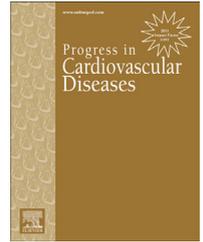


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Urbanization and International Trade and Investment Policies as Determinants of Noncommunicable Diseases in Sub-Saharan Africa

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ABSTRACT

There are three dominant globalization pathways affecting noncommunicable diseases in Sub-Saharan Africa (SSA): urbanization, trade liberalization, and investment liberalization. Urbanization carries potential health benefits due to improved access to an increased variety of food imports, although for the growing number of urban poor, this has often meant increased reliance on cheap, highly processed food commodities. Reduced barriers to trade have eased the importation of such commodities, while investment liberalization has increased corporate consolidation over global and domestic food chains. Higher profit margins on processed foods have promoted the creation of 'obesogenic' environments, which through progressively integrated global food systems have been increasingly 'exported' to developing nations. This article explores globalization processes, the food environment, and dietary health outcomes in SSA through the use of trend analyses and structural equation modelling. The findings are considered in the context of global barriers and facilitators for healthy public policy.

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In 2009, for the first time in history, the urban population of the world surpassed the rural population¹; proliferating the number of people living in *slums*: settlements marked by deplorable living conditions, overcrowding, and inadequate housing and sanitation.² The lack of timely responses to rapid growth in urban centres has created new challenges for the control of infectious disease, providing increased opportunities for contact and exposure.³ The global movement of people and goods has long served as a vector for infectious disease; escalating outbreaks such as the plague, cholera, smallpox, HIV/AIDS, severe acute respiratory syndrome and many others, to the level of global pandemics.^{4,5} While

urbanization and trade routes have been recognized as critical vectors for infectious disease, their role in noncommunicable diseases (NCDs) is only beginning to be acknowledged.

General agreement has formed around the main risk factors for NCDs, including tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.^{6,7} The United Nations political declaration of the High-Level Meeting on the Prevention and Control of Non-communicable Diseases,⁷ introduced the trade sector and urban planning within a multisectoral approach for effective NCD control and prevention. However, limited consideration was given to these areas. These two globalization mechanisms (trade and urbanization)

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Abbreviations and Acronyms

AIDS = Acquired Immunodeficiency Syndrome

AMOS = Analysis of Moment Structure

BIPAs = Bilateral Investment Promotion and Protection Agreements

BMI = Body Mass Index

CFI = Comparative Fit Index

CIA = Central Intelligence Agency

CVD = Cardiovascular Disease

EIU = Economist Intelligence Unit

FAO = Food and Agricultural Organization (United Nations)

FDI = Foreign Direct Investment

FIML = Full Information Maximum Likelihood

GAP = Global Action Plan

GATS = General Agreement on Trade in Services

GDP = Gross Domestic Product

HIV = Human Immunodeficiency Virus

KOF = Konjunkturforschungsstelle [Institute for Business Cycle Research]

OECD = Organization for Economic Co-operation and Development

LICs = Low-income countries

NCDs = Noncommunicable Diseases

RMSEA = Root Mean Square Error of Approximation

SAPs = Structural Adjustment Programs

SEM = Structural Equation Modelling

SSA = Sub-Saharan Africa

TFCs = Transnational Food Corporations

TLI = Tucker–Lewis Index

UN = United Nations

play a role in the increasing levels of exposure to all four risk factors, essentially serving as new vectors for the spread of NCDs.

This article will begin with an examination of the current literature supporting pathways between trade and investment, urbanization, unhealthy diet, and NCDs. This is followed by a descriptive analysis of trends in investment, trade, the food environment and NCDs in four Sub-Saharan Africa (SSA) countries: Cameroon, Kenya, Nigeria, and South Africa. The conceptual framework utilized in this paper is then explored further through the testing of a model connecting urbanization, trade and investment, overweight and obesity, and deaths attributable to NCDs, specifically cardiovascular disease (CVD), in forty-eight SSA countries, using structural equation modelling. While tobacco has been included as a control variable in the analytical sections, the focus remains on unhealthy diet, via overweight and obesity pathways, to CVD, given the rapid emergence and complexity of the global diet. The findings will be considered within the current context of global health policy discourse around healthy diets and NCDs, the potential role for practitioners

and the World Trade Organization (WTO) in a health in all policies mandate, and the current World Health Organization (WHO) Global Action Plan (GAP) on NCD reduction. This paper aims to demonstrate the substantial role of globalization processes in changing the built food environment and the consequent increase in metabolic risk factors for NCDs in the developing world. It is fundamental at the outset to note that there is no one reality for SSA countries; stage of development, rural–urban divisions, and dietary habits vary widely across the region, as will be demonstrated in the trend analysis. Thus, any conclusions must be retained at the SSA regional level; extrapolating to any one SSA nation would require careful consideration of individual nuances.

Background

Globalization is best considered “a process of greater integration within the world economy through movements of goods and services capital, technology and (to a lesser extent) labour, which lead increasingly to economic decisions being influenced by global conditions^{8 (p.1)}”. There are multiple pathways through which globalization affects NCDs; the key connections that will be analyzed in this article are presented in Fig 1. The three primary globalization mechanisms explored here include, trade and foreign direct investment (FDI), urbanization, and economic growth, with a focus on trade and investment. Additionally, their connection to the changing food environment and rising NCD rates will be examined.

Globalization to urbanization

Consistent with global trends, the urban population of SSA has been rising; urban population growth, at 5% per annum, now exceeds rural population growth at 2% per annum on average, although in eight of the most populous SSA countries rural population growth has dropped to 0.4% per annum.⁹ In 2010, the urban population accounted for approximately 36% of the population, a number projected to grow to 50% and 60% by 2030 and 2050, respectively.¹⁰ Three sources of increased urban population growth were identified by the World Bank¹¹: (1) new births of existing urban residents; (2) reclassification of rural areas as urban areas; and (3) rural–urban migration, although increased life expectancy may also play a role in absolute urban population growth. The pathway between globalization and urbanization is best captured through rural–urban migration.

Tiffen⁹ provides the fullest description of the links between agriculture, globalization, and urbanization. At the beginning of a country’s agricultural development, food is produced almost solely for household or family use, with high labour to output ratio. With most of the population engaged in the same task there were no markets for agricultural goods, and thus no incentives to produce a surplus. However, as non-agricultural sectors are created and cities spring up, the motivation to grow a surplus in exchange for consumer goods develops. In the case of SSA, in a highly developed and globalized era, the agricultural sector was able to access new

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