



BRIEFING NOTE

What could post-Brexit trade agreements mean for public health in Wales?















Purpose of this briefing note:

Following its departure from the European Union (EU), the UK Government is negotiating international trade agreements for the first time in nearly 50 years. This briefing note will look at what trade agreements are and why they have important consequences for a country's health and well-being. It will summarise initial analysis of the new trade agreements being struck by the UK Government to highlight some of the opportunities and risks for public health, and explore what this could mean for Wales.

This briefing is for public health professionals and officials working on public health policy who are interested in how Brexit and trade agreements may affect their work, and for UK and Welsh officials working in trade policy to raise awareness of the relevance of trade to the health and well-being of the people of Wales.

Key points:

- **Trade can affect health and well-being in many ways**. It affects many wider determinants of public health, from the food we eat to our healthcare services, job market and ability to invest in public services. This brings both risks and opportunities for public health.
- Now that the UK has left the EU it has the freedom to negotiate new trade agreements on its own terms. So far the UK Government has not taken proactive steps to use its independent trade policy to promote better public health outcomes.
- The UK government will be negotiating trade agreements on behalf of Wales. Neither Welsh MPs nor the Senedd have the power to change or reject new trade agreements.
- The main ways in which trade agreements are likely to affect health and well-being in Wales include changes to **employment**, **farming**, **food** and the ability to meet its **climate change and sustainability ambitions**. 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 in Wales worse**.
- In addition, the future ability of Welsh Government to introduce effective public health regulations may be hampered by new trade agreements and related legislation. This is related to 1) the UK Internal Market Act 2020 and 2) the fact that some trade agreements (including the CPTPP, which the UK has applied to join) allow businesses to legally challenge governments if they believe new regulations negatively affect their investment.

1.

What are trade agreements?

In the wake of World War II, a number of global institutions were established with the aim of making the economies of different countries more dependent on one another. It was hoped this would make future wars less likely. With international trade, this involved the negotiation of the 1947 'General Agreement on Tariffs and Trade', which committed countries to reducing the financial and practical barriers to trade between them. **This led to the creation of the World Trade Organisation (WTO) in 1995**.

Box 1: Key principles of the WTO approach²

- 1. Reducing tariff barriers to trade (a tariff is a tax on goods coming into or out of a country);
- 2. **Reducing non-tariff barriers** to trade (such as regulations, standards and quotas);
- **3. Removing discriminatory practices** so that products of all WTO member states are treated the same and are not discriminated against in favour of products made at home.

The majority of countries, including the UK, are members of the WTO (non-members include Algeria, Serbia and North Korea³). It establishes a baseline set of rules and regulations for trade between its members. It also has a process to settle disputes between countries if they feel trading rules have been broken⁴.

If two or more countries want to further liberalise trade between them (make it cheaper and easier), they can look to negotiate a separate trade agreement. The WTO encourages this as it opens markets even further to international trade (see Box 2 for more information on the various types of trade agreements).

But **trade agreements do more than just make trade easier**. The countries that sign them also agree to **share certain regulatory standards** on the goods and services covered by the agreement, such as food, medicines or other products, or working conditions. The terms of each new trade agreement can also set a precedent that may have implications for future negotiations and agreements. They also put into law additional mechanisms to **protect foreign investors and intellectual property** e.g. lengthening patents on new medicines.

Crucially, trade agreements can contain **dispute settlement procedures** that go beyond the disputes between member states mediated by the WTO mechanism. Instead **they allow foreign investors** (individuals or corporations) to launch a legal challenge if they think a government has introduced a new policy or measure that has negatively impacted on their investment. Cases are considered in secret and decisions made by a select group of lawyers. If the challenge is upheld, the government has to change or repeal its policy. It is expensive for governments to defend against these legal challenges, even if they win⁵.

There are now 350 trade agreements in force across the world, with overlapping participants⁶. This can make understanding their implications, and enforcing the rules they contain, very difficult.

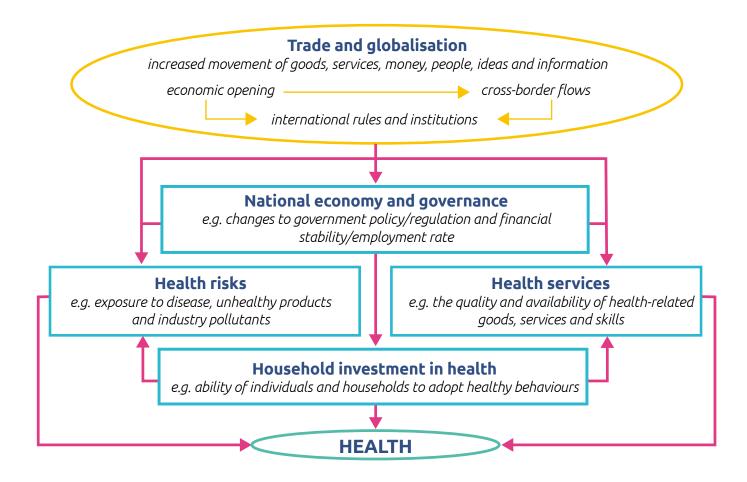
Box 2: Trade agreement definition

For this briefing note, we will use the term 'trade agreement' to refer to the full spectrum of agreements affecting trade and investment that can exist between two or more countries. There are, however, many different types. The most comprehensive agreements are called 'Free Trade Agreements' but it is possible for example, to have agreements that concern only goods or services, or cover only certain sectors or types of investment.

2. How can trade affect public health?

The link between trade and health has a long history. Even before there was an understanding of 'germs', diseases such as cholera and plague were connected to trade, as were control measures, for example quarantine⁷. The COVID-19 pandemic is a modern day example of how infectious diseases can affect trade. There was an overall slump in UK imports and exports during the peaks of the pandemic in line with the severity of restrictions imposed on the UK and its trading partners⁸. However, other countries, such as China, and products, such as face masks, have seen a large increase in trade at certain points of the pandemic⁹.

Infectious diseases aren't the only health issue linked to trade. The figure below, adapted from a World Health Organisation report, summarises the main ways they are connected¹⁰.



At a high level, a country's economic well-being is closely tied to the well-being of its population – although the relationship is complex and variable. If trade benefits the **national economy** it can, for example, enable **increased investment in public services like health and education**. Trade can also **shape the job market**. Being in good quality work has many positive benefits for health, while unemployment negatively affects the mental and physical health of individuals and their households, and at a larger scale whole communities¹¹. **National governance** that affects the way things are

made or sold, such as **workers' rights, environmental regulations and advertising rules**, are also relevant to health. For example, curbs on the advertising of junk food is one component of tackling obesity¹², while environmental regulations to reduce air pollution can help reduce the incidence of non-communicable diseases such as stroke and lung cancer^{13,14}.

Examples of health risks from trade include exposure to infectious diseases, such as COVID-19 (due to more cross-border travel for work e.g. business trips or transporting goods) or bird flu (due to the movement of poultry). It also includes the ability for trade agreements to make unhealthy products cheaper, more available or more widely marketed, such as high-fat or high-sugar foods. Trade can also affect health services, including the cost of and access to medicines or the types of services provided and by whom. Some health professionals are concerned about trade agreements allowing foreign companies to provide NHS services¹⁵.

All of these factors contribute to **household investment in health**, or **people's ability to adopt healthy behaviours**. If trade increases the cost of everyday goods and services, for example, the overall cost of living goes up; and having less money to spend can make healthier choices more difficult. A good example of how multiple factors can come together is the ability to eat healthily. Trade can affect people's choices through changing what food is available and at what cost; people's incomes and/or employment status and therefore how much they have to spend on food; and the rules on advertising some types of food.

A study by the Nuffield Trust into the impact of Brexit on health in the UK concluded that the indirect economic and social impacts of trade affect health as much as, if not more than, direct factors like access to medicines¹⁶.

The effect of trade agreements on health and well-being is likely to be felt differently across a country's population. For example, trade may create jobs in some sectors but lead to unemployment in others¹⁷. Changes in the price of goods will have a greater impact on poorer families. And where trade agreements have implications for medicines and health services, it will be the people who need these most, such as those with long-term conditions, that will be most affected by any change. Some people could experience cumulative benefits or disadvantages to their health and wellbeing, and this may worsen existing inequality in Wales.

Can trade be made 'healthier'?

Despite the numerous links between trade and health, trade agreements are rarely exploited as a means of improving or protecting public health. Some trade agreements are starting to contain commitments to work together on climate change e.g. the UK's current trade negotiations with New Zealand¹⁸ and with Australia¹⁹ (see Box 6); but so far these are not legally binding.

In 2009, The Lancet explored trade and health in a series of papers²⁰. It concluded that **trade and health currently operate in 'separate policy spheres'**, with significant tensions between protecting and improving health and the aim of generating wealth and greater global connectedness through trade⁷. It called for a **stronger voice for public health in trade negotiations** and for **better evidence showing how health can be affected by trade²¹**.

With the UK's departure from the EU, more public health experts have turned their attention to trade and health. Key organisations include the Faculty of Public Health (FPH) and the PETRA Network, a collaboration of academics and non-governmental organisations. The volume of literature on the impact of trade on health and the opportunities for trade to improve health has subsequently grown, but **little progress has been made on involving public health experts in trade negotiations**.

In April 2019, the FPH published a 6-point blueprint for 'healthy' trade policy (see Box 3), setting out how the UK Government should take a public health approach to post-Brexit trade negotiations and agreements²².

Box 3: The FPH blueprint for 'healthy' trade policy:

- 1. Trade negotiations should be developed in a spirit of consensus building, with a presumption of transparency, full democratic oversight, and an overarching aim to deliver a net benefit to all.
- **2.** The health community should have a '**seat at the table**', alongside the business community, in the development of trade policy and in trade negotiations.
- 3. A 'Duty to Regulate' to protect and improve the public's health should be adopted.
- **4.** A **Health in All Policies Approach** should apply, with trade agreements designed to promote health equity and sustainability (includes completing a Comprehensive Integrated Impact Assessment to inform the drafting of agreements, and evaluation of agreements in place so they can be revised if it reveals unintended or unexpected harms).
- **5.** The UK's Post-Brexit trade agreements should embed the UK Government's commitments to '**do no harm**' to the public's health, including to ensure "a high level of human health protection".
- **6.** The **right to health** should be explicitly embedded into the UK's future trade policy and negotiating positions, which should be both compliant with and measured against it.

4.

Post-Brexit trade: where are we now and what does it mean for health?

4.1 The UK's approach to trade

As a member state, the UK's international trade agreements were negotiated by the EU – although the UK or its elected representatives still had to ratify them before they could come into force. Now outside of the EU, the UK can pursue its own trade agreements and is no longer required to follow the EU's approach. This change is important to public health for two reasons:

- The EU is bound by its treaty to consider public health issues in its trade negotiations rather
 than looking at the effect of a deal from an economic perspective only.
 - The **UK Government has not chosen to put the same legal requirements in place for itself** (see Box 4 on the Trade Act 2021). Experts noted a lack of representation from the Department of Health and Social Care while the new trading relationship with the EU was being negotiated²³.
- 2. EU procedures for trade negotiations **ensure democratic scrutiny** and create **opportunities for stakeholders (including public health experts) to submit evidence** for consideration: a public consultation is held before negotiations begin to inform trade objectives and once underway, Parliament must be kept "fully informed", have their views taken into account and are required to vote to give their consent before a deal is signed²⁴.

The UK Government has conducted some public consultations but has so far **rejected efforts to put processes for parliamentary scrutiny into law** (see Box 4 on the Trade Act 2021). Parliamentary scrutiny is seen by many in the public health community as an important safeguard against the potential negative impacts of trade^{22,25}.

One analysis of the UK's post-Brexit trade policy has stated that:



Despite decades of mounting evidence on the health and equity impacts of trade and the role of strong systems of governance in mitigating avoidable harms from trade, the UK has largely ignored this evidence and **failed to galvanise the opportunity to include public health and equity considerations and strengthen democratic involvement in trade policy**"

– van Schalkwyk M C I et al., Global Health, 2021²⁶

Box 4: The Trade Act 2021

The Trade Bill was introduced to parliament in March 2020 and became law on 29th April 2021. Although the intended scope of the Bill was limited, it was seen by many as an opportunity for the UK to set out, in law, its approach to future trade agreements.

For example, an open letter signed by leading health professionals **called for the Bill to state that NHS services would not be part of any future negotiations**. They cited concerns of spiralling drug costs, loss of control over health data and poorer quality care¹⁵. But the **UK Government did not see the need to add this to the Bill²⁷**. Instead its published trade objectives state "the NHS is not, and never will be, for sale"^{28,29}.

The Bill was also seen by some as **the place to lay out the role that the UK Parliament would play** in future trade negotiations e.g. a chance for MPs to debate trade objectives, receive updates on progress, or have a final say on the proposed deal.

However, despite much debate about potential changes to the Bill, the Trade Act does not grant the UK Parliament – or those of the devolved nations - any formal role in trade negotiations; nor the ability to vote to approve or reject trade agreements³⁰. This contrasts with the processes in place for parliamentary scrutiny of trade agreements when the UK was a member of the EU³¹.

One part of the Trade Act that is relevant to public health is its creation of an independent advisory body called the **Trade and Agricultural Commission (TAC)**. This body will report on the impact of each trade agreement on the agricultural sector, animal welfare and environmental standards in food production³². However, the UK Parliament Welsh Affairs Committee and others, have raised concerns that trade agreements are already being negotiated even though the TAC is not fully operational³³, and that the UK Government has not yet responded to the TAC's recommendations on the Australia trade agreement³⁴.

The TAC has set out principles it would like the UK to follow in its trade policy, many of which relate to public health³⁵:

- Seek to **improve price and choice of food** for consumers;
- Prioritise the UK's domestic agri-food industries;
- Ensure agri-food imports meet UK and international food safety and biosecurity standards;
- Factor in adherence to "relevant climate, environment, animal welfare and ethical standards" when looking at tariff-free access to UK markets;
- Lead the world on using trade to address climate change and environmental degradation;
- **Support developing countries** to benefit from trade.

When the UK was a member of the EU it had a very close trading relationship with member states. Post-Brexit, the UK and EU have had to negotiate a new relationship: **the EU Trade and Cooperation Agreement (TCA)**. This came into full force in May 2021 after being signed in December 2020. It is distinct from other trade agreements as it aims to create difference and distance between the parties, rather than bring them together.

As a result of the TCA, some aspects of the UK's relationship with the EU have stayed the same post-Brexit. **British organisations can still access the EU's Horizon research funding programme** and the TCA commits to **ongoing UK-EU cooperation on antimicrobial resistance research**³⁶. More broadly, the UK and the EU have agreed to a 'level playing field'. This means **not weakening protections for workers and the environment** in a way that would reduce production costs and give one a competitive advantage over the other. Doing so could lead to a legal challenge and ultimately a breakdown of the trade agreement between the two³⁷.

However, the TCA does allow the UK freedom to do things differently on a range of areas, including: food safety and composition, alcohol, medicines, and air and water quality²³. Therefore, with the exception of medicines, the Welsh Government also has this freedom on issues within their areas of devolved responsibility, such as health and transport. This creates opportunities as well as risks for public health, depending on how successive UK and Welsh Governments choose to use this freedom.

It is not yet clear what the current UK Government will do. In their 2019 election manifesto, they committed to "raise standards in areas like workers' rights, animal welfare, agriculture and the environment" but have not yet passed any legislation to do this³⁸. They also pledged that "in all of our trade negotiations, we will not compromise on our high environmental protection, animal welfare and food standards"³⁸. Two independent bodies appointed by Government have since recommended they achieve this by only offering zero quota, zero tariff trade agreements to trading partners if their produce can meet the UK's high production standards, taking into account the environment, climate change and animal welfare^{35,39}. This does not seem to have been applied to the proposed UK-Australia trade agreement (see Box 6).

The EU's existing trade agreements cover 70 countries and the UK has negotiated some form of 'rollover' deal with 66 of these countries so far, essentially allowing trade with these nations to continue as normal post-Brexit⁴⁰. But the UK is now also free to negotiate trading relationships with new partners. Most notably, as of early October 2021, it has announced an agreement in principle with Australia (see Box 6) and is pursuing negotiations with other countries, including India (see Box 5). The UK has also requested to join the Comprehensive and Progressive Trans-Pacific Partnership (CPTPP)⁴¹. The potential implications of joining the CPTPP for public health is explored in detail in the next section (see section 5).

4.2 Trade agreements

October 2020 UK-Japan Comprehensive Economic Partnership Agreement signed

January 2021

UK applies to join the **Comprehensive** and **Progressive Trans-Pacific Partnership** (Australia, Brunei, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, and Vietnam)

June 2021

EEA EFTA States—UK fee trade agreement signed (Iceland, Norway and Lichtenstein)



December 2020

EU Trade and Cooperation Agreement signed

May 2021

UK-India Enhanced
Trade Partnership
agreed, paving the way
for a future FTA

June 2021

UK-**Australia** free trade deal agreed in principle

Box 5: UK-India 'Immediate Enhanced Trade Partnership'

The UK Government announced an 'Enhanced Trade Partnership' between India and the UK in May 2021. This is a precursor to a full trade agreement, which is due to be negotiated in Autumn 2021⁵⁰. This agreement aims to **double trade between the countries by 2030, with a value of £1 billion**. Part of this deal will see India invest £533 million to **create 6,000 health and technology jobs** to support clinical trials and research.

The deal will also **make migration between the countries easier for young people** by allowing 3000 graduates a year to work in each other's countries for up to 24 months without the requirement for a prior job offer before entering⁵¹. The UK Government hopes this will **"increase cooperation between British and Indian universities on crucial research in areas like health, emerging technologies and climate science"⁵².**

Box 6: UK-Australia 'Agreement in Principle'

The EU does not have a trade agreement with Australia, so this will be the UK's first 'new' trade agreement since Brexit. This makes it important as it creates the template for all future UK trade agreements – Canada has already expressed an interest in a deal along the same lines^{42,43}. The UK Government also hopes it will make it easier for the UK to join the CPTPP, as Australia is already a member⁴⁴.

What has been published so far is an 'Agreement in Principle', outlining what should be included in the deal, but there are still some things that are yet to be negotiated or agreed upon and it has not yet been put into force or become law. The UK Government expects the agreement to increase UK exports by £900 million and give a small boost to GDP of up to 0.02% over 15 years⁴⁵. Estimates for the Welsh economy suggest an increase of up to 0.005% GDP³³. The trade agreement also loosens restrictions on the ability of Australians to live and work in the UK, and vice versa.

The agreement would **phase out quotas and tariffs on certain goods**, making it easier and cheaper for them to be traded between the UK and Australia. This could be good news for some UK sectors, such as car manufacturers, but has caused **considerable concern within the UK's agricultural industries**.

Once the trade agreement is signed, **significantly more beef and sheep meat will be able to enter the UK from Australia than now, and all remaining restrictions will be lifted within 15 years**. British famers have expressed fears that they will not be able to compete with Australian imports as farmers there can produce larger quantities at lower costs⁴⁶. They have also said that if this agreement is the first of many with similar terms that the cumulative effect could cause their farming businesses to fold⁴⁷. A report by the UK Parliament's Welsh Affairs Committee concluded that there was unlikely to be a significant impact on Welsh farmers in the short-term but that there is more uncertainty over any long-term impacts⁴⁸.

Concerns have also been raised over **Australia's use of antibiotics and pesticides that are banned in UK food production**. The UK Government has said that food imported into the UK will **still be expected to meet the same food safety and biosecurity standards as before** e.g. hormone-treated beef is banned¹⁹.

On climate change, Australia was recently ranked as 'not on track' for keeping within the Paris Agreement's 1.5°C limit on global warming, and has not adopted a net-zero emissions target⁴⁹. Once a trade agreement with Australia is signed, any legislation the UK Government passes to help achieve its climate change ambitions has the potential to be challenged by Australian investors if they think it negatively effects trade. However, the 'Agreement in Principle' includes that the UK and Australia intend to trade in line with the UK's sustainability and Paris Agreement goals¹⁹.

5.

Post-Brexit trade: what could joining the CPTPP mean for public health?

The CPTPP is a trade agreement between 11 countries including Australia, Canada, Japan, Mexico, New Zealand and Singapore – although not all have yet ratified. It replaces the Trans-Pacific Partnership (TPP), which had also included the USA until they withdrew from the negotiations in 2017 before it was signed. The remaining members revived the agreement in the form of the CPTPP and it was signed in March 2018⁵³. This was despite the fact that **multiple studies of the TPP suggested its economic benefits were small to non-existent**^{54,55}, or even negative⁵⁶. This indicates that the remaining members saw benefits of signing the CPTPP that went beyond economics.

The **UK Government applied to join the CPTPP in January 2021** and hope that their trade negotiations with existing members will help pave the way⁴⁷. To be a member of the CPTPP, the UK must agree to its rules. The CPTPP is a US-style trade agreement and so the standard rules are quite different from EU-style 'rollover' trade agreements the UK has primarily signed so far. The main elements of these differences that are important from a public health perspective are set out below.

This analysis of what the CPTPP might mean for public health is based on the work of Dr Courtney McNamara at the Norwegian University of Science and Technology^{57,58}.

1. Investor State Dispute Settlement (ISDS)

The CPTPP's dispute settlement procedures offer some of the strongest protections for investors of any existing trade agreement. There are several criticisms of ISDS. The most relevant to public health are:

- **Decisions are made in closed hearings that lack public health representation**. Third parties can submit evidence, which could relate to public health, but there is no requirement for it to be taken into account. There are no rules on conflict of interest, so the lawyers overseeing a hearing could have connections to the company that made the challenge.
- The CPTPP states that members can introduce new regulations without the risk of a legal challenge if they are 'in the public interest' i.e. for 'legitimate public welfare objectives'. But ambiguity over what constitutes 'legitimate' and who gets to decide makes this right unreliable.
- It is extremely expensive for governments to defend themselves against legal challenges even if the investor loses the case. The average public cost in the USA is \$8 million (£5.65 million) but is often much higher. Unsurprisingly this can be a strong deterrent to governments considering new public health policies if they think it could result in a foreign investor making a legal challenge.
- After lobbying by the public health community, the **CPTPP specifically excludes tobacco control measures from the ISDS**. This was celebrated as a public health victory but it is limited in scope (i.e. it does not cover all public health regulations) and doesn't stop companies from trying to use other trade agreements a country has signed to legally challenge their anti-smoking legislation.

2. Regulatory standards

Under WTO rules, a government can introduce higher regulatory standards to protect public health if there is "scientific justification". In contrast, the CPTPP sets a much higher threshold of scientific certainty. It states that a country can only introduce regulations "that are based on documented and objective scientific evidence". That means **on issues where there is scientific uncertainty, members of the CPTPP would not be able to take a more cautious approach in the interests of public health**. EU member states apply the 'precautionary principle', which enables regulations to be adopted where there is uncertainty about the risks to human health or the environment but the potential impact could be significant⁵⁹.

The WTO and the CPTPP want to limit so-called 'technical barriers to trade'. These are regulations applied by countries to protect security, health or the environment. They are particularly relevant to trade in alcohol, tobacco and unhealthy foods. WTO requires that these regulations do not create "unnecessary obstacles to international trade". This may already be leading governments to be less progressive with their public health regulation of unhealthy products.

The CPTPP goes further, with the language used suggesting it will be **even harder to regulate in** the interest of health. The CPTPP also creates a legal requirement to involve corporations in the development of new regulations e.g. a tobacco company helping develop new cigarette labelling regulations. It does not create a similar requirement to engage public health experts.

3. Health goods and services

Privatisation of NHS services

Under the WTO system, countries are asked to list which services they are opening up to the international market i.e. where would they be happy for foreign businesses to provide services. In contrast, the CPTPP works on the basis that all services are open to foreign businesses unless they are specifically excluded.

The provision of NHS services by private companies is a controversial topic, with some arguing that it would improve the quality of NHS services and others arguing the opposite. Joining the CPTPP would have very significant consequences for this debate, even if the UK attempted to exclude all current NHS services when it signed the agreement:

- All future services are automatically included as open to the market (so the government could try to list all current NHS services but if a new one is created it would not be protected);
- Excluding services is a complex process and in other agreements governments have been known to inadvertently open certain services or sectors to the market;
- Once a service has been opened to the market it would be **very hard for a future** government to renationalise it without facing a legal challenge.

Cost and marketing of medicines

Market exclusivity is when new treatments can only be sold by their patent holder. Only when this period ends can cheaper, generic version of the medicine be made.

By extending market exclusivity rights, the CPTPP has the potential to make medicines more expensive:

- The CPTPP allows **patents to 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.
- The CPTPP is also the first trade agreement to include market exclusivity for 'biologics'. Biologics can be extremely expensive treatments. In the UK, they are given 10-11 year market exclusivity. The CPTPP requires a minimum of 8 years. This means joining the CPTPP would change nothing for now but would prevent future governments from reducing exclusivity to less than 8 years.

The CPTPP permits pharmaceutical companies to advertise prescriptions drugs to the public. This is currently banned in the UK and would remain so if the UK joined the CPTPP. However, if the UK removed the ban but a future government tried to reinstate it, the government would be very likely to face a legal challenge from pharmaceutical companies.

6.

What could trade agreements and trade policy mean for public health in Wales?

6.1 Wales has limited influence over new trade agreements despite their long-term impacts

Trade is a key determinant of health and well-being, affecting a range of areas, from food to healthcare to jobs. This means post-Brexit changes to who the UK trades with, and under what terms, is of vital importance to Wales and its ability to achieve the vision set out in the Well-being of Future Generations Act⁶⁰.

However, the power the Welsh Government or Senedd has to influence the terms of these trade agreements – both now and in the future – is limited:

- Only the UK Government is empowered to negotiate and sign trade agreements. Currently neither Welsh MPs in Parliament nor members of the Senedd have the opportunity to amend or reject trade agreements. Welsh Government would need to advocate for trade agreements that work for Wales through the UK Government during the negotiation process. Ongoing engagement with UK Government has taken place throughout the UK-Australia trade agreement negotiations but Welsh Government report that they have still not seen the exact details of the proposed agreement^{33,61}.
- Any UK government can repeal or amend existing UK law, meaning it can overturn the decisions of a previous government if they wish. In contrast, while **it is possible to withdraw from a trade agreement or try to renegotiate its terms, it is likely to be a long, complex and disruptive process.** Brexit is a clear example of this: it has taken close to 5 years for the process of the UK leaving the EU to be completed⁶², and has required significant adaptation to new rules and procedures.

6.2 Trade agreements already in motion may have consequences for public health and inequalities in Wales

Since leaving the EU, the UK Government has entered into a number of trade agreement negotiations and continues to approach countries with the hope of agreeing more. Public Health Wales (PHW) have previously reviewed in detail the implications of the UK leaving the EU may have on public health in Wales^{63,64}. This briefing has summarised how new potential trade agreements – with Australia, India and the CPTPP – intersect with the wider determinants of public health and considers what that could mean for Wales.

The table below gives more detail on four determinants of public health that are likely to be particularly important for Wales: **employment**, **farming**, **food** and **climate change**.

Although trade agreements may bring opportunities for greater prosperity in Wales, it remains likely that the effects will be felt differently across the population. It is also likely that the **potential negative impacts of trade could be felt most by those living in poverty, making existing health and inequalities in Wales worse**. There is more information on the impact of Brexit on poverty and public health in Wales in PHW's recent report (see further reading section).



Employment

Being in good quality, secure work improves well-being, whereas unemployment can damage health at an individual, family and community level¹¹. Trade agreements could create jobs in Wales if they open new markets to the export of Welsh goods, but could lead to job losses if Welsh businesses are unable to compete with foreign imports.

Trade agreements can also include new rules on who is permitted to live and work in Wales e.g. the UK's proposed deals with Australia and India. This may disrupt the job market by increasing competition for certain roles, or could mean that otherwise vacant roles are filled. For example, if this added needed skills and capacity to the Welsh health and care workforce, it could help bring wider benefits for public health⁶⁵.

Well-being goals: Prosperous; Healthier

Farming

Food

Trade agreements may create opportunities for Welsh food to reach new markets e.g. Welsh lamb to the USA¹⁷, allowing farms to grow and expand with the right support³³. Alternatively, farmers may struggle to produce food at a price that can be competitive abroad or even within the UK if they are undercut by imports. Competition with imports from Australia has been identified as a risk to Welsh farming⁶⁶, and the long-term impacts are uncertain³³ (see Box 6). Farmers may respond by intensifying their practices to meet demand or remain competitive, diversifying into tourism or closing. The impact of trade on farming therefore affects employment, the well-being of farmers and communities⁶⁷, food standards, and the management of rural land.

Relative to the UK, farming is more important to the Welsh economy and employs more people⁶⁸. This may mean Wales and the UK have a different perspective on what a good trade agreement looks like when it comes to farming.

Well-being goals: Prosperous; Resilient; Healthier; Cohesive Communities; Vibrant Culture and Thriving Welsh Language

Trade agreements could change how the food sold in Wales is made and how much it costs. If new trade agreements make food more affordable, households that have a low-income could benefit. This could be particularly helpful in Wales given that Welsh Government is already making grants available to tackle food poverty in local communities⁶⁹. But if a trade agreement agrees to reduced food standards, it can mean that poorer quality foods become more available (and may affect farming – see above) 70 . Unhealthy food is a key risk factor for common conditions

such as heart and circulatory diseases and cancer⁷¹. Welsh Government's 'Healthy Weight: Healthy Wales' strategy aims to reduce obesity in Wales. It involves making it easier to buy healthy food as well as bringing in new rules on advertising and food formulation – all of which could be affected by the terms of trade agreements 72 .

Well-being goals: Healthier; More Equal

Climate Change

Environmental protection or sustainable procurement rules can be up for negotiation in trade agreements. If an agreement watered down or fixed current rules, this would make it harder for Wales to reach its climate change and wider sustainability goals as more ambitious policies could be subject to legal challenges. Wales' carbon footprint will also increase if new trade agreements result in more of the goods being consumed coming from further afield⁷³. It would also worsen air pollution; a major contributor to stroke, chronic respiratory disease and others^{13,14}.

Human health and well-being goes hand-in-hand with that of the planet. PHW will shortly publish an in-depth report on how climate change affects public health 74 .

Well-being goals: Prosperous; Resilient; Healthier; Globally Responsible

6.3 Wales' ability to pass progressive public health policy in the future could be hampered by post-Brexit trade agreements and related UK Government legislation

The trade agreements the UK Government is currently developing, and the legislation it has passed to support its trade policy, has the potential to limit the Welsh Government's ability to pass effective public health policy in future. This is often termed 'regulatory chill'. There are two ways this could happen:

1. Dispute settlement procedures

The UK Government has been clear that it wants to become a member of the CPTPP. This trade agreement – like others the UK may sign in future – contains strong legal protections for investors through its dispute settlement procedure (ISDS). It allows an individual or company to legally challenge the government of a member country if it believes a new policy negatively impacts on its investment or ability to trade.

While these legal challenges are not always successful, they are always expensive. For Wales, **the** risk that Welsh Government could face large bills in order to defend legal challenges may be enough to deter them from attempting to pass these policies in the first place.

As explained in section 5, the CPTPP specifically excludes tobacco control policies from its ISDS. However, this does not mean tobacco would necessarily be excluded from the dispute settlements of all future trade agreements the UK signs. It also means that other new public health policies – such as a sugar tax, or a ban on junk food advertising – could fall within scope of the ISDS.

2. The UK Internal Market Act (UK IMA)

If a product can be legally sold in one part of the UK then, under the UK IMA, the Welsh Government must also allow it to be sold in Wales. Only under very rare circumstances will this rule not apply - a much stricter system than Wales was operating under when the UK was a member of the EU. Similarly, except under limited circumstances, the UK IMA prevents one part of the UK from changing its rules around advertising, licensing or the transportation of goods if it could discriminate against products from other parts of the UK. More information about the UK IMA can be found in Box 7.

In practice, this means Welsh Government cannot prevent products that do not meet its regulatory standards from being sold in Wales if they are permitted in the UK. It also means that if Welsh Government wanted to pass tighter regulations around how goods are made, transported or advertised they would likely only apply to goods made or imported first into Wales, not to goods coming into Wales from the rest of the UK. This has the potential to seriously undermine the effectiveness of certain public health policies – for example:

■ Welsh Government introduced a **ban on a number of single use plastic products** to reduce waste and cut carbon emissions. The UK Government initially planned to ban only some of these items. This would have meant that companies based in other parts of the UK, or who import into them, would have been able to sell those banned products in Wales⁷⁸. The UK Government has since extended their plans so that almost all of the products covered by the Welsh policy are also banned in the UK⁷⁹.

- If Welsh Government **banned 'junk food' adverts**, firms trying to import 'junk food' into Wales from another part of the UK could claim they are discriminated against as they rely more on advertising. If Welsh Government could not prove that a total ban was necessary to protect human health then UK imported 'junk food' would not be subject to the advertising ban but food made in Wales, or internationally imported first into Wales, still would be²³.
- Before the UK IMA became law, the Scottish Government **banned the sale of high-sugar drinks** (more than 0.5g of sugar per litre). This means no producers in the UK or internationally can sell drinks in Scotland with more sugar than this. But if the Scottish Government tried to reduce the amount of sugar permitted even further, this lower level would only apply to drinks made in Scotland or internationally imported first into Scotland⁸⁰.

Box 7: UK Internal Market Act 2020

Prior to Brexit, the EU provided a framework for trade within the UK. In September 2020, the UK Government introduced the UK Internal Market Bill to replace this framework. Its stated aim was to prevent any disruption to trade within the UK by keeping the regulations in England, Northern Ireland, Scotland and Wales aligned.

The UK Government stated the Bill would "give the devolved legislatures power over more issues than they have ever had before, including over air quality, energy efficiency of buildings and elements of employment law, without removing any of their current powers"⁷⁵. However, the Welsh Government has called it an "outrageous attack on its legislative competence" because of the way it would undermine their ability to legislate on areas that had been devolved⁷⁶. Consequently, both the Welsh and Scottish Governments refused to give their 'legislative consent' to the Bill. The UK Government chose to pass it without this consent and it became law in December 2020.

The UK IMA puts into law two principles for governing the trade of goods and services within the UK^{77} :

1. Mutual recognition

This aims for all parts of the UK to apply the same regulatory standards. For goods it covers what the good is (e.g. its ingredients and packaging) as well as how it is made (e.g. rules on working hours and waste disposal). In practice it means that **any goods that can be legally sold in one part of the UK must be allowed to be sold in all other parts of the UK.** Goods do not have to meet the standards of the country in which they are being *sold* but the standards of the country they were *produced in* or *first imported into*. In terms of services, if a provider is authorised to offer a service in one part of the UK it is automatically able to provide that service in other parts of the UK.

Before the UK left the EU, Welsh Government could have rejected 'mutual recognition' if they had any 'legitimate public health concern' about that product. UK law created by the UK IMA gives devolved nations much less freedom. Now they can only reject 'mutual recognition' if it is to combat the spread of a pest and disease or to stop unsafe food and animal feed – no other threats to public health are considered⁷⁸.

2. Non-discrimination

This prevents a member nation of the UK from introducing rules that treat its own products differently from those coming from other parts of the UK. There are two types of rules: those that affect 'selling arrangements', e.g. advertising and licencing requirements; and 'mandatory conditions relating to sale', e.g. how goods are stored or transported.

Direct discrimination against goods from other parts of the UK can only be done to **combat the spread of disease or in response to a public health emergency** which poses an 'extraordinary threat to human health'. Indirect discrimination is permitted if it can be 'reasonably considered a necessary means' of protecting human, plant or animal life or health or protecting public safety and security.

Conclusion

New trade agreements and trade policy led by the UK Government have the potential to affect population health in Wales in the short, medium and long-term as well as Wales' public health policy agenda.

The recently published health impact assessment of Brexit by PHW recognised the **need** for the public health sector in Wales to become more able to engage with trade policy, and for health and well-being to be at the forefront of Welsh Government's approach to advocating on trade⁶³. This briefing supports that conclusion by highlighting the many ways in which trade may influence the health and well-being of Wales. It also draws attention to how trade agreements could act to worsen inequality in Wales, and how achieving public health and climate change aims through new laws and policies could be stalled.

The implications of post-Brexit trade on public health is an ongoing work programme for PHW. We have recently published a number of reports that give further detail on specific elements of this topic, which can be found in the further reading section.

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