**Shifting the policy inertia on prevention**

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We could do disease prevention really well. We are a small, smart country, and if we invested some political will and a small slice of the health budget into promoting health and preventing diseases, we could really shift the dial on some of our appalling health statistics, especially in relation to health equity.

One-third of our health loss (measured in terms of disability-adjusted life-years lost) is directly caused by three harmful, commercially-available products—tobacco, alcohol, and unhealthy food.1 This is a huge overall toll, but just as stark are the inequities that lie beneath the national figures. The heaviest burden of preventable diseases is almost always borne by Māori, Pasifika, and disadvantaged communities.2

The never-ending stream of health inequity statistics we hear about are the visible symptoms of structural unfairness in our society. Examples of this include the neglect of our Te Tiriti o Waitangi obligations; allowing commercial interests to dominate public health interests; and abandoning already-disadvantaged communities to the predatory influences of cheap booze, junk food, cigarettes, and pokies which line the streets in those neighbourhoods.

We largely know what needs to be done in terms of policies, funding and action—you only have to look at the dozens of evidence-based recommendations from many national and international authoritative reports. When we don’t enact those recommendations, this is called “policy inertia.”3 The Law Commission report on alcohol,4 the World Health Organization (WHO) report on childhood obesity,5 and the WHO Best Buys for reducing non-communicable diseases6 are all good examples of reports which have been largely ignored by successive New Zealand (NZ) Governments.

What is the cause of policy inertia? First and foremost, when it comes to tobacco, alcohol, and unhealthy food, it is the commercial lobbying power of the businesses profiting from these harmful products that creates political inaction. Alcohol and food businesses in NZ are powerful forces that very few politicians to date have shown a willingness to confront.

While tobacco companies have less legitimacy and access to the government, they readily fund other groups, such as shopkeepers, to lobby on their behalf.7 For example, if the government proposes measures to restrict the number of tobacco outlets in its renewed efforts to reach SmokeFree2025, the tobacco industry will likely fund “astroturf groups” (i.e. artificial grassroots groups)8 claiming to represent the interests of small shop owners arguing on behalf of the tobacco industry.

The second major cause of policy inertia is government reluctance to implement recommended public health policies. This might be because they actually dismiss the expert recommendations and believe that education and market solutions will make a difference to complex problems like obesity. Alternatively, it might be because of government corruption, which is common internationally, but thankfully not an issue with the NZ Government. But inertia always exists primarily because enacting policies like tax increases or regulations on marketing always results in huge battles against powerful industries.

The NZ Government’s leadership during the acute coronavirus disease 2019 (COVID-19) crisis has shown the way forward for dealing with other major, albeit chronic, crises such as obesity, diabetes mellitus, and health inequities in general.

We could characterise the “COVID-19 approach” as: prioritising public health above commercial interests, aiming for long-term economic benefits, looking closely at the scientific evidence, listening to experts, implementing bold policies, communicating and disseminating them clearly to the population, and adapting rapidly in response to emerging local and international evidence. The corollary of this, as evidenced by the 2020 election result, is that the public typically values this decisive, pro-health approach. Bold political actions in the interests of public health can, indeed, be a real vote-winner.

The third major cause of policy inertia is the insufficient demand for change from the public and civil society organisations. People, as consumers, voters, or advocates, can only muster sufficient power to influence the major players (governments and the private sector) when they are coordinated and organised.

I consider civil society organisations (i.e. non-governmental organisations (NGOs), professional associations, and academic groups) to be the “sleeping giants” in the power dynamic for creating better disease prevention policies.9 Awakening the giant to create a greater demand for stronger public health policies and capacity is probably the best way forward for overcoming policy inertia.2

Bloomberg Philanthropies has developed a successful approach to mobilising civil society organisations to demand, support, and evaluate key food policies. Their Food Policy Program began by working with Mexico to achieve a tax on sugary drinks and unhealthy food.10 Based on the success in Mexico, they then extended the support for civil society action and robust policy evaluation in seven other countries. Their commitment is now over $435 million (United States Dollar) to low- and middle-income countries worldwide.10

The approach taken by Bloomberg Philanthropies is to support NGOs to conduct agenda-setting communications campaigns; researchers to provide the evidence for policies, in terms of their need and impact; and social lobbyists to work with legislators and their officials to secure regulatory or taxation changes. Bloomberg Philanthropies funds the building of this triumvirate of capacity and expertise, but with very specific policy targets in mind. The main policies they are currently seeking to achieve are: taxes on sugary drinks, front-of-package warning labels, and restrictions on unhealthy food marketing to children.

Funding the evaluation process is especially important, because the impact of these policies is always highly contested, especially by large, multinational food companies. The Bloomberg-funded evaluation studies, which have demonstrated the impact of food policies,
are incredibly valuable for other countries seeking to achieve action on similar policies.11-13

Apart from in the United States, Bloomberg Philanthropies is not funding this work in high-income countries, so what options do we have to apply such a model in New Zealand? A couple of years ago, a group of NGOs and academics met to create a similar approach, but covering tobacco and alcohol as well as unhealthy foods—the major commercially-available harmful products suffering from policy inertia. Thus, Health Coalition Aotearoa was created.14 It is an incorporated society with charitable status, and at present, it has about 60 organisational members, in addition to many other individual, committed members. It aims to improve health and health equity through reducing harm from tobacco, alcohol, and unhealthy food. The Coalition developed a Prevention Brief15 of the priorities for action ahead of the 2020 NZ General Election and is now seeking to have those policies implemented.

Can this collective voice overcome the last decade or more of policy inertia on regulating harmful commercial products? The political environment is theoretically conducive to creating bold policies, given the current government’s priorities include improving equity and wellbeing; indeed, it is moving early in its second term to get SmokeFree2025 back on track. The fact that it has no current plans to address childhood obesity or the environments which promote the consumption of unhealthy food and alcohol is a clear gap in its ambitions to improve child wellbeing and health inequities across the board.

Strong policies to reduce harm from tobacco, alcohol, and unhealthy food consumption are very popular among New Zealanders. For example, two-thirds of New Zealanders support regulations to restrict unhealthy food marketing to children.16 The public is supportive of stronger prevention, but they may be surprised that less than 3% of the health budget is spent on population health prevention measures17—this small slice of funding covers all infectious disease control, disease screening programs, and health promotion. Just how inadequate this investment is has been graphically exposed in NZ, and indeed in most countries, by the COVID-19 pandemic.

By international standards, New Zealand has a very good “disease management” system (i.e. our healthcare system receives about 97% of the health budget), but our “prevention system” is weak, under-funded, and falling far short of its potential to improve our health status. About 80% of our health status and 90% of our health equity status is determined by factors outside of the healthcare system,5 and these factors would be the central focus of a fully-functioning system—ensuring that systems involved in education, taxation, benefits, consumer protection, justice, local government, food, water, and so on are oriented, as much as possible, towards health, and certainly away from creating ill-health.

Taking a “COVID-19 Approach” towards harmful products will provide the foundations for the prevention system that NZ desperately needs.

References