Food Policy 35 (2010) 556–564

Contents lists available at ScienceDirect

Food Policy

journal homepage: www.elsevier.com/locate/foodpol

Trade and food policy: Case studies from three Pacific Island countries

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ARTICLE INFO

Article history:
Received 12 May 2009
Received in revised form 26 May 2010
Accepted 14 June 2010

Keywords:
Nutrition
Pacific Islands
Trade
Food policy

ABSTRACT

There is growing interest in the use of trade policy to create a healthier food supply. Eighty percent of chronic disease deaths occur in low and middle income countries, and a responsive food policy is an absolute necessity. In this paper we analysed three trade-related food policy initiatives to reduce the supply of fatty meat in the Pacific, in order to help public health workers understand how to effect policy change in sectors beyond the health portfolio. We found that policy uptake and implementation were easier with advocacy, tailoring the policy to the political context, the selection of policy tools that align with Government priorities (e.g. trade commitments) – ideally tools that are already used by trade policy makers in other contexts – and a broad justification for the policy initiative. Barriers to policy success included a focus only on health concerns (not taking into account policy issues of other sectors), limited engagement from other sectors in proposing and developing these cross-sectoral policies, and lack of a clear enforcement mechanism.

1. Introduction

Trade in foods is one of the upstream drivers of the nutrition transition, in which diets in low income countries are becoming high in fat, sugar and salt, with consequent rises in associated chronic diseases (Schmidhuber and Shetty, 2005; Popkin, 2006; Thow, 2009). These trends have been amplified by technological and cultural changes that have altered food production and consumption (Lang, 1997). Globalisation of the food supply and the influence of global actors mean that countries are increasingly facing common challenges in promoting healthy diets (Hawkes, 2006).

Consequently, international institutions, non-government agencies and academics have recommended the use of trade policy tools in food policies designed to improve the healthfulness of the food supply in low and middle income countries (e.g. Rayner et al., 2006; World Bank, 2006; Daar et al., 2007; Blouin et al., 2009). Recommendations include the use of food composition standards, reducing import tariffs on fruits and vegetables, maintaining high tariffs on unhealthy imports and reducing imports of unhealthy foods. However, despite wide endorsement of the idea there is very little published information about the actual form and shape of cross-sectoral trade/food policy. The literature is also silent about how to engage trade policy makers in the development and implementation of food policy, which is critical for effective policy change (Lang and Rayner, 2007).

In the Pacific, the nutrition transition has been rapid and trade in food has been identified as a major driver of dietary change (Evans et al., 2001; Hughes and Lawrence, 2005; Thow and Snowdon, 2010). Since World War II the relatively healthy traditional diet based on root crops has been replaced by a diet high in meat, processed foods, sugar, and refined staples such as rice (Thaman and Clarke, 1983; Hughes, 2003). Pacific Island countries are highly import-dependent, and imported foods such as fatty meats have been identified as a key contributor to diet-related disease (Foliaki and Pearce, 2003; Schultz, 2004). These dietary changes have contributed to a catastrophic rise in the prevalence of obesity, cardiovascular disease, diabetes, and other diet-related chronic diseases (Coyne, 2000). As such, there has been significant regional interest in the use of trade policy tools in improving the food supply.

The aim of this paper is to improve understanding of the 'cross-sectoral' dynamics that operate when trade policy tools are used in food policy. By analysing these food policy initiatives from the perspective of *process* in addition to *outcome*, we are able to better

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doi:10.1016/j.foodpol.2010.06.005

understand factors that enabled or hindered policy implementation and provide policy actors in other countries with knowledge to inform lesson drawing (Milio, 1988; Rose, 1993). The case studies in this paper examine the processes of policy agenda-setting, development, implementation and impact for three trade-related policy initiatives to improve the food supply in the Pacific: in Fiji, the government banned the sale of lamb/mutton flaps (sheep bellies); in Samoa, turkey tail imports have been banned; and in Tonga a quota on mutton flap imports was proposed. These meats are high in fat and are imported in large quantities into many Pacific Island countries, where they are sold very cheaply. In addition to health concerns related to their high fat content – 24–30% for flaps, 32% for turkey tails (Ministry of Health, 2007; Calorie Count, 2010) – these meats are also considered 'low quality' with reference to protein content and are perceived in the Pacific as unacceptable for human consumption in their countries of origin (Gewertz and Errington, 2009). Fatty meat cuts such as turkey tails and lamb/mutton flaps generally retail in the Pacific as fresh or frozen meats, rather than being processed and resold. They are often incorporated into stews and soups, and are also sold at roadside barbeques.

2. Methods

We utilised case study research and policy analysis methodologies for this project, appropriate for in-depth assessment of diverse policy processes in different countries while enabling us to assess common elements of the policy process (particularly agenda-setting and implementation) (Yin, 2003; Bell, 2010).

2.1. Data sources

AMT conducted face-to-face stakeholder interviews in Fiji ($n = 23$), Samoa ($n = 21$) and Tonga ($n = 13$), usually accompanied by a co-researcher. Participants were recruited using snowball sampling, beginning with stakeholders in government, the non-government sector and industry, identified by co-researchers in each country. Each interviewee was asked to identify other relevant contacts. Participants included politicians, policy makers from health, trade and commerce, representatives of Consumer Councils and Chambers of Commerce, and representatives of importers. The information sought through the interviews was focused on the policy process relating to the fatty meat ban, and based on policy theory – particularly the policy cycle as described by Howlett and Ramesh (2003, p. 13). Questions related to: the nature of the policy, who initiated the policy and in what forum, the reason for the policy being proposed, the perceived impact of the policy (and any sources of data from which impact could be judged objectively). Interviews were semi-structured based on these questions, and tailored to the interviewees' area of expertise. Interviews were recorded (except for a few where permission was withheld), and all interviews were summarised in detail and summaries were sent to the interviewees to check.

We also asked stakeholders for documentation relating to the policies. This documentation was followed up both online and in person with the relevant Ministries. The main sources of additional information on the policies were policy and Customs/Revenue documents, trade statistics, and private sector/NGO documents (e.g. from the Consumer Council). We obtained Cabinet documentation relevant to the bans through formal requests made to the Cabinet Secretariats in Fiji and Samoa. The (English language) *Fiji Times* newspaper from the time of the ban in Fiji (September 1999–March 2000) was accessed at the National Library of Australia and reviewed by hand for references to the ban.

Consumer responses to the bans implemented in Fiji and Samoa were assessed using questionnaires. For Fiji, data were obtained from a separate study by Gewertz and Errington (2009) in which local university students conducted 185 interviews with subjects selected at random from public places. For Samoa, questionnaires were developed to collect similar data to that obtained for Fiji, and to provide data for the Samoan Nutrition Centre's own evaluation of the ban. These were administered in the Samoan language and translated by a co-researcher in the Nutrition Centre. Participants were provided with $WST20 (approximately $AUD8) as reimbursement for travel costs, deferred work, etc. Fifty-six questionnaires were self-completed in small group settings, with groups recruited from different demographics using purposive sampling. Groups were drawn from: the preschool teachers training college (staff and students); electric power corporation workers; village choir; church youth in Apia; village Women's committee members. These groups were selected by the Samoan nutrition centre as approximately representative of the diversity in the Samoan community. Of the respondents, 54% were male, 50% were aged 18–35 years, 30% 36–50 years and 20% 50 years and over, which is consistent with the demographic distribution in Samoa (Samoa Statistics Department, 2001).

The project was approved by the University of Sydney Human Research Ethics Committee. The research was also granted approval by the Governments (Ministries of Health) of Fiji, Tonga and Samoa, the Fiji School of Medicine Research Ethics Committee (Fiji and Tonga components) and the Samoa Ministry of Health, Health Research Committee.

2.2. Analysis

We identified themes using iterative analysis throughout the process of data collection (Grbich, 1999), and particularly pursued those regarding policy context, and barriers/facilitators to policy implementation. We constructed detailed chronological case studies describing the policy process and impact using interview data, policy documents, media reports and available data regarding policy impact. We triangulated interview data using documented information, and any discrepancies were investigated through additional interviews and locating further policy documentation (Yin, 2003). These detailed case studies were sent to the country co-researchers for verification or correction. Following this, we constructed focused case studies for this paper based on the following policy cycle framework:

- What is the nature of the (proposed) policy intervention?
- Why was it proposed?
- How did it get onto the political agenda (or, why did it not)?
- Who is responsible for implementing the policy?
- What was the outcome of the policy initiative?

The analysis was also informed by policy theories related to lesson drawing to identify specific considerations useful to other jurisdictions interested in similar policy initiatives. During the iterative analysis and the policy cycle analysis (conducted within the case study framework), we particularly focussed on the type of actors and their role in the process (Sabatier, 1987; Bennett and Howlett, 1992; Stone, 1999), the structure and content of the policies and the instruments selected (Dolowitz and Marsh, 1996), the political dynamics and processes involved (Rose, 1993), and the interaction with global factors and actors (Dolowitz and Marsh, 1996).

The consumer survey data from Fiji were analysed by Gewertz and Errington (2009) and their published results were used for this paper. The translated questionnaire data from Samoa were entered into an excel spreadsheet and open ended questions were coded based on themes identified from responses.

3. Results

3.1. Policy context

These countries are (or were at the time) democratic countries with well established government structures. Fiji is a member of the WTO, and Samoa and Tonga began accession processes in the mid-late 1990s. Thus, the experiences in policy development and implementation can provide lessons for policy making in other countries. However, there are some characteristics of Pacific Island countries that may affect lesson drawing. These include their status as Developing Countries (Samoa is designated a Least Developed Country) and more specifically Small Island Developing States, which reflects the low economic capacity of the majority of the population and the particular development challenges they face, such as small populations, remoteness, susceptibility to natural disasters, and excessive dependence on international trade (UNCTAD, 2002). These are also Net Food Importing Countries, which further highlights their dependence on international trade for food security and the high proportion of food that is imported. The high levels of per capita aid for development they receive may also increase to some extent the influence of other countries (particularly Australia and New Zealand) in national policy making processes (Kelsey, 2004). These countries also suffer from some of the highest rates of non-communicable diseases in the world, which may increase the willingness of politicians to implement diet-related policy interventions.

3.2. Case study 1: banning turkey tail imports in Samoa

The Government of Samoa banned turkey tail imports in August 2007 (Leota, 2007). The Prime Minister proposed the ban during a Cabinet meeting, and the Ministry of Health Nutrition Centre subsequently prepared a Cabinet paper detailing the health concerns associated with turkey tail consumption, emphasising the links between high fat foods, fat intakes and non-communicable disease (Office of the Minister of Health, 2007). Cabinet considered the paper and approved the ban in April 2007 (Acting Secretary to the Cabinet, 2007). One month's notice given for it to take effect, which was extended to 3 months in response to petitions by wholesalers who had already contracted incoming shipments.

The ban was a response to concern over both the impact of fatty meat on health and the 'dumping' of perceived 'low quality' food on the market. In terms of health, Samoa has very high rates of non-communicable diseases (NCDs), and medical treatment costs are also high. Fatty meat consumption is perceived as a major risk factor for NCDs, and the Ministry of Health has actively raised awareness among policy makers of the importance of healthy diets for disease prevention. In relation to dumping, there has been long-standing awareness and concern regarding the import of large quantities of cheap, perceived 'low quality' food. The Prime Minister noted at the 2002 World Food Summit that "the lowering of trade barriers has resulted in an influx of inferior food imports, which is having an impact on the health of lower-income families" (Malielagaoi, 2002).

The use of a trade-related measure to improve the food supply also got on the political agenda because of the Prime Minister's familiarity with the international discussion of import restrictions designed to prevent the spread of foot and mouth disease to the US, as well as global debates regarding trade and health and the Global Strategy on Diet, Physical Activity and Health. Samoa had also been recently affected by a decision by a few developed countries to ban imports of kava, which led policy makers to consider use of a 'ban' as a trade policy tool (Malielagaoi, 2002). There is also a history of using import bans in Samoa, for example, chicken back imports have been banned as a low quality meat product (perceived as low quality due to low protein/high bone and fat content) since the early 1990s, when large quantities of were being imported from New Zealand.

The ban was designed and implemented by the Ministry of Revenue, with the Customs Department responsible for enforcement. As a direct outcome of the ban, turkey tail imports ceased from August 2007, although there was a surge in turkey tail imports in June–July (Fig. 1). Nutrition Centre staff observed that turkey tails could be purchased up until Christmas 2007 but Customs and Quarantine have not detected any illegal turkey tail imports. As turkey tails imports were duty free, banning them did not cause a loss of government revenue.

Interviewees and questionnaires revealed mixed responses to the ban from consumers and retailers. Overall, the Chamber of Commerce supported the aim of ban (improving health), but disagreed with notion of prohibiting the import of legal products. The question of availability of affordable healthy alternatives was a key concern of critics of the ban, as turkey tails were considered to be the cheapest cut of 'meat' available.

The consumer survey conducted by the Nutrition Centre in 2008 found widespread understanding of the health goals behind the ban. All but two respondents (4%) had been regular (at least once per week) consumers of turkey tails. Although there was no awareness campaign associated with the ban, all the consumers surveyed were aware of the ban. The main sources of information were the TV (70%) and radio (54%), and almost all respondents identified the ban as a response to obesity and chronic disease in Samoa. Nearly a third also noted that turkey tails were high in fat and just over a third suggested that the ban would reduce obesity and disease. However, another third of respondents felt the ban would have little effect on disease rates or consumption of fatty food, and a minority of these pointed out that there is little evidence for a direct link between turkey tails and sickness. Overall, nearly half of respondents thought the ban was a good thing – mainly because it would reduce fat intake and decrease obesity and chronic disease – and about one third felt that it was a bad thing, in that it did not address the real reasons for disease and instead just reduced options for meat consumption.

The Ministry of Commerce and retailers reported receiving only a few consumer complaints – there was a slow decrease in turkey tail supply and customers knew that they were banned. Retailers and wholesalers did not report any loss of profits from the ban; they switched to selling whatever consumers demanded as a substitute, such as chicken leg quarters which were a similar price (in contrast, lamb flaps are more expensive). However, wholesalers did not report any specific replacement of turkey tails, and import data did not suggest a clear substitution with either chicken, lamb or beef cuts. Just under half of the consumers surveyed noted that they now consume other cheap meats instead of turkey tails, such as chicken, sausage or mutton, while only about a quarter said they now eat lower fat meat or seafood. A few respondents reported eating less meat overall as the result of the ban. The Ministry of Agriculture and Fisheries reported that there was scope for local meat production and aquaculture to expand in the absence of turkey tail competition. This motivation aligns with Ministry of Agriculture priorities, although Agriculture was not involved in the development of the ban.

In relation to international trade, Samoa received a request from the USA for further information about the ban. Samoa is currently in the process of acceding to the World Trade Organization (WTO) –the international body that monitors and enforces rules governing global trade. While there is scope for restricting imports, this requires technical and scientific evidence and concerns were raised by public servants that the ban was never 'justified' appropriately.

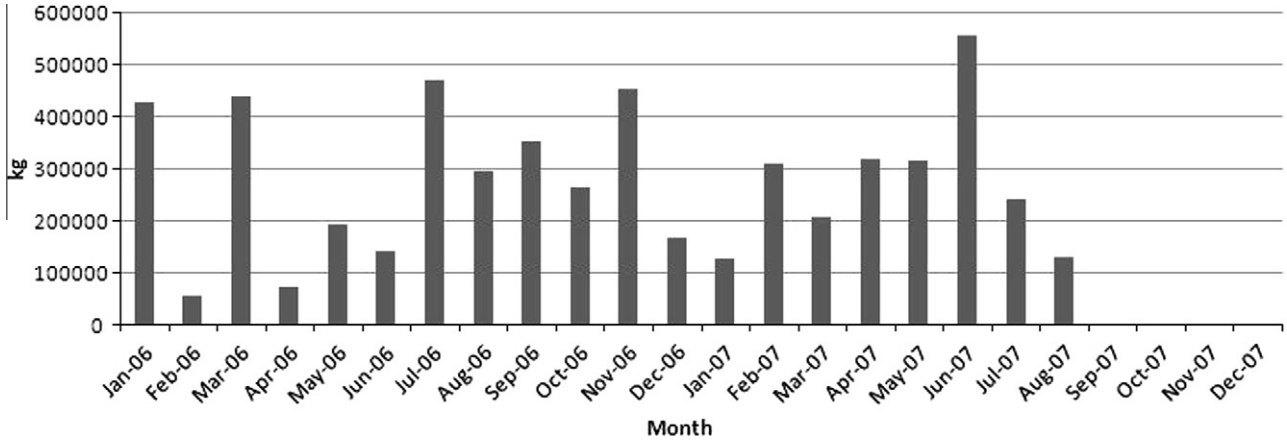

Fig. 1. Turkey tail imports into Samoa, 2006–2007. Source: Government of Samoa Statistics Department; identified by international Harmonized Tariff Schedule code and description (used for imports into Samoa) 02072610 'Fresh or chilled turkey tails'.

3.3. Case study 2: Fiji's lamb/mutton flap sales ban

The sale of lamb flaps in Fiji was banned by the Ministry of Commerce in February 2000, in response to a December 1999 Cabinet decision (Anon., 1999). The 'Order prohibiting the supply of lamb flaps' was published under the Fair Trading Standards Act, on the basis that they are harmful to human health (Kumar, 2000). The ban was proposed by the Minister for Health in Cabinet during discussions about the import of 'low quality' chicken meat (perceived by consumers as substandard, and undercutting the price of local produced chicken) into Fiji threatening the local industry (Minister for Commerce, 1999a). The Minister for Health suggested that mutton flap imports were also of concern both as cheap 'low quality' meat being 'dumped' on the Fiji market, and for their contribution to health problems relating to NCDs. Cabinet "agreed that a food importation standard should be set to ensure that low grade food imports, such as mutton flaps and low grade chicken, are restricted" (Secretary to the Cabinet, 1999a). In response, the Ministry of Commerce in consultation with the Ministry of Health prepared a cabinet paper that was subsequently approved by Cabinet, requesting the following: (1) a sales ban on lamb flaps, (2) that the Ministry of Health provide statistics on the effects of lamb flaps on health and (3) that the Ministry of Health assist in enforcing the sales ban (Minister for Commerce, 1999b; Secretary to the Cabinet, 1999b).

The ban got onto the political agenda largely because of long-term advocacy efforts within the Ministry of Health, which culminated in the Minister's proposal during Cabinet discussions. Hospital dietitians had observed that the cheap mutton purchased for patients' meals contained a high percentage of fat, and wrote to the Ministry of Health with their concerns. Doctors were also concerned about rising rates of heart disease, and this was a key factor in raising public awareness. Dr. Ram Raju's letter to the Fiji Times in 1995, for example, mentioned the need to 'stop the dumping of second grade mutton into Fiji' (Raju, 1995). In addition, the new Chief Dietitian appointed to the Ministry of Health in the mid-1990s actively raised awareness within the Ministry of the problem of fatty meat consumption. From a political perspective, the labour government elected in mid-1999 was much more willing than the previous government to intervene in the market for the sake of reducing poverty and improving health (Chaudhry, 1999).

Public concern over lamb flaps as a low grade meat, unacceptable for consumption in its countries of origin, was also critical in getting the policy on the agenda (Parkinson, 1999). In 1989 the 'dumping' of low quality sheep meat into Fiji was raised at an Agricultural Conference, and reported in a Fiji Times editorial (Kumar, 1989). This was followed by major feature in the Fiji Times (Lakhan, 1989), which featured consumer comments relating to the low quality of flaps (Anon., 1989). This perception of dumping of fatty meats by developed countries was (and continues to be) widespread throughout the Pacific. This was the reason that the Minister for Health could propose what was ultimately a health related ban in the context of a discussion on the quality of chicken imports.

The ban was designed and implemented by the Ministry of Commerce, under an existing legislative mechanism. There was no defined responsibility for enforcement, and the ban seems to sit between the Ministry of Health (reason for ban) and the Ministry of Commerce (legislation of ban). As this was a supply/sales ban, there were no specific regulations relating to imports and therefore Customs was not specifically responsible for its enforcement, as would be the case with an import ban.

The result of the ban was an immediate decline in the availability of lamb flaps from the year 2000. Prior to the ban, quarantine inspectors reported that there were 'containers-full' being imported, with NZ statistics showing 221 tonnes being exported to Fiji in 1999 (Fig. 2). In 2001, no flaps were exported from New Zealand to Fiji. However, imports slowly increased to 115.1 tonnes in 2005 (Ministry of Health, 2007). This was likely due to the fact that the ban was on sales rather than imports, and thus flaps could be imported for processing rather than for direct sale. However, while availability has declined markedly, lamb flaps are still occasionally available in stores.

The Ministry of Commerce received three submissions while preparing the legislation, all from traders protesting against the ban because it singled out of lamb flaps when there were other fatty cuts of meat on the market. However, the survey conducted for Gewertz and Errington (2009) showed that while consumer and retailer responses to the ban varied widely, most were supportive of the ban – even those whose business interests were likely to be harmed by the ban. All consumers interviewed were aware of the ban, and the majority approved of the Government's effort to improve health. A few respondents also suggested that the banning of flaps had increased awareness of the need to eat healthier foods and around one fifth mentioned that the ban addressed the 'dumping' of lamb flaps. Of the one third of people surveyed who opposed the ban, most claimed that it harmed poor people by removing a cheap source of meat. Consistent with this, policymakers interviewed for this research perceived the ban as sending a clear message to both countries of origin and consumers of flaps

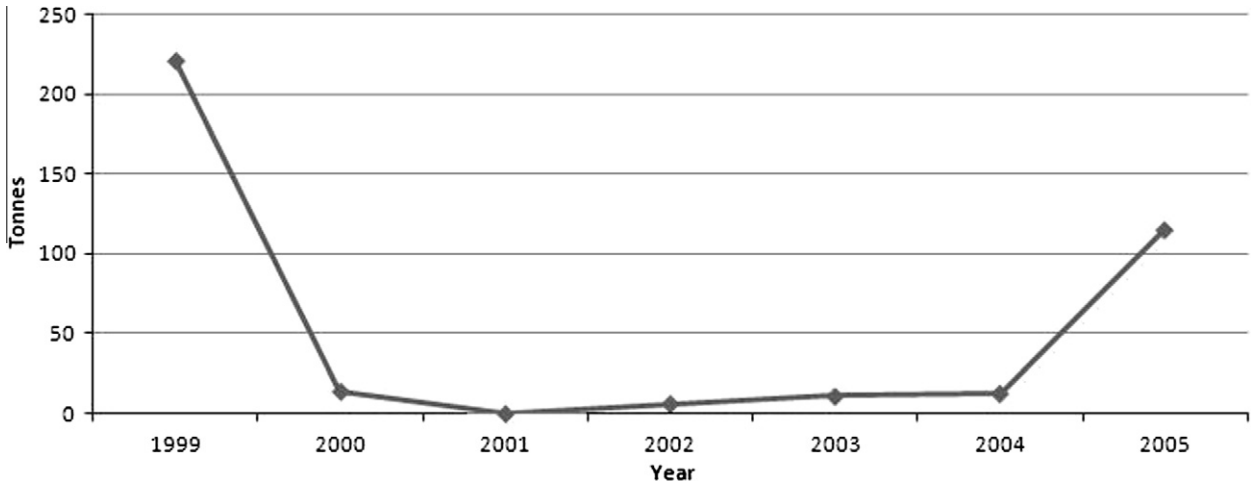

Fig. 2. Imports of flaps into Fiji from New Zealand. Source: NZ Beef and Lamb ((Ministry of Health, 2007) and personal communication, Jan 2009).

that this is a low quality, high fat meat product, not fit for human consumption. However, many also commented that the ban alone was not sufficient to reverse the trend of rising unhealthy food consumption and chronic disease.

A consumer awareness campaign was run by the National Centre for Health Promotion on the major TV station during January 2000, prior to the implementation of the ban (National Centre for Health Promotion, 2000). This campaign explained the health risks associated with a diet high in (saturated) fat, and drew attention to fatty meat as a source of saturated fat in the diet.

There was also an international response to the ban, with New Zealand intending to challenge the ban under WTO rules. According to a 2007 NZ report, "although at face value, Fiji's action did not appear to be a trade-discriminatory measure, it effectively amounted to an import ban. New Zealand considered action against the ban under the WTO. However, this did not proceed because of the 2000 coup in Fiji" (Ministry of Health, 2007). This threat of action raised doubts as to whether the ban could be enforced. However, the next (interim) government maintained support for the ban as a preventive health measure, quashing suggestions in 2002 that the ban had been revoked (Chambers, 2002).

3.4. Case study 3: proposal to restrict mutton flap imports in Tonga

In early 2004, the Tongan Minister for Health and other members of Cabinet offered in-principle support to the development of a draft cabinet paper restricting mutton flap imports. The paper was commissioned by the WHO Western Pacific Regional Office as a component of the recently developed NCD strategic plan, and the work was carried out by a team from Deakin University, Australia. The resulting draft 'Fatty meat import quota Act' (Tangi, 2004) was part of a broader paper designed to support the Government of Tonga in developing and implementing legislation to support healthy food consumption (Lawrence and Swinburn, 2004). However, the Act was not submitted to Cabinet due to concerns that it would complicate Tonga's negotiations for accession to the WTO, which was in process at the time (Lawrence and Swinburn, 2004).

The proposal was to apply an import quota (restriction on volume imported) to any product that had >40% energy from fat, was readily identifiable by import coding, and contributed significantly to fat and saturated fat consumption of Tongans (Tangi, 2004). At the time, only mutton flaps fulfilled all criteria. The authors calculated that replacing 50% of mutton flap consumption with the same weight of fish would reduce energy intake by a clinically important magnitude of about 400 kJ/week per person (approx 100 kCal). An import quota was chosen as the strategy because availability appeared more significant than price in determining consumption. For example, a price comparison in 2003 showed mutton flaps (T$4.50/kg) were a similar price to the popular fish mahi mahi (T$5.00/kg). The price survey also suggested that substitution of mutton flaps with fish or chicken would be affordable. The detailed proposal included strategies for policy implementation and monitoring (Tangi, 2004). The proposal acknowledged the potential issues with the WTO inherent in restricting trade through the use of a quota, but concluded that the restriction was justified because of the obvious health effects.

High levels of mutton flap consumption, linked to rising rates of diet-related chronic disease, had been perceived as a problem in Tonga for at least a decade. Although no legislation was implemented, a policy paper was prepared in 1997 by the National Food and Nutrition Committee recommending either a ban or a tax on mutton flaps, as part of efforts to reduce NCDs (Tonga National Food and Nutrition Committee, 1997). In 2002 the Prime Minister of Tonga publicly commented that mutton flaps were 'hardly edible' (Marks, 2002). Although imports of flaps had declined from a peak in the mid-1990s (Fig. 3), in 2004 mutton flap consumption was about 600 g per week per adult and comprised 18% of total meat consumption (Lawrence and Swinburn, 2004).

Interest by Ministry of Health officials in regulatory interventions that would complement health promotion initiatives in reducing the burden of NCDs led to the proposal getting onto the political agenda. The proposal was first articulated at an NCD workshop in October 2003, at which "participants recommended reducing availability of imported fatty meats as a priority activity to prevent obesity" (Lawrence and Swinburn, 2004). The Minister for Health supported this recommendation and raised the proposal at a Cabinet meeting.

However, concerns about the policy's acceptability in light of ongoing WTO accession negotiations by the Ministry of Labour (focus for WTO negotiations) resulted in the submission of the paper to Cabinet being postponed (Lawrence and Swinburn, 2004). Under WTO trade rules quotas are perceived as highly trade distorting because they prevent (international) supply from responding completely to (domestic) demand. Additionally, the fact that Australia and New Zealand are the main source country for flaps – as well as being significant sources of aid for development – means that Tongan policy makers on the WTO accession committee were concerned that proposing an initiative to reduce the supply of mutton flaps would reopen negotiations with Australia and New Zealand (Lawrence and Swinburn, 2004).

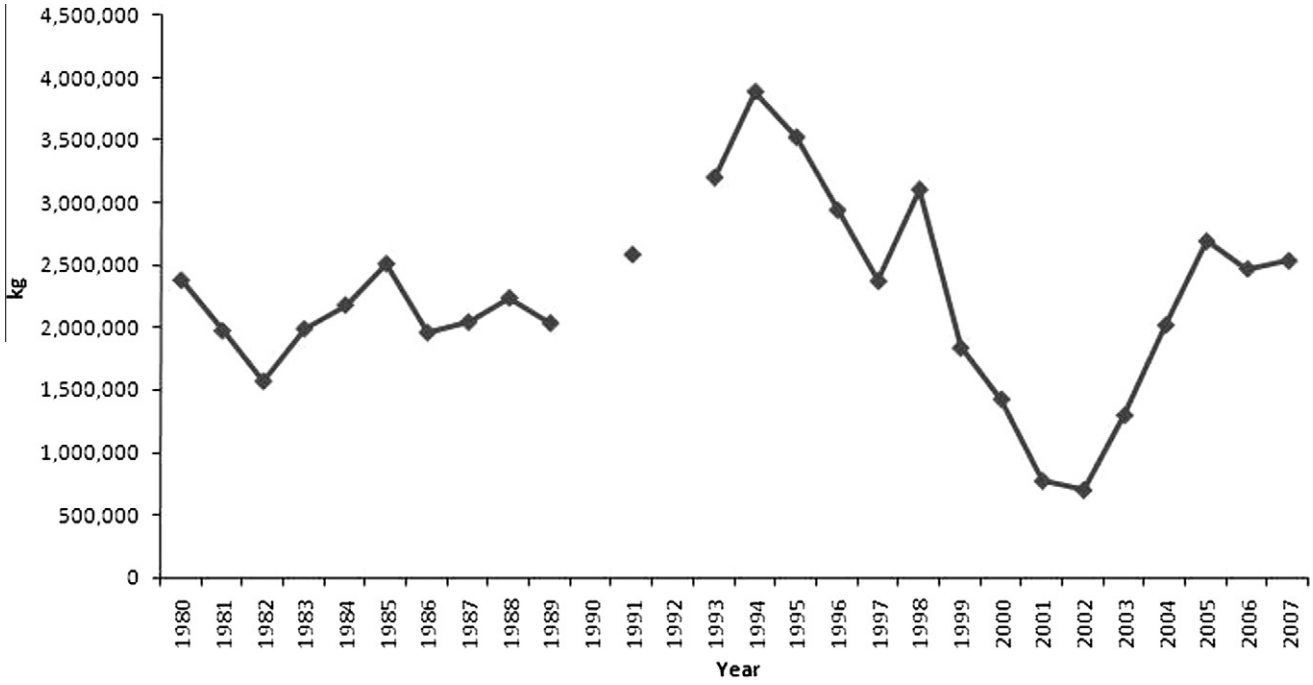

Fig. 3. Quantity of mutton flaps imported into Tonga, 1980–2007. Source: Tonga Department of Statistics import data, identified by SITC-R code and description 011.21 'Mutton flaps'.

There may also have been cultural and practical considerations in the lack of political will to pursue the legislation. Many policy stakeholders interviewed did not perceive the quota as an effective way to combat the problem of high fatty meat consumption and NCDs – it reduced the supply of a low quality product, without providing alternatives. Although fish is proposed in the paper as a healthy alternative, interviewees reported that in Tongan cooking, the two are cooked quite different. A large amount of fish (e.g. in traditional dishes) is required to feed a family, compared to a much smaller amount of lamb flaps (e.g. in a stew/soup). Mutton flaps have been enthusiastically integrated into Tongan food culture, such that even expatriate Tongans in richer countries continue to regularly consume them regularly (Capozza, 2003). Instead, some policy makers suggested the use of standards to reduce availability of unhealthy foods (e.g. specifying the percent fat permitted in imported meat to reduce the supply of fatty meats).

4. Discussion

4.1. Policy outcomes

In both Fiji and Samoa, the implementation of the ban reduced the supply of the targeted fatty meat. Despite the possibility that some flaps were repackaged and sold as other cuts, or (in the case of the import ban) that whole carcases were imported and then the fatty cuts sold separately, overall there would have been a reduction in the percent fat in meat in the food supply in going from a situation of whole 'container-fulls' of fatty meat cuts to one of lower-percent fat (whole carcase) imports. The bans were also effective in raising consumer awareness of fatty meat as a contributor to poor health. The use of the ban in Fiji as a springboard for further public education through the media campaign was particularly effective, and served to raise awareness of specific links between high fatty meat consumption and cardiovascular disease.

However, it is difficult to tell whether the amount of fatty meat consumed was reduced overall, due to the complexity of the food supply and the lack of time-series dietary data in these countries. Similarly, any consequent impact on chronic disease rates would be difficult to differentiate from that of other contributing factors.

4.2. Lessons for cross-sectoral policy initiatives

The policy initiatives described in this paper illustrate the practical and political dynamics involved in implementing a restrictive trade-related policy to improve the healthfulness of the food supply. It is clear from these initiatives that getting trade-related food policies on the agenda of other sectors is possible, but that there are a range of processes and political considerations that need to be taken into account.

The analysis of the case studies revealed the importance of actors at all stages of the policy cycle, the influence of policy content and the instrument selected on policy implementation, and the effect of interaction with other agendas, including global agendas. This discussion is based on key stages of the policy cycle, and explores three dimensions of politics and processes that are particularly important for policy lesson drawing with regard to these initiatives:

1. Role of stakeholders (advocacy, agenda setting).
2. Importance of the policy tool chosen for implementation.
3. Influence of political commitments and other concerns (WTO, dumping).

4.2.1. Agenda setting

Critical factors in the agenda-setting process included advocacy, contextualisation of the issue by taking advantage of policy 'windows', and ownership by stakeholders. In Fiji, it was clear that staff of the Ministry of Health were crucial advocates for the ban and facilitated upward 'policy-oriented learning' (Sabatier, 1987) by actively seeking to educate the Minister and Permanent Secretary about the problem of fatty meat consumption. This led to the ban being proposed at an opportune time in Cabinet. In contrast, the agenda-setting process in Samoa occurred at a much higher

level (i.e. the Prime Minister). In this case, it appears that the local and regional discussion of fatty meat dumping and diet-related health, together with the international discussions about trade and health supported advocacy and high-level acceptability of the ban.

In both Fiji and Samoa the bans were implemented in response to concern over product 'dumping' as well as high fat content. The linking of health to separate debates relating to product dumping illustrates contextualisation of the policy proposals by health policy makers. They were able to draw related issues (in this case health) into an already open 'policy window' (product dumping) (Kingdon, 2003). This appears to have been a critical factor in the political willingness to take action in the form of the bans. It may also help to explain why mutton flaps/turkey tails were singled out for intervention, compared to other fatty products that are neither so cheap nor so prevalent and thus not perceived as dumped. It is also interesting to note that there was relatively more research and justification for the ban in Tonga, compared to Fiji and Samoa. This suggests that political factors like advocacy and contextualisation are particularly critical for effective agenda setting.

Active ownership by more than one stakeholder also appears to have been critical for policy implementation. In Fiji the ban was raised by the Minister for Health, while the proposal was generated by Commerce, and Samoa's ban was raised by the Prime Minister and the proposal generated within Ministry of Health. As a result, the policy agenda-setting process actively involved two different Ministries. In contrast, the quota proposal in Tonga was generated within the Ministry of Health and raised in Cabinet by the Minister for Health. Although other government Ministers offered in-principle support, the level of engagement does not appear to have been the same.

4.2.2. Policy development and implementation

An important determinant of effective policy development was the selection of the instruments used for implementation by the actors who were responsible for policy implementation. In Fiji and Samoa, the policies were developed, implemented and administered under existing legislative mechanisms by Ministries other than the Ministry of Health. The development of the policy documents by the implementing agencies in Fiji and Samoa probably resulted in selection of a more acceptable and administratively feasible mechanism to reduce the fatty meat supply, which supported policy implementation. In Tonga the selection of a quota meant that the legislative mechanism chosen was one being phased out under explicit WTO policy directives (''tariffication'', in which non-tariff barriers to trade such as quotas are replaced with approximately equivalent tariffs (WTO, 1994a)).

From the perspective of lesson drawing, policy content was a major influence on implementation because it shaped the role of key actors. The implementation of the policies in Fiji and Samoa also illustrates the implications of prescriptive Cabinet decisions. In Fiji, Cabinet explicitly recognised the health aspects of the ban and as a result gave the Ministry of Health responsibilities to 'assist' what would usually have been a policy that was the sole responsibility of the Ministry of Commerce. As a result of this split responsibility, the ban was somewhat poorly enforced, as evident in subsequent increases in imports and reports of supermarket availability. Samoa's Cabinet directive was less prescriptive and thus more straightforward to enforce because all responsibility was held by Revenue and Customs.

4.3. Specific trade-related food policy issues

Fiji's mutton flap ban has been called ''a really highly undesirable precedent in international trade'' (Choudry, 2002). Such product bans go against the global trade liberalisation agenda of reducing barriers to trade, and – as seen in Tonga – there is a lack of clarity regarding the capacity of countries to implement trade-restrictive legislation.

A key component of WTO regulation that is applicable in this situation is the concept of non-discrimination. For example, under the principle of 'national treatment', countries should not treat imports any less favourably than the same or similar domestically-produced goods once they have passed Customs (WTO, 2007). As such, Fiji's sales ban is technically permissible because it is non-discriminatory. However, because the ban restricts trade, the WTO requires evidence that it is the 'least trade restricting measure' that fulfils the objective. As suggested in Tonga, it could be more effective and less trade restricting to use a mechanism based on percentage of fat in meat imports. This has been implemented in Ghana, but has not been evaluated (Clarke and Mckenzie, 2007). It is also possible that action could be taken under WTO regulation that allows for imposition of 'anti-dumping duties' to bring the price of dumped goods up to an appropriate market value (WTO, 1994b). However, it is difficult to determine the impact of this on the food supply when there is very little domestic production of meat, as is the case in many Pacific Island countries.

4.4. Limitations of the study

This study provides a snapshot of policy processes relating to policy initiatives to reduce the supply of fatty meat in small island countries – a context where it is relatively easy to trace processes. Of particular relevance are the processes of interaction between government ministries from very different sectors and their complementary roles in the policy process, the successful strategies employed for agenda setting and policy implementation, and the influence of other policy priorities and considerations on the shape of the policies. However, as noted above, some contextual factors and influences on policy making in these countries may not be transferable to others. It is important that those advocating for trade-related food policy consider: (1) the status of their country in relation to the WTO and any bi-lateral trade agreements, (2) the specific diet-related diseases contributing to the burden of disease in their country, and (3) the responsibilities and priorities of relevant ministries.

The data presented are internally consistent on the basis of triangulation – for example, official trade data reflect observations of imports by those working in Customs and Agriculture. However, the limited data available in relation to policy outcomes meant it was not possible to assess the impact on population consumption and health outcomes. In addition, the policy stakeholders who elected to participate in the study may also have been biased due to self-selection; in particular, there was lower participation by private sector stakeholders than by those in the public sector.

5. Conclusions

The case studies in this paper illustrate the cross-sectoral complexities of using trade policy tools to alter the food supply. The policy process aspect of this research suggests that effective advocacy, active involvement of policy implementers and contextualisation (taking advantage of policy windows) are critical in getting trade-related food policies on the agenda. Policy uptake was also enabled by the use of existing legislation, consideration of other government commitments (e.g. WTO) and establishing a clear justification for food targeted. In contrast, barriers to policy success included a limited policy scope, low engagement from other sectors, selection of an inappropriate legislative tool, and the lack of a clear enforcement mechanism. While the efficacy of product bans as an approach to food policy is difficult to determine,

it is clear that they do alter the food supply by reducing availability of the targeted food. The bans in Fiji and Samoa also sent a strong message to consumers regarding the unhealthy effects of consuming high fat meats. However, addressing the overall problem of high fat intake requires a comprehensive approach comprised of a number of interventions.

These case studies illustrate the use of trade policy tools in food policy to improve the healthfulness of the food supply, and thus the health of the people in vulnerable nations with high rates of obesity and chronic disease. They demonstrate that it is possible to get health on the trade policy agenda. There are few examples of this and these Pacific policy initiatives point the way towards more effectively using health arguments and political processes for influencing a critical underlying determinant of chronic disease – the healthfulness of the food supply. In combating chronic disease at a global level it is critical that food policy makers and public health workers be familiar with the politics and processes involved in policy agenda-setting, development and implementation, to be able to effect change in sectors related to trade.

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