





# The health, well-being and equity impact of the Comprehensive and Progressive Trans-Pacific Partnership (CPTPP) Agreement on Wales

Summary Report



#### **Authors**

Liz Green, Leah Silva, Michael Fletcher, Louisa Petchey, Laura Morgan, Margaret Douglas, Sumina Azam, Courtney McNamara

# Public Health Wales (PHW) is the public health agency for Wales.

It is a public body with a remit for promoting and protecting public health and well-being. It provides independent public health advice. Its Long-Term Strategy focuses on 6 priority areas including action on:



- Influencing the wider determinants of health
- Promoting mental and social well-being
- Promoting healthy behaviours
- Supporting the development of a sustainable health and care system focused on prevention and early intervention
- Delivering excellent public health services to protect the public and maximise population health outcomes
- Tackling the public health effects of climate change

Under the Public Health (Wales) Act 2017 Public Health Wales has a statutory duty to carry out and assist public bodies on Health Impact Assessment (HIA)

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## **Executive Summary**

#### Purpose:

To provide a short summary of the findings of a Health Impact Assessment (HIA) of the Comprehensive and Progressive Trans-Pacific Partnership (CPTPP) Agreement on Wales. This report is a high-level, evidence-based strategic overview. It summarises the main health, well-being and equity impacts that could potentially occur in the short and longer-term following the UK's accession to the CPTPP. It is based on publicly available evidence and information to June 2023.

It is recognised that some evidence may not have been publicly available during this time, and that further detail and evidence will come forth when the CPTPP is signed in July 2023, published and implemented. This may change the likelihood or strength of the potential impacts we have identified. On signing, evidence of impact will take time to emerge.

#### Our report aims to:

- Help inform the analysis and scrutiny of the CPTPP agreement at the point of signature
  by raising awareness of the ways in which the agreement has the potential to impact on
  public health, well-being and equity in Wales in the short and longer-term.
- 2. Demonstrate the benefits of engaging public health agencies in trade discussions and the specific value that HIA can bring as a process for identifying and understanding the potential public health impacts of trade policy and agreements.
- 3. Help colleagues across the public health workforce, trade and health advocates and other UK national public health institutes, to better understand the importance of trade's role in health creation.
- 4. Ahead of publication of the final terms, this report is being published to raise awareness of strategic areas that have been identified which could potentially affect health and wellbeing and the population groups who may be differentially affected by the agreement.





#### Key findings

Peer reviewed evidence, grey literature, health intelligence and stakeholder interviews drawn together through the health impact assessment (HIA) process, a widely respected and well-established public health tool, highlighted the following in respect to public health in Wales.

- Trade is a key commercial determinant of health and important for healthy functioning economies and societies and can provide many opportunities for nations who trade and their populations.
- The lack of transparency on the detail of the negotiations to date has made identifying
  potential impacts on public health challenging. Two important areas of uncertainty to
  highlight are:
  - How Investor State Dispute Settlements (ISDS) provisions could interact with public health policy; and
  - The potential negotiation of side-letters on specific areas or with certain CPTPP members, similar to the public health side-letter negotiated alongside the UK-Australia Free Trade Agreement. The development of side letters could be important if they address key public health issues related to, for example, tobacco control, food labelling, infectious disease control cooperation, or exemption from the ISDS mechanism.
- As the UK has yet to join the CPTPP, the potential impacts on Wales specifically, both
  positive and negative, are potential and not actual. This analysis is designed to include
  consideration of how accession to the CPTPP could play out in the short-term but also the
  longer-term, recognising that how the agreement takes effect may change depending on:
  - The policy priorities of future governments; and
  - The **membership of the CPTPP** if additional countries gain membership.

- Evidence from countries that are already members of the CPTPP has been used to inform this
  analysis. However, there is evidence of similar concerns from other nations that are already
  CPTPP members, about the impacts of the Free Trade Agreement's (FTA) provisions, but
  caution must be applied when transferring this to Wales given the differing national contexts.
- The CPTPP has the potential to impact on a range of public health issues across the
  social determinants of health, both positively and negatively. It is a complex and technical
  picture of impact. It has the potential to affect different populations in different ways,
  which may lead to a widening of existing health inequalities.
  - Potential negative impacts into the longer-term include reduced food standards and safety; poorer diet and nutrition; challenges to enacting and implementing environmentally friendly and net zero policies; increased smoking and alcohol use; decreased access to health care services and medicines and the increased cost of these; weakened data protection regulations leading to stress and anxiety about personal data sharing.
  - The people who are most at risk from these negative impacts include: those on low incomes or from economically disadvantaged areas; those with life-limiting illnesses and chronic conditions.
  - Potential positive economic impacts and opportunities into the longer-term may
    offer health and well-being improvements for some, but this is highly dependent on the
    potential economic benefits outweighing economic and other potential social harms.
- An HIA of the CPTPP has not been carried out at a UK-level, meaning that the potential impacts of the CPTPP on health, well-being and equity for the UK as a whole have not yet been identified. HIA is a valuable tool which the UK and other Governments could use to capture the potential impacts of the CPTPP and other trade agreements across the social determinants of health and equity at different stages of the negotiation process to inform and enable inclusive discussion and decision-making.
- Further research into the issues identified as part of this work and the impact of trade
  agreements in general would improve the understanding of the potential health, wellbeing and equity impacts and what action may be needed to mitigate risks and maximise
  opportunities. This includes for the longer-term impacts.
- Further review and analysis work should take place in the future once the final terms of the agreement are published. We look forward to seeing the full terms of the accession agreement and recognise that the full implications of CPTPP accession will take time to emerge along with more published evidence and analysis.

#### Background of the policy

The UK has recently agreed its accession to one of the world's largest FTAs, known as the CPTPP. Trade agreements can have a wide range of impacts for health, well-being and policymaking. The CPTPP is an existing FTA, which includes a wide range of Pacific-Rim countries (Australia, Brunei, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, and Vietnam). More information on the CPTPP can be found at: <a href="Comprehensive and Progressive Agreement for Trans-Pacific Partnership">Comprehensive and Progressive Agreement for Trans-Pacific Partnership</a> (CPTPP) | The Institute for Government.

The CPTPP's predecessor was the Trans-Pacific Partnership (TPP). The United States (US) played a central role in drafting the terms of the agreement and although it later withdrew, the deal remains in the style of a US trade agreement. This is new territory for the UK, with its other trade agreements either being rollover agreements that had been negotiated by the EU when the UK was a Member, or deals the UK Government have negotiated from scratch e.g. with Australia and New Zealand. Concern over the potential health impacts of a UK FTA with the US have been raised, with the roll back on food hygiene and produce standards, for example, frequently cited (McNamara, 2021a). The CPTPP contains many of the same provisions that would likely be included in a US-UK agreement and thus, could have a similarly wide range of health and equity impacts McNamara et al., 2023).

Identifying and capturing the potential impacts of the CPTPP on health, well-being and equity is necessary if policy makers in the UK and Wales are to have a complete understanding of the potential implications of the UK's accession to the CPTPP and, moreover, if they are to act on the opportunities and challenges it presents.

The impact of CPTPP membership for Wales is complicated by the fact that international trade negotiation is a reserved matter to the government of the UK, and devolved nations of Scotland, Wales and Northern Ireland must seek to influence the priorities of the UK Government. Many of the stakeholders affected by terms of trade agreements will need to better understand the potential positive and negative impacts of trade on their environment, society, economy and health and well-being in order to effectively advocate for their sectors, communities and interests. This HIA provides evidence-based insight and information about the potential impacts of the CPTPP on Wales and who may be affected, both positively and negatively. HIA is a systematic and flexible process which engages directly with stakeholders and is based on a range of qualitative and quantitative evidence and health intelligence.

There has previously only been one HIA of an FTA carried out. This was in 2015 and focussed on the Australian HIA of the CPTPPs forerunner – the Transpacific Partnership agreement (TPP). More information on this can be found at: <a href="https://bmjopen.bmj.com/content/6/4/e010339">https://bmjopen.bmj.com/content/6/4/e010339</a> and <a href="http://hiaconnect.edu.au/wp-content/uploads/2015/03/TPP">https://hiaconnect.edu.au/wp-content/uploads/2015/03/TPP</a> HIA.pdf

#### Specific impacts and population groups identified

A wide range of impacts were identified across the determinants of health into the longer-term. These include both **potential positive impacts and opportunities** and **potential negative impacts on health** and well-being for some population groups.



#### Positive impacts / opportunities

#### Those identified include:

- Economic determinants, including increased trading and employment opportunities. For example, Welsh business owners could gain new opportunities in CPTPP markets or have access to more favourable trading conditions. There could also be a potential increase in healthcare and pharmaceuticals partnerships and research.
- Health and social care determinants including increased collaborative working, development opportunities and collaboration on workforce recruitment at an international level.



#### Negative Impacts / unintended negative impacts

#### Those identified include:

- Reduced ability to regulate unhealthy commodities and food standards, impacting on health behaviours and associated health outcomes, leading to 'regulatory chill'. Examples include changes in restrictions around labelling and content, and the relative costs of food produced at home and imported food produce. Illicit trade in these could also be an issue.
- **Social factors** including **reduced data protection and privacy** which could have an impact on mental well-being.
- **Environmental factors** including potential worsening of global air pollution due to transport distances for goods and limited scope to improve environmental regulations.
- **Economic impacts** around **potential loss of employment** for some population groups for example those on low incomes. Wider labour market disruption is also possible.
- Labour regulations in the CPTPP may do little to improve or ensure good working conditions through regulation, despite purporting to have 'gold standard' provisions.
- Health and social care service provision and the cost of medicines and equipment.
- Reduced government budgets and regulatory chill due to ISDS the high financial cost
  of defending new legislation against ISDS could eat into government budgets or deter
  governments from pursuing strengthened regulations for public health benefit in the first
  place ("regulatory chill").

## Population groups affected

The **whole population** has scope to be impacted by the CPTPP through the impact on services such as health and social care, access to imported food products, or via macroeconomic impacts. However, there are some population groups who could be disproportionately impacted. These include:

- Healthcare workforces
- Those with long-term limiting illnesses / who access healthcare services regularly
- Those on low incomes or from other socially disadvantaged groups
- Agricultural groups
- Business owners











# Actions to protect and promote population health, well-being and equity

- UK and other governments can use HIAs as a valuable tool that captures the potential impacts
  of the CPTPP and other trade agreements across the wider determinants of health, well-being
  and equity. These can be actioned at different stages of the negotiation and implementation
  process to inform and enable inclusive discussion and decision-making.
- Appropriate exemptions from ISDS to enable the UK and the devolved nations to legislate
  for healthy public policies relating to, for example, the labelling or advertising of alcohol and
  food without legal challenge, or the fear of legal challenge that leads to regulatory chill. This
  can also protect public finances from the risk of expensive legal challenges.
- Open and transparent publication of the final treaty text and any analysis by the UK Government to support stakeholder engagement, scrutiny, and discussion.
- The negotiation of side letters with individual CPTPP member countries to address key public health issues including:
  - ISDS exemption;
  - tobacco and alcohol labelling and control;
  - food labelling, content and standards;
  - infectious disease control cooperation;
  - workers' protection and rights;
  - cooperation agreements on the flow of health workforce professions;
  - action on the environment, climate and nature emergencies.
- Sustainable procurement and legislation across the UK should not be undermined by free trade agreement provisions.
- Wales has a distinct policy landscape including legislation, such as the Well-being of the Future Generations (Wales) Act that needs to be taken account of in trade agreement negotiations.
- Public health practitioners and policy officers must learn from previous successful, and unsuccessful, legal cases in which private companies and multinational corporations have contested public health policies. They must then use this knowledge to ensure that public health policies in the future are protected.
- Continued efforts to improve awareness and understanding of the ways trade policy and agreements can affect health and healthy public policies and legislation. Public Health Institutes, agencies such as WHO, civil society and academia have a key role to play in this.
- To help avoid unintended negative impacts of trade agreements, such as the CPTPP, on health, well-being and equity UK and governments need to make provision for engagement with public health and civil society representatives. This should be at least equivalent to those afforded to business stakeholders under the CPTPP or other trade agreements.
- Further research into the issues identified as part of this work and the impact of trade agreements in general would improve understanding of the potential health and equity impacts and what action may be needed to mitigate risks and maximise opportunities. This includes capturing the longer-term impacts of trade agreements on health and well-being.

#### Conclusion

The findings of this HIA can be used to inform the implementation of the UK's accession to the CPTPP to maximise the potential benefits for public health and mitigate against any potential risks. It can also be used to scrutinise and monitor any future impact.

The HIA of the CPTPP has identified a range of potential positive and negative impacts for health and well-being in Wales. It provides a better understanding of the impact across the population as a whole as well as for different population groups; revealing its potential to widen existing inequalities, particularly given the current UK and international political and economic context.

HIA is a beneficial, well established public health tool. Its participatory element, in collaboration with the evidence-based nature of the assessment, adds value and contextual evidence and knowledge to form a holistic picture of impact. Critically, it can identify potential areas for action for public health advocates and highlight the importance of health, well-being and equity impacts to those negotiating, forming and implementing trade policy and agreements. We look forward to seeing the full terms of the agreement.



## **Glossary of Terms**

**Comprehensive and Progressive Trans Pacific Partnership (CPTPP)** - The CPTPP is a free-trade agreement (FTA) between 11 countries around the Pacific Rim: Canada, Mexico, Peru, Chile, New Zealand, Australia, Brunei, Singapore, Malaysia, Vietnam and Japan (Institute for Government, 2020)

**Energy Charter Treaty (ECT)** – The Energy Charter Treaty was designed to promote energy security through the operation of more open and competitive energy markets, while respecting the principles of sustainable development and sovereignty over energy resources. There are currently 53 signatories and contracting parties, including both the European Union. It was signed in December 1994 and entered into force in April 1998 (International Energy Charter, n.d.)

**European Patent Convention (EPC)** – International treaty signed by the member states of the European Patent Organisation, which provides a unified legal system under which European patents are granted (European Patent Office, n.d.)

**Evergreening** – Lengthening of patents as compensation for 'unreasonable delays' in governments issuing a patent or if the pharmaceutical company finds 'new uses, new methods of using... or new processes' for their medicine (Public Health Wales, 2021b)

**Fair Work** – Fair work is where workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected (Fair Work Wales, 2019).

**Free Trade Agreement (FTA)** - FTAs reduce barriers to trade between two or more countries by reducing or eliminating tariffs and import quotas. Members of such agreements are still able to negotiate separate trade agreements with other countries. These agreements are permitted under World Trade Organisation (WTO) rules, despite offering preferential access to partner countries and not all WTO members (UK in a Changing Europe, 2020)

**Geographic Indication** – An intellectual property right used on products that have qualities or characteristics attributable to a specific geographical region (e.g., Scotch whisky and Stilton cheese) (UK Government, 2020)

**Green Purchasing** – Purchasing a product that has a lesser or reduced negative effect or increased positive effect on human health and the environment, when compared with competing products that serve the same purpose (NASPO, n.d.)

**Gross Value Added (GVA)** – In economics, gross value added (GVA) is the measure of the value of goods and services produced in an area, industry or sector of an economy. In national accounts GVA is output minus intermediate consumption; it is a balancing item of the national accounts' production account (Green et al., 2019)

**International Centre for Settlement of Investment Disputes (ICSID)** - ICSID is the world's leading institution devoted to international investment dispute settlements. States have agreed on ICSID as a forum for investor-state dispute settlement (ISDS) in most international investment treaties and in numerous investment laws and contracts (ICSID, n.d.)

**International Labour Organisation (ILO)** – The ILO is devoted to promoting social justice and internationally recognised human and labour rights, pursuing its founding mission that labour peace is essential to prosperity (United Nations, n.d.)

**Investor State Dispute Settlement (ISDS)** – ISDS is a legal mechanism allowing an investor from one contracting state to an international investment agreement to bring a claim against another contracting state in which it has made an investment (European Parliament, 2015)

**'Linkage' Provisions** – Article 18.53 (Intellectual Property Provision) requires the regulator approving medicines to give patent holders notice of any competitor products based on the same discoveries, and a chance to object to block them (Nuffield Trust, 2021)

**Multi-lateral Environmental Agreement (MEA)** - MEAs are agreements between three or more states that assist with addressing specific environmental problems at national, regional and global levels (Food and Agriculture Organization of the United Nations, n.d.)

**Precautionary Principle** - The precautionary principle states that if a product, an action, or a policy has a suspected risk of causing harm to the public or to the environment, protective action should be supported before there is complete scientific proof of a risk. In the absence of scientific consensus, the principle implies that there is a social responsibility to protect the public from potential harm (Olsen and Motarjemi, 2014)

**Public Services Exception** – The CPTPP includes a negative list for services which means that all services are included unless a country explicitly excludes them (Trade Justice Movement, 2018). The text specifies that only "services that are [provided] neither on a commercial basis nor in competition with one or more service suppliers" can be excluded from liberalisation (Trade Justice Movement, 2018)

**Regulatory Chill** - Regulatory Chill is understood to be a restraint of states to enact certain regulatory or public policy measures as a result of arbitration, or a fear thereof, under investor-state dispute settlement (ISDS) provisions, thereby constraining the states' right to regulate (Shekhar, 2016)

**Regulatory Coherence** - The use of good regulatory practices in the process of planning, designing, issuing, implementing and reviewing regulatory measures in order to facilitate achievement of domestic policy objectives, and in efforts across governments to enhance regulatory cooperation in order to further those objectives and promote international trade and investment, economic growth and employment (TPP Parties, 2016)

**Rollover Agreements** – UK-only agreements with countries within the EU, which roll over similar provisions into UK-only deals. The intent is to prevent the UK from losing benefits from EU trade agreements (UK in a Changing Europe, 2021)

**Rules of Origin** - Rules of origin are the criteria needed to determine the national source of a product (WTO, n.d.a)

Sanitary and Phytosanitary Measures (SPS) – Any measures applied to protect human or animal life from risks arising from additives, contaminants, toxins or disease-causing organisms in their food; to protect human life from plant- or animal-carried diseases; to protect animal or plant life from pests, diseases, or disease-causing organisms; to prevent or limit other damage to a country from the entry, establishment or spread of pests (WTO, n.d.b) WTO SPS rules define the conditions under which public health measures in these areas can restrict trade without violating trade rules (McNamara et al., 2021a)

**Side Letter** – CPTPP members can bilaterally exchange letters (side letters) to arrange a special bilateral arrangement to derogate from some of their obligations (UK Trade Policy Observatory, 2021b)

**Technical Barriers to Trade (TBT)** - The Technical Barriers to Trade (TBT) Agreement aims to ensure that technical regulations, standards, and conformity assessment procedures are non-discriminatory and do not create unnecessary obstacles to trade (WTO, n.d.c). The main requirements to the WTO TBT Agreement are that regulations do not create "unnecessary obstacles to international trade", and that if alternative measures exist, those that are "less-trade restrictive" must be implemented (McNamara et al., 2021a)

**Trans-Pacific Partnership (TPP)** - The TPP was a free trade agreement that would liberalise trade and investment between 12 Pacific-rim countries. The countries are New Zealand, Australia, Brunei, Canada, Chile, Japan, Malaysia, Mexico, Peru, Singapore, the United States and Vietnam (New Zealand Foreign Affairs & Trade, n.d.) It is the predecessor of the CPTPP

**UPOV91** - The International Union for the Protection of New Varieties of Plants (UPOV) is an official intergovernmental body that works exclusively and explicitly for the privatization of seeds around the world by imposing intellectual property rights on plant varieties. The last revision was in 1991, and in 1994 the World Trade Organization agreed that all WTO member countries should have intellectual property rights for plant varieties and over 70 countries are members today (GRAIN, 2015)

**World Trade Organization (WTO)** - The WTO is the only global international organisation dealing with the rules of trade between nations. At its heart are the WTO agreements, negotiated and signed by the bulk of the world's trading nations and ratified in their parliaments. The goal is to help producers of goods and services, exporters, and importers conduct their business (WTO, n.d.d)

## 1. Introduction

#### 1.1 Background and Policy context

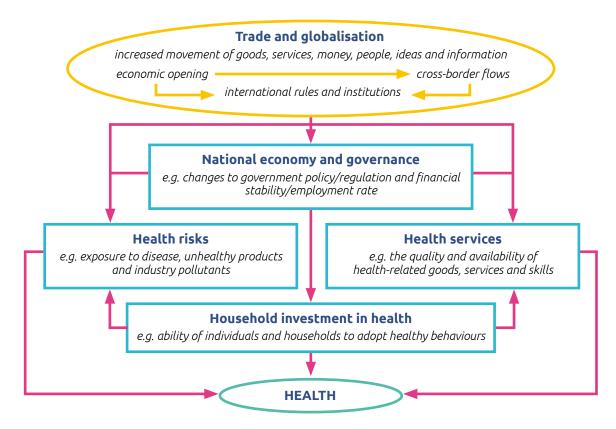
The United Kingdom (UK) has recently concluded negotiations to join one of the world's largest Free Trade Agreements (FTAs), known as the Comprehensive and Progressive Trans-Pacific Partnership Agreement (CPTPP). The CPTPP is an existing FTA, which includes a wide range of Pacific-Rim countries (Australia, Brunei, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, and Vietnam). The UK Government has cited geo-political and economic reasons for joining as the CPTPP is seen as a key plank in the UK's post-Brexit foreign policy tilt to the Indo-Pacific (Politico, 2023c). The UK Government sees accession to the CPTPP as an opportunity for market growth and to shift their economic focus from Europe towards faster-growing parts of the world, including large consumer markets in the Asia-Pacific (Department for International Trade, 2021c). It is argued that the CPTPP will cut tariffs for UK industries, including food and drink as well as cars, and will create new opportunities for modern technologies like tech and services, which may support and create high-value jobs across the UK (Department for International Trade, 2021b).

Trade is important to functioning economies and societies and can provide many positive opportunities for nations who trade and their populations (Labonte, 2016, UK Government, 2023). Trade agreements can have a wide range of impacts for health, well-being and policymaking (Public Health Wales, 2021b) (see figure 1). They can affect health, well-being and equity both positively and negatively by changing policy and process requirements as well as the availability, cost and standards of food, the number and types of jobs, and the money available to invest in public services, including the health and social care system (Public Health Wales, 2021b). All are known as the social determinants of health – the conditions in which people are born, grow, live, work and age (Dahlgren and Whitehead, 1991). At the same time, trade and trade agreements are important commercial determinants of health which include for example marketing, production and employment. These are defined as 'private sector activities that affect people's health, directly or indirectly, positively or negatively' (WHO, 2023).

Some trade agreements can contain mechanisms that enable new government policy to be legally challenged if it is seen as negatively impacting trade (Public Health Wales, 2021b). This can include, but is not limited to, new net zero policies. They may also affect members' ability to meet climate change and sustainability goals because of changes to procurement guidance and practice, shipping and packaging processes, and environmental standards (Public Health Wales, 2021b). Effects are likely to be felt differently by different individuals and communities, making it possible for new trade agreements to reinforce or make existing health and inequalities worse (Public Health Wales, 2021b).

Identifying and capturing the potential impacts of the CPTPP on health, well-being and equity is necessary if policy makers in the UK and Wales are to have a complete understanding of the potential implications of the UK joining the CPTPP and, moreover, if they are to act on the opportunities and challenges it could present (McNamara et al., 2023).

Figure 1. Links between trade and health (adapted from the World Health Organisation report) (Smith et al., 2015; Public Health Wales, 2021b)



#### The CPTPP

The CPTPP differs in several ways from the EU-style 'rollover' trade agreements the UK has primarily signed since Brexit, which means that the previous terms which existed with nations under the previous EU umbrella agreement is rolled over (UK Government, 2022). Most notably in the CPTPP is the inclusion of Investor State Dispute Settlement (ISDS), the mechanism that allows businesses or investors to legally challenge new government policy. This has the potential to prevent, slow or deter progress on public health policy (Public Health Wales, 2021b).

In addition to the UK, several other countries have signalled their interest in joining the CPTPP – for example, China. The UK cannot influence whether a country joins the CPTPP until it becomes a member itself, and even then, would be unable to veto another country's membership. Which countries are part of the CPTPP may significantly shape the potential impact of joining the agreement on health, well-being and equity in Wales. For example, it has been suggested that the United States (US) may look to join in the future. The US played a central role in negotiating the terms of the predecessor of the CPTPP, the Transpacific Partnership agreement (TPP), and although it later withdrew, the CPTPP contains many of the same provisions which made potential agreement with the US so controversial (McNamara, 2021a). The potential health impacts of a trade agreement with the US have been raised previously with regards to a potential roll back on food hygiene and produce standards, for example, frequently cited and outlined in US Trade Objectives (McNamara, 2021a; McNamara, 2021b; McNamara et al., 2021a; McNamara et al., 2021b; Congressional Research Service, 2016).

Accession to the CPTPP requires compliance with its existing rules and provisions (CPTPP, 2016). Therefore, the UK must demonstrate that its domestic laws and regulations comply with CPTPP obligations – if they do not, the UK will have to identify the necessary legal changes to be made to become compliant (Morita-Jaeger, 2021). With other countries also looking to accede to the

trade bloc, current CPTPP members will likely be conscious of not setting a precedent with the UK of diverging too much from the existing provisions (Morita-Jaeger, 2021). The UK Government appears to understand and be aligned with this, with the Business and Trade Secretary, Kemi Badenoch, stating that the UK has demonstrated compliance with the CPTPP's standards "across all chapters of the agreement" (Department for International Trade, 2023). In addition, Canada and Mexico have pushed for the UK to provide the same level of market access to its agricultural sector as it offered in its deals with fellow CPTPP members, Australia and New Zealand (Politico, 2023c). Concerns around the potential harms these agreements pose to the agricultural sector in Wales, particularly when considered cumulatively alongside other agreements with similar provisions, has been raised previously (Politico, 2022). 'Side letters' may allow CPTPP members to deviate from certain obligations and overcome this concern. For example, in 2018, New Zealand signed side letters to exclude them from compulsory ISDS with five members of the CPTPP (Herbert Smith Freehills, 2018). However, it is unclear whether the UK will be permitted to use this route, or if permitted, whether the UK Government will sign side letters with any of the current members (Morita-Jaeger, 2021).

The impact of CPTPP membership for Wales is complicated by the fact that the negotiation of international trade agreements is a reserved matter to the UK Government. The devolved governments of Scotland, Wales and Northern Ireland would need to influence the priorities of the UK Government if they felt it necessary to shape the terms of accession to benefit their countries (Welsh Government, 2018; Welsh Government, 2022b). The UK negotiated agreement can also have an impact on other devolved areas for example, environment and health.

International trade intersects with many policy areas within the remit of Welsh Government - for example, the environment, public health policy, and health and social care (Public Health Wales, 2021b). This means that the impact of international trade agreements on wider policy development is of vital importance to Wales, in particular, its ability to achieve the vision set out in the Well-being of Future Generations (Wales) Act 2015 as well as other legislation and the Welsh Government's Programme of Government (Public Health Wales, 2021b; Future Generations Commissioner for Wales, 2015; Welsh Government, 2022c).

Understanding the potential impacts of trade (and agreements such as the CPTPP) on the environment, society, economy, and culture of Wales, and what this means for health and well-being, is an essential first step for stakeholders who may want to advocate for trade that has a positive impact, or who may need to take action to prevent or mitigate potential harms (McNamara et al., 2023).

A Health Impact Assessment (HIA) can provide evidence-based insight and information about what the potential impacts of trade agreements could be and who may be affected in the population, both positively and negatively. It is a systematic and flexible process, which engages directly with stakeholders and is based on a range of qualitative and quantitative evidence and health intelligence. HIA is also a helpful tool that could be incorporated into trade policy discussions and the development and scrutiny of trade agreements to help maximize the potential benefits and minimise the potential harms (Green et al., 2022; Hirono et al., 2015).

This report is only the second HIA in the world to be carried out on a free trade agreement. The previous one examined the 2015 Australian HIA of the CPTPP's forerunner – the TPP (Hirono et al., 2015; Hirono et al., 2016a).

## 2. Methodology

HIA in Wales is practiced based on the World Health Organization (WHO) definition of a health, which encompasses physical, mental and social health and well-being (WHO, 1948). It uses the lens of the wider determinants of health and equity. HIAs are based on a triangulation of health intelligence, reviews of peer reviewed robust academic and grey literature and stakeholder knowledge and evidence (Green et al., 2019). In Wales, HIA will become statutory for public bodies in specific circumstances (as yet to be defined) in 2023/24 under the Public Health (Wales) Act 2017 (Welsh Government, 2017).

They can be carried out at any point in the development of a policy, project, plan or proposal – namely, prospectively (before a plan is finalised to aid decision making and influence the final content); concurrently (to support the implementation of a plan or proposal and influence and inform how it is enacted or mitigated for); or retrospectively (to capture any impacts to inform and influence any future such similar proposals or as part of an evaluation or scrutiny process). All have benefits and drawbacks (Chang et al, 2022) for example, lack of availability of information or detail of a policy or plan on which to carry out a HIA early in the process.

This HIA of the CPTPP is based on:

- Peer reviewed academic literature
- Grey literature including policy documents and reports
- Evidence gathered from stakeholder interviews and workshops
- Community Health Profile including health intelligence and demographic data.

A detailed description of the CPTPP HIA methodology is provided in Appendix 1.

The evidence has been synthesised, analysed and used to identify and classify the nature of the impact as summarised in Figure 2. It was also weighted so that more robust and peer reviewed evidence forms the basis of the assessment and is overlaid with the qualitative evidence. It is also recognised that some governmental analysis and evidence may not be openly available which may change the characterisation of impact.

Figure 2: Descriptors of impact

•	<b>Positive</b> - Impacts that have the potential to improve or maintain health status or provide an opportunity to do so
	Negative - Impacts that have the potential to diminish health status
S	Short – Impacts seen in 0-1 years
M	Medium – Impacts seen in 1-5 years
C	Long term – Impacts seen in >5 years

## 3. Analysis

This section presents the potential positive and negative health, well-being and equity impacts identified as part of the HIA alongside any potential opportunities. All impacts are potential and not actual as the CPTPP negotiations had not been concluded at the time the HIA was conducted. Since the accession in March 2023 the information from the conclusion of the negotiation agreement in relation to the UK and Wales were reviewed and incorporated (Department for Business & Trade, 2023). In addition, there is no certainty around how the terms of the agreement will be implemented and how they will manifest across the population, health and economy. It is recognised that other evidence may not be publicly available which may change the likelihood or strength of impact identified in this analysis and also that further evidence and information will come forth on signing of the CPTPP agreement, when the final terms are published, and the agreement is implemented.

# 3.1 Determinants of Health and Well-being and population groups affected

#### 3.1.1 Behaviours affecting health





Potential positive and negative impacts, but more potential negatives; short and medium term

The HIA captured evidence around the potential impact of the CPTPP on positive health behaviours - for example, healthy diet and nutrition and negative health behaviours, such as tobacco consumption and/or alcohol misuse. Several stakeholder interviewees emphasised the potential negative impacts related to healthy behaviours (Interviews 2, 3, 4, 7, 8). Overall, any changes could have a potential impact on the prevalence of, and the ability to prevent, noncommunicable diseases associated with poor diet as well as tobacco and alcohol use, which have a negative impact on illnesses and health outcomes such as obesity, cancer and cardiovascular disease. This is due in part to 'Regulatory Chill'.

Many of the potential impacts of the CPTPP could result from changes in regulatory standards - for example, technical barriers to trade, replacing the precautionary principle with scientific justification (which relies on documented science) and investment provisions such as ISDS. Positively, the literature suggests that joining the CPTPP has the potential to lead to reduced tariffs on a wider variety of food products from other member states, which would make them cheaper and more accessible in Wales (Nuffield Trust, 2021; Schram et al., 2018). In addition, the CPTPP has the potential to help the UK manage seasonal shortages of produce and animal products (Centre for Policy Studies, 2022). This could help mitigate some of the negative impacts of the cost-of-living crisis (Public Health Wales, 2022b). Studies have found that a variety of foods in a diet can help populations meet nutritional needs and can promote good health, particularly if there is a variety of nutrient-dense foods (Steyn et al., 2005; Vadiveloo et al., 2015). However, the literature does not state whether the variety of foods resulting from the CPTPP will include more healthier food options.

Negatively, increased market competition has the potential to cause cheaper but less healthy imported products to replace domestic, higher priced healthy goods (Schram et al., 2018). This could potentially alter food preferences and affect diet-related health by creating an oversupply of highly processed foods that are calorie-rich and nutrient-poor (Friel et al., 2013).

Provisions in the CPTPP have the potential to liberalise marketing and advertising regulations. This means food companies could potentially have an increased ability to market unhealthy foods or products, particularly to children and young adults due to liberalisation. This has been shown to contribute to the growth of unhealthy food markets by allowing companies to generate consumer preference for foreign products (this may be the case for tobacco and alcohol advertising as well as discussed below) (Schram et al., 2018; McNamara et al., 2021b). This could have a potential negative impact on health as policies around front of package nutrition labelling have been linked to heathier food choices (Campos et al., 2011; Hersey et al., 2013; Volkova and Mhurchu, 2015).



Furthermore, the CPTPP attempts to limit 'technical barriers to trade' (TBTs) – regulations applied by countries to protect security, health or the environment. They are particularly relevant to trade in alcohol, tobacco and unhealthy foods (Public Health Wales, 2021b). Restrictions on TBTs have the potential to move policymakers away from the precautionary principle, which bans products and practices that have an uncertain risk of harming the environmental or public health, to an approach that relies on objective, documented science (Nuffield Trust, 2021; Trade Justice Movement, 2018; BMA, 2018; AHDB, 2021; UK Trade Policy Observatory, 2021b; Labonte et al., 2016; Labonte et al., 2018). This could potentially limit the ability to regulate nutrition labelling for processed food (Schram et al., 2018; Monasterio and Gleeson, 2014; Thow et al., 2015; Friel et al., 2013) and Minimum Unit Pricing¹ (BMA, 2018).

One of the major concerns in relation to healthy behaviours and trade is the inclusion of ISDS provisions in the CPTPP. ISDS has been highlighted as a major barrier to enacting evidence-based policies that encourage healthy behaviours, as governments can fear being sued for restraint of trade and the accompanying costs of contesting ISDS challenges (Thow et al., 2015). The ISDS mechanism could potentially deter progressive measures intended to improve public health, such as nutrition labelling of food and beverages, and alcohol policies (BMA, 2018; Public Health Wales, 2021b). Several interviewees also expressed concerns about the potential impact that ISDS provisions will have on public health policies that seek to promote healthy behaviours (Interviews 2, 8). 'Even the threat of an ISDS challenge discourages countries from passing or implementing strong laws to protect the health of their citizens' due to the high costs required to defend against challenges (Campaign for Tobacco Free Kids, nd). This has the potential to lead to the status quo remaining and is termed 'regulatory chill' (Shekhar, 2016). The average cost for the respondent – in this case, the governments of member states – in International Centre for Settlement of Investment Disputes (ICSID) arbitrations over a five-year period was just under \$5 million per case (Centre for Policy Studies, 2022; Thow et al., 2015).<sup>2</sup>

<sup>1</sup> The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 was implemented in March 2020 and states that it is illegal for any retailer who sells or supplies, or authorises the sale or supply of, alcohol below the minimum price. The minimum unit price (MUP) is currently 50p per unit (Welsh Government, 2020).

<sup>2</sup> A 2013 review of 196 ISDS claims found that 40 involved health or environmental protection, including measures concerning food safety, pharmaceuticals and tobacco control measures. Most of the environmental disputes, over water, land-use, pollution control and hazardous waste, have important indirect health implications (Labonte et al., 2016).

Public health and trade experts have commended the strong tobacco control efforts included in the CPTPP (American Cancer Society, 2018a; American Cancer Society, 2018b; Hirono et al., 2016b). Tobacco use contributes to wide ranging health impacts; for example, it is associated with cancers and heart and respiratory diseases. Tobacco is also a key contributing factor in deaths from infectious diseases (World Health Organization, 2016). Tobacco control measures are exempt from ISDS challenges (Public Health Wales, 2021b; American Cancer Society, 2018a; Nuffield Trust, 2021; Thow and Gleeson, 2017; McNamara et al., 2021a; McNamara et al., 2021b; Labonte et al., 2016). This has the potential to 'reduce the tobacco burden – a burden that kills more than 389,000 individuals in the CPTPP participating countries each year and has caused the death of 100 million worldwide in the 20th century' (American Cancer Society, 2018b).

However, there is still concern about the potential negative impacts of increased tobacco advertising and marketing (Schram et al., 2018; Hirono et al., 2016b). In particular, policymakers in CPTPP member states are still at risk of being challenged by tobacco manufacturers over laws related to labelling and packaging of tobacco products (Fooks and Gilmore, 2013). The ISDS exclusion does not cover all public health regulations, and it does not stop companies from using other trade agreements to challenge smoking or alcohol related legislation (Public Health Wales, 2021b; Thow and Gleeson, 2017; Labonte et al., 2016). In addition, the ISDS safeguard only applies to 'manufactured tobacco products', meaning tobacco leaf is not excluded and is treated like other agricultural products (Hirono et al., 2016b). It is unclear how this will impact on regulation of e-cigarettes, given that not all these products contain nicotine (Hirono et al., 2016b). Smoking is the leading cause of preventable death in Wales, with around 5,600 deaths in people aged 35 and over attributable to smoking in 2018 (Welsh Government, 2022a). Therefore, challenges to Welsh Government's ability to regulate in this area, may have significant impacts on health outcomes.

Alcohol is not exempt from ISDS (Hirono et al., 2016b). Regular alcohol consumption has serious public health implications, including for high blood pressure, cancer and heart disease (Centers for Disease Control and Prevention, 2022). Alcoholspecific deaths have reached worrying levels in Wales. In 2021, rates of alcohol-specific deaths rose in Wales compared to 2020; there were 15 alcohol-specific deaths per 100,000 persons in Wales (ONS, 2022). When compared to 2019 – the last pre-pandemic year – rates of alcohol specific deaths increased 27.1% in Wales and 27.5% in England (ONS, 2022). Similar to tobacco control measures, the UK and Welsh Government may be reluctant to develop alcohol pricing and



labelling policies due to the ISDS mechanism (BMA, 2018; Thow and Gleeson, 2017). In addition, rules in the CPTPP specifically targeting alcohol may restrict the government's options to regulate. An annex in the CPTPP on wine and spirits may make it difficult for governments to require health warning on alcohol labels (Monasterio and Gleeson, 2014). For example, a recent Food Standards Australia New Zealand background paper for new mandatory pregnancy warning labels on alcohol shows that the decision to not mandate front of pack labels was shaped by concerns that this 'could contravene free trade agreements' (McNamara et al., 2021a). This is another example of the potential regulatory chill that could result from the ISDS mechanism.

There is also the potential for future increased supply and consumption of unhealthy or illicit products as the largest estimated percentage increases in Gross Value Added (GVA) (a measure of growth) in the UK would be seen in beverages and tobacco when the UK joins the CPTPP (Department for International Trade, 2021a). The reduced cost of imported goods after tariff reductions is associated with increased volumes and diversity of imported products, which often include harmful products like tobacco, alcohol and ultra-processed food (Schram et al., 2018).

Whilst FTAs such as the CPTPP create legal requirements for governments to involve corporations in the development of new regulations ('regulatory coherence'), it does not implement similar requirements for engaging with public health or health care experts (Thow et al., 2015; Public Health Wales, 2021b). For example, a tobacco company may be allowed to give input on the development of new tobacco labelling or alcohol pricing regulations, but a public health body may not be, and they therefore miss an opportunity for expert public health input (McNamara et al., 2021b; Hirono et al., 2016b; Labonte et al., 2016; Monasterio and Gleeson, 2014; Fooks and Gilmore, 2013).

#### **Impacted Populations**

**Socioeconomically disadvantaged** people have to potential to be impacted. The availability of unhealthy, cheaper products, such as high-fat or high-sugar foods, contributes to household investment in health, or people's ability to adopt healthy behaviours (Public Health Wales, 2021b; Interview 4). CPTPP access means that unhealthy food has the potential to become cheaper and more available, and socioeconomically disadvantaged populations may be more likely to buy it, worsening their health outcomes. This trend is likely to be exacerbated by the cost-of-living crisis (Public Health Wales, 2022b). Having less money to spend can make healthier choices more difficult (Public Health Wales, 2021). Evidence highlights that these groups also have higher risks or incidence of Non-Communicable Diseases (NCDs), smoking and obesity (McNamara, 2021b).

Between 2019 and 2020, the proportion of all patients admitted to hospital for alcohol-specific conditions living in the worst-off areas of Wales was 2.7 times higher than those from the best-off areas (Public Health Wales, 2020a). The rate of smoking-attributed mortality was around 3.5 times higher among women in the poorest fifth than in the richest fifth; it was 2.5 times higher for men (Public Health Wales, 2020b). Finally, the prevalence of overweight and obese adults increases with deprivation; there is a 12% difference in the prevalence between the most and least deprived areas in Wales (Public Health Wales, 2019a).

**Some sectors** may be more likely to be potentially detrimentally affected as a result of the CPTPP – for example, the **agricultural, manufacturing or automotive sectors** (see section 3.1.5) (Public Health Wales, 2021b; Trades Union Congress, 2018; Trade Justice Movement, 2018). This may create economic insecurity and potential job losses. Some of these sectors are concentrated in disadvantaged communities, which means they may be more likely to experience stress and anxiety due to job losses, poor working conditions, and inability to afford necessities, such as healthy food.

The potential impacts on health behaviours are also likely to **disproportionately affect** specific populations including those with poor mental health and well-being and those with chronic or long-term illnesses or issues related to health behaviours (Monasterio and Gleeson, 2014; McNamara, 2021b). These mental health and well-being outcomes have the potential to increase consumption of unhealthy foods and illicit products, such as alcohol and tobacco, which will have negative impacts on health outcomes.

#### 3.1.2 Food safety and animal welfare



Potential positive and negative impacts, but more potential negatives; short and medium term

Few potential positive impacts related to the maintenance or promotion of food safety and animal welfare standards were identified in the grey and academic literature. Two organisations did emphasise the ability to 'Brand Britain' – meaning that UK food producers can potentially demonstrate safe, traceable and audited food supply chains and win market shares (Centre for Policy Studies, 2022; National Farmers' Union, 2021). This could potentially benefit agricultural workers and farmers who would face additional competition with food producers in current CPTPP member states.

However, the UK agricultural sector may potentially be negatively impacted by cheaper imports that have been produced to lower animal welfare standards, costs and standards of production than the UK currently has in place. It could potentially be affected by increased competitive pressures, which could increase costs (International Agreements Committee, 2021a; UK Trade Policy Observatory, 2021b; National Farmers' Union, 2021). Currently, the UK has high standards for food and animal welfare (Trade Justice Movement, 2018; BMA, 2018; International Agreements Committee, 2021b). Animal welfare standards and food production standards in some CPTPP member countries are lower than that of the UK, and the CPTPP does not include threshold provisions on animal welfare (National Farmers' Union, 2021).

In addition, much of the literature suggests that accession to the CPTPP could potentially result in a reduction of food safety and animal welfare standards as the UK government has been supportive of mutual recognition provisions in previous trade agreements – for example, sanitary and phytosanitary measures (SPS), which protect food safety (Trade Justice Movement, 2018; Nuffield Trust, 2021; Institute of Directors, 2022). The grey literature states that the requirements for regulatory cooperation among CPTPP member states can potentially have a deregulatory effect as standards converge to the lowest common denominator – countries with higher standards are incentivised to lower their standards to reduce costs for producers and increase their ability to compete with imports from other member states (Trade Justice



Movement, 2018; Greener UK, 2021; UK Trade Policy Observatory, 2021b). It is also noted that it could become much more difficult to raise domestic standards within the UK because it could open the UK or devolved administrations up to legal challenges on food safety standards (Trade Justice Movement, 2018; BMA, 2018; International Agreements Committee, 2021b; UK Trade Policy Observatory, 2021b).

Similar to the potential negative impacts on policies promoting healthy behaviours (See Section 3.1.1), the potential move away from the precautionary principle, which bans products and practices that have an uncertain risk of harming the environmental or public health, to objective, documented science could potentially have a negative impact on the ability to enact and implement policies that improve food safety and animal welfare standards (Nuffield Trust, 2021; Trade Justice Movement, 2018; BMA, 2018; AHDB, 2021; UK Trade Policy Observatory, 2021b; Labonte et al., 2016; Labonte et al., 2018). As a result, the UK may find it difficult to implement new SPS-related public health

regulations or to justify measures around restricting products for which safety is unclear, satisfying the precautionary approach (Nuffield Trust, 2021; McNamara et al., 2021a). For example, this has the potential to make it harder for the UK to restrict entry of products, such as those containing harmful pesticides (Greener UK, 2021). Concerns around reduction in SPS and food safety standards were expressed in several interviews (Interviews 3, 4, 5).

Several public health measures that may be impacted by the SPS measures in the CPTPP include limits on pesticide residue in food, inspection of products for containments and bans on animals or animal products from areas in which disease outbreaks have occurred (McNamara et al., 2021a). Reductions in animal



welfare standards and the availability of meat produced with more antibiotics may lead to a rise of anti-microbial resistance (Nuffield Trust, 2021). Other potential health hazards identified in the grey literature include increased risk of salmonella infections in humans (BMA, 2018).

### **Impacted Populations**

Agricultural workers, including farmers, could be impacted. Interviewees expressed concerns about the CPTPP's ability to safeguard UK and Welsh farming and the implications for food standards and safety (Interviews 4, 7). Whether they are impacted, and to what extent, is dependant on what access CPTPP member countries are granted to the agricultural market and the standards applied to those products. However, it could negatively impact farmers if they are pushed to lower their standards to remain competitive. This could have potential wider impacts on the environment (see section 3.1.4) and public health (BMA, 2018; Greener UK, 2021; Soil Association, n.d.). Interviews also highlighted that if the pressure on farmers increases, then this could lead to adverse mental health and well-being impacts due to increasing financial and business hardship (see Sections 3.1.2 and 3.1.5) (Interview 10). However, this picture could change with further exploration of future analysis on this sector (Interview 5).

In addition, the **general population** may be potentially exposed to poor health outcomes if they became more likely to consume food products produced at a lower standard (Nuffield Trust, 2021; BMA, 2018).

#### 3.1.3 Mental Well-being



Potential positive and negative impacts, but more potential negatives; short and medium term



Both the academic and grey literature highlighted several potential impacts for mental well-being, which may result from the UK's accession to the CPTPP.

There is the prospect for job creation in some sectors – for example, the service sector (see Section 3.1.5) (International Agreements Committee, 2021a). In addition, it is argued that the UK could continue to uphold high standards of workers' rights and that the CPTPP can emphasise the protection of workers' rights (Department for International Trade, 2021a; Centre for Policy Studies, 2022). However, any potential job losses and economic insecurity could have a detrimental effect on mental health and well-being (see Section 3.1.5). This is particularly the case in sectors that are potentially at higher risk

of job losses, such as the agricultural, manufacturing and automotive sectors (Public Health Wales, 2021b; Trade Justice Movement, 2018; Trades Union Congress, 2018). Unemployment, especially in the absence of social support like income replacement, can lead to higher mortality, poorer general health, poorer mental health, and higher medical consultation (Public Health Wales, 2022c).

Provisions of the CPTPP have the potential to liberalise digital trade by facilitating unrestricted cross-border data flow for business transactions and prohibiting disclosure of source code and data localisation requirements (Centre for Policy Studies, 2022). Therefore, sharing and storing information through digital means across borders may become easier and more common (Trade Justice Movement, 2018; McNamara et al., 2021b). This includes personal data, which is necessary for medical research and liaising on health issues and threats (Nuffield Trust, 2021; Trade Justice Movement, 2018). As part of the CPTPP, the UK will have the 'opportunity to move away from the EU's strict focus on data privacy above all else' (Centre for Policy Studies, 2022: 17). However, the European Parliament noted that the UK's application to the CPTPP could potentially increase data sharing with unprotected countries (Nuffield Trust, 2021; UK Trade Policy Observatory, 2021a). Thus far, the European Commission has only recognised Canada, Japan, and New Zealand as providing adequate protection (European Commission, nd).

Interviewees noted that digital privacy and relaxation of data privacy rules accompanying digital trade practices may potentially have a detrimental impact on mental health and cause anxiety, particularly if private health information is compromised (International Agreements Committee, 2021a). Evidence connecting mental health impacts with data privacy concerns is emerging. However, mental well-being impacts identified in relation to this can include feelings of being victimised and vulnerable; anxiety and stress; depression;



insomnia; eating and sleeping difficulties; and social anxiety (The Expert Witness, 2019; Identity Theft Resource Centre, 2021). As discussed in Section 3.1.1, these mental health and well-being outcomes have the potential to increase consumption of unhealthy foods and illicit products, such as alcohol and tobacco, which will have negative impacts on health outcomes. Negative impacts could be immediate with some direct financial or personal consequences for example, but data breaches may not be felt for some time (Legal Futures, 2019).

#### **Impacted Populations**

Several participants noted that job losses and insecurity could result in poor mental health and well-being and specifically noted the potential negative impacts on farming communities (Interviews 4, 7, 10, 11). If sectors that are potentially more likely to be impacted by job losses because of the CPTPP – for example, the agricultural, automotive and manufacturing sectors – are **overrepresented by lower socioeconomic workers**, this can potentially **widen health inequalities** and result in poor mental health among this population for example, the agricultural and automotive sectors (Public Health Wales, 2021b; Trade Justice Movement, 2018; Trades Union Congress, 2018). In addition, the potential detrimental impacts of economic insecurity and unemployment are worse for lower socioeconomic populations.

Where job opportunities increase, there may be reduced economic strain, which may improve mental health among those in **precarious work and those who are economically inactive** (Public Health Wales, 2022c). However, potential job losses and economic insecurity could have a detrimental effect on mental health and well-being (see Section 3.1.5). Unemployment can lead to higher mortality, poorer general health, poorer mental health, and higher medical consultation (Public Health Wales, 2022c).

In addition, populations with **long-term illnesses and chronic conditions** are more likely to utilise health services, which means their private health data is being captured by service providers. This is a potential positive impact on this population as people with serious health conditions are often more supportive of sharing healthcare data than the general public as they hope that it will lead to better treatment and care (Cancer Research UK, 2016).

#### **Environmental factors** 3.1.4







Potential positive and negative impacts, but more potential negatives; short, medium and long term

It has been stated that the UK will potentially have an opportunity to raise environmental standards in sectors with higher levels of emissions and contamination if it joins the CPTPP as the included standards go beyond existing bilateral agreements, and this could have a potential positive impact on health and well-being (Department for International Trade, 2021a; Centre for Policy Studies, 2022). For example, some of the grey literature highlights CPTPP provisions on ozone, marine pollution and conservation (Centre for Policy Studies, 2022). The policy and grey literature also state that the CPTPP environment chapter has the



potential to promote effective enforcement of domestic environmental laws and could lay the foundation for members to set their own domestic laws and regulations or work together to address trade-related environmental challenges (National Farmers' Union, 2021; Department for International Trade, 2021a). The UK Government has stated that environmental standards will not be lowered, but it did not include any details on how it would ensure that it maintains its right to regulate in support of climate change reduction commitments and high environmental standards (Centre for Policy Studies, 2022; House of Lords International Agreements Committee, 2021a). Modelling has also suggested that environmental emissions would rise by only 0.025% by 2035 and emission intensity in the UK would decrease due to expected changes to the composition of the economy reducing the importance of emission-intensive sectors (Centre for Policy Studies, 2022; Department for International Trade, 2021a; Interview 3). There is potential for high-emission goods to no longer be produced domestically (e.g., steel), but instead may be imported, with potential negative impacts for UK manufacturing and resulting in 'off-shoring' of emissions (Trades Union Congress, 2018).

However, some of the grey and academic literature raises concerns about the potential negative impacts of accession to the CPTPP on environmental and living conditions, which can affect health. Similar to the issue of food safety standards, one of the biggest potential negative impacts identified relates to the lowering of environmental standards – or the inability to improve them - which may have an impact on air and water quality (Trade Justice Movement, 2018; Greener UK, 2021; Size of Wales nd; House of Lords International Agreements Committee, 2021a; Labonte et al., 2018). Not only does the CPTPP not mention the issue of climate change, but the chapter on environment is non-binding and only one of seven of the multilateral environmental agreements (MEAs) in the CPTPP is enforceable (Trade Justice Movement, 2018; McNamara et al., 2021b). Environmental provisions only encourage mutual recognition of standards, which has the potential to result in a 'race to the bottom' for standards (Greener UK, 2021; Labonte et al., 2018). The CPTPP countries have only agreed to cooperate in the transition to a low-emission economy (Trade Justice Movement, 2018; McNamara et al., 2021b).

Additionally, the literature identified several potential negative impacts in relation to the agricultural sector, including the incentivising of agricultural practices that are greenhouse gas intensive to avoid being undermined by cheap imports that meet less strict environmental regulations (House of Lords International Agreements Committee, 2021a). This also has clear links to the potential impacts on food safety (see section 3.1.2). Furthermore, with expanding trade routes and opportunities that have a wider global reach, there could be increased packaging and shipping requirements. This also has an associated potential impact due to an increase in flights to support the expansion of trade, which would lead to an increase in emissions from transport and negatively impact air quality (Trade Justice Movement, 2018; Greener UK, 2021; Size of Wales, nd; Trade Justice Movement, 2021; National Farmers' Union, 2021; Department for International Trade, 2021a; House of Lords International Agreements Committee, 2021a; Interviews 4; 11).

As was the case for policies to promote healthy behaviours, the grey and academic literature state that environmental legislation and regulation - for example, low emissions zones and net zero policies - could be challenged through the ISDS mechanism which could result in a regulatory chill (Trade Justice Movement, 2018; Greener UK, 2021; Size of Wales, nd; BMA, 2018; Trade Justice Movement, 2021; House of Lords International Agreements Committee, 2021a; Trade Justice Movement, 2022; Labonte et al., 2018; Interview 3). Hirono et al. (2016b) explicitly highlights that efforts to address climate change and sustainability are not exempt from ISDS. Oil, gas, mining, extractive industries, and energy corporations have previously brought hundreds of ISDS cases against countries with energy and mining cases making up 42% of known ISDS cases; more and more cases are challenging climate policy (Trade Justice Movement, 2022). This may have a potential negative impact on the UK and Wales's ability to meet climate related targets or make new policy around carbon limits and standards (Trade Justice Movement, 2018; Greener UK, 2021; Size of Wales, nd).

The potential impacts of the ISDS mechanism can be seen from the use of the Energy Charter Treaty (ECT) as a 'legal weapon that corporations wield to sue governments attempting to enforce environmental regulations and respond to communities' attempts to protect their environments from ecological damage' (War on Want, 2021). This is despite the ECT's objectives with respect to the sustainable development goals. For example, the oil and gas company, Rockhopper Exploration PLC, sued Italy for damages in excess of \$275 million over its decision to ban drilling for oil and gas near the coast (War on Want, 2021). Several countries, including Spain, Poland, the Netherland, France, Belgium and Slovenia have expressed their intention to withdraw from the ECT as it has "stymied governments' efforts at ambitious climate mitigation" (International Institute for Sustainable Development, 2022). Italy withdrew in 2016 (International Institute for Sustainable Development, 2022).

Similarly, there have been examples with other trade rules and agreements where there have been challenges. For example, World Trade Organisation (WTO) rules have regularly been used by members to challenge subsidies for renewable energy industries (Trade Justice Movement, 2018). These subsidies are becoming ever more important in trade policy discussions and negotiations – for example, there has been much attention given to the debate between the EU and US on electric vehicle consumer tax credits, and Brussels' trade rules on electric vehicles will become



stricter in 2024, with some British-made cars facing a 10 percent increase in tariffs when exported to EU member states (Politico, 2023a; Politico, 2023b).

Technical Barriers to Trade in the CPTPP may potentially limit the ability of local authorities in Wales to enforce domestic policies related to the environment, such as establishing local clean air zones to tackle air pollution and blocking fracking companies from operating on land where it is deemed a health or environmental hazard (Trade Justice Movement, 2018). This has the potential to move policymakers away from the precautionary principle, which bans policies and practices that have an uncertain risk of harming the environmental or public health, to an approach that relies on documented science (Nuffield Trust, 2021; Trade Justice Movement, 2018; BMA, 2018; AHDB, 2021; UK Trade Policy Observatory, 2021b; Labonte et al., 2016; Labonte et al., 2018). Government rules for procurement in the CPTPP could also potentially limit the ability to mandate requirements for 'green purchasing' in government contracts due to them creating 'unnecessary obstacles to trade' (Greener UK, 2021; House of Lords International Agreements Committee, 2021a). Local sustainable procurement policies may also be affected as policies allowing local authorities to promote environmental well-being when buying goods or services may not be permitted under the CPTPP - for example, policies that encourage buying from locally sourced, sustainable suppliers (Trade Justice Movement, 2018, McNamara et al, 2021).

Climate change is associated with a wide range of health and well-being impacts (Edmonds and Green, forthcoming). Therefore, CPTPP provisions which prevent or limit Welsh Government and local authorities in Wales from implementing evidence-based climate adaptation policies or maintaining high environmental standards may have potential negative impacts, including reduced physical and mental health and well-being; disruption to transport networks; disruption to education and outdoor sport and play; disruption to delivery of health and social care services; displacement from home and support networks; and disruption of food and production supply (Public Health Wales, 2021a; Public Health Wales, 2022a).

## **Impacted Populations**

The climate and environment-related provisions of the CPTPP could have a disproportionate effect on socio-economically disadvantaged and at-risk groups with fewer resources or capacity to deal with the consequences of climate change, which has the potential to worsen health inequalities (Public Health Wales, 2022a). This includes children, older adults, people on low incomes and people with disabilities and long-term health conditions (Public Health Wales, 2021a; Public Health Wales, 2022a).

In addition, expanding markets and additional packaging and/or shipping requirements could lead to increased use of plastics and costs for **agricultural workers and food producers** (Trade Justice Movement, 2018; Centre for Policy Studies, 2022). There may also be potential negative impacts on the environment as farmers may feel pressured to intensify their farming practices to remain competitive with other countries importing agricultural products into the UK at lower costs (International Agreements Committee, 2021a; UK Trade Policy Observatory, 2021b; National Farmers' Union, 2021).

#### 3.1.5 Economic factors

## **000**

Potential positive and negative impacts, but more potential negatives; medium and long term

There are a range of potential impacts - both positive and negative - in relation to the economy and employment from the CPTPP and particular population groups. Evidence on the potential economic impacts is mixed, with some arguing the CPTPP provides an opportunity to strengthen labour conditions and economic growth and others concerned that the CPTPP is purely ornamental, potentially leading to the erosion of economic growth and labour conditions – although the health and well-being impact of this can still be unclear for example economic downturns in developed countries in 20th century have often been associated with improvements in life expectancy despite some categories, such as suicide, deteriorating (Bezruchka, 2009).

The literature suggests that accession to the CPTPP could lead to a reduction in tariffs, and UK trade with member states could increase by £3.3 billion, including an extra £1.7 billion in exports due to an expansion of the market (Department for International Trade, 2021a; Centre for Policy Studies, 2022). The Department for International Trade projections also suggest UK exports to CPTPP members may increase by 65% by 2030, equating to a rise of £37 billion, and demand for UK imports may rise by two thirds by 2030 to just under £4.5 trillion (Institute of Directors, 2022). The literature also states that supply chains could become more diverse and sustainable through the liberalisation of rules of origin requirements, the streamlining of cross-border data flows and a more liberal treatment of visa rules (Centre for Policy Studies, 2022). These economic benefits have the potential to positively impact businesses and the economic environment in Wales by increasing revenue potential, expanding markets, attracting foreign investment and supporting jobs for the population (House of Lords International Agreements Committee, 2021a). Several interviewees highlighted the potential opportunities for economic and job growth from the CPTPP (Interviews 2, 5, 7, 8, 9).

However, the UK Government's economic impact assessment predicts benefits of just £1.8 billion or 0.08% of GDP – and this would only be after 15 years of membership (McNamara et al, 2023; Centre for Policy Studies, 2022; Trade Justice Movement, 2021; House of Lords International Agreements Committee, 2021a).

There is also potential for job creation in some sectors – for example, the service sector (International Agreements Committee, 2021a). However, it could potentially lead to other sectors being affected negatively – for example, the agricultural and automotive sectors (Public Health Wales, 2021b; Trade Justice Movement, 2018). Additionally, there is the potential for job losses in some sectors due to an increase in imports from CPTPP member nations (TUC, 2018). Additionally, the CPTPP could lead to an increase in mobility of cross border capital flows, which can increase competition for investment between countries and lead to those nations needing to find new ways to increase returns on investments. Several of the interviewees agreed that these potential negative



impacts could lead to job losses, a downward pressure on wages, labour standards and taxes (Trade Justice Movement, 2018; Interviews 6, 10, 11).

For Wales, this could be significant as the country has the lowest proportion of exports destined for CPTPP countries (6.2%) when compared to England, Scotland and Northern Ireland (Centre for Policy Studies, 2022). The Trades Union Congress (2018) expressed concerns that the CPTPP may lead to unemployment in some sectors - for example, the manufacturing sector - due to increased imports for these sectors from CPTPP countries. This could potentially lead to workers who have lost jobs to take up new employment on precarious terms with low pay in the informal sector, such as unpaid, temporary or casual jobs (Trades Union Congress, 2018). Several interviewees also express concerns about potential economic losses (Interviews 3, 4, 10). There is the potential threat of mass unemployment events if major employers leave the UK or Wales, which could negatively impact the economic well-being and/or health of whole communities and regions (Public Health Wales, 2017).

Other potential negative impacts include the issue of the CPTPP placing restrictions on government procurement and policies for example the Welsh Social Partnership and Procurement Bill (Welsh Government, 2022e), which means that local, regional and national governments may not be permitted to use their procurement policies to encourage the development of local industries and jobs or to support the growth of environmentally or development-friendly industries (Trade Justice Movement, 2018). There is currently a debate over this latter issue within the EU and US trade conversations (as discussed in Section 3.1.4)

Positively, the UK can continue to uphold high standards of workers' rights, thus setting a clear example and remaining a world leader (Centre for Policy Studies, 2022). It is argued that the CPTPP emphasises the protection of workers' rights (Department for International Trade, 2021a; Centre for Policy Studies, 2022). UK farmers and growers are also proud of their high standards of worker welfare (NFU, 2021). Zebedee (2021) claims that provisions related to labour standards could also strengthen workers' pay as there are strong rules around minimum wages and recognising trades unions; therefore, it is argued that it may not change the UK's current position on workers' rights. It is also argued that the CPTPP encourages countries to implement International Labour Organization (ILO) conventions with provisions such as minimum wage, health and safety standards and hours of work legislation (Department for International Trade, 2021a; Centre for Policy Studies, 2022). Wales has a strong commitment to wages in the Agricultural sector (Welsh Government, 2023a; Welsh Government, 2023b).

However, the literature also expresses concern that the CPTPP may potentially erode workers' rights in non-UK settings or undercut British workers by having cheaper labour costs (Trades Union Congress, 2018). While the chapter on labour encourages countries to implement International Labour Organisation (ILO) conventions and minimum wage, health and safety and hours of work legislation, it is non-binding (Trade Justice Movement, 2018; Trades Union Congress, 2018). The acceptability of working conditions is determined by each country, which means that there is no floor threshold below which regulations should not fall (McNamara et al., 2021b). Members can only bring claims with reference to labour standards when trade is impacted; legislation is not measured against its impact on labour or human rights (Trade Justice Movement, 2021; Trades Union Congress, 2018; Business and Human Rights Resource Centre, 2022). In addition, there is no provision for workers to bring a claim to enforce ILO conventions or other labour standards, only states, which gives them fewer rights than investors (Trade Justice Movement, 2018; Trades Union Congress, 2018). Therefore, the literature suggests that the provisions related to labour standards and rights may be less likely to increase workers' rights, protection or improve employment relations – important determinants of health (McNamara and Labonte, 2016; McNamara, 2015).

Policy evidence highlights concerns that the ISDS provision could potentially allow foreign investors to challenge UK and Welsh Government policies in such areas as workers' rights and protection (House of Lords International Agreements Committee, 2021a; UK Trade Policy Observatory, 2021a). There are previous examples of companies challenging governments' minimum wage legislation, successfully and unsuccessfully, as well as other employment laws addressing health and safety (Trade Justice Movement, 2021; Trades Union Congress, 2018) which was a cost to the public purse.

Labour standards and protections can impact health through a range of pathways related to wages, working conditions and economic security (McNamara et al., 2021b). Studies show that trade-related changes in labour markets can have negative impacts on health and well-being, particularly for workers who lose their jobs or experience heightened insecurity after markets have opened to external competition and this can induce acute stress and uncertainty about the future and negatively impact mental well-being (Labonte et al., 2018). The CPTPP labour provisions do not address social protection, which is a missed opportunity to provide a means of mitigating the health impacts of potential unemployment (McNamara and Labonte, 2016).

Finally, the Trades Union Congress (2018) noted that opening public procurement markets could potentially restrict public authorities' ability to support foundational economies and local businesses who recognise trade unions or pay living wages. In other words, award criteria provisions in the CPTPP are narrow and may encourage contracting based on the lowest price rather than quality, access and integrity of service provision (Trades Union Congress, 2018). This could impact current Welsh procurement policy (Welsh Government, 2022e; Welsh Government 2019)

As mentioned in Section 3.1.3, unemployment can lead to higher mortality, poorer general health, poorer mental health, and higher medical consultation (Public Health Wales, 2022c). Unemployment and economic strain are also risk factors for increased drug, alcohol, and tobacco use (Public Health Wales, 2023; Popovici and French, 2013; NHS, 2014; Public Health England, 2020; Drinkaware, nd; The British Heart Foundation, 2013; Montgomery et al., 1998; Lee et al., 1990; Henkel, 2011). The quality of work also has an impact on health. Participation in fair work provides a sense of purpose and means that people have money, time and resources for a healthy life for themselves and their families. Fair, rewarding and secure work can reduce psychological stress, create a steppingstone out of poverty and help dependent children have the best start in life (Public Health Wales, 2022c). In 2019, Public Health Wales undertook a Health Impact Assessment (HIA) of Brexit, examining the potential implications for health and well-being across population groups (Public Health Wales, 2019b). It found that Brexit had many potentially negative implications including, for example, increased risk of unemployment in sectors that are highly exposed to trade, and poorer mental health due to uncertainty and a feeling of not being in control.

## **Impacted Populations**

There could be potential negative health impacts for many **workers who may become unemployed** as a result of the UK joining the CPTPP and lower tariffs which leads to cheaper imports that will be detrimental to some Welsh sectors – for example, the agricultural, automotive and manufacturing sectors (McNamara and Labonte, 2016; Trades Union Congress, 2018; Public Health Wales, 2021b; Trade Justice Movement, 2018). The labour chapter also fails to acknowledge those who are unemployed or those in precarious and informal employment (McNamara and Labonte, 2016).

Job loss leads to increased unhealthy behaviour and increased risk to physical and mental health (Public Health Wales, 2017). **Communities at higher risk of mass unemployment events** also face increased competition for jobs (those currently unemployed are less likely to find work); loss of community links, social networks and increased social isolation; increased strain; and home devaluation in some areas (Public Health Wales, 2017).

Existing health inequalities amongst populations that are **socio-economically disadvantaged may potentially be exacerbated by accession** to the CPTPP. This may be due to the effects on specific sectors and/or industries, particularly those that are overrepresented by socio-economically disadvantaged populations (McNamara, 2021b). Public Health Wales's HIA of Brexit also found that socio-economically disadvantaged populations were among those who were likely to be the worst affected by increased risk of unemployment in high-risk sectors (Public Health Wales, 2019b).

**Agricultural workers and farmers** are likely to be impacted. Positively, as a member of CPTPP, the UK may have more opportunities to increase market access for Welsh food and drink producers and may gain preferential access where our producers currently face high tariff and non-tariff barriers (Interview 5,7). For example, despite having a bilateral trade agreement in place, UK beef and lamb is still unable to enter Vietnam due to complex barriers, which would be eliminated by accession to CPTPP (Centre for Policy Studies, 2022).

Negatively, it could potentially be harder for **small farmers** to compete with larger corporations, in part due to data exclusivity protections as well as increased packaging and transportation costs (Trade Justice Movement, 2018; Centre for Policy Studies, 2022). This may potentially impact their economic prosperity (see Section 3.1.5) as well as their mental well-being (see Section 3.1.3). While an increase in imports from CPTPP members could lead to farmers intensifying their practices or diversifying, their businesses have the potential to close altogether (Trade Justice Movement, 2018; Public Health Wales, 2021b). The fishing industry may have similar implications as those identified for farmers.

The National Farmers' Union (2021) state that ensuring the UK geographical indicators receive protection should be a priority when negotiating the CPTPP accession deal. This may protect named products, such as Anglesey sea salts, as was the case when the UK was a part of the EU (Trade Justice Movement, 2018). However, New Zealand is reluctant to agree to this provision, and this may prevent UK farmers from being able to compete on fair terms with CPTPP members and may prevent damages to their reputation of producing genuine, high-quality goods (National Farmers' Union, 2021; House of Lords International Agreements Committee, 2021b; Centre for Policy Studies, 2022).

**Small to medium business owners and their employees** also face potential negative impacts given the effect that the trade agreement may have on imports and exports. The majority of active enterprises in Wales in 2021 were small and medium sized enterprises (SMEs) with 0 to 249 employees (Welsh Government, 2022d). They accounted for 99.4% of total enterprises in Wales in 2021.

Micro enterprises (0 to 9 employees) accounted for 95.0% of the total enterprises in Wales (Welsh Government, 2022d).

#### 3.1.6 Access to Health and Care Services



Potential positive and negative impacts, but more potential negatives; medium and long term

Access to health services and medicines is one of the issues highlighted in the evidence in relation to trade agreements and the CPTPP. Much of this is due to the nature of the UK's healthcare services system and the value placed on the NHS by both professionals and the public. It provides a complex picture of both potential positive and negative impact.

The UK Government has stated explicitly in CPTPP trade discussions and negotiations that the NHS is not 'on the table', but it is still unclear whether, or how, the NHS will be excluded from key provisions of the trade agreement and if so to what extent. The NHS may not be covered by the public services exclusion as it currently competes with private healthcare providers (Trade Justice Movement, 2018). The CPTPP takes a 'negative list' approach, which means that all services are included unless they are specifically excluded (Public Health Wales, 2021b; Nuffield Trust, 2021; McNamara et al., 2021b). As the NHS is allowed to tender for certain services to be delivered by private companies, this makes defining the health sector for exemption purposes difficult as there may be questions as to what this includes or not and whether it would include social care or access to private healthcare markets (Nuffield Trust, 2021; Public Health Wales, 2021b). Therefore, evidence suggests that there are potential negative impacts on access to health services and medicines if the NHS were included within the technical details of the CPTPP.

Evidence emphasises the potential negative health and well-being impacts of liberalising healthcare services and opening up government procurement processes (Public Heath Wales, 2021; BMA, 2018; McNamara et al., 2021b). Of note, is the fact that reforms to NHS services to meet the requirements of current CPTPP provisions - for example, the liberalisation and a shift to more health services being provided by private providers - could potentially apply to future service provision and could be a barrier to renationalising healthcare services in the future (Trade Justice Movement, 2018; Public Health Wales, 2021b; Nuffield Trust, 2021; BMA, 2018; Trades Union Congress, 2018). Potential negative impacts could also emerge due to the potential use of ISDS to prevent measures that would limit competition or prevent future nationalisation of health services (Trade Justice Movement, 2018; Nuffield Trust, 2021). In effect, the ISDS mechanism could block development of new models of care and service delivery (BMA, 2018).

As of April 2023, with the successful conclusion of the CPTPP negotiations, the Department of Business and Trade has again reiterated that the NHS will be excluded from key provisions (Poilitico, 2023). However, details of how this will be ensured now and in the future are unclear.

For the nations across the UK, any potential impacts could be felt differently. For example, private providers currently have extensive guaranteed access to the marketized English NHS, though care purchased is still free to patients at the point of use (Nuffield Trust, 2021). However, unlike in England, there are no internal markets in Scotland or Wales into which to gain access; care is only contracted out to meet defined service needs the NHS cannot fulfil – for example, to reduce waiting lists (Nuffield Trust, 2021). Therefore, there is nothing to open up, or protect, in a trade agreement (Nuffield Trust, 2021). Some experts have noted that CPTPP provisions potentially restrict the powers of devolved administrations over service provision (Trade Justice Movement, 2018; BMA, 2018; Trades Union Congress, 2018).

The CPTPP's intellectual property provisions could also have potential negative impacts for the population because it could lead to an increased cost of medicines, biologics and medical devices, which could have potentially negatively impacts on NHS budgets (Nuffield Trust, 2021;

Public Health Wales, 2021b; BMA, 2018; Monasterio and Gleeson, 2014; Labonte et al., 2016). An emphasis on reducing competition, limiting negotiations on prices and removing tests for good value - for example, those applied by NICE in the UK - are common features in US-style FTAs and allow companies to charge higher prices for less effective drugs (Nuffield Trust, 2021). In addition, splitting from the European Union market could potentially



result in higher costs and paperwork to introduce healthcare products in the UK (Nuffield Trust, 2021). For example, one trade expert noted that *'EU suppliers may be less willing to trade with British based companies, because of increased costs and paperwork. The costs of imported goods would almost certainly increase'* (Boscia, 2023).

The CPTPP also allows for 'evergreening', which means that patents can be lengthened as compensation for 'unreasonable delays' in governments issuing a patent or if the pharmaceutical company finds 'new uses, new methods of using... or new processes' for their medicine (Public Health Wales, 2021b). Similarly, members are required to provide patent term extensions to compensate for 'unreasonable or unnecessary delays' in the examination process (Gleeson et al., 2018). This may have a potential positive impact as it may encourage more companies to invest in research and development resulting in more medicines in the long-term (Park and Lippoldt, 2008). However, it may potentially also prevent other companies developing competing or generic versions of the medicines at lower costs to sell to health care providers (Trade Justice Movement, 2018; Labonte et al., 2016; Luo and Kesselheim, 2015). While it has been argued by some that these provisions appear compatible with what the UK already does, this would effectively lock-in current regulations and could potentially prevent any future UK governments from changing them (Nuffield Trust, 2021).

The literature and stakeholder interviews also identify potential negative impacts in relation to access to medicines. This is focussed on changes to review mechanisms (for example, health technology assessments) for cost-effectiveness, which could change which medicines are listed for use (Nuffield Trust, 2021; Nuffield Trust, 2019). Additionally, watered down review mechanisms may prevent the NHS from deciding not to fund treatments deemed less cost effective than existing alternatives or from using their collective bargaining power to get a better deal (Nuffield Trust, 2021). This has the potential to limit the availability of funds that can be directed toward other service provision or other health and social care programmes. Liberalisation of the pharmaceutical industry could also have a potential negative impact on the supply and cost of medicines as the CPTPP may allow members to challenge domestic laws intended to promote the timely availability of generic drugs (McNamara et al., 2021b; Luo and Kesselheim, 2015; Interview 11). It has been highlighted that '[b]randed medicines can cost ten times the price of generics or more for the same product, so even a few months or more without competition can cost the NHS tens or even hundreds of millions in wasted spending with no clinical benefit to patients' (Nuffield Trust, 2021).

Any increase in the cost of medications may have potential negative consequences, including fewer medication subsidies and treatment options and a diversion of the health and social care budgets away from other essential health services - for example, services to prevent noncommunicable diseases such as cancer or cardiovascular disease (Monasterio and Gleeson, 2014; Labonte et al., 2016; Luo and Kesselheim, 2015). This could potentially have a disproportionate negative impact on public sector budgets, which are being increasingly squeezed – for example because of inflation (Public Health Wales, 2022b)

#### **Impacted Populations**

The **health care workforce** will potentially be affected. There is the potential for positives - for example, the bilateral flow of medical professionals across nations into the UK, which could lead to a broadening in the experience, skills and knowledge of medical professionals in Wales and allow them to undertake particular training (GMC, 2018). Increased recognition of qualifications of healthcare workers from CPTPP member countries, if included in the CPTPP agreement, could potentially alleviate some of the staffing pressures within the UK. For example, the NHS Wales workforce has been described as not currently having the capacity to deliver the services demanded by the population, and the number of GPs in Wales decreased by 2.3 percent between 2011 and 2020, while demand for primary care has increased steadily (Wales Centre for Public Policy, 2022; BMA Cymru Wales, 2021).

Negotiation documents from the CPTPP's forerunner, the Trans-Pacific Partnership Agreement (TPP), highlighted that those with long-term and chronic conditions might be disproportionately affected by reduced access to medicines, health care providers and public health promoting regulations (Monasterio and Gleeson, 2014). Public Health Wales (2021b) highlighted that those provisions within trade agreements which have implications for medicines and health services delivery can affect people with long-term and chronic conditions the most due to, for example, an increase in the cost of medicines or changes in workforce recruitment and retention. However, it could also mean that there could be an increased access to services and supply of medical staff due to mobilisation provisions in the CPTPP (GMC, 2018). Those with chronic conditions may also have improved access to innovative medicines if patent extensions encourage research and development in new drugs and treatments (Park and Lippoldt, 2008).

The inability to access treatment, diagnostic, and emergency services often have a physical and psychological effect on patients as conditions may worsen; this increases stress not only on patients, but on the health system as well (Wales Centre for Public Policy, 2022). Those with **poor mental well-being** already have limited access to, and receive, lesser focus on treatment than for physical conditions, which can contribute to increased morbidity and mortality (Liu et al., 2017, Fiorillo and Sartorius, 2021) and low-income patients often lack access to higher cost drugs (Luo and Kesselheim, 2015). However, this may only be a real issue if there is increased privatisation or use of private health care outside of the NHS where patients would be responsible for covering the costs of medicines.

## 4. Key Findings

Peer reviewed evidence, grey literature, health intelligence and stakeholder interviews drawn together through the health impact assessment (HIA) process, a widely respected and well-established public health tool, highlighted the following in respect to public health in Wales.

- Trade is a key commercial determinant of health and important for healthy functioning economies and societies and can provide many opportunities for nations who trade and their populations.
- The lack of transparency on the detail of the negotiations to date has made identifying
  potential impacts on public health challenging. Two important areas of uncertainty to
  highlight are:
  - How Investor State Dispute Settlements (ISDS) provisions could interact with public health policy; and
  - The potential negotiation of side-letters on specific areas or with certain CPTPP members, similar to the public health side-letter negotiated alongside the UK-Australia Free Trade Agreement. The development of side letters could be important if they address key public health issues related to, for example, tobacco control, food labelling, infectious disease control cooperation, or exemption from the ISDS mechanism.
- As the UK has yet to join the CPTPP, the potential impacts on Wales specifically, both positive and negative, are potential and not actual. This analysis is designed to include consideration of how accession to the CPTPP could play out in the short-term but also the longer-term, recognising that how the agreement takes effect may change depending on:
  - The policy priorities of future governments; and
  - The membership of the CPTPP if additional countries gain membership.
- Evidence from countries that are already members of the CPTPP has been used to inform this
  analysis. However, there is evidence of similar concerns from other nations that are already
  CPTPP members, about the impacts of the Free Trade Agreement's (FTA) provisions, but
  caution must be applied when transferring this to Wales given the differing national contexts.



- The CPTPP has the potential to impact on a range of public health issues across the
  social determinants of health, both positively and negatively. It is a complex and technical
  picture of impact. It has the potential to affect different populations in different ways,
  which may lead to a widening of existing health inequalities.
  - Potential negative impacts into the longer-term include reduced food standards and safety; poorer diet and nutrition; challenges to enacting and implementing environmentally friendly and net zero policies; increased smoking and alcohol use; decreased access to health care services and medicines and the increased cost of these; weakened data protection regulations leading to stress and anxiety about personal data sharing.
  - The people who are most at risk from these negative impacts include: those on low incomes or from economically disadvantaged areas; those with life-limiting illnesses and chronic conditions.
  - Potential positive economic impacts and opportunities into the longer-term may offer health and well-being improvements for some, but this is highly dependent on the potential economic benefits outweighing economic and other potential social harms.
- An HIA of the CPTPP has not been carried out at a UK-level, meaning that the potential impacts of the CPTPP on health, well-being and equity for the UK as a whole have not yet been identified. HIA is a valuable tool which the UK and other Governments could use to capture the potential impacts of the CPTPP and other trade agreements across the social determinants of health and equity at different stages of the negotiation process to inform and enable inclusive discussion and decision-making.
- Further research into the issues identified as part of this work and the impact of trade
  agreements in general would improve the understanding of the potential health, wellbeing and equity impacts and what action may be needed to mitigate risks and maximise
  opportunities. This includes for the longer-term impacts.
- Further review and analysis work should take place in the future once the final terms of the agreement are published. We look forward to seeing the full terms of the accession agreement and recognise that the full implications of CPTPP accession will take time to emerge along with more published evidence and analysis.

#### 4.1 Evidence Gaps

Further research into the issues identified as part of this work and the impact of Free Trade Agreements in general would improve the understanding of the potential health and equity impacts and what action may be needed to mitigate risks and maximise opportunities.

More research and evidence are needed to better understand the impacts, and distribution of those impacts, **of FTAs across population groups** both as a whole or for specific population groups. Currently there is not enough evidence to make an informed assessment about the impacts on certain populations in Wales – for example, children and young adults, migrant and refugee populations, and persons from rural or coastal areas - or the evidence available has raised further questions. For some population groups, there is an indication of impact but not to what extent - for example, McNamara (2021) argues that there is limited evidence on how different social groups in the UK have been, or will be, differentially affected by trade and how trade may increase health inequalities. The role of trade in shaping unequal distributions of health has received little attention (McNamara, 2021b).

There needs to be more research or evidence gathered to gain a better understanding of both the **short and longer-term** implications of the CPTPP on population groups and determinants of health. Currently there is not enough evidence to make an informed assessment or the evidence available has raised further questions.

The CPTPP trade negotiation process has demonstrated that more research and evidence are needed **on determinants such as community and social influences** as well as democracy and participation in negotiations and discussions around all trade agreements. More considerations can be given to issues and concerns around transparency, oversight, and scrutiny in the trade policy negotiations. This again highlights why HIA is an important tool to assess the potential impacts of trade agreement provisions and make them a matter of public debate. It also allows for scrutiny once trade agreements are implemented.

#### 4.2 Future Actions

Actions which can help to protect and promote population health, well-being and equity in respect to FTAs and trade negotiations include:

- UK and other governments should use HIAs as a valuable tool that captures the potential
  impacts of the CPTPP and other trade agreements across the wider determinants of health,
  well-being and equity. These can be actioned at different stages of the negotiation and
  implementation process to inform and enable inclusive discussion and decision-making.
- Appropriate exemptions from ISDS to enable the UK and the devolved nations to legislate for healthy public policies relating to, for example, the labelling or advertising of alcohol and food without legal challenge, or the fear of legal challenge that leads to regulatory chill. This can also protect public finances from the risk of expensive legal challenges.
- Open and transparent publication of the final treaty text and any analysis by the UK Government to support stakeholder engagement, scrutiny, and discussion.

- The negotiation of side letters with individual CPTPP member countries to address key public health issues including:
  - ISDS exemption;
  - tobacco and alcohol labelling and control;
  - food labelling, content and standards;
  - infectious disease control cooperation;
  - workers' protection and rights;
  - cooperation agreements on the flow of health workforce professions;
  - action on the environment, climate and nature emergencies.
- Sustainable procurement and legislation across the UK should not be undermined by free trade agreement provisions.
- Wales has a distinct policy landscape including legislation, such as the Well-being of the Future Generations (Wales) Act that needs to be taken account of in trade agreement negotiations.
- Public health practitioners and policy officers must learn from previous successful, and unsuccessful, legal cases in which private companies and multinational corporations have contested public health policies. They must then use this knowledge to ensure that public health policies in the future are protected.
- Continued efforts to improve awareness and understanding of the ways trade policy and agreements can affect health and healthy public policies and legislation. Public Health Institutes, agencies such as WHO, civil society and academia have a key role to play in this.
- To help avoid unintended negative impacts of trade agreements, such as the CPTPP, on health, well-being and equity UK and governments need to make provision for engagement with public health and civil society representatives. This should be at least equivalent to those afforded to business stakeholders under the CPTPP or other trade agreements.
- Further research into the issues identified as part of this work and the impact of trade
  agreements in general would improve understanding of the potential health and equity
  impacts and what action may be needed to mitigate risks and maximise opportunities. This
  includes capturing the longer-term impacts of trade agreements on health and well-being.

#### Conclusion

The findings of this HIA can be used to inform the implementation of the UK's accession to the CPTPP to maximise the potential benefits for public health and mitigate against any potential risks. It can also be used to scrutinise and monitor any future impact.

The HIA of the CPTPP has identified a range of potential positive and negative impacts for health and well-being in Wales. It provides a better understanding of the impact across the population as a whole as well as for different population groups; revealing its potential to widen existing inequalities, particularly given the current UK and international political and economic context.

HIA is a beneficial, well established public health tool. Its participatory element, in collaboration with the evidence-based nature of the assessment, adds value and contextual evidence and knowledge to form a holistic picture of impact. Critically, it can identify potential areas for action for public health advocates and highlight the importance of health, well-being and equity impacts to those negotiating, forming and implementing trade policy and agreements. We look forward to seeing the full terms of the agreement.



### Limitations

The impacts in the report have been based on robust peer reviewed literature, a wide range of stakeholder interviews and grey literature. The impacts identified are potential and not actual as the CPTPP has not yet been implemented with the UK.

There are gaps in the academic literature. Similarly, openly published data and specific evidence on the health, well-being and equity impacts of the CPTPP, and more specifically of FTAs for the UK and Wales, is sparse. Nor does it mean that is has not been carried out but due to the lack of transparency around trade agreements and this means that HIAs can only be carried out based on what is published. The evidence base will expand as interest grows, governmental analysis are released and transparently published in the short and long term as more evidence emerges. Policy and decision makers require evidence and information of the short- and long-term impacts of trade agreements such as the CPTPP on the populations in the UK.

As such, the findings in this HIA will need to be reviewed and updated in the light of emerging evidence at intervals. Where impacts have been based on international, rather than Wales or UK based evidence this has been noted.

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## Supporting Technical Information Appendix 1 | Methodology

The HIA followed the Welsh HIA guidance (WHIASU, 2012).

A screening and scoping meeting was held with the CPTPP HIA Working Group and team to determine and identify which population groups and wider determinants of health would be impacted by the CPTPP. The Working Group consisted of Public Health Wales practitioners, policy officers and consultants, an academic and a Consultant in Public Health from Scotland. Population groups and determinants of health that were identified were included in the search terms for the literature review for example, National Health Service, health and social care workforce, medicines and pharmaceuticals, food standards and cost and mental health. Evidence identified up to and including May 2023 was included in this report. Additional literature was shared by the rest of the team and identified through weekly trade policy tracking and snowballing.

Initially, academic outputs were crowd-sourced by subject matter experts within the team familiar with the academic literature concerning the impacts of the CPTPP and health. The bibliographies of these outputs were then examined for additional relevant outputs ("snowballing"). To access a wider field of literature, additional outputs were identified through searches on Google Scholar using the same combinations of key terms as used in the grey literature search (those identified during the HIA scoping process) and Google was used mainly for the grey literature search. Other targeted searches were also carried out on websites of key stakeholders and trade/health experts including Trade Justice Movement/Wales, the Department for Business and Trade (formerly the Department for International Trade), UK and Welsh Government, Nuffield Trust, Public Health Wales and Size of Wales. To capture a wider range of outputs, academic literature on the CPTPP's forerunner, the Trans Pacific Partnership (TPP) agreement, was also included for context and background information with the recognition that this may not necessarily be directly relevant to the UK and Welsh context.

Interviews were carried out with key stakeholders with an interest in the CPTPP and health, or trade more broadly, which included organisations such as Welsh Government, National Farmers' Union (NFU) and PETRA. 11 interviews were held in total which followed a topic guide and specific questions to better understand stakeholders' thoughts on the key health and well-being effects of the CPTPP. The interviews aimed to explore whether the stakeholder's organisation had a position on the UK's accession to the CPTPP and if they had any major public health or well-being concerns regarding the trade agreement, before exploring the determinants of health and population groups in more detail.

The findings from the interviews were included in the extraction sheets and evidence matrices along with the literature. A focus group was held with the Devolved Associations (DA) Trade and Health Group for their thoughts and expert opinions; their suggestions were also taken on board. A Community Health Profile was compiled, which includes health intelligence, statistics, data and figures that are relevant to this HIA on the CPTPP and health and inequalities.

## Appendix 2 | Priority Areas Matrices

The potential determinants of health and well-being that were identified as being priority areas for one or more of the following reasons: 1) evidence base; 2) impact on health and well-being; 3) conflicting views or claims.

#### Potential Determinants of Health and Well-being Affected

Determinant	opportunit	mpact i.e., positive/ sy or detrimental/ d consequence	Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Health behaviours (including diet, alcohol, smoking and physical activity)	Positive:	More choice/variety of food  Cheaper food	Nuffield Trust (2021) Centre for Policy Studies (2022) Department for Business & Trade (2023) Interview 7  Nuffield Trust (2021) Centre for Policy Studies (2022) Department for Business & Trade (2023)	<ul> <li>Those of lower socioeconomic status/disadvantaged populations</li> <li>Health and social care workforces</li> <li>Those who are illiterate</li> <li>Culturally/linguistically diverse populations</li> <li>Children and young adults</li> </ul>
			Schram et al. (2018) Interview 4	General population
		Stronger tobacco control efforts	American Cancer Society (2018a) American Cancer Society (2018b) Campaign for Tobacco Free Kids (nd) Public Health Wales (2021)  McNamara CL, Labonté R, Schram A, Townsend B. (2021a) Hirono K, Gleeson D, Freeman B. (2016b) Thow AM and Gleeson D. (2017)	

Determinant			Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Health behaviours (including diet, alcohol, smoking and physical activity) continued	Negative:	Manufacturer challenges over labelling etc. (e.g., the ability to introduce plain packaging for tobacco) - ISDS and potential regulatory chill	Nuffield Trust (2021) Public Health Wales (2021) BMA (2018) House of Lords International Agreements Committee (2021a) UK Trade Policy Observatory (2021a)  Labonté R, Schram A, Ruckert A. (2016) McNamara CL, Labonté R, Schram A, Townsend B. (2021b) Hirono K, Gleeson D, Freeman B. (2016b) Monasterio and Gleeson (2014) Schram et al. (2018) Thow AM and Gleeson D. (2017) Fooks, G and Gilmore, AB. (2013)	
			Interview 2, 8	
		Weaker alcohol labelling rules and pricing	BMA (2018)  Labonté R, Schram A, Ruckert A. (2016)  McNamara CL, Labonté R, Schram A, Townsend B. (2021a)  Hirono K, Gleeson D, Freeman B. (2016b)  Monasterio and Gleeson (2014)  Thow AM and Gleeson D. (2017)	
		Increased supply/ consumption unhealthy or illicit products (e.g., drugs, alcohol, tobacco)	Department for International Trade (2021)  Schram et al. (2018)  Thow AM and Gleeson D. (2017)  Interview 2, 4	
		Access to/consumption of cheaper, unhealthy foods	Schram et al. (2018) Thow AM and Gleeson D. (2017) Friel et al. (2013) Thow et al. (2015)	
			Interviews 3, 4, 7, 10	

Determinant	opportunit	mpact i.e., positive/ y or detrimental/ d consequence	Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Health behaviours (including diet, alcohol, smoking and physical activity) continued	Negative:	Ability to market unhealthy foods or products (e.g., to children and young adults)	Hirono K, Gleeson D, Freeman B. (2016b) Monasterio and Gleeson (2014) Schram et al. (2018) Friel et al. (2013) Thow et al. (2015) Interview 4	
		Environment ill-fitted for management of costly NCDs (ISDS etc.)	Public Health Wales (2021) BMA (2018) House of Lords International Agreements Committee (2021a) UK Trade Policy Observatory (2021a)  Labonté R, Schram A, Ruckert A. (2016) McNamara CL, Labonté R, Schram A, Townsend B. (2021b) Schram et al. (2018) Labonté R, Ruckert A and Schram A. (2018) Thow AM and Gleeson D. (2017) Fooks, G and Gilmore, AB. (2013) Thow et al. (2015) McNamara (2021)  Interview 2	
		Poorer food quality and safety standards (e.g., antibiotics in meat which could lead to rise in bacteria resistance) *see also food safety below	Nuffield Trust (2021)  McNamara CL, Labonté R, Schram A, Townsend B. (2021a) Friel et al. (2013)  Interview 3, 4, 7	
		Moving away from precautionary principle to science-based approach	Nuffield Trust (2021) Trade and Animal Welfare Coalition (2021) Public Health Wales (2021) Trade Justice Movement (2018)	
			McNamara CL, Labonté R, Schram A, Townsend B. (2021a)	

Determinant	Potential Impact i.e., positive/ opportunity or detrimental/ unintended consequence		Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Mental health and well- being	Negative:	e: Digital privacy and relaxation of rules causing anxiety about data and personal information	Nuffield Trust (2021) Trade Justice Movement (2018) House of Lords International Agreements Committee (2021a) UK Trade Policy Observatory (2021a) Legal Futures (2019) USA Today (2020) The Expert Witness (2019)  McNamara CL, Labonté R, Schram A, Townsend B. (2021b)	<ul> <li>Those with severe mental illness</li> <li>Those with long-term limiting illnesses and those who access health and social care services</li> <li>Business owners</li> <li>Those on low incomes or from other socially disadvantaged groups</li> <li>Agricultural workforce including</li> </ul>
	uncerta future, (e.g., th disrupti and inci	General anxiety and uncertainty about the future, work, or family (e.g., through market disruption, job loss and increased costs, particularly for farming)	Interview 4, 7, 10, 11	farmers  General population
Environment and living conditions  *UK cannot increase standards in the future	Positive:	Opportunity to increase environmental standards in more polluted areas (claim/justification)	Institute of Directors (2022) Centre for Policy Studies (2022) Department for International Trade (2021) Department for Business & Trade (2023)	<ul><li>General population</li><li>Business owners</li></ul>
	Negative:	Lower environmental standards and regulations in other countries (effects on air quality and water quality)	Greener UK (2021) Size of Wales (nd) House of Lords International Agreements Committee (2021a)  McNamara CL, Labonté R, Schram A, Townsend B. (2021b) Labonté R, Ruckert A and Schram A. (2018) McNamara CL and Labonté R. (2019)  Interview 2, 4, 5	

Determinant	opportunit	mpact i.e., positive/ y or detrimental/ d consequence	Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Environment and living conditions continued	Negative:	Effects on building and housing regulations if others come into the market (effects on spatial planning)	Trade Justice Movement (2018)	
		Increased requirements on packaging and shipping (more plastic, not green/ sustainable, climate change)	Trade Justice Movement (2018) Greener UK (2021) Size of Wales (nd) National Farmers' Union (2021) Department for International Trade (2021) House of Lords International Agreements Committee (2021a) Interview 3, 4, 11	
		Low emission zones/ environmental legislation/ regulation could be challenged (ISDS powers to sue)	Trade Justice Movement (2018) Greener UK (2021) Size of Wales (nd) Public Health Wales (2021) BMA (2018) House of Lords International Agreements Committee (2021a) UK Trade Policy Observatory (2021a) Trade Justice Movement (2022) Hirono K, Gleeson D, Freeman B. (2016b) Labonté R, Ruckert A and Schram A. (2018)	
		Impacts on the ability to meet targets or make policy around carbon limits and standards	Trade Justice Movement (2018) Greener UK (2021) Size of Wales (nd) Trade and Animal Welfare Coalition (2021) Trade Justice Movement (2022)	
			McNamara CL, Labonté R, Schram A, Townsend B. (2021b)	
			Interview 3	

Determinant	Potential Impact i.e., positive/ opportunity or detrimental/ unintended consequence		Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Environment and living conditions continued	Negative:	Impacts on sustainable procurement policies  Deforestation (globally due to reduced tariffs on certain products with unsustainable production	Trade Justice Movement (2018) Greener UK (2021) Size of Wales (nd) Interview 4 Greener UK (2021) Size of Wales (nd)	
*Some sectors will be impacted more negatively/ positively than others (e.g., farming/agriculture)	Positive:	Increase in rates of employment (claim/ justification)  Increase in GDP (claim/ justification)	Centre for Policy Studies (2022) Department for International Trade (2021) Department for Business & Trade (2023)  Interview 2, 3  Bilimoria, K. (2021) Zebedee (2021) Institute of Directors (2022) Centre for Policy Studies (2022) Department for International Trade (2021) House of Lords International Agreements Committee (2021a) Department for Business & Trade (2023)  Interview 2, 3, 9	<ul> <li>Agricultural workforce including farmers</li> <li>Persons of working age</li> <li>Those on low incomes or from other social disadvantaged groups</li> <li>Business owners</li> <li>General population</li> </ul>
		Export markets open for SMEs (opportunities to export more Welsh food and drink – digital trade)	Bilimoria, K. (2021) Zebedee (2021) Export News (2021) Express (2021) Institute of Directors (2022) Centre for Policy Studies (2022) Trade and Animal Welfare Coalition (2021) National Farmers' Union (2021) Agriculture and Horticulture Development Board (2021) Department for International Trade (2021)	

Determinant	Potential Impact i.e., positive/ opportunity or detrimental/ unintended consequence		Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
*Some sectors will be impacted more negatively/positively than others (e.g., farming/agriculture)	Positive:	Supply chains may be more efficient and diversified Encourages countries to	House of Lords International Agreements Committee (2021a) Politico (2022) Department for Business & Trade (2023) Interview 7, 11 Bilimoria, K. (2021) Centre for Policy Studies (2022) Department for Business & Trade (2023) Zebedee (2021)	
		implement minimum wage, health and safety and hours of work legislation (claim/justification)	Institute of Directors (2022) Centre for Policy Studies (2022) National Farmers' Union (2021) Department for International Trade (2021) Department for Business & Trade (2023) Interview 3	
	Negative:	Missed opportunity to ensure social protection (community benefits and contracts)	McNamara CL and Labonté R (2017)	
		Labour provisions and procurement that would allow challenges in the UK and opening of markets (costs involved)	House of Lords International Agreements Committee (2021a) UK Trade Policy Observatory (2021a) Trades Union Congress (2018)	
		Few economic benefits (diminish economic growth and employment)	Trade Justice Movement (2018) Public Health Wales (2021) Trades Union Congress (2018) Politico (2022) International Agreements Committee (2021c)	
			Schram et al. (2018) McNamara CL and Labonté R (2017) Labonté R, Ruckert A and Schram A. (2018) Gleeson et al. (2018)	
			Interview 4, 11	

Determinant			Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
*Some sectors will be impacted more negatively/ positively than others (e.g., farming/agriculture)	Negative:	Cannot use procurement policy to encourage development of local industries, local jobs or to support the development of environmentally or development friendly industries	Trade Justice Movement (2018)	
		No provisions for countries or workers to bring claims	Trade Justice Movement (2018)	
		Important not to import any food that would be illegal to produce here and also not undermining our producers here in Wales	Trade Justice Movement (2018) Trade and Animal Welfare Coalition (2021) National Farmers' Union (2021) House of Lords International Agreements Committee (2021a) House of Lords, International Agreements Committee (2021b) UK Trade Policy Observatory (2021b) Politico (2022) Interview 4, 5	
		Challenges around improvements to or equity in the workplace and working conditions (minimum wage, hours of work, occupational health and safety) – lower labour standards	Trade Justice Movement (2018) BMA (2018) Trades Union Congress (2018)  McNamara CL, Labonté R, Schram A, Townsend B. (2021b) McNamara CL and Labonté R (2017) Labonté R, Ruckert A and Schram A. (2018) McNamara CL and Labonté R. (2019)  Interview 2, 3, 10	

Determinant	Potential Impact i.e., positive/ opportunity or detrimental/ unintended consequence		Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
*Some sectors will be impacted more negatively/ positively than others (e.g., farming/agriculture)	Negative:	Concerns re: poverty/cost of living crisis/insecure work (interplay between trade agreement and covid recovery)	Trades Union Congress (2018)  Schram et al. (2018)  McNamara CL and Labonté R (2017)  Interview 10	
Access to services	Positive:	Increased supply of health care workers	GMC (2018) Department for Business & Trade (2023)	<ul> <li>Health and social care workforce</li> <li>Those with long-term limiting illnesses and those who access health and social care services</li> </ul>
*Will there be exceptions for the NHS?	Negative:	Potential negative impact on NHS budgets from patents and medicines (evergreening – leading to increase costs and reductions in other services and reduced access to drugs/services)	Nuffield Trust (2021) Trade Justice Movement (2018) Public Health Wales (2021) BMA (2018) House of Lords International Agreements Committee (2021a) International Agreements Committee (2021c)  Labonté R, Schram A, Ruckert A. (2016) McNamara CL, Labonté R, Schram A, Townsend B. (2021b) Monasterio and Gleeson (2014) Thow et al. (2015) Schram et al. (2018) Gleeson et al. (2018) Luo J and Kesselheim AS. (2015) Thow AM and Gleeson D. (2017) McNamara (2021)	Those on low incomes or from other social disadvantaged groups
		Changes to which medicines will be listed	Nuffield Trust (2021)  Monasterio and Gleeson (2014)	
		Impact of pharma on health supplies and medicine	BMA (2018)  McNamara CL, Labonté R, Schram A, Townsend B. (2021b)	

Determinant	Potential Impact i.e., positive/ opportunity or detrimental/ unintended consequence		Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Access to services continued  *Will there be exceptions for the NHS?	Negative:	Changes to advertising of services, drugs and treatments that may not be evidence-based (e.g., direct to consumer advertising allowed)	Public Health Wales (2021)  Labonté R, Schram A, Ruckert A. (2016)	
		Opening government procurement/ liberalisation of services (NHS on the table?)	Nuffield Trust (2021) Trade Justice Movement (2018) Public Health Wales (2021) BMA (2018) Trades Union Congress (2018)  McNamara CL, Labonté R, Schram A, Townsend B. (2021b)	
		Restricts powers of devolved administrations over service provision	Trade Justice Movement (2018) BMA (2018) Trades Union Congress (2018)	
		Applies to future services (barriers to renationalising services)	Trade Justice Movement (2018) Public Health Wales (2021) BMA (2018) Dayan and McCarey (2021) Trades Union Congress (2018)	
		Threats to patient safety (regulation of qualifications and control over registers)	GMC (2018) House of Lords International Agreements Committee (2021a)	
		ISDS impact on health care (preventing future nationalisation of health services or preventing health legislation)	Trade Justice Movement (2018) BMA (2018) Nuffield Trust (2021) Luo J and Kesselheim AS (2015) McNamara (2021)	

Food safety and standards	opportunit	mpact i.e., positive/ cy or detrimental/ d consequence	Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations	
	Positive:	Ability to "Brand Britain" – UK producers can demonstrate safe, traceable audited food supply chains and win market share	Centre for Policy Studies (2022) Department for International Trade (2021) Department for Business & Trade (2023)	<ul> <li>Agricultural workforce including farmers</li> <li>General population</li> </ul>	
	Negative:	Reduction in food standards and safety (including SPS, pesticides)	Nuffield Trust (2021) Poultry World (2021) Trade Justice Movement (2018) BMA (2018) Institute of Directors (2022) National Farmers' Union (2021) Greener UK (2021) Trade and Animal Welfare Coalition (2021) Agriculture and Horticulture Development Board (2021) House of Lords International Agreements Committee (2021a) House of Lords, International Agreements Committee (2021b) UK Trade Policy Observatory (2021b)  Labonté R, Schram A, Ruckert A. (2016) McNamara CL, Labonte R, Schram A, Townsend B. (2021a) Labonté R, Ruckert A and Schram A. (2018) McNamara CL and Labonté R. (2019)		
		Reduction in animal welfare standards – increased infection in humans	Trade Justice Movement (2018) BMA (2018) Greener UK (2021) Trade and Animal Welfare Coalition (2021) National Farmers' Union (2021) House of Lords International Agreements Committee (2021a) House of Lords, International Agreements Committee (2021b) UK Trade Policy Observatory (2021b)		

Determinant			Evidence i.e., journal; technical; qualitative (workshop/interview etc)	Impacted Populations
Food safety and standards continued			McNamara CL, Labonte R, Schram A, Townsend B. (2021a) Interview 4, 7	
		Potential to move away from precautionary principle to science-based approach	Nuffield Trust (2021) Trade Justice Movement (2018) Public Health Wales (2021) BMA (2018) Greener UK (2021) House of Lords International Agreements Committee (2021a) UK Trade Policy Observatory (2021b)  Labonté R, Schram A, Ruckert A. (2016) McNamara CL, Labonte R, Schram A, Townsend B. (2021a) Labonté R, Ruckert A and Schram A. (2018) McNamara CL and Labonté R. (2019)	

## Appendix 3



# Mapping the potential impacts of the CPTPP against the WBFG Act's 7 well-being goals

## Infographic

Infographic developed by Louisa Petchey, Senior Policy Specialist, and Leah Silva, Senior Policy and International Evidence Development Officer

## Opportunities for Free Trade Agreements to Help Achieve the Well-Being of Future Generations (Wales) Act 2015 Well-Being Goals

Well-Being Goal	Determinants	Definitions
Prosperous	Economy & Investment	Growth in GDP
		Expansion of market access
		Relaxation of cost-of-living concerns
	Employment & Skills	Increase in number of jobs
		Increase in employment rates
		People can develop skills fit for the future
	Working Conditions	Legal protections and avenues to challenge poor working conditions are available to the workforce
		High labour standards are established/maintained (e.g., minimum wage, hours of work, occupational health and safety)
		People can secure decent work
	Procurement	Procurement policies support economic well-being (e.g., development of current local industries, jobs and new industries)
		Procurement policies support social, environmental and cultural well-being
Resilient	Climate	High environmental standards and regulations are established/maintained
		Natural resources are used efficiently, recognising the limits of the global environment
		Sustainable packaging and shipping policies and practices are feasible/implemented
		Legislation on carbon limits, low emission zones, and net-zero is feasible without risk of corporate challenges (e.g., ISDS)
		Sustainable procurement policies and practices are feasible/implemented
	Plants & Animals	Welsh producers can demonstrate safe, traceable audited food supply chains
		High food standards and safety are established/maintained
		High animal welfare standards are established/maintained
	Air & Water	Sustainable packaging and shipping policies and practices are feasible/implemented

Mapping the potential impacts of the CPTPP against the WBFG Act's 7 well-being goals

Definitions and Causal Chains

Well-Being Goal	Determinants	Definitions
	Services & Workforce	Increased supply and access to health and social care workers
		Public provision and procurement of health services are maintained (i.e., NHS services and property exempt)
		Devolved administration maintains power over health service provision
		High patient safety standards are maintained (e.g., through workforce qualification and registration processes)
	Medicines	Access to low-cost medicines is maintained
		Cost-effective medicines are available and listed
		Safe/evidence-based drug and treatment advertising policies and practices are established/maintained without risk of corporate challenges (e.g., ISDS)
		More choice/variety of healthy foods
		Access to low-cost, healthy foods
Healthier	Food & Diet	Safe/evidence-based food marketing policies and practices are established/maintained without risk of corporate challenges (e.g., ISDS)
		Accessible/evidence-based nutrition labelling policies and practices are maintained without risk of corporate challenges (e.g., ISDS)
	Healthy Behaviours	Strong tobacco control efforts are established/maintained without risk of corporate challenges (e.g., ISDS)
		Strong alcohol labelling and pricing policies and practices are established/maintained without risk of corporate challenges (e.g., ISDS)
		Low supply and consumption of unhealthy/illicit products (e.g., tobacco, alcohol and drugs)
	Infectious Diseases	Low exposure to infectious diseases
		Effective prevention/mitigation mechanisms are established/ maintained
Equal	Health	Reduced health inequalities across populations and geographic areas
	Socio-economic	Reduced poverty and socio-economic disadvantage across populations and geographic areas (e.g., promotion of socioeconomic duty)
		Equal access to decent jobs across populations and geographic areas
		Equal opportunities available for people across populations and geographic areas to participation in trade negotiations and policy decisions to enable equal outcomes
	Protected Characteristics	Reduced inequalities among populations with protected characteristics (e.g., women)

Well-Being Goal	Determinants	Definitions
Cohesive Communities	Local Economy	Local/foundational economies are protected/strengthened
	Movement of People	Local communities are diverse
	Involvement	Local authorities have power to make decisions in the interest of local areas
		Transparency, oversight and scrutiny in trade negotiations
		Civil society organisations (including, public health) have same opportunities to input into trade negotiations as corporate actors
Culture & Language	Culture & Welsh Language	Culturally important sectors of the Welsh population are protected/strengthened
		Culturally important sectors of the Welsh economy are protected/strengthened (e.g., farming)
	Economic	Contribution to capacity building and development in LMICs
		Facilitation of measures that seek to ensure international investment benefits in LMICs
		Provision of job opportunities for non-Welsh/UK residents
		Support and advancement of international labour standards and regulations
	Social	Support and advancement of international human rights standards and regulations
		Contribution to global well-being
		Wales is fair to all
		Support and advancement of policies that do not disadvantage countries at different levels of development
		Encouragement of the input from international civil society organisations in trade negotiations
Globally Responsible		Wales is welcoming and safe for all
Responsible	Environmental	Support and advancement of high international environmental standards and regulations
		Supply chains are fair, ethical and sustainable are established/maintained
		Sustainable international packaging and shipping policies and practices are established/maintained
		Efficient use of natural resources, recognising the limits of the global environment (e.g., prevention of deforestation)
		Food produced under high safety standards is supplied globally
		Animal products produced under high animal welfare standards are supplied globally
		Sustainable international packaging and shipping policies and practices are established/maintained
	Cultural	Welsh and global populations are enabled to access and engage with their own and other cultures



**Public Health Wales** Number 2 Capital Quarter Tyndall Street Cardiff CF10 4BZ

Tel: +44 (0)29 2022 7744

#### phw.nhs.wales

Email: generalenquiries@wales.nhs.uk



@PublichealthW



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