



## Review article

## Trade liberalization and social determinants of health: A state of the literature review



Courtney McNamara

Department of Sociology and Political Science, Norwegian University of Science and Technology, Building 9 Level 5, Dragvoll, 7491 Trondheim, Norway

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## ABSTRACT

The health impacts of trade liberalization are often described in relation to access to medicines, changing dietary patterns, tobacco use and alcohol consumption. The impacts of trade liberalization on the social determinants of health (SDH), are by contrast, less well known. Missing is an account of how liberalizing processes identified across different research areas relate to each other and how the association between trade liberalization and health is conceptualized within each of them, especially with reference to SDH. This paper presents a systematic review which provides a more complete picture of the pathways between trade liberalization and health, with special attention to SDH pathways. This picture captures the interrelationships between different areas of investigation, along with current limitations of our understanding and recommendations for future research.

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## 1. Introduction

Fifteen years ago it was claimed that ‘globalisation is good for your health, mostly’ (Feachem, 2001). This claim, based on the idea that globalization ultimately leads to greater wealth and thus better health, has since been forcefully challenged. Early challengers to this claim offered frameworks which synthesized the complex pathways between globalization and health and identified a range of global processes with potential negative health implications (Woodward et al., 2001; Labonté and Torgerson, 2003; Huynen et al., 2005a).

Since these early efforts, the landscape of trade negotiations has changed. The latest round of negotiations among members of the World Trade Organization (WTO) has seen little progress since 2008. At the same time, there has been a proliferation of bilateral and regional trade agreements (RTAs) which are generally negotiated in secret and characterized by ‘deeper’ commitments than those of the WTO (Gleeson and Friel, 2013). These bilateral and regional trade agreements not only concern typical trade issues, such as trade in goods and services, but also have implications for domestic policies in the areas of intellectual property, government procurement, environmental regulations, labour standards and public health policy making more generally (Labonté et al., 2016a). A major concern with new generation RTAs is their inclusion of

investor-state dispute settlement chapters, which give foreign investors the right to sue governments for regulatory changes that may affect the value of their investment (McKee and Stuckler, 2016).

Research has also since moved towards more nuanced understandings of the globalization and health relationship. One process of globalization that has received greater attention is trade liberalization. In public health literature, processes of trade liberalization are often related to access to healthcare services, medicines, nutritional health and consumption of tobacco and alcohol. The impacts of trade liberalization on the social determinants of health (SDH), i.e. the social conditions that shape people’s ability to lead healthy lives, by contrast, are less well known (Blouin et al., 2009; McNamara, 2016).

Missing from the literature is an account of how liberalizing processes identified across different research areas relate to each other and how the association between trade liberalization and health is conceptualized within each of them, especially within the context of SDH. The aim of this paper is to provide such an account, with a focus on current limitations to our understanding and recommendations for future research.

## 2. Methods

A systematic search for literature published up until the end of 2015 was conducted using the Applied Social Science Index and Abstracts (ASSIA) database, PAIS International database, Econlit,

E-mail address: [Courtney.McNamara@ntnu.no](mailto:Courtney.McNamara@ntnu.no).

and the ISI Web of Knowledge. Literature was also searched using Google Scholar. Full details of the search strategy are provided in [Appendix A](#), though a brief sketch is provided here.

For literature to be included, articles must have explicated a clear analytical framework for conceptualizing pathways between trade liberalization and health. Once articles were identified for inclusion, a process of 'data extraction' was undertaken. Data was extracted from literature to answer three research questions.

- 1 How is trade liberalization understood in analytical frameworks relating liberalization to health?
- 2 How is health conceptualized in these frameworks?
- 3 How do researchers explain the pathways mediating the liberalization and health relationship?

This method of reviewing the literature draws on configurative systematic review methodology, which is interested in understanding the development of a research area ([Gough et al., 2012](#)). Like other configurational reviews, extracted data is synthesized narratively and the included literature was critically appraised on its ability to answer the review's research questions ([Gough et al., 2012](#)).

### 3. Results

Forty-three studies were identified for inclusion ([Fig. 1](#)). Detailed information on the extracted data is available in [Appendix B](#).

#### 3.1. How is trade liberalization understood in analytical frameworks relating trade to health?

Not surprisingly, the majority of frameworks contextualize trade liberalization in relation to globalization. Others discuss liberalization more exclusively in reference to the related contexts of structural adjustment policies ([Bremner et al., 2007](#); [De Vogli and Birbeck, 2005](#)), aggregate shocks ([Mendoza, 2009](#)), development ([Singer, 2008](#); [Stuckler and Basu, 2009a](#)), foreign policy ([Feldbaum et al., 2010](#)), the General Agreement on Trade in Services ([Woodward, 2005](#)), and trade policy in general ([Blouin et al., 2009](#); [Grown, 2005](#); [Rayner et al., 2006](#); [Thow, 2009](#)).

Among authors who use globalization to contextualize trade liberalization, many restrict their analysis to economic globalization ([Woodward et al., 2001](#); [Beaglehole and Yach, 2003](#); [Cheru, 2002](#); [Koivusalo, 2006](#); [Labonté et al., 2007](#); [Polakoff, 2007](#); [Smith and Signal, 2009](#); [Woodward et al., 2002](#)). Others consider globalization in relation to different economic, political, technological, cultural, social and/or environmental domains ([Labonté and Torgerson, 2003](#); [Huynen et al., 2005a](#); [Borghesi and Vercelli, 2003](#); [Doyal, 2002](#); [Huynen et al., 2005b](#); [Labonte and Torgerson, 2005](#); [Lee, 2000](#)). Neoliberalism ([Singer, 2008](#); [Koivusalo, 2006](#); [Labonté et al., 2007](#); [Polakoff, 2007](#); [De Vogli et al., 2009](#); [Fox and Meier, 2009](#); [Meier, 2006](#); [Muntaner et al., 2010](#); [Yaşar, 2010](#); [Labonté et al., 2011](#); [Mohindra et al., 2012](#)) and the 'Washington Consensus' ([De Vogli et al., 2009](#); [Fox and Meier, 2009](#); [Meier, 2006](#); [Yaşar, 2010](#); [Corrigall et al., 2008](#); [Labonté and Schrecker, 2006](#); [Labonté et al., 2009](#)), are often identified as dominant forces shaping globalization. Many authors also emphasize the role of power relations (i.e. the distribution of power among economic actors and political institutions) in shaping globalization processes ([Koivusalo, 2006](#); [Labonté et al., 2007](#); [De Vogli et al., 2009](#); [Fox and Meier, 2009](#); [Meier, 2006](#); [Muntaner et al., 2010](#); [Labonté et al., 2011](#); [Mohindra et al., 2012](#); [Labonté and Schrecker, 2006](#); [Labonté et al., 2009](#); [Benach et al., 2007](#); [Friel et al., 2015](#)).

Trade liberalization is also often conceptualized by appealing to

broad ideas of openness ([Woodward et al., 2001](#); [Blouin et al., 2009](#); [Beaglehole and Yach, 2003](#); [Labonté et al., 2007](#); [Smith and Signal, 2009](#); [Doyal, 2002](#); [Mohindra et al., 2012](#); [Labonté and Schrecker, 2006](#); [Cornia, 2001](#); [Diaz-Bonilla et al., 2002](#)), market integration ([Labonté and Torgerson, 2003](#); [Huynen et al., 2005a](#); [Woodward, 2005](#); [Polakoff, 2007](#); [Huynen et al., 2005b](#); [Diaz-Bonilla et al., 2002](#); [Loewenson et al., 2010](#)) and trade flows ([Huynen et al., 2005a](#); [Singer, 2008](#); [Polakoff, 2007](#); [Huynen et al., 2005b](#); [Lee, 2000](#)). Trade liberalization is also discussed with reference to a wide range of institutions, agreements, and policies.

Many authors include financial flows and foreign investment within conceptualizations of trade liberalization ([Woodward et al., 2001](#); [Labonté and Torgerson, 2003](#); [Grown, 2005](#); [Polakoff, 2007](#); [Smith and Signal, 2009](#); [Borghesi and Vercelli, 2003](#); [Muntaner et al., 2010](#)), while others position these concepts in separate, albeit related, domains ([De Vogli and Birbeck, 2005](#); [De Vogli et al., 2009](#); [Labonté et al., 2011](#); [Labonté et al., 2011](#); [Mohindra et al., 2012](#)). Trade liberalization itself is seldom explicitly defined in frameworks. Exceptions are detailed in [Table 1](#) ([Grown, 2005](#); [Rayner et al., 2006](#); [Thow, 2009](#); [Labonte and Torgerson, 2005](#); [Labonté et al., 2011](#); [Hawkes, 2006](#)).

#### 3.2. How is health conceptualized?

Frameworks are almost equally split between exploring overall health status outcomes ( $n = 21$ ) and exploring health differences ( $n = 22$ ). Of those exploring overall health, chosen outcomes vary in specificity. Some frameworks discuss health in very specific ways for example, in terms of vulnerability to HIV/AIDs ([De Vogli and Birbeck, 2005](#); [Yaşar, 2010](#)), whereas others explore more general areas of health such as nutrition-related diseases ([Rayner et al., 2006](#); [Thow, 2009](#); [Loewenson et al., 2010](#)), reproductive health ([Grown, 2005](#)), mental health ([Corrigall et al., 2008](#)), occupational health ([Loewenson, 2001](#)) and chronic diseases ([Labonté et al., 2011](#)). The majority of frameworks conceptualize health broadly, with little mention of specific outcomes.

Of frameworks exploring health differences, the majority frame these as 'health inequalities' ([Mendoza, 2009](#); [Singer, 2008](#); [Feldbaum et al., 2010](#); [Beaglehole and Yach, 2003](#); [Smith and Signal, 2009](#); [Woodward et al., 2002](#); [Borghesi and Vercelli, 2003](#); [De Vogli et al., 2009](#); [Fox and Meier, 2009](#); [Meier, 2006](#); [Muntaner et al., 2010](#); [Labonté and Schrecker, 2006](#); [Yaşar, 2010](#)), while others employ the concept of 'health inequities' ([Labonté and Torgerson, 2003](#); [Koivusalo, 2006](#); [Labonte and Torgerson, 2005](#); [Labonté and Schrecker, 2006](#); [Labonté et al., 2009](#)). While health inequalities typically refer to crude differences in health, health inequities are generally understood as avoidable and unjust differences in health ([Whitehead, 1992](#)). Within these frameworks, health differences are often conceptualized in broad terms, though some explore more specific areas such as nutrition-related inequalities ([Mendoza, 2009](#); [Smith and Signal, 2009](#); [Yaşar, 2010](#)), inequalities in workers' health ([Muntaner et al., 2010](#)) and inequalities in non-communicable diseases ([Beaglehole and Yach, 2003](#)).

#### 3.3. How do researchers explain the pathways mediating the liberalization and health relationship?

A few studies included in this review explore the impact of liberalization on health, exclusive of other processes of globalization ([Blouin et al., 2009](#); [Grown, 2005](#); [Rayner et al., 2006](#); [Thow, 2009](#)). Three early frameworks play a significant role in setting the foundation of later work, those by Woodward and colleagues ([2001](#)), Labonté and Torgerson ([2003](#)) and Huynen and colleagues ([2005a](#)). A framework by Labonté and colleagues ([2007](#)) also acts as

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