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The role of the citizen consumer: Alternative consumer activism and the rights to health and development

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Abstract:

This briefing outlines the important historical role of alternative consumer activism in local and global health governance. This alternative approach distinctively integrates health with development, social justice and environmental issues. Alternative consumer activism fits with rights-based approaches, emphasising entitlements, accountability and participation. The briefing draws upon case-study research to show how networked consumer campaigns have shaped global health governance. It highlights the important, yet under-researched role of Southern health activism in mobilizing global health rights and public health. Alternative consumer activism should be understood as an important force in global public health and health governance. It has played a crucial historical role in mobilizing citizens to claim their health rights and could provide a critical future resource for bridging the gap between communicable and non-communicable disease.

Introduction: alternative consumer activism and health governance

Consumer activism is recognised as having an important role in globalization, health governance and social movements, but there is ambivalence about what being a health 'consumer' means. Some see consumers as challenging globalization in favour of public health. Others criticise consumer activism as a Trojan horse for "corporate colonization", shifting responsibility for health from the state onto individuals and markets, with negative consequences for the poor. This briefing summarises and expands on a recent article (Khoo 2012) providing an analysis of the role of alternative consumer activism in the global, and especially developing country context.

Academic studies of nodal and networked health governance tend to highlight the power of 'strong' actors such as pharmaceutical transnational corporations (TNCs), which engage in

concerted action with governments to direct and manage outcomes in favour of commercial interests. Consumer activism is recognised as having an important role in relation to mobilizing public opinion and action to counterbalance business influence and protect public health.

Alternative consumerism and development

A potentially radical, activist concept of the consumer citizen historically emerged across North and South in the 1960s and 1970s, as consumers organized locally and globally to demand greater corporate regulation. This sparked an anti-regulatory backlash, setting the scene for market-oriented concepts of the health consumer to predominate after the 1980s. Organized consumerism became more limited its ability to influence health governance within developed countries like the U.S. and as an international force lobbying the UN and WHO. Organized consumerism also faced internal challenges as 'Northern' organizations rejected the alternative, 'Southern' consumer agenda of basic needs and development. Southern governments were ambivalent, partly co-opting, and partly repressing consumer activism. Consumer activists have worked cooperatively with governments, but have also struggled to retain an independent and critical stance, represented by 'alternative' consumer organizations and activist orientations. 'Alternative' signifies more than just independence vis-a-vis national governments, it denotes a global concept of consumer activism based upon basic needs and justice.

Developing country consumer organizations and networks played an important historical role during the 1970s and 80s. These networks connected environmental, infant nutrition, development policy, health and consumer issues internationally, coordinated through the International Organization of Consumer Unions (IOCU). During this early period of activism, health, environment and development concerns came together into a shared 'mentality' that evolved as baby milk, pesticides and drugs campaigns became globally networked. Activists shared a developmentalist consumer conscience that was based on global interdependence, environmentalism, aligned with human rights and concerned with cultural diversity and responsibility for the future. For consumer activists, 'development' provided an expansive, ecological view of public health, public health systems, and public goods. It implied a structured response to public and population health concerns and connected issues of environment, population and deleterious lifestyle trends with problems of distributive justice and inequalities.

Consumer regulation in developing countries is seen to be weak as government regulation tends to be less effective, and consumer interests less well safeguarded, while consumer activism lacks the necessary institutional and financial backing. A large majority of consumers are poor and lack knowledge about their rights. The growing band of middle-class consumers in developing countries occupy a relatively privileged position as they can afford to consume. Yet developing country consumer activists (who are mainly middle class, not poor) place greater emphasis on issues of poverty, the unmet basic needs of the wider

population and the deficits and structural disadvantages faced by poorer developing countries. Alternative consumerism identifies with a 'Southern' perspective, emphasising basic needs, development and justice regarding diverse issues like prices, safety, public information, corporate monitoring, nutrition, pollution, working conditions, health education and tobacco control. It advocates 'Value for People' and rejects the 'Value for Money' concept which it sees as an individualised or 'Northern' consumer perspective. 'Southern' or 'developmentalist' denotes a mentality, rather than a strict geography, fitting with universalistic perspectives of health promotion, public health and health rights. Public health issues tend to unite consumers across social divides. For example, investigations of contaminated water and food largely affecting middle-class urban people led to critiques of pollution and measures to improve regulation of dangerous pesticides which endanger the health of hundreds of millions of people, foremost agricultural workers. This linked middle class concerns about pollution to the working conditions of the poor.

Pesticide Action Network (PAN) is a global network which monitors and regulates global pesticide use and trade but also promotes healthier alternatives. The control of pesticide pollutants links naturally to the longest running global campaign uniting consumer and health activists – the baby milk campaign, as pesticide pollutants are concentrated and transmitted in breast milk. The inappropriate promotion of commercial milk substitutes has been controversial in developing countries and has been subject to public interest campaigning since the 1930s. The World Health Organisation (WHO) currently attributes some 1.5 million infant deaths annually to inadequate breastfeeding. Consumer activism pressured the WHO to convene a dialogue between NGOs, governments and TNCs in 1979. A global NGO coalition, the International Baby Food Action Network (IBFAN), successfully collaborated with the WHO to produce the International Code on Marketing Breast milk Substitutes, adopted by the WHO and UNICEF in 1981, and incorporated into the Convention on the Rights of the Child in 1989. This activist network plays a crucial function in making sure that the Code is adhered to, continuously reminding global bodies like the WHO and UNICEF of their responsibilities, monitoring for Code compliance, training and developing model law. The alternative consumer network engages in both top-down policy advocacy and bottom-up strategies, the latter involving hospital campaigning and a grassroots alliance with the La Leche League, the World Alliance for Breast feeding Action, (WABA).

The 1978 WHO/UNICEF Alma Ata conference agenda provided activists with a new language of rights, enabling traditional consumer concerns about TNC regulation, right to information and consumer education to be re-framed and turned towards a vision of de-commercialized, democratic health systems, where people can equitably participate in decisionmaking and allocation of health resources. Health Action International (HAI) was a new network launched at the 1981 World Health Assembly meeting. A centralized information and lobbying hub at the Consumers' association of Penang (CAP), Malaysia enabled coordinated campaigns across 50 countries. A 'Consumer Interpol' formed to monitor TNCs, campaign

essential medicines (fewer than 350 medicines needed to treat 90% of diseases), generic and localized drugs production, and the rational use and control of medicines. Networking NGOs like Third World Network, established in 1982, enabled wider NGO and developing country participation in global policy debates, providing timely information and detailed analysis from a Southern developmental perspective, covering issues such as Intellectual Property Rights, drug pricing and indigenous knowledge. Throughout the 1980s, developing countries became more aware of their exclusion from the 'circles of consensus' that set the standards for Trade Related Intellectual Property Rights (TRIPS). Drugs affordability became a critical development issue when the international public health crisis of HIV/AIDs hit. TWN joined forces with Oxfam, Médecins Sans Frontières, Action Aid Kenya and some African states to put forward a "pro-public health clarification of TRIPS", influencing the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health. Other evidence shows the value NGOs and African states working together to increase the availability and affordability of HIV/AIDs medicines. The pharmaceutical companies' lawsuit against South Africa was dropped in 2001, drug donations were made available and prices dramatically reduced.

Since the 1990s, consumer activism has faced some significant challenges. The deregulatory backlash of the 1980s, internal divisions in the consumer movement and the rise of human rights are three main challenges that consumer activists have to respond to. In developed countries like the U.S. the collective vision of consumer rights developed during the 1960s and 70s was compromised when Clinton failed to reform healthcare in the early 1990s. As health care costs increased, individual consumers could only respond by controlling their own purchasing. This individualization of consumerism and the loss of the alternative or 'developmental' public health orientation is a serious threat in both developed and developing countries. For example, Malaysia developed a relatively low-cost public health service since the 1940s, providing integrated rural health, and good preventative and public health measures. Since the 1980s, health policy has become increasingly driven by a privatization agenda, with important implications for good governance, democracy and equity, while the public sector faces under-investment and staff shortages as the for-profit private sector expands. Public concerns are increasing regarding affordability, efficiency, equity and quality of care. National coalitions have formed to defend public health and the welfare basis of the national health system, linking consumer activists, public universities and professional medical, dental and pharmacy associations. Professional associations have improved self-regulation, for example through Patient's Charters. However, self-regulation is likely to be ineffective, unless supported by a credible regulatory structure with proper institutional and government support, including an independent body to hear grievances and clear enforcement mechanisms.

Conclusions: scope and lessons for advocacy

The alternative or developmentalist consumer ethos has not lost its relevance for health in developing and developed countries today. Public health is a common issue which can unite fragmented and socially divided consumers, allowing them to see themselves individually and collectively as rights-bearing, solidaristic public citizens united in their desire for good health at reasonable cost.

Recent years have seen greater call for global 'corporate social responsibility' through self-regulation. However, history shows the self-regulation policy to be an outcome of contested health issues such as infant nutrition, pesticide control, the manufacture and pricing of medicines and healthcare privatization. The success of consumer activists in controlling infant formula marketing evinced a deregulatory backlash in the 1980s. The rise of TRIPS in the 1990s reasserted the strong nodal power of corporate governance, but NGOs and developing countries responded with new initiatives to make medicines accessible and protect public health in the face of HIV/AIDs.

The emergence of rights-based approaches to health does not mean that consumer activism has become irrelevant. Rights-based approaches have provided consumer activists with a new language and framework to claim necessary actions and preserve health as public goods. Alternative consumer visions remain crucial to a global future that protects the public from disease and health harms, especially given the global rise of non-communicable diseases linked to deleterious consumer lifestyles. Given the stated need to close the gap between actions addressing communicable and non-communicable disease, supporting alternative consumer activism can help to close this gap, since the consumer is recast and empowered within concerns for collective well-being. For some 50 years now, alternative consumer activism has played an essential role promoting public health, de-commodifying the health consumer, and mobilizing active, informed engagement between citizens, the state, non-state and supra-state actors to shape global health governance. This activism has built local and global capacity for participation, widened the agenda and policy choices and shaped implementation and monitoring for better health.

*For fuller article and list of references, see

Khoo, S-m (2012) Re-interpreting the citizen consumer: Alternative consumer activism and the rights to health and development. *Social Science & Medicine* 74 (2012) 14-19