government policy objectives and to protect and improve the public’s health through the prevention of NCDs. Two levers stand out as being of particular value¹⁵:

The first key lever lies in the use of health impact assessments (HIAs). Evidence points to the successful use of HIAs to support “the early identification of emerging impacts of events such as Brexit, Covid-19 and climate change.”¹⁶ The adoption of HIAs as a screening tool to check trade deals for their health and environmental impacts could be a key contributor to both NCD prevention and the “levelling

¹² *The right to health* (2008) Factsheet 31. Geneva: Office of the United Nations High Commissioner for Human Rights <https://www.ohchr.org/documents/publications/factsheet31.pdf> (as at 3/10/22)

¹³ Winters LA (2020) *Can trade agreements really be bad for your health?* Chester: PETRA: trade and health network <https://cutt.ly/WRxgSmv> (as at 3/10/22)

¹⁴ *Government response to the Trade and Agriculture Commission report* (2021) London: Department for International Trade <https://www.gov.uk/government/publications/government-response-to-the-final-trade-and-agriculture-commission-report> (as at 3/10/22)

¹⁵ Evans G, Hopkins H. (2021) *PETRA Virtual Sandpit and ideas laboratory: a report on key points of the Sandpit*. London: Hopkins Van Mil

¹⁶ Green L. et al (2021) *Rising to the triple challenge of Brexit, COVID-19 and climate change for health, well-being and equity in Wales*. Cardiff: Public Health Wales WHO Collaborating Centre on Investment for Health and Wellbeing. <https://phwwhocc.co.uk/whiasu/rising-to-the-triple-challenge-of-brexit-covid-19-and-climate-change/> (as at 3/10/22)

up” agenda since they can highlight effects on differing population groups and communities.¹⁷ HIAs can also contribute to the support of cost-benefit analyses and other forms of economic assessment.

The second lever is provided by climate change policies such as the Net-Zero strategy¹⁸. This R&D manifesto is published against the backdrop of COP26 that takes place in November 2021. COP26 aims to “accelerate action” on both the Paris Agreement and the UN Framework Convention on Climate Change.¹⁹ The fact that COP26 took place in Scotland provided the UK with a golden opportunity to take the unique step of enhancing its trade deals so that they are designed to deliver on the Sustainable Development Goals (SDGs). Regional trade agreements already include measures to protect the environment, and evidence shows that the rise in environmental technologies is contributing to economic growth. However, evidence highlights the need for further work to prevent pollution-generating activities from migrating to countries with less stringent environmental controls.²⁰

Research questions:

- RQ4 What lessons can be learned from assessing the population health impact of the UK’s previous TIAs?
- RQ5 How can HIAs be used to identify a model TIA that is based on maximising health outcomes?
- RQ6 How could the sustainable development goals be used to create a model of a sustainable and ethical trade and investment agreement for the UK?

Research theme 3. Some solutions: modelling, case studies and multidisciplinary quantitative analyses and tools

The third layer of the manifesto focuses on identifying ways in which to further the evidence base on the impacts and effects of TIAs and take due account of the public’s health.²¹ PETRA believes that there are some issues of particular importance that are currently under-explored. High on the list is the need to explore the role of the State and to investigate the sharing of powers and responsibilities between different state actors, including the devolved administrations. The impact these have on regulation and the regulatory environment in the context of trade policies requires significant investigation. PETRA proposes three routes to developing the tools and evidence that it considers could be of additional help to policymakers: modelling, case studies, and quantitative analyses.

1. Modelling

Modelling techniques such as Computable General Equilibrium (CGE) are commonly used by trade economists to quantify the impact of policies on the economy. They have been used in recent years to also assess and value the impact of, and on, health issues, including NCDs, and of environmental impacts. PETRA considers CGE modelling as a vital tool for the comprehensive evaluation of the health, economic and environmental impacts of TIAs.

¹⁷ Evans G, Hopkins H. (2021) *PETRA Virtual Sandpit and ideas laboratory: a report on key points of the Sandpit*. London: Hopkins Van Mil

¹⁸ Department for Business, Energy and Industrial Strategy (2021) *Net Zero strategy: build back greener* (2021) London: HM Government <https://www.gov.uk/government/publications/net-zero-strategy> (as at 3/10/22)

¹⁹ *UK Climate Change Conference UK 2021* [website] <https://ukcop26.org/> (as at 3/10/22)

²⁰ Vardoulakis S. (2020) *Impact of trade, and trade and investment agreements, on air pollution and public health*. London: PETRA <https://cutt.ly/0EZxukX/>

²¹ Evans G, Hopkins H. (2021) *PETRA Virtual Sandpit and ideas laboratory: a report on key points of the Sandpit*. London: Hopkins Van Mil

Research questions:

- RQ7 How far could rollover and future TIAs deliver on government priorities such as the National Food Strategy and Net Zero agenda?
- RQ8 What are the health and economic consequences of current, rollover, and future TIAs, especially in relation to sanitary and phytosanitary chapters?

2. Case studies

PETRA recommends initiating a programme of case studies as a “useful, practical, and rapid”²² mechanism to monitor and evaluate the impacts of current and future TIAs.

Research questions:

- RQ9 How can the UK’s front-of-pack nutrition labelling be regulated without challenge under the Technical Barriers to Trade?
- RQ10 How do differing local, regional, national and global state actors impact and influence marketing of unhealthy foods, alcohol and gambling?
- RQ11 How can TIAs improve areas of deprivation, for example, as experienced by the UK’s coastal and fishing communities?
- RQ12 How will TIAs contribute to achieving WHO air quality standards and how can the UK’s industries support these aims?
- RQ13 How does the burden of proof for public health measures impact on the right to regulate and how can future TIAs protect national policy space?

3. Multidisciplinary analysis and tools

The intersection of trade and health demands a collaborative, interdisciplinary, cross-sectoral effort to understand how principles and evidence being used by different communities can be brought together and co-ordinated to improve health outcomes for NCDs²³. Enabling policymakers and advocacy organisations to participate in research programmes can improve the potential for evidence to be turned into policy and practice. Taking a multidisciplinary approach to quantitative analyses broadens understanding of the wider impacts of TIAs and enriches the development of the evidence base. Examples which appear to lend themselves to this sort of approach include:

Research questions

- RQ14 What are the impacts on, and implications for, population health of the shift to digital commerce and services during Covid-19?
- RQ15 What trade-offs are acceptable to the general public in negotiating TIAs that may affect food standards and access to unhealthy commodities?
- RQ16 How do intellectual property rights impact population health, using the example of vaccine equity?

²² Evans G, Hopkins H. (2021) *PETRA Virtual Sandpit and ideas laboratory: a report on key points of the Sandpit*. London: Hopkins Van Mil

²³ Evans G, Hopkins H. (2021) *PETRA Virtual Sandpit and ideas laboratory: a report on key points of the Sandpit*. London: Hopkins Van Mil

3. TRADE POLICY RESEARCH AND HEALTH INEQUALITIES

The determinants of health which lead to inequalities are heavily influenced by a variety of factors, including economic, social, and health policies and regulations as well as political decision-making. The potential for TIAs to impact on a government's policy space is of increasing concern and has been the focus of growing attention, particularly over the past five years as a result of Brexit. Leaving the EU has given the UK Government an added urgency to completing trade deals. The Government is setting out to achieve its own manifesto commitments to have 80% of the UK's trade covered by trade and investment agreements²⁴ but, as the Institute for Government points out, without a clear trade strategy to tackle key problems around food insecurity or the environment.²⁵ In fact, the public's health appears to be absent from the UK's present trade policies altogether.²⁶

A systematic review, commissioned by PETRA and published in May 2022,²⁷ confirmed that TIAs can be both beneficial and harmful to health and wellbeing. Figure 1 shows some of the positive and negative impacts of trade policy on key determinants of health. However, the health benefits of TIAs, such as food security and lower child mortality, were more frequently experienced by those with greater educational attainment and higher incomes with negative impacts more likely to be felt by those already disadvantaged.

Current fluid political circumstances create much uncertainty over the extent to which the "levelling up" plans to create a more equal society will be implemented and successful. Add this to the rapidly growing economic and cost-of-living crisis, the continuing fall-out from Brexit including uncertainty over the Northern Ireland protocol and it appears that the UK's health inequalities are unlikely to improve any time soon and may, in fact, deteriorate even further.²⁸

PETRA is therefore particularly pleased that the findings of an independent, expert, critical appraisal²⁹ of the R&D framework identified both opportunities and scope for the proposed research programme

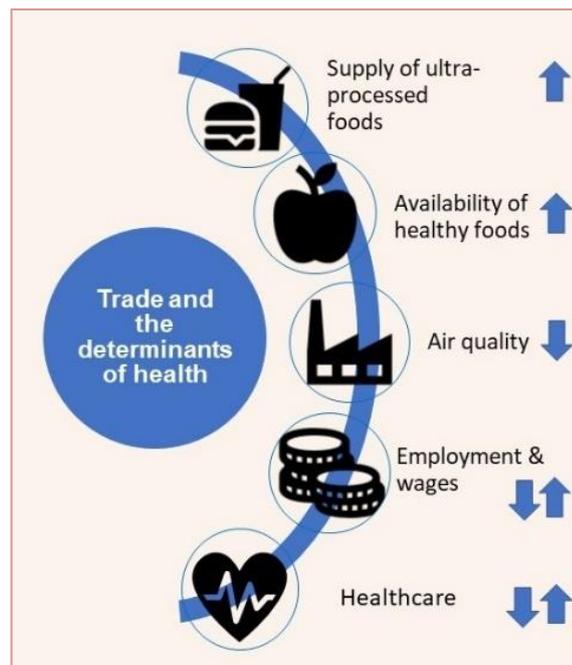


Figure 1: Positive and negative impacts of trade and investment agreements on determinants of health

²⁴ *Get Brexit done and unleash Britain's potential: Conservative Party manifesto*. (2019)

<https://www.conservatives.com/our-plan/conservative-party-manifesto-2019> (as at 3/10/22)

²⁵ Kane D. (2022) *The Government's food strategy needs further work*. [Blogpost] London: Institute for Government <https://www.instituteforgovernment.org.uk/blog/government-food-strategy> (as at 3/10/22)

²⁶ van Schalkwyk MCI. et al. (2021) Brexit and trade policy: an analysis of the governance of UK trade policy and what it means for health and social justice. *Global Health* 17(61) <https://doi.org/10.1186/s12992-021-00697-1>

²⁷ Barlow P. et al (2022) Reassessing the health impacts of trade and investment agreements: a systematic review of quantitative studies, 2016–20. *Lancet Planetary Health* 6(5): E431-E438 [https://doi.org/10.1016/S2542-5196\(22\)00047-X](https://doi.org/10.1016/S2542-5196(22)00047-X)

²⁸ *Four health priorities for the new Government* (2022) London: The Health Foundation

<https://www.health.org.uk/news-and-comment/consultation-responses/four-health-policy-priorities-for-the-new-government> (as at 3/10/22)

²⁹ Barlow P, McNamara C. (2022) *Critical appraisal of the PETRA research and development manifesto*. Chester: PETRA: trade and health network

not only to support the levelling up agenda, should this be implemented effectively, but, more significantly, to redress the under-researched implications of TIAs for health inequalities.

3.1 Health inequalities' categorisation of the research questions

Regrouping the proposed research questions, as shown in Figure 2, along with minor reframing of the questions, illustrates the three core ways in which research and development can help ensure that TIAs do not exacerbate health inequalities and that trade policies work to alleviate the determinants of ill-health. Appendix A contains the full list of research questions with both the original and adjusted wording along with explanations of how each is directly relevant to reducing health inequalities.

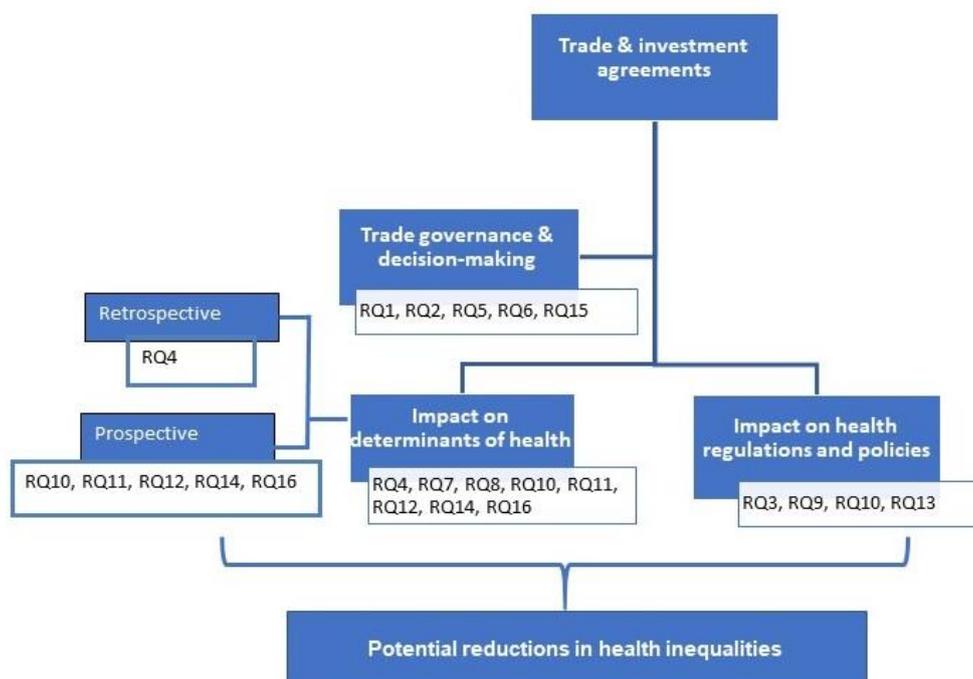


Figure 2: Schema showing how the R&D manifesto has the potential to reduce health inequalities. (with grateful thanks to Pepita Barlow and Courtney McNamara for developing this diagram)

3.1.1 Trade governance and decision-making

Trade governance and policy design processes dictate the extent to which TIAs can be used to have positive effects on population health and wellbeing, or at least prevent the widening of existing inequalities. The research questions in this section focus on the role of impact appraisal of TIAs, examining the ways in which the content of TIAs are designed, the governance structures that design and implement policy, and the models that could support the future development of TIAs so that they help mitigate some of the underlying issues that result in health inequalities.

- RQ1:** What is the role of multi-level governance structures and how will these impact on national policy decisions on both trade and health?
- RQ2:** How could a rights-based approach to TIAs deliver ethical and sustainable policy impacts in health and the environment at the same time as improving economic outcomes?
- RQ5:** How can HIAs be used to identify a model TIA that is based on maximising health outcomes and alleviating health inequalities?

RQ6: How could the sustainable development goals be used to create a model of a sustainable, ethical, and equitable trade and investment agreement for the UK?

RQ15: What trade-offs are acceptable to the general public in negotiating TIAs that may affect food standards and equitable access to healthy commodities?

3.1.2 Impact on determinants of health

Health inequalities emerge from differential exposure to risks, including accessibility and availability of ultra-processed foods, alcohol consumption, low physical activity, and poor air quality. Resulting poor health has consequences for employment and income and therefore housing. Trade policies can impact exposure to such risks, for example by increasing the availability and affordability of unhealthy foods and alcohol as well as reducing employment conditions.³⁰ Research questions in this section therefore are aimed at exploring the intersection of TIAs and determinants of health, covering issues such as air pollution, food and alcohol availability, employment and labour opportunities etc. Research on TIAs and the determinants of health is both retrospective to investigate what has happened as a result of previous TIAs and prospective to model anticipated impacts of newly-agreed TIAs.

RQ4: What were the impacts of the UK's previous TIAs on population health and health inequalities in the UK?

RQ7: What are the effects of the UK's rollover and future TIAs on diets, pollution, and inequalities therein?

RQ8: What are the health and economic consequences of current, rollover, and future TIAs, especially in relation to sanitary and phytosanitary chapters, and how do these effects unequal across socio-economic groups?

RQ10: How do differing local, regional, national and global state actors impact and influence marketing of unhealthy foods, alcohol and gambling? Are these effects unequally distributed across geographic regions and socio-economic groups?

RQ11: Do TIAs increase or decrease local deprivation in the UK's impoverished communities?

RQ12: What are the effects of TIAs on air quality standards and how do they vary across geographic regions and socio-economic groups? How can the UK's industries support the aims of the WHO air quality standards?

RQ14: What are the impacts on, and implications for, population health and health inequalities of the shift to trade in digital commerce and services during Covid-19?

RQ16: How do intellectual property rights impact on access to vaccines and are these effects unequal?

3.1.3 Impact on health regulations and policies

Regulation and taxation are key means by which the risks from exposure to unhealthy commodities can be reduced. However, TIAs can impact a government's ability to act through the inclusion of investor-state dispute settlement clauses that allow commercial challenges to proposed restrictions such as plain packaging or minimum unit pricing. Evidence is also emerging that the labour clauses being

³⁰ Barlow P. et al (2022) Reassessing the health impacts of trade and investment agreements: a systematic review of quantitative studies, 2016–20. *Lancet Planetary Health* 6(5): E431-E438 [https://doi.org/10.1016/S2542-5196\(22\)00047-X](https://doi.org/10.1016/S2542-5196(22)00047-X)

included in TIAs are not necessarily beneficial to employment conditions.³¹ Research questions in this section therefore focus on the policies and regulatory environments that impact on the marketing and availability of unhealthy products that are contributing to the rise of NCDs. Studies in this category, for example, investigate how TIAs affect the UK's capacity to effect regulatory control over food and alcohol labelling which reduce unhealthy diets and whether the burden of proof required to support a public health measure impacts a government's ability to regulate.

RQ3: How will the UK Internal Market Act (which affects trade between UK nations and between them and the world) affect devolved powers over health policy post-Brexit?

RQ9: How can the UK's front-of-pack nutrition labelling be regulated without challenge under the Technical Barriers to Trade?

RQ13: How does the burden of proof for public health measures [as required in TIAs] impact on the right to regulate and how can future TIAs protect national policy space?

4. STAKEHOLDERS

4.1 Current stakeholders

PETRA has sought to reach a comprehensive range of organisations and individual experts since its formation. The aim has been to help develop and expand the Network, achieve alignment on PETRA's objectives and goals, and assist with addressing potential issues or conflicts that arise from bringing together disciplines that have not collaborated previously. Figure 3 illustrates the ways in which stakeholders contribute to PETRA's outputs. These stakeholders have expertise in policy, evidence and implementation of action across the many disciplines represented in PETRA, including: economics, public health, law, public policy, political science, and environment. Support from such stakeholders is fundamental to securing the Network's sustainability beyond 2023.

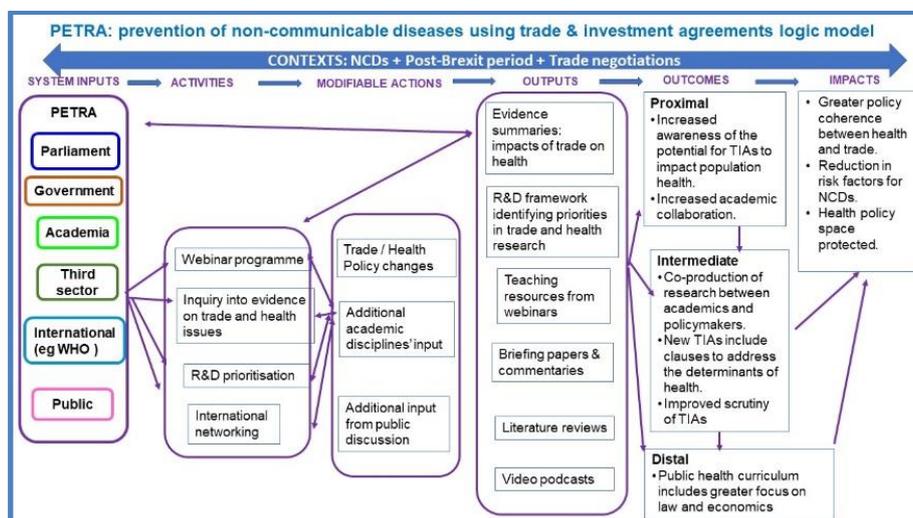


Figure 3: PETRA's stakeholders and the route to achieving policy coherence between trade and health

³¹ Huijts T, McNamara CL. (2018) Trade agreements, public policy and social inequalities in health. *Global Social Policy* 18(1): 88-93 DOI: 10.1177/1468018117748698

4.2 Potential stakeholders

During its final months as a UKPRP Network, PETRA will continue to try achieving a shift in engagement with those stakeholders currently in the *High influence, low interest* group. This group comprises:

- **Policymakers** such as the Department for International Trade and the Department for Business, Energy and Industrial Strategy to initiate a conversation on the potential co-benefits to the economy of including health in trade deals.
- **Parliament:** in particular the House of Lords International Agreements Committee, the House of Commons Select Committee on Health and Social Care, and the House of Commons Select Committee on International Trade to encourage greater scrutiny of the health aspects of trade deals and to propose an inquiry.
- **Media:** to help engage the interest of, and input from, the public.
- **Academic publishers:** to promote, and find outlets for, interdisciplinary work that does not fit within traditional academic boundaries.
- **Funding bodies:** to secure further grants to enable PETRA's work to continue.

This shift will be secured through greater use of personal contacts with the UK's Parliamentarians and policymakers as well as concerted efforts to engage journalists with the aim of encouraging public interest in trade and health issues.

Of particular interest to PETRA is the need to raise awareness of the issues with the population group that will be living longest with the trade deals signed today, the UK's young people. PETRA is planning to run a survey among University students to provide a comparison with views obtained from a different generational cohort through the Mass Observation Directive. This will also provide an opportunity to involve additional academic disciplines, including linguistics, politics, and education.

5. NEXT STEPS FOR PETRA

PETRA is focussing its final months of UKPRP funding on i) testing, prioritising and refining this proposed R&D manifesto into a published document for consideration by researchers and policy influencers in the field of health and trade and funding bodies as an additional route to addressing the causes of NCDs and ii) achieving sustainability for the Network by securing its future as an academic Centre of Excellence and Action in Trade and Health through:

1. Evidence development & implementation. Key milestones will be:

- Delivery of a unique handbook for public health professionals on the application and use of international law to support public health measures.
- Roll out of a student survey to gauge young people's views on the values that should be built into the UK's trade and investment agreements.
- Further analysis and publication of responses to both the Mass Observation Directive and student survey.

2. Governance. Key milestones will be:

- The development of grant applications to translate this manifesto into programmes of work, delivering further funding for PETRA.

3. Stakeholder engagement. Key milestones will be:

- Continuing to seek engagement with trade officials, for example by trying to connect with the non-executive directors at the Department for International Trade.
- Stimulating Parliamentary interest in trade and health issues by submitting evidence to the International Trade Select Committee where feasible and pursuing the possibility of a trade and health inquiry.
- Building on and developing further collaboration with policy influencers to achieve further impact and implementation of policy actions. These include organisations such as the Trade Justice Movement, ASH, the Institute for Alcohol Studies and SUSTAIN as well as Which? with its work on public attitudes in trade policy.
- Developing a capacity-building programme for public health practitioners based on the handbook of international law commissioned from PETRA's legal experts.
- Continuing developing international links: continue collaboration with European Public Health Association (EUPHA) Law and Public Health section on joint webinars, further the initial meetings with the University of Tampere, Finland to collaborate on a project investigating commercial determinants of health and TIAs; initiate contact with the Trade & Health Forum in the American Public Health Association.

Join the conversation:

<https://petranetwork.org>

follow us on Twitter @petra_network

APPENDIX A: framing the research questions to address health inequalities

Research theme	Research question	Relevance to health inequalities	
1 Impacts of trade agreements on the determinants of health inequalities	RQ4	Reframed: What were the impacts of the UK's previous TIAs on population health and health inequalities in the UK?	Identifying health impacts that have arisen to date from TIAs may have different implications for different socioeconomic groups.
		Original: What lessons can be learned from assessing the population health impact of the UK's previous TIAs?	
	RQ7	Reframed: What are the effects of the UK's rollover and future TIAs on diets, pollution, and inequalities therein?	The prospective impacts of trade agreements on food environments and diets, as well as pollution and climate change may have different consequences for different socio-economic groups and, as such, they are implicitly linked to health inequalities.
		Original: How far could rollover and future TIAs deliver on government priorities such as the National Food Strategy and Net Zero agenda?	
	RQ8	Reframed: What are the health and economic consequences of current, rollover, and future TIAs, especially in relation to sanitary and phytosanitary chapters, and how do these effects unequal across socio-economic groups?	The retrospective and prospective impacts of trade agreements on health and the economy via sanitary and phytosanitary implications concern the determinants of health inequalities (e.g., the economy, food standards) as these impacts may have different consequences for different socio-economic groups.
		Original: What are the health and economic consequences of current, rollover, and future TIAs, especially in relation to sanitary and phytosanitary chapters?	
	RQ10	Reframed: How do differing local, regional, national and global state actors impact and influence marketing of unhealthy foods, alcohol and gambling? Are these effects unequally distributed across geographic regions and socio-economic groups?	The potential for TIAs to promote these unhealthy commodities may act as a determinant of health inequalities. These effects may be uneven on different socio-economic groups.
		Original: How do differing local, regional, national and global state actors impact and influence marketing of unhealthy foods, alcohol and gambling?	
	RQ11	Reframed: Do TIAs increase or decrease local deprivation in the UK's impoverished communities?	Local deprivation is a determinant of health and health inequalities. TIAs may improve areas of deprivation and could be aligned with ambitions to reduce health inequalities.
		Original: How can TIAs improve areas of deprivation, for example, as experienced by the UK's coastal and fishing communities?	

		<p>RQ12 Reframed: What are the effects of TIAs on air quality standards and how do they vary across geographic regions and socio-economic groups? How can the UK's industries support the aims of the WHO air quality standards?</p> <p>Original: How will TIAs contribute to achieving WHO air quality standards and how can the UK's industries support these aims?</p>	The implications of trade agreements for pollution may result in uneven effects across different socio-economic groups and could contribute to health inequalities.
		<p>RQ14 Reframed: What are the impacts on, and implications for, population health and health inequalities of the shift to trade in digital commerce and services during Covid-19?</p> <p>Original: What are the impacts on, and implications for, population health of the shift to digital commerce and services during Covid-19?</p>	The ways in which goods and services are supplied may impact health and health inequalities by, for example, affecting job opportunities and wages or where digital services market unhealthy products more aggressively.
		<p>RQ16 Reframed: How do intellectual property rights impact on access to vaccines and are these effects unequal?</p> <p>Original: How do intellectual property rights impact population health, using the example of vaccine equity?</p>	Access to quality care and medical services is a key determinant of health inequalities, and the effects of TIAs on access to vaccines may be uneven.
2	Implications of trade agreements for health policies and regulations that may address health inequalities	<p>RQ3 Reframed: How will the UK Internal Market Act (which affects trade between UK nations and between them and the world) affect devolved powers over health policy post-Brexit?</p> <p>Original: How will the UK Internal Market Act (which affects trade between UK nations and between them and the world) affect devolved powers over health policy post-Brexit?</p>	Although not a TIA, this question is concerned with the implications for domestic health policy that may be controlled by the Internal Market Act which in turn may have implications for domestic health policies and measures to address health inequalities.
		<p>RQ9 Reframed: How can the UK's front-of-pack nutrition labelling be regulated without challenge under the Technical Barriers to Trade?</p> <p>Original: How can the UK's front-of-pack nutrition labelling be regulated without challenge under the Technical Barriers to Trade?</p>	The implications of trade agreements for the UK's capacity to introduce a regulation that may help to address inequalities in unhealthy diets concerns the relationship between trade agreements and health inequalities. If the labelling scheme can be introduced without challenge, then it may help to alleviate inequalities in unhealthy dietary behaviours.

		<p>RQ13 Reframed: How does the burden of proof for public health measures [as required in TIAs] impact on the right to regulate and how can future TIAs protect national policy space?</p> <p>Original: How does the burden of proof for public health measures impact on the right to regulate and how can future TIAs protect national policy space?</p>	<p>The impact of specific clauses in TIAs on regulations may have potential to address health inequalities. If the burden of proof affects the right to regulate, then this in turn is likely to influence the freedom, scope and capacity of the UK government to introduce policies and regulations that may alleviate health inequalities.</p>
3	Trade governance & decision-making	<p>RQ1 Reframed: What is the role of multi-level governance structures and how will these impact on national policy decisions on both trade and health inequalities?</p> <p>Original: What is the role of multi-level governance structures and how will these impact on national policy decisions on both trade and health?</p>	<p>Governance processes and structures around TIAs can shape whether and how trade agreements are designed, and thus the extent to which they impact on the determinants of health and health policy/regulations (for better and for worse) and, ultimately, health inequalities.</p>
		<p>RQ5 Reframed: How can HIAs be used to identify a model TIA that is based on maximising health outcomes and alleviating health inequalities?</p> <p>Original: How can HIAs be used to identify a model TIA that is based on maximising health outcomes?</p>	<p>The approach and framework used to appraise TIAs has implications for how decisions are made about the content of TIAs and therefore consequences for the determinants of health, health policy/regulations, and health inequalities.</p>
		<p>RQ2 Reframed: How could a rights-based approach to TIAs deliver ethical and sustainable policy impacts in health and the environment at the same time as improving economic outcomes?</p> <p>Original: How could a rights-based approach to TIAs deliver ethical and sustainable policy impacts in health and the environment at the same time as improving economic outcomes?</p>	<p>Taking a rights-based approach to appraisal might yield TIAs that are beneficial for health, the environment, and economic outcomes. The framework used to assess the strengths and weakness of TIAs can influence their content.</p>
		<p>RQ6 Reframed: How could the sustainable development goals be used to create a model of a sustainable, ethical, and equitable trade and investment agreement for the UK?</p>	<p>Aligning TIAs and political attention to the SDGs could be used to inform key policy decisions on trade and impact on health</p>

		Original: How could the sustainable development goals be used to create a model of a sustainable and ethical trade and investment agreement for the UK?	inequalities through for example, air quality improvements.
	RQ15	Reframed: What trade-offs are acceptable to the general public in negotiating TIAs that may affect food standards and equitable access to healthy commodities?	Involving the general public provides key information that is currently missing from the process to inform policy. This may also be relevant for the 'determinants of inequalities' pathway.
		Original: What trade-offs are acceptable to the general public in negotiating TIAs that may affect food standards and access to unhealthy commodities?	