Professor W. Andy Knight & Dinah Hippolyte
Institute of International Relations, The University of the West Indies

Keeping NCDs as a Political Priority in the Caribbean: A Political Economy Analysis of Non-Communicable Disease Policy-making

TABLE OF CONTENTS

Report Overview

Noncommunicable diseases (NCDs) have been a core area of concern for health policymakers in the Caribbean for over two decades. NCDs impose such an enormous economic burden on patients, health systems, countries and societies in this region that in 2007 the Heads of Government of the Caribbean produced the Port-of-Spain Declaration in an attempt to address this issue. CARICOM governments have since worked collectively to raise the priority of NCDs on the global agenda. Yet, action on NCDs in the Caribbean remains little more than an aspiration. Indeed, there is a clear implementation deficit when it comes to NCDs. Follow through on political commitments has been mixed at best. The low level of implementation can be linked to: an absence of leadership on this issue among the political class; a pre-occupation with short-term gains, especially after the 2008 global economic downturn; the paucity of government legislation and regulation targeted at lowering the levels of NCDs in the Caribbean; and the fear that devoting resources to resolving this problem would hurt the private sector and possibly trade (upon which most Caribbean states depend heavily).

A major challenge therefore is to determine how CARICOM governments can be motivated to achieve the targets they set for themselves in the Port-of-Spain Declaration and change the systems that impede the achievement of those goals.

While strong economic and social arguments have been made in support of NCD action, much less has been written on the political economy factors that support or hinder policy action on NCDs. The paper seeks to assess how to keep NCDs as a political priority by investigating the political and economic context in which these policies are framed. Utilizing the World Bank's problem-driven approach to governance and political economy analysis (World Bank, 2009), this paper focuses on the regional context in which NCD policymaking occurs, the actors (public, private and civil society) and the institutions that shape the interaction of NCD stakeholders and policy-making processes. External factors such as trade agreements and the involvement and impact of international and intergovernmental organizations on the NCD policy-making process in the Caribbean region are also examined.

This background paper asks a series of basic questions:

- What is the economic contribution of tobacco, alcohol and ultra-processed foods to Caribbean regional economies?
- Who are the main actors in the NCD sector and what are their interests, positions and influence in relation to NCD policymaking?
- Which institutions are involved in NCD Policy-making?
- What access do they provide to stakeholders to influence decision-making within the NCD policymaking process?
- What is the impact of the health priorities of regional and international donors on regional prioritization of NCD programs and policies?
- What is the impact of the region's international trade agreements on the policy space for NCD policy? And,
- How can we get governments in the region to keep NCD policy as a political priority?

Methods of Data Collection

Data were collected using a combination of website searches, primary document reviews, secondary sources, grey literature and unstructured interviews with key informants. The list of persons interviewed is included in Annex II and the Interview Question guide used for interviews of participating organizations and groups for this analysis is provided in Annex III.

Framework of Analysis

In Section One, a cross reference of the most current NCD progress implementation grid with the CARICOM Strategic Action Plan (2011-2015) was done which revealed a lack of action across States on areas related to private sector regulation with respect to NCDs. Section Two reviews the economic context within which NCD Policy is developed in the region. Major actors, their interests and political leverage are reviewed in Section Three. Section Three also deals with the institutional landscape, particularly the regional institutions related to NCD policy, the decision-making processes and their impact on the NCD policymaking process. Section Four briefly examines the influence of donor priorities and funding on NCD policy-making in the region. Section Five explores the role of donor funding priorities with regards to NCD policy and further touches upon the potential impact of CARICOM's main trade agreements on NCD policy. Section Six provides an overview of the political economy factors that ought to be managed in the NCD policy-making context. Finally, Section Seven advances a set of recommended strategies for promoting action on NCD policy, given the particular political, economic and institutional context within which policies on NCDs are developed.

Introduction

Non-Communicable Diseases (NCDs) have been a core area of concern for health policymakers in the Caribbean for over two decades. Why? Because NCDs impose an enormous economic burden on healthcare systems, on societies and on the economies of every single country in the region. The patterns of that economic burden in the Caribbean have been addressed elsewere (See Chao, 2013; Theodore, 2011). An estimated 70% of years of life lost in the countries of the Organization of Eastern Caribbean States (OECS) are now due to NCDs, as compared to the global average of less than 50%, and the average in lower middle income countries of about 60%.[1]

As a consequence of the above situation, governments of the region have tried to address the challenge of NCDs through a long history of relatively successful health collaborations with the Caribbean Community (CARICOM). The culmination of these initial efforts was the Summit of the Heads of Government of CARICOM on Chronic NCDs held in Port-of-Spain, Trinidad and Tobago, in September 2007, whose outcome document – the Port-of-Spain Declaration: "Uniting to Stop the Epidemic of Chronic NCDs" – outlined 21 commitments on NCDs (see Caricom Secretariat). The Strategic Plan of Action for the Prevention and Control of Non Communicable Diseases for countries of the Caribbean Community (2011-2015) was developed to operationalize commitments outlined in the Port-of-Spain Declaration.

Some successes have been reported since the signing of the Port-of-Spain Declaration. For instance, some progress has been made on community-based physical activity – the most notable being Caribbean Wellness Day. However, there has been little progress on the implementation of many aspects of the Declaration. This is especially true for commitments requiring multi-sectoral or regional action in relation to private sector regulation. For example, policies around nutrition, reduction of harmful use of alcohol, and tobacco control have been poorly developed in most CARICOM countries. None of these countries have implemented regulatory controls on alcohol, on the marketing of unhealthy foods to children, on salt consumption, or on trans-fats.

The uneven progress on NCD policies, despite high-level pronouncements of commitments, suggests that providing technically-sound knowledge about NCDs to policymakers is not sufficient to ensure action on NCD policies. It is also crucial to understand the context in which policymakers operate. A political economy analysis, broadly rooted in economic and institutional enquiry, focuses on the structural forces that can impact movement on NCD policies in the region by constraining agency. This approach acknowledges the important role of actors but also aims to understand the structural forces that either empower or disempower groups that are competing in the political process. By identifying the interrelated political, social, economic and institutional factors that contribute to, or inhibit, policy formulation, political economy advocates are able to identify risks associated with, and opportunities for advancing NCD policy implementation.

Section 1: Overview of CARICOM NCD Policy and Priority Actions

The 2007 Port-of-Spain Declaration calls for policies and actions to address the four major NCDs and their common risk factors. The risks that lead to chronic non-communicable diseases

[1] World Bank. 2012. "The Growing Burden of Non-Communicable Disease in the Eastern Caribbean." http://siteresources.worldbank.org/LACEXT/Resources/informe2no_jamaica.pdf.

are caused primarily by lifestyle-related, socially-determined behavioral factors, namely unhealthy diet, physical inactivity, tobacco use and the harmful consumption of alcohol. The Strategic Plan of Action for the Prevention and Control of NCDs in countries of the Caribbean Community (2011-2015) emanated from the 2007 Port-of-Spain Declaration.

The five priority actions outlined within the Strategic Action Plan on NCDs are:

- Risk factor reduction and health promotion
- Integrated disease management and patient self management education
- Surveillance, monitoring and evaluation
- Public policy, advocacy and communication
- Programme management

Progress on NCD Policy to Date

At best, we can say that there has been mixed success on NCD policy implementation in the Caribbean region. Certainly, there has been limited progress on tobacco control (e.g., increase in taxes), on the establishment of NCD Commissions, and in the area of surveillance, education and promotion. There has been noticeably even less progress on mandatory provisions with respect to tobacco control (e.g., limits on advertising promotion, sponsorship bans, etc); alcohol (e.g., introduction of legislation on alcohol advertising and promotion, taxation and limiting access); nutrition (e.g., negotiation of trans-fat-free food trade agreements that are utilized to meet national food security and nutrition goals, mandatory labelling of packaged foods for nutrition content) and physical activity (e.g. the introduction of mandatory provisions for physical activity in new housing development projects).

A common thread linking implementation action in the above areas is the fact that there is a bottleneck at the intersection between those policy actions and private sector interests. Companies and businesses generally tend to resist government measures that they consider to be overly intrusive or that could in anyway impinge upon their profits. Some of these stakeholders can be very powerful in terms of exerting political leverage, including bringing to bear resources in their opposition to specific government policies. This is particularly so when it comes to the tobacco, alcohol, food and beverage industries. A second important factor affecting progress on NCD policy implementation is the multisectoral nature of these initiatives and the number of institutions required to deliver policy outcomes. Given the nature of these policies it is useful to identify and analyze political and economic interests, the institutional landscape, and the key actors that influence policy implementation, as well as the impediments which contribute to the implementation deficit when it comes to NCD policy in the Caribbean.

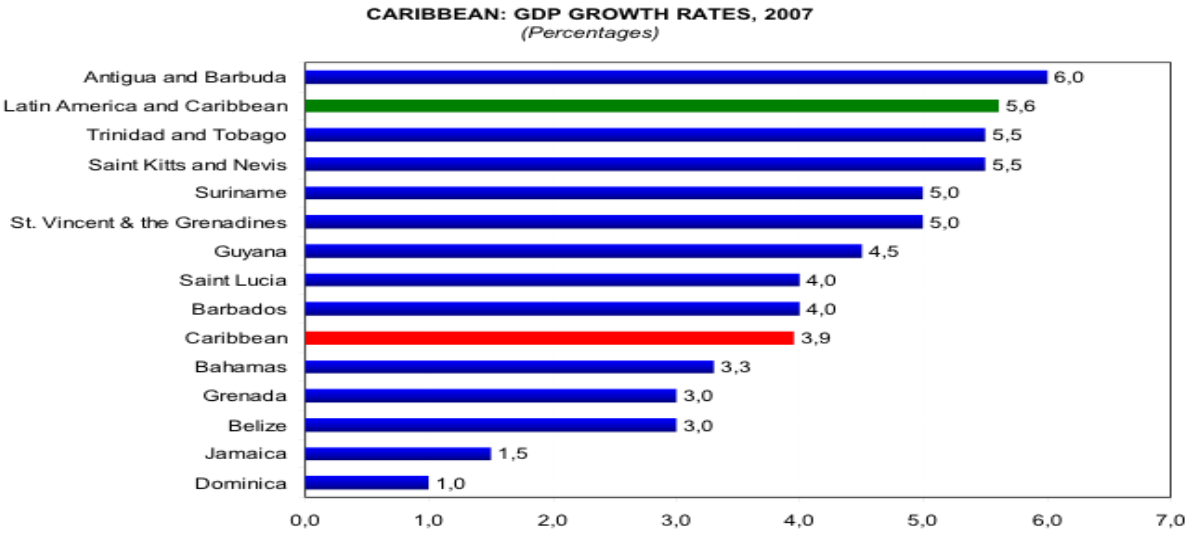
Section 2: The Socio-Economic Context of NCD Policy in the Caribbean

As small, vulnerable economies, the Caribbean has struggled to achieve desired social and economic development. Some of the challenges faced by these small island developing states (SIDS) include slow uneven economic growth compromised by susceptibility to external economic shocks and natural hazards. The region depends heavily on exports. The small size of the countries of the region and their rather scarce resources mean that export trade is concentrated around a limited range of goods and services. Small size leads to chronic high costs of inputs and productive factors that present barriers to public and private sector productivity and to competitiveness in external markets. These factors constrain employment creation and stifle

the generation of government tax revenue. This weak fiscal position limits Caribbean governments' ability to provide for their populations access to, and quality of, social safety nets.

The above challenges were mitigated somewhat by arrangements for preferential access to export markets in Europe, Canada and the United States. Official Development Assistance (ODA), in the form of loans and grants from bilateral and multilateral agencies, provided a major source of external finance which helped to supplement governments' national development efforts. Cumulative lending by the World Bank and its concessional arm to Caribbean countries totaled US$ 3.75 billion and assistance from the Inter-American Development Bank (IADB) was estimated at US$ 6.12 billion for the period 2001-2006.[2]

Growth rate estimates in the region, measured by Gross Domestic Product (GDP), were positive for 2007, the year of the signing of the Port-of-Spain Declaration. With the exception of Jamaica and Dominica, countries in the CARICOM region experienced above 3% GDP growth that year. This growth was bolstered by a positive external environment: booming commodity prices, a buoyant tourism sector, increased foreign direct investment (FDI) flows, and a spike in government capital investment and infrastructure projects during the run-up to the hosting of the International Cricket Council (ICC) World Cup.

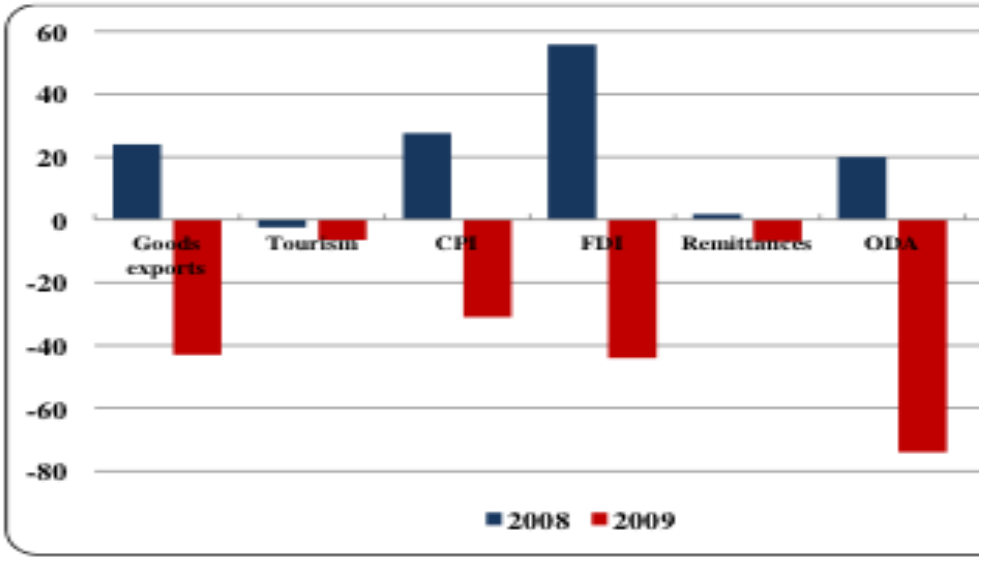


Source: Economic Commission on Latin America and the Caribbean, 2007

The global financial crisis in 2008 abruptly ended that optimistic economic growth trajectory and resulted in a decline in demand for Caribbean exports in foreign markets, a decline in the flow of remittances to the Caribbean from places like the US, Canada and Europe, a decline in foreign direct investment to the region and astronomical increases in food and oil prices.

[2] See Caribbean Development Bank Report 2009, 16.

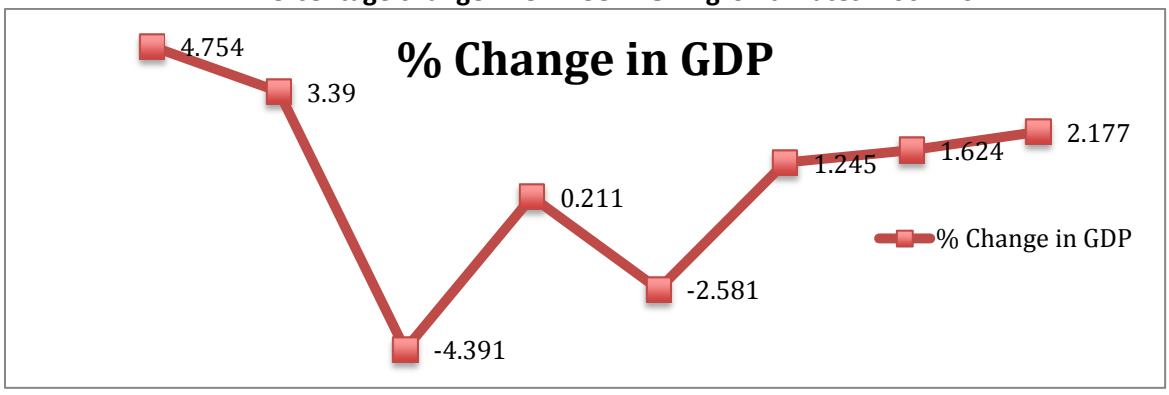
Impact of the Financial Crisis on CARICOM: Percentage change in international trade, Foreign Direct investment and Official Development Aid (2008-2009)



Source: Mohan and Watson, 2012

The effects of the global financial crisis were exacerbated by the implementation of the Caribbean EU Economic Partnership Agreement (EPA) and the graduation of the majority of CARICOM states from ODA (middle income trap). The EPA liberalized 87% of trade imports from the European Union leading to reductions in Caribbean governments' revenues from import duties. The graduation from ODA resulted in a reduction in foreign aid to Caribbean states. Traditionally that aid was used by governments of the region to supplement their annual budgets. By 2009, economic growth rates for the entire Caribbean were dismal.

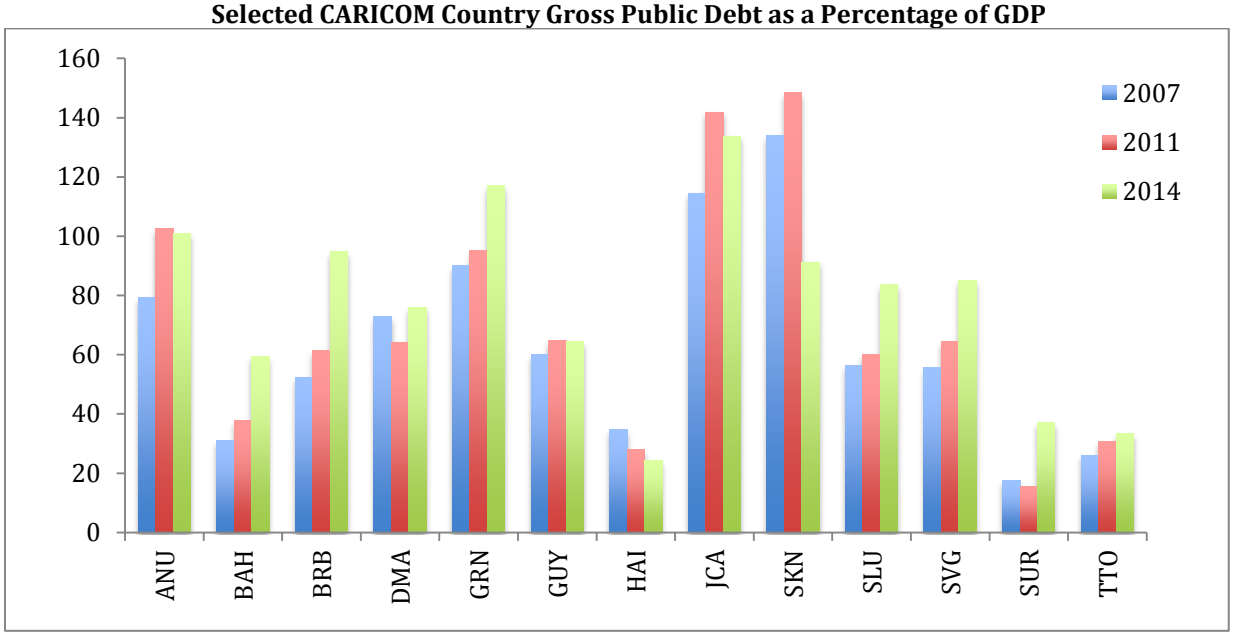
Percentage change in CARICOM GDP growth rates: 2007-2014



Source: IMF World Economic Outlook Database, 2015.

The region's economy contracted by 3.06% in 2009 and 0.61% in 2010, before returning to positive growth in 2011. The region has not yet returned to pre-2009 growth rates. Gross public debt continued to rise during that same period. Four countries (Antigua and Barbuda, Grenada, Jamaica, and St. Kitts and Nevis) recorded Gross Public Debt of 100% or more of GDP. The Gross Public Debt in Dominica, Guyana, St. Lucia and St. Vincent accounted for over 60% of GDP for the same period. Although still relatively low, Suriname's debt to GDP ratio almost doubled between 2007 and 2014.

Selected CARICOM Country Gross Public Debt as a Percentage of GDP



Source: IMF World Economic Outlook Database, 2014

The weak recovery in the aftermath of the global economic crisis signals a pessimistic economic outlook for the Caribbean region over the next decade or so. Specifically, the global environment will likely be characterized by flagging international demand, flat commodity prices, and the withdrawal of stimulus measures in both developed and developing countries. As a consequence, traditional external resource flows (both private capital and official flows), upon which CARICOM States have become dependent to stimulate the growth process, will continue to dwindle over time.

In response, the region's governments have prioritized the revitalization of their economies as critically important for avoiding the deterioration of human development gains. This view has reaffirmed the private sector as a critical partner in the region's quest for economic resilience and is a key element of the Community's five-year strategic plan entitled 'Strategic Plan for the Caribbean Community 2015-2019: Repositioning CARICOM.'

This Plan requires that emphasis be placed on increasing investment and boosting levels of productivity as a platform for future growth in the Caribbean. Additionally, it identifies the role of the private sector in the community resilience strategies as follows: "Private sector participation and leadership are vital for building resilience. Initiatives to stimulate and engage the private sector underpins the four resilience priorities and are linked with those initiatives to

engage the private sector in the governance and decision-making of the Community."[3] The conclusion drawn is that the private sector will continue to be viewed as an important and essential partner in the development of CARICOM countries.

NCDs impact as a development challenge

The impact of NCDs has been examined here using socio-economic frames. CARICOM has declared NCDs as a formidable public health and financial challenge. Clearly, NCDs have exacted a massive socioeconomic toll on affected countries and populations in the Caribbean region. The overall message has been that NCDs negatively affect economies, health systems, households, and individuals through a range of drivers such as reduced labor productivity, higher medical treatment costs, absenteeism, presenteeism, and lost savings. These drivers aggregate into significant socioeconomic negative impacts, including in the areas of country productivity, competitiveness and fiscal pressures; ultimately undermining sustainable development goals.

This framing of the issue is relevant in the context of CARICOM. The development frame is appealing and resonates with current regional and national interest in securing economic growth and sustainable development. There are at least three critical questions that stem from the development frame which can be utilised to incentivise governments to act. These are:

(1) Whether investing in NCD policy will yield improved economic growth, if yes,
(2) Whether NCD investment and action yield a return that is equal to or higher than any loss from private sector economic contribution;
(3) Whether this investment returns a yield equal to or higher than investment in other economic growth enhancing changes.

Section 3: Stakeholder and Institutional Analysis

The section develops a NCD stakeholder analysis which involves three categories of actors:

1. *Regional Institutions*: the Council on Trade and Economic Development (and its reporting instititions – the Office of Trade Negotiations and the Caribbean Regional Organization on Standards and Quality), the Council on Health and Social Development and the CARICOM Heads of Government.

2. *Private Industry and Business Support Organizations (BSOs)*: Alcohol beverage industry, the ultra-processed foods industry, the tobacco industry, and private industry organizations.

3. *NCD Policy Advocates*: national and regional health-based organizatons.

The stakeholder analysis was conducted using key informant interviews, primary sources and secondary data. An online search of sector associations and business support organizations was first conducted to develop a list of potential key stakeholders for each sector. Key stakeholders were identified based on their historical relationship to the sector and business linkages (both forward and backward). Next, interviews were conducted with key informants using an interview guide to identify the key stakeholders, their interests, challenges, strengths and sources of influence. Newspaper articles, industry and government reports, journal articles, grey literature

[3] Community Strategic Plan, Volume 1, 2014, 19.

and company press releases were also used to identify key stakeholders and their interests as well as to verify stakeholder relationships within each sector.

The institutional analysis was conducted using key informant interviews, informal communications with government and industry officials, and secondary data. A review of the CARICOM Strategic Plan of Action for NCDs 2011-2015 was undertaken to identify key institutions that might be able to shed light on some of the critical questions we wanted to address. An online search of the CARICOM Secretariat website was used to unearth and identify the objectives, functions and reporting structure of the selected institutions. Interviews were then conducted with key informants – some of whom did not want to be identified and therefore their positions were not included in the final analysis. The primary purpose of those interviews was to gain the views of informants on the operations of the selected institutions as well as to gauge the advantages and challenges stakeholders face when engaging with those institutions. Newspaper articles, CARICOM Secretariat press releases, grey literature and industry reports were also used to identify processes for engagement and lines of access to decision-making within those selected institutions. Key secondary data were mined from CARICOM Secretariat press releases and the Landell Mills report: "Turning Around CARICOM: Proposals to Restructure the Secretariat."

The stakeholder and institutional analysis revealed that within the CARICOM region, private commercial and economic interests are obviously colliding with issues of public health concerns. While the production and trade in ultra-processed foods, soft drinks, tobacco and alcohol provide economic benefits, in varying degrees, to the vulnerable economies of the Caribbean's small island developing states (SIDS) in the form of tax revenues, foreign exchange earnings and employment, the consumption of these products also leads to numerous health problems and premature mortality. Their consumption, in other words, exacts high economic and social costs on these countries that are already quite vulnerable.

Therefore, it is important that potential conflicts of interest that arise between the private sector and public health are appropriately managed so that effective policy action is not compromised. We know from our research that specific companies, BSOs and industry associations have been able to acquire privileged access to governments in the region in order to advance their stakeholders' commercial interests by influencing the policy-making process. For instance, policies around improved nutrition, tobacco control, reduction of the harmful use of alcohol, etc., have been poorly developed in most of the countries of the region, in large part, because of the powerful and well-resourced lobby groups from industry that are more intent on sustaining profits rather than on improving the health of consumers. Alcohol, ultra-processed food and sugary beverage industries use similar strategies and tactics as those utilized by the tobacco industry to undermine the development of effective public health policies and programs.[4]

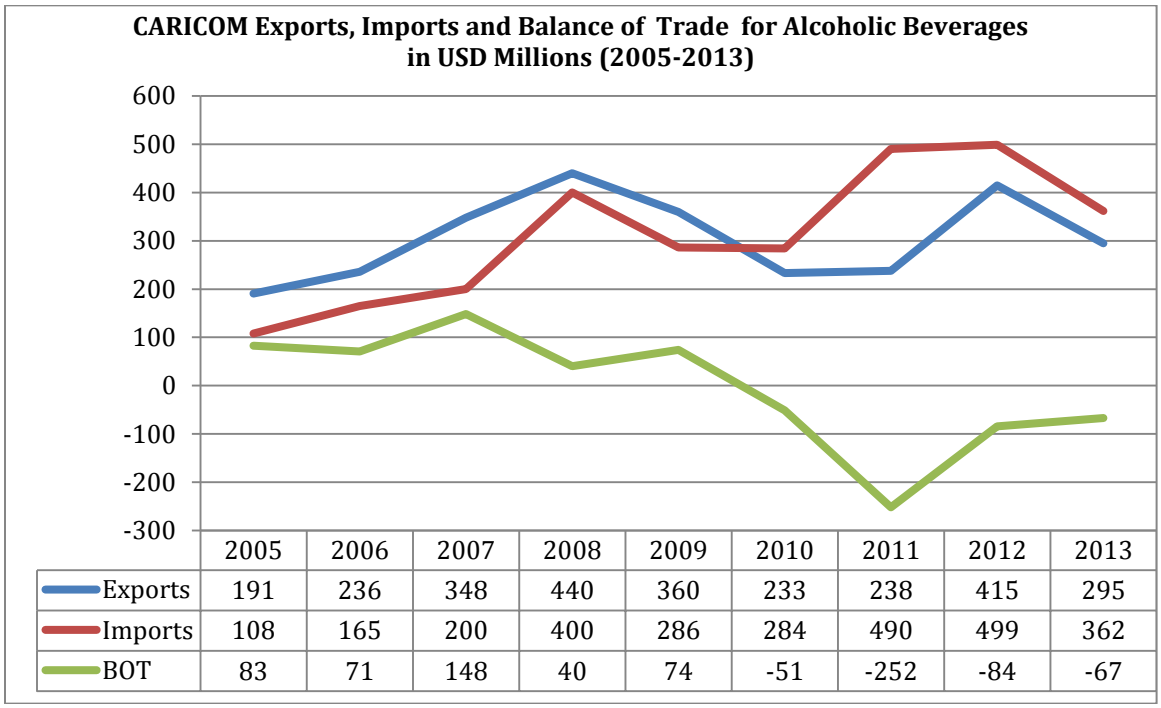
The Alcoholic Beverage Industry

All CARICOM members engage in the manufacture of alcoholic beverages, albeit on different scales with only a few countries engaging in significant intra and extra regional export. The value of domestic producers of alcohol to the economies of these small island states is not to be underestimated.

[4] See "Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organization," Report of the Committee of Experts on Tobacco Industry Documents (July 2000).

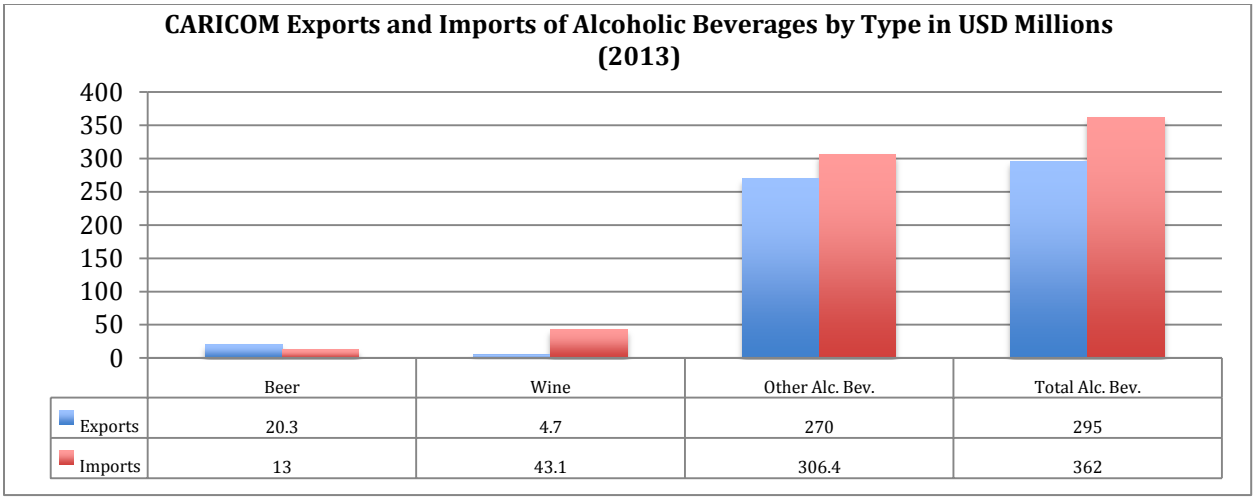
Economic significance of the industry

The Hotel Spend Study commissioned by Caribbean Hotel and Tourism Association in 2007 found that hotels sourced some 50% of alcoholic beverages locally. CARICOM export earnings from the alcoholic beverages industry amounted to USD 295 million in 2013. Imports for that year surpassed earnings following the trend of a balance of trade deficit in the alcoholic beverages industry starting from 2010. Within the industry, there is a balance of trade (BOT) surplus in beer.



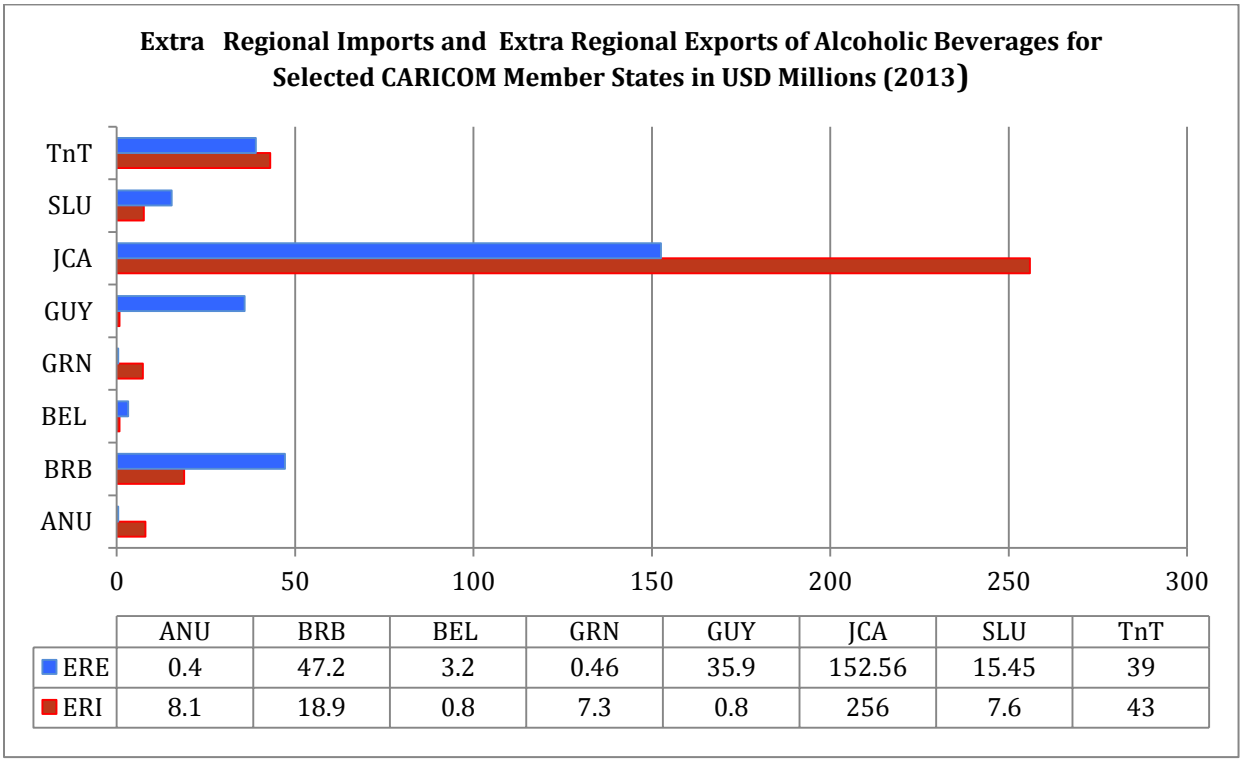
	2005	2006	2007	2008	2009	2010	2011	2012	2013
Exports	191	236	348	440	360	233	238	415	295
Imports	108	165	200	400	286	284	490	499	362
BOT	83	71	148	40	74	-51	-252	-84	-67

Data Source: CARICOM Secretariat Statistics, calculations by authors



Data Source: CARICOM Secretariat Statistics, calculations by authors

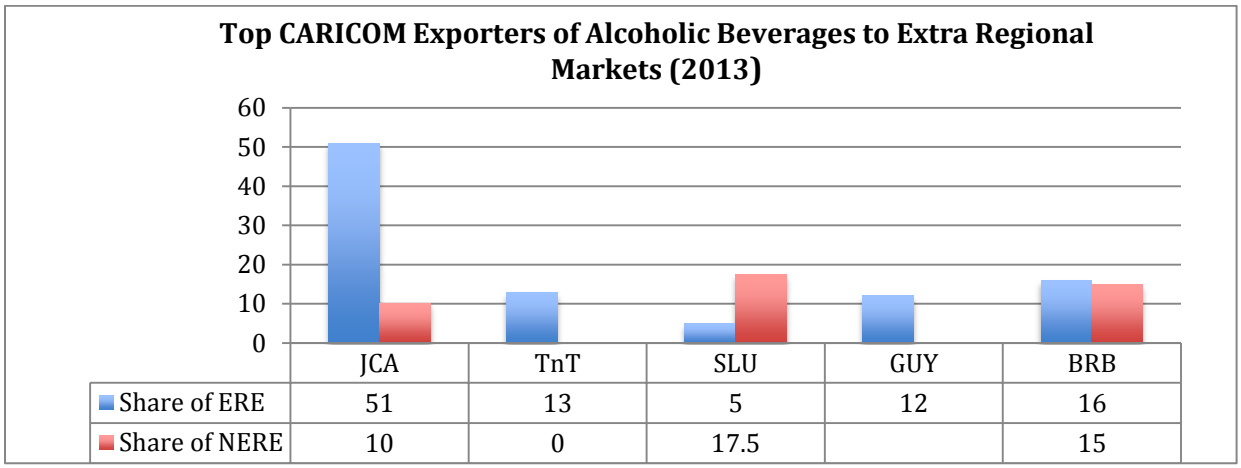
Although the region runs a balance of trade deficit in the industry, a few countries enjoy favourable terms of trade. For instance, Barbados (BRB), Belize (BEL), Guyana (GUY) and Saint Lucia (SLU) have historically had balance of trade surpluses in the alcoholic beverage industry; a trend which continued in 2013.



	ANU	BRB	BEL	GRN	GUY	JCA	SLU	TnT
ERE	0.4	47.2	3.2	0.46	35.9	152.56	15.45	39
ERI	8.1	18.9	0.8	7.3	0.8	256	7.6	43

Data Source: CARICOM Secretariat Statistics, calculations by authors

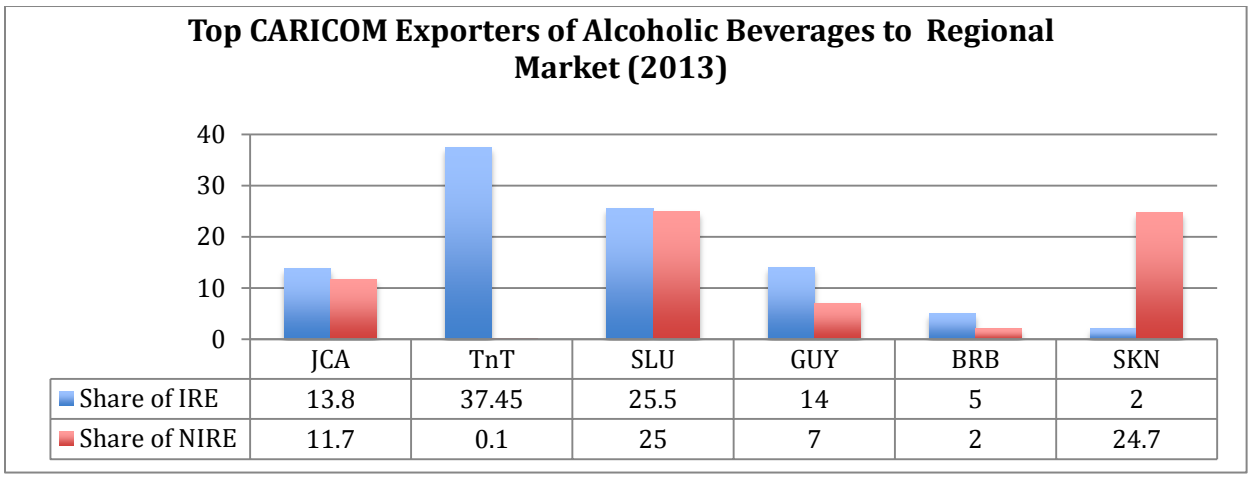
Jamaica, Trinidad & Tobago, Saint Lucia, Guyana and Barbados are the top extra-regional exporters (ERE) of alcoholic beverages, accounting for 97% of extra-regional exports in that industry in 2013. Although St. Lucia has the smallest share of extra regional exports, the alcohol beverage industry is valuable to the island as it accounts for a large share of national extra-regional export earnings (NERE). In 2013, the industry contribution was 17.5 % in that country.



	JCA	TnT	SLU	GUY	BRB
Share of ERE	51	13	5	12	16
Share of NERE	10	0	17.5		15

Data Source: CARICOM Secretariat Statistics, calculations by authors

Total value of intra-regional exports (IRE) of alcoholic beverages was approximately USD 57 million in 2013. Jamaica (JCA), Trinidad & Tobago (TnT), Saint Lucia (SLU), Guyana (GUY) and Barabdos (BRB) together account for 95.75% of intra-regional exports of alcoholic beverages. The national importance of the industry is not necessarily reflective of country share of the regional market. For example, although St. Kitts (SKN) only has a 2% share of the intra-regional market, the alcoholic beverages industry contributed 24.7% to national intra-regional export earnings (NIRE) in 2103. Trinidad & Tobago, on the other hand, holds the lion share of the regional market yet the alcoholic beverage industry contributes less than 1% to national intra-regional export earnings for that country.



	JCA	TnT	SLU	GUY	BRB	SKN
Share of IRE	13.8	37.45	25.5	14	5	2
Share of NIRE	11.7	0.1	25	7	2	24.7

Source: CARICOM Secretariat Statistics, calculations by authors

Policy impact and industry interests

Based on perusal of websites and press releases of the alcoholic beverage industry, it would appear that the industry now views reduction in the harmful use of alcohol in the context of the norm of responsible consumption. Initiatives pursued by the industry now focus on personal responsibility by launching campaigns that promote "designated drivers" and "responsible

drinking"[5] and discourage underage drinking.[6] The industry's voluntarist strategy of reducing the harmful use of alcohol skirts the best practices, advocated by the World Health Organization (WHO), such as raising awareness of the risks of alcohol abuse (viz., addictiveness, violence, injuries, and death). The alcoholic beverage industry is really not supportive of the end target of reduction in alcohol consumption. That would be the only way to reduce alcohol-related harms at the population level. The industry promotes voluntary regulation and is in fact self regulated through a regional Code of Practice for Responsible Promotion and Marketing of Spirit Drinks.[7] The appeal of voluntary agreements for most governments is the reduced costs associated with developing and implementing legislation.[8]

For CARICOM governments, the attractiveness of voluntary agreements is understandable. However, these voluntary agreements are more often than not used by the alcoholic beverage industry as a tactic (within its overall strategy) to delay government legislation and stave off proper monitoring and enforcement systems.[9] (see also Sanders-Jackson, Song, Hiilamo and Glantz, 2013, Andrea S. Fogarty and Simon Chapman 2012). In any event, as Hastings et al (2010) note in a review of voluntary regulation of alcohol in the United Kingdom, such voluntarist arrangements are generally ineffective. In many instances, the industry itself fails to adhere to its own self-regulation.

Industry political leverage

- Significance to individual member states

In Barbados, Saint Luica, Saint Kitts and Nevis, Jamaica and Trinidad & Tobago, the alcohol beverage industry would be expected to have a high level of influence due to its significant export earnings. Based on the trade data provided it is expected that Saint Lucia and Saint Kitts and Nevis, which have both recently experienced economic decline in their key export industries (bananas and sugar respectively) would not be willing to jeopardise revenues from a high export earner like the alcohol beverage industry.

It should be noted that this industry continues to use community-based Corporate Social Responsibility (CSR) initiatives in a diverse range of areas, including the environment[10] and school feeding programmes,[11] in order to sway political support across countries.

- Coalitions of industry support

[5] See for example, Angostura press release, "Angostura Launches Phone App," http://www.angostura.com/News/Releases?source=iphoneapp2015; Windward and Leeward Brewer, "Drink Responsibly" pledge http://pitonbeerstlucia.com/info.asp?Sec=13

[6] See for example, Antigua Distillery release on underage drinking http://www.antiguadistillery.com/responsibility.html

[7] See for example, WIRSPA. Social responsibility http://www.wirspa.com/about-wirspa/social-responsibility.html

[8] A. Gouldson & J. Murphy, *Regulatory Realities: the Implementation and Impact of Industrial Environmental Regulation* (Routledge, 2013).

[9] Helen Mason, Azza Shoaibi, Rula Ghandour, Martin O'Flaherty, Simon Capewell, Rana Khatib, Samer Jabr, et al. 2014. "A Cost Effectiveness Analysis of Salt Reduction Policies to Reduce Coronary Heart Disease in Four Eastern Mediterranean Countries."

[10] In Trinidad for example, Angostura Ltd sponsored a school writing context on Environmental Day http://www.guardian.co.tt/lifestyle/2013-06-16/

[11] In St. Lucia for example, the industry partnered with an evangelical group to start school breakfast programme in several low-income communities http://www.scruffytv.com/2014/10/08/thanks-to-the-winward-leeward-brewery-students-start-school-on-a-healthy-note/ and has recently provided computer donations in low-income areas.

National beverage associations exist in all producer countries.[12] They serve as networks and address issues of concern at the domestic level. Companies are also members of Manufacturers Associations and/or Chambers of Commerce. Manufacturers Associations and Chambers of Commerce have traditionally been strong lobby organizations for private industry interests. Companies that are members of these organizations are generally able to gain privileged access to Ministries of Trade through private sector consultations with the Ministry or in the process of providing advice to the Minister. The drive to create links between the hotel and tourism industry and the alcohol beverages industry has also been viewed by some as providing the alcoholic beverages industry with even greater leverage in its dealing with the state.

At the regional level, the West Indies Rum and Spirits Association (WIRSPA) represents the industry.[13] WIRSPA is a well-funded, organized industry lobby group. The industry, through WIRSPA, has established a formal working relationship and a history of successful collaborations with the CARICOM Secretariat, CARIFORUM and individual Caribbean Governments. In 2000, regional governments and WIRSPA joined forces in lobbying the EU to provide support for the industry and thus mitigate negative effects from reference erosions in the European Union market. In 2008, WIRSPA and CARICOM successfully negotiated commitments on development assistance for the industry under the 2008 CARIFORUM/EU Economic Partnership Agreement (EPA). Under this arrangement, the industry is currently implementing a 70 million euro (USD 73 million) CARIFORUM Rum Industry Support project funded by the EU aimed at enhancing the competitiveness of the industry.[14] CARICOM governments acted in concert to support the industry following a threat of early closure of the CARICOM Industry Programme for the industry (2002-2010). CARIFORUM Ministers in 2009 endorsed WIRSPA's call for an extension and agreed to lobby the European Commission at the highest levels.

In 2012 the Prime Ministerial Sub Committee on External Negotiations and the Secretary General of CARICOM spoke out against unfair United States subsidies and asserted the need for "strong and urgent political intervention" to address competition facing Caribbean rum producers.[15] In May 2014, the Prime Minister of Saint Lucia affirmed Caribbean governments' support for the rum industry in its quest to make its mark on the international market.[16] These arrangements reflect a cemented pattern of interaction between the alcoholic beverage industry and regional government geared towards protecting and further developing the industry.

The Ultra-Processed food industry

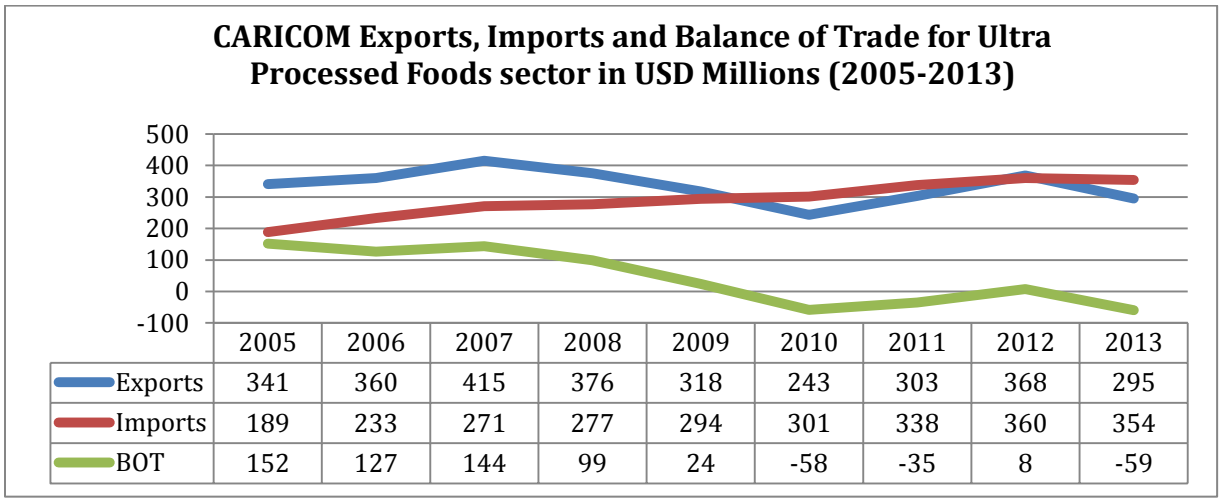
Ultra-processed foods are defined and characterized as products "made from processed substances extracted or refined from whole foods – e.g. oils, hydrogenated oils and fats, flours and starches, variants of sugar, and cheap parts or remnants of animal foods – with little or no

[12] WIRSPA members page http://www.wirspa.com/about-wirspa/wirspa-members.html.
[13] WIRSPA. http://www.wirspa.com/about-wirspa/our-role-vision.html
[14] WIRSPA. Rum Programme http://www.wirspa.com/rum-programme.html
[15] Jamaica Gleaner. 2012 file://localhost/WIRSPA weighs in on danger of rum subsidy http/::jamaica-gleaner.com:gleaner:20120822:business:business5.html
[16] The Star. 2014. Rum gets tax break from PM? http://stluciastar.com/rum-producers-get-tax-break-from-pm/comment-page-1/

whole foods." (Moodie et al., 2013, 671) Using this definition, and based on data availability, the discussion below covers sugar, ice cream, fruit juices, molasses, sugar confectionery, bread, pastry, cakes, biscuits, jams, jellies, marmalades, soups and broths, fruit juices, and soft drinks. Although cane and beet sugar are not defined as ultra-processed foods, they are included to reflect the value of the sugar industry in CARICOM.

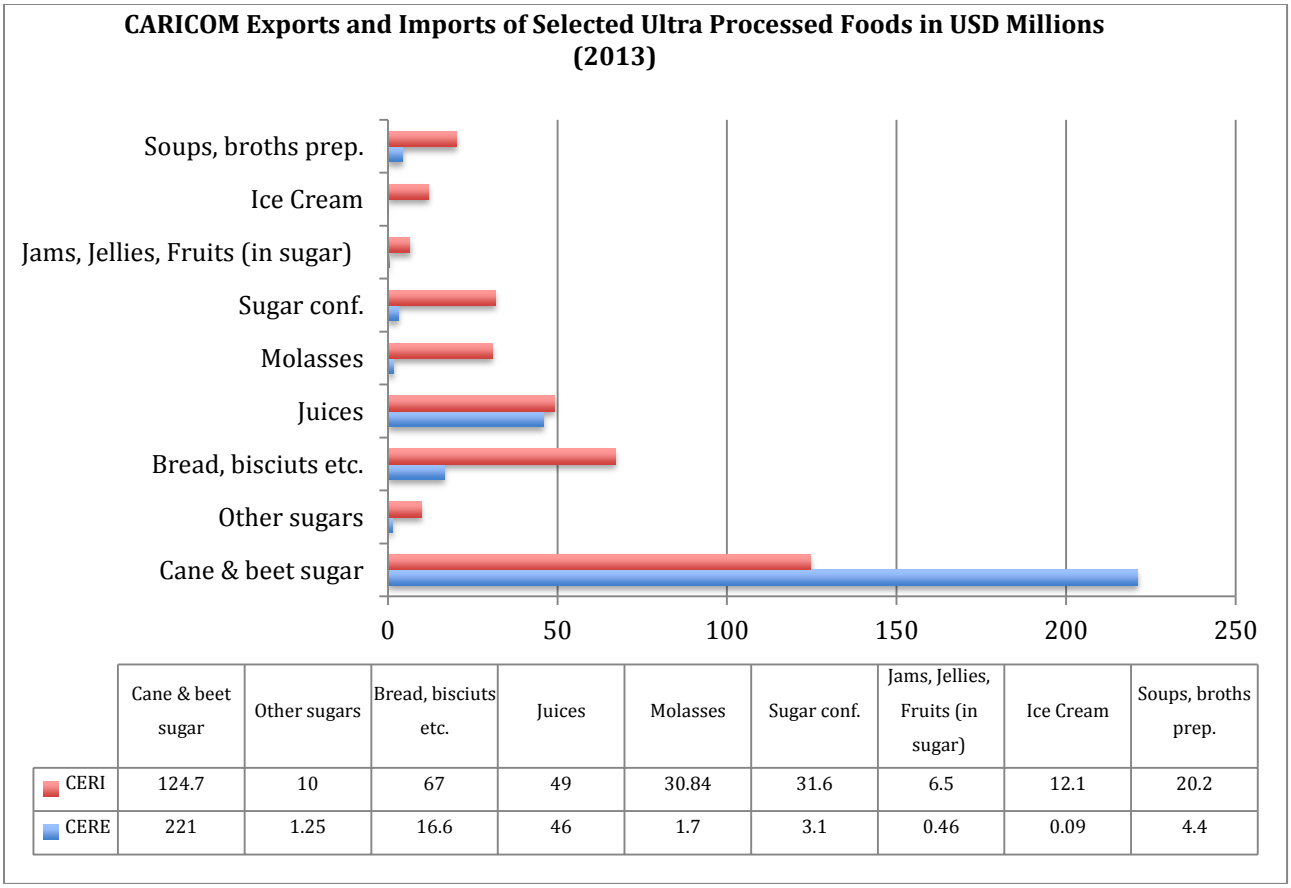
Economic Significance

CARICOM export earnings from the ultra-processed food industry was valued at USD 295 million in 2013. Between 2005 and 2013 the region experienced a decline in its balance of trade in that industry, culminating in balance of trade deficits in 2010, 2012, and 2013. With the exception of cane and beet sugar, the region has a balance of trade deficit across all sub-industries within the ultra-processed foods industry.



	2005	2006	2007	2008	2009	2010	2011	2012	2013
Exports	341	360	415	376	318	243	303	368	295
Imports	189	233	271	277	294	301	338	360	354
BOT	152	127	144	99	24	-58	-35	8	-59

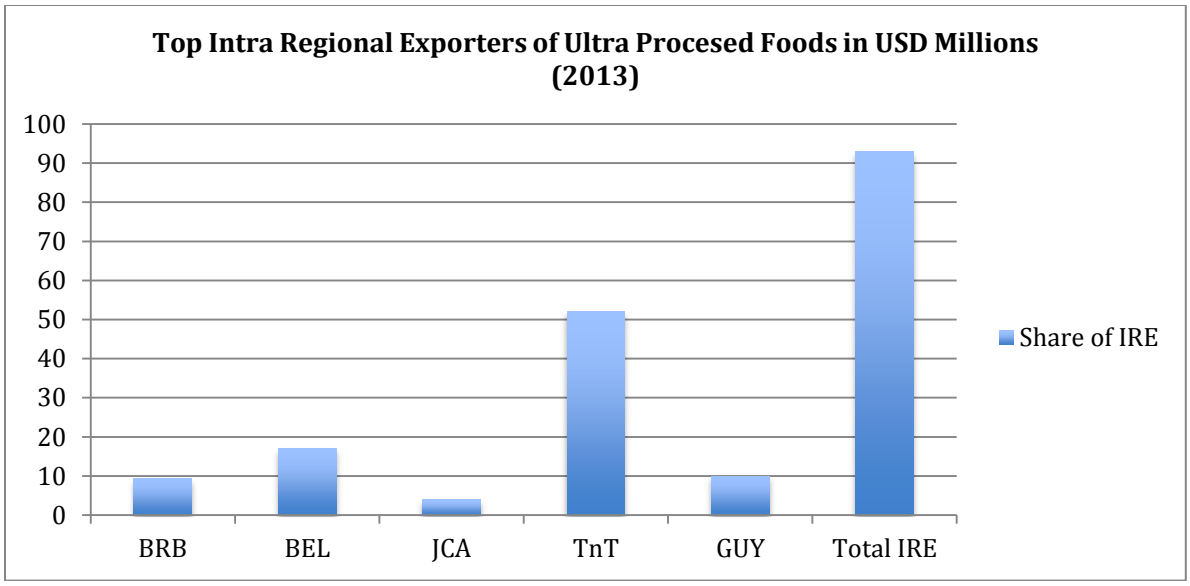
Data Source: CARICOM Secretariat Statistics, calculations by authors



	Cane & beet sugar	Other sugars	Bread, bisciuts etc.	Juices	Molasses	Sugar conf.	Jams, Jellies, Fruits (in sugar)	Ice Cream	Soups, broths prep.
CERI	124.7	10	67	49	30.84	31.6	6.5	12.1	20.2
CERE	221	1.25	16.6	46	1.7	3.1	0.46	0.09	4.4

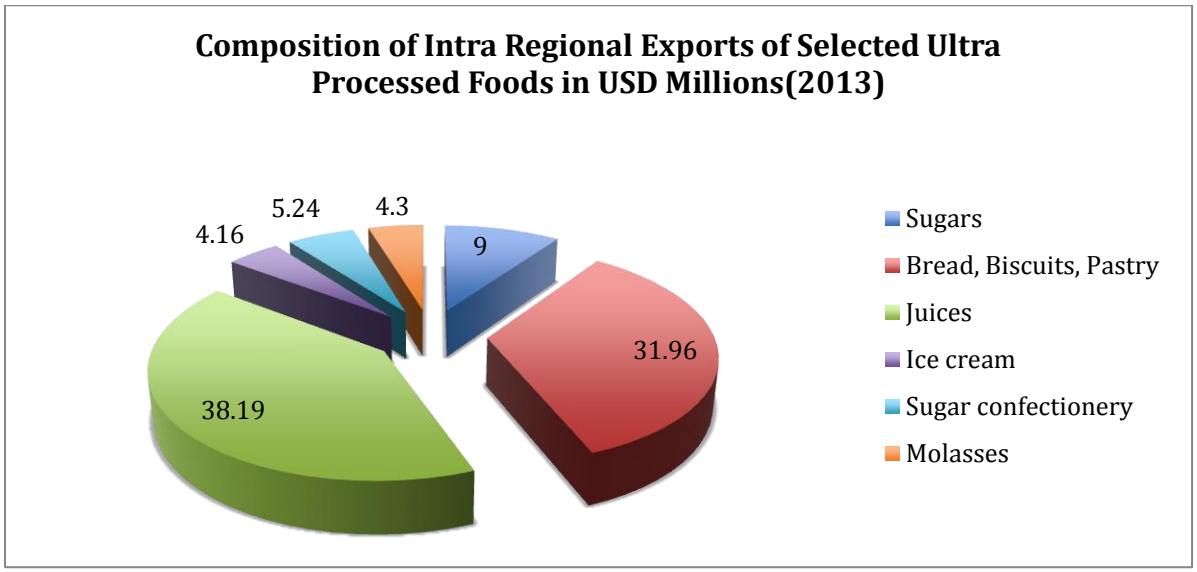
Data Source: Caricom Secretariat Statistics, calculations by authors

Belize dominates the fruit juices industry, accounting for 87% of all CARICOM exports of fruit juices in 2013. CARICOM exports of breads, pastries and biscuits were dominated by Jamaica (69%) followed by Barbados (19%). Guyana and Jamaica led CARICOM exporters of sugar. In 2013, intra-regional trade of ultra-processed foods was valued at USD 93.5 million. Barbados, Belize, Jamaica, Trinidad & Tobago and Guyana accounted for 99% of ultra-processed food exported intra-regionally for that year.



Data Source: CARICOM Secretariat Statistics, calculations by authors

Intra-regional trade in the industry was dominated by fruit juices (40.1%) and breads, pastries and biscuits (38.9%) in 2013. The fruit juices sub-industry is currently dominated by Belize and Trinidad & Tobago. The breads, biscuits and pastry sub-industry was valued at USD 31 million for that year and was dominated by Trinidad & Tobago (81% share of intra-regional exports).



Data Source: CARICOM Secretariat Statistics, calculations by authors

Policy impact and industry interests

The industry is well aware of the drive to reduce sugar, salt and trans-fat consumption both regionally and internationally and that consumers are increasingly calling for healthier versions of products. The prevailing view is that companies recognize the importance of positioning themselves to meet this emerging demand in the market. The impact of these policies are expected to vary across the industry. Fruit drink and ice cream producers anticipate minimum negative impact on business in the short term. In addition to large firms such as Nestlé and

Grace Kennedy, small producers are also finding ways to reformulate their production and manufacturing methods to reduce sugar, salt and trans-fat content. In Saint Lucia, Winfresh which produces water and fruit juices has begun work on reducing the sugar content in its fruit juices whilst also promoting its water line under the Ministry of Health's school health outreach progamme. Hotel Chocolat, a high-end chocolate manufacturer that exports exclusively to the European market, has already reformulated its production and promotes its product under the tag line "more cocoa less sugar."[17]

A large number of companies throughout the region have already moved to nutrition labelling to meet requirements of the export markets. The general view of those interviewed for this study was that the sugar and soft drink producers and candy manufacturers were expected to suffer the most severe impact with sales expected to decline over time.

Political leverage

- Significance to individual member states

The sugar industries in Barbados, Guyana and Belize are public-owned corporations. The industry in Jamaica was recently privatized but still receives government support. The industry is supported by regional government through the meeting of CARICOM Sugar Stakeholders which includes Ministers with responsibility for Agriculture from Guyana, Belize and cane farmers, manufacturers, regulators, researchers and marketers of sugar in the region.

- Coalitions of support

The sugar industry has traditionally been supported by national and regional leaders following the loss of preferences guaranteed under the Sugar Protocol between African, Caribbean and Pacific States (the ACP) and the European Union. The sugar industry has a formalized platform for lobbying regional leaders through the meeting of CARICOM Stakeholders on Sugar which brings together ministers with responsibility for Agriculture from Barbados, Belize, Guyana, Jamaica, St Kitts and Nevis, and Trinidad and Tobago, and the Sugar Association of the Caribbean (SAC). The Sugar Association of the Caribbean also works closely with the Council for Trade and Economic Development (COTED), the CARICOM council, to increase exports of the sugar to the European Union and the United States.

In a speech to the 5th Council Session of the International Sugar Organization, the Minister with responsibility for Agriculture in Jamaica articulated support for the sugar industry goals to increase the supply of sugar to CARICOM members, the need to address threats in terms of negative consumer perceptions related to sugar and the adoption of strategic solutions for the promotion and marketing of the product.[18]

Tobacco Industry

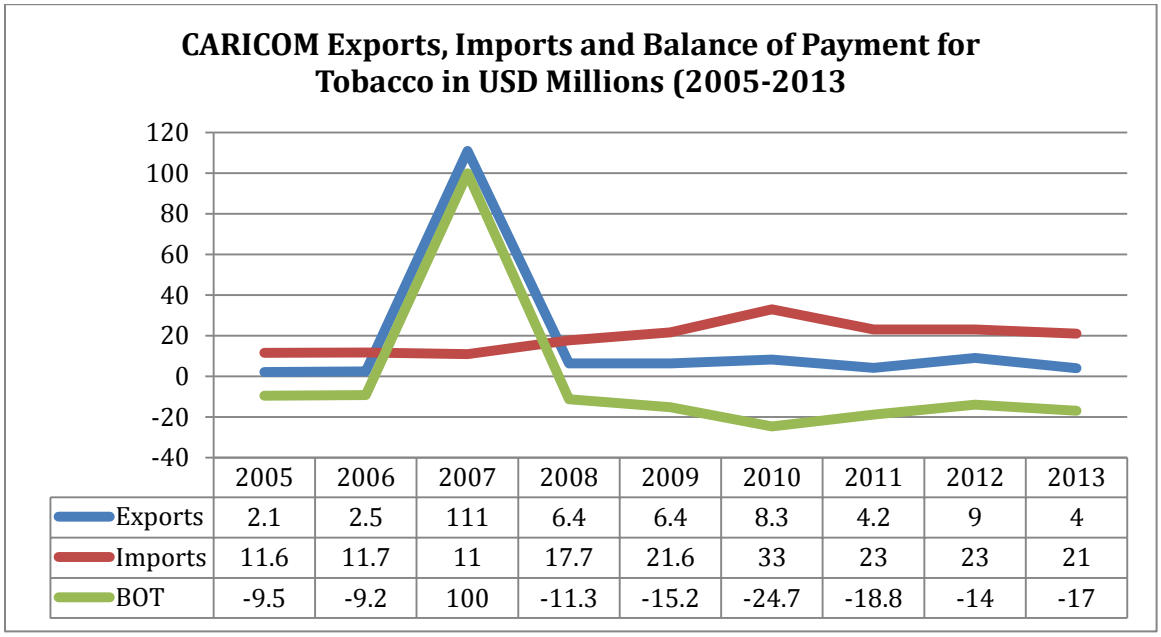
Economic Significance of the industry

With the exception of the year 2007, the Caribbean region has had a balance of trade deficit in its tobacco industry. All countries with the exception of Trinidad & Tobago are net importers of

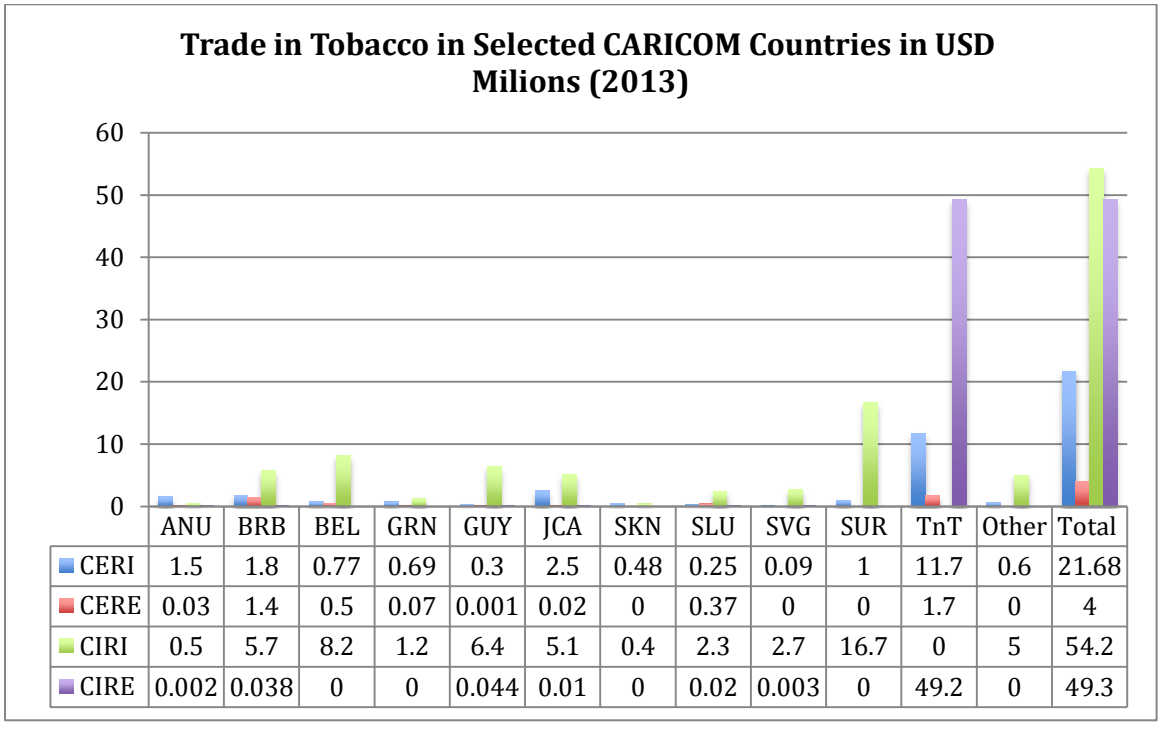
[17] Hotel Chocolat http://www.hotelchocolat.com/uk/shop/collections/chocolate/more-cocoa-less-sugar

[18] Speech by Hon. Roger Clarke, Minister of Agriculture and Fisheries of Jamaica. http://www.moa.gov.jm/Speeches/2014/20140528_Media_briefing_at_45th_Council_Session_of_the_International_Sugar_Organization.php

tobacco products. CARICOM imports of tobacco totalled USD 21 million in 2013. Over 50% of that figure (USD 11.8 million) was unmanufactured tobacco and tobacco refuse imported by Trinidad & Tobago.



	2005	2006	2007	2008	2009	2010	2011	2012	2013
Exports	2.1	2.5	111	6.4	6.4	8.3	4.2	9	4
Imports	11.6	11.7	11	17.7	21.6	33	23	23	21
BOT	-9.5	-9.2	100	-11.3	-15.2	-24.7	-18.8	-14	-17



	ANU	BRB	BEL	GRN	GUY	JCA	SKN	SLU	SVG	SUR	TnT	Other	Total
CERI	1.5	1.8	0.77	0.69	0.3	2.5	0.48	0.25	0.09	1	11.7	0.6	21.68
CERE	0.03	1.4	0.5	0.07	0.001	0.02	0	0.37	0	0	1.7	0	4
CIRI	0.5	5.7	8.2	1.2	6.4	5.1	0.4	2.3	2.7	16.7	0	5	54.2
CIRE	0.002	0.038	0	0	0.044	0.01	0	0.02	0.003	0	49.2	0	49.3

Data Source: Caricom Secretariat Statistics, calculations by authors

Trinidad & Tobago accounted for over 99% of all intra-regional trade in tobacco. Suriname was the largest importer of tobacco products (cigars, cigarillos and cigarettes) from Trinidad, followed by Belize, Barbados and Guyana. Notwithstanding, Trinidad & Tobago's dominance of

the tobacco industry in the region, intra-regional tobacco exports account for approximately only 1.7% the country's intra-regional exports.

Policy impact and industry interests

Policy action with respect to tobacco-related products is aimed at reducing the consumption of tobacco products and would therefore negatively impact the industry. Through the years, the industry has actively opposed, and sought to delay, the development of the Regional Standard for Labelling of Tobacco products. The industry has also tried in the past to dilute bans on smoking in public places and spaces and to counter challenges to tobacco-related advertisements, promotions and sponsorships. For instance, the West Indian Tobacco Company (WITCO), based in Trinidad & Tobago, has criticized that country's tobacco policy as "extreme" – noting that it would be met with resistence. However, there are recent indications that WITCO continues to see increases its profit margins, despite lobbies to ban smoking in public places in Trinidad and Tobago. (Suzanne Sheppard, 2016).

Political leverage

- Economic significance to individual member states

Although Trinidad & Tobago is the lead exporter of tobacco products to the region, the country has already demonstrated its willingness to curtail the industry and has passed the most far-reaching tobacco control policy in the region. St. Vincent and Dominica are expected to be most affected by legislation to regulate the tobacco industry. Suriname, Belize, Barbados and Guyana have the largest distribution and retail industries based on intra-regional imports of tobacco products from Trinidad & Tobago. Businesses in those countries that depend heavily on revenues from the sale of tobacco products would feel negatively affected by policies aimed at curtailing smoking in public places.

In some CARICOM member states, the tobacco industry continues to use community-based Corporate Social Responsibility (CSR) initiatives in an attempt to sway policy makers. In Guyana, for example, the industry has played an integral role in supporting the national Mangroves Restoration project which aims to mitigate the effects of climate change through the protection, rehabilitation and proper use of the country's mangrove ecosystems (Guyana Press, 2011).

- Coalitions of support

The perception of observers of the tobacco industry is that the industry has utilized its network of distributors and the hospitality industry in the CARICOM market to delay the implementation of the CARICOM label standard. Distributors are mostly represented through the Chambers of Commerce. For example, the hospitality associations have often spoken out on the impact of smoking bans on hotel bars and restaurants as well as on stand alone bars and restaurants that rely on tourists for the majority of business. In Jamaica, these concerns, which center around the possible impact of the recently introduced ban on smoking in public places, were recently raised by the Jamaica Hotel and Tourism Association, as it is believed that the ban could negatively impact the tourism industry. A task force comprising representatives from the Ministry of Tourism and Entertainment, the Ministry of Health and the Jamaica Hotel and Tourist Association (JHTA) was established in 2013 to address the concerns of the Hotel Association in relation to Jamaica's smoking ban in public spaces (Jamaica Gleaner 2013; Jamaica Observer 2013). In Trinidad & Tobago, the tobacco industry openly declared that the Trinidad & Tobago

Manufacturers Association and Trinidad & Tobago Chamber of Commerce had attempted to lobby against the ban on displays (Guardian, 2009). At the regional level, British American Tobacco wrote to individual CARICOM member states' Ministers of Trade seeking to delay voting on the Regional Standard on labeling during the Meeting of the COTED by citing the potential adverse economic impact this move could have on trade.

The Caribbean Association of Industry and Commerce

The Caribbean Association of Industry and Commerce (CAIC) has served as the umbrella regional organization of private industry for over three decades. Membership includes the Chambers of Commerce, Manufacturers Associations across CARIFORUM, and Pan Caribbean Companies. The CAIC represents the interests of the Caribbean private industry in various international and regional organisations. The CAIC engagement with governments in the CARICOM region can be traced to the 1980s, nearer the birth of CARICOM, when regional leaders met with the newly formed CAIC to ensure that the real creators of industrial activity were in sync with the political directorate.

The CAIC has had prior success in coordinating regional private industry action on health issues related to the business community. A Pan Caribbean Business Coalition on HIV/AIDS was established in 2005 with the goal of contributing to the reduction in the prevalence of HIV/AIDS. HIV must be understood as a priority development issue and not just a health concern. The success factor for the HIV programme included: funding for activities, strong relevancy of CAIC to its membership, and no direct negative impact on business production or sales. Initiatives included supporting implementation of appropriate Workplace Policies and the development of National Business Coalitions.

In response to the CARICOM Heads of Government Declaration: "Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases," the CAIC in collaboration with PAHO hosted the first ever workshop on NCDs with Chambers of Commerce and Manufacturers Associations in 2008 to encourage its members to take a more active role in the reduction of Chronic Diseases. The interests of the private sector in reducing NCDs included: improving shareholder value; developing new market opportunities; decreasing costs (e.g., for health insurance); reducing absenteeism and presenteeism; improving the well-being among employees; avoiding future litigation; and demonstrating leadership in corporate social responsibility. In 2009, the CAIC identified HIV and NCDs as two priority health areas for the private industry and issued a private industry pledge committing the regional private industry to the mobilization of resources and the rallying of other partners in support of efforts to reduce the use of trans-fat, sugar and salt (CAIC Pledge, 2009).

The CAIC has in the past had strong partnerships with regional leaders and government ministers who were tasked with the responsibility for trade and finance. The organization was given observer status at The Council for Trade and Economic Development which launched a private industry meeting with Ministers of Trade and Ministers of Finance and the CAIC regularly participated in technical working groups of the CARICOM secretariat. Over the past five years, the organization's relevance has been called into question. The organization no longer has a secretariat and operates virtually. Based on these findings, it is unknown whether the organization has the capacity to coordinate a strong private industry response in support of the commitments made under the 2009 CAIC pledge.

National Private Industry and Business Support Organizations

Private industry organizations (PSOs) and Business support organizations (BSOs), including Chambers of Commerce and Manufacturers Associations, exist in some form in all of the CARICOM member states. Their mandate is to advocate and lobby on behalf of and in the interest of their members. The majority of these organizations are well established with deep roots in the economic and social fabric of the society. They are very influential in the political system and often sit on high level national policy planning committees, are able to access high level policy officials and, in so doing, they influence policy development.

Most PSOs are aware of the trend towards reductions in the consumption of sugar, salt, trans-fat, tobacco and alcohol. PSOs recognize the importance of promoting good health and the impact that good health can have on productivity in the labour force. The Trinidad & Tobago Chamber of Commerce, (TCIC) for example, has publicly identified NCDs as an issue which negatively impacts business and the development of the country. The TCIC has pledged support to the government's National Prevention Strategy and the Chamber's *Contact Magazine* Volume 15 (1) titled "Wellness and Health" was dedicated to addressing the socio-economic impact of NCDs.

However, based on our research, the PSOs would be reluctant to support government legislation on salt, sugar and trans-fat reduction because of the financial burden this is likely to be placed on manufacturers in the short term. It appears that there would be more broad based support if a programme of incentives were put in place to encourage private industry action. PSOs have proven to hold significant political leverage in the past and they regularly engage, both formally and informally, with various ministries and government agencies.

Regional Advocacy Group

The Healthy Caribbean Coalition (HCC) was formed in 2008 and is the regional umbrella organization of NCD NGOs. It advocates for the development and implementation of strategies to prevent and/or manage chronic diseases. It has a broad based membership consisting of more than 50 Caribbean-based health NGOs, 55 not-for-profit organizations and over 200 individual organisational members based in the Caribbean and across the globe.

Although a relatively new entity, the HCC has gained credibility and legitimacy among regional leaders, regional institutions and regional and international organizations. This has been bolstered by the high profile members of its executive and advisory committee. It has a collaborative relationship with the CARICOM Secretariat, a formalized relationship with the Caribbean Public Health Agency through a Memorandum of Understanding, and offical relations with PAHO. At the time of writing this report, the HCC was finalizing arrangements to convene a NCD Private Industry forum on 4th June 2015. Whilst the forum is expected to focus primarily on health and wellness in the workplace, it is anticipated that broader issues related to private industry support for NCD implementation will also be addressed at the forum. There have been attempts at consolidating the activities of advocacy groups like the Caribbean Alcohol Policy Network (CARIBAPAN) and the regional Civil Society Organization NCD Advocacy Technical Working Group that were established to support the NCD Alliance Grant and HCC strategic advocacy priority. Consolidating the activities of these groups could result in more effective civil society coordination in the area of regional health advocacy.

The HCC is financially stable for the immediate to short term. The secretariat is funded through a grant agreement with insurance company SAGICOR which provides core funding for capacity building and increased support of regional NCD civil society organisations. Initially set to end in 2015, the arrangement has been extended for another three years. Project activities are funded through donor grants from the American Cancer Society, the US Department for Health and Human Services, and the Australian High Commission Direct Aid Program.

The organization's capacity to support national action on NCDs was bolstered in 2013 through funding under the NCD Alliance "National Implementing Partners for the Strengthening of Health Systems" program. This program funds activities aimed at building networks of action, conducting national level research to monitor progress on NCDs and identifying gaps, developing dialogue with governments and other key stakeholders, and advocating for improved NCD policies, programs and health systems strengthening. A key output, the HCC Civil Society Regional Status Report – "Responses to NCDs in the Caribbean Community" is an important attention-grabbing tool for regional action.

National health based civil society organizations

The majority of national health based civil society organizations address specific issues (e.g., the Cancer Society, the Diabetes Association, the Heart and Stroke Foundation). The view of most of the informants interviewed for this study is that national health-based CSOs are generally well recognized and respected by national governments. However, their relationship is primarily with the Ministry of Health, and their interaction with other ministries tends to be limited.[19] For the most part, these organizations are focused on service delivery (treatment and counselling services) and health promotion and awareness programs on prevention and control, related to their specific mandate. The Healthy Caribbean Coalition 2014 Civil Society Report "Responses to NCDs in the Caribbean Community," identified health-based CSO views of advocacy "as raising awareness of (1) the burden of NCDs and the steps that individuals can take to avoid them and (2) the impact of NCDs upon the lives of those living with NCDs, and what can be done to reduce that impact." (Healthy Caribbean Coalition 2014, 20)

A few examples exist of high profile advocacy efforts around NCDs. For example, the Cancer Society of Trinidad & Tobago and the Healthy Heart Foundation of Jamaica were leading forces in mobilizing public support for the adoption and passage of tobacco control legislation in their respective countries. The Healthy Heart Foundation of Jamaica,[20] along with the Guyana Chest Society and the Trinidad & Tobago Cancer Society, through a Bloomberg Grant, worked to influence the implementation of rotating Graphic Health Warnings on tobacco products. Activities included lobbying national politicians, raising awareness among key decision-makers and community leaders, and mobilising and informing strategic industries of the public, including the media, in support of the warnings. The lessons learnt from the work of the Jamaica Coalition for Tobacco Control are being used to strengthen tobacco coalitions in Barbados and Trinidad & Tobago (Barbados Advocate, 2014).

<u>Challenges</u>

[19] The inclusion of some CSOs on National NCD Commissions may change this dynamic.
[20] The grant was administered by the Healthy Heart Foundation for the Jamaica Coalition for Tobacco Control.

Most of these organizations are funded by government subventions under the Ministry of Health budget or have a fee for service contract with the Ministry of Health. Service delivery is the main source of their revenue generation, thus limiting the human and financial resources available for extensive and sustained advocacy work. The disease-specific nature of these groups' mandate acts as a barrier to fostering lasting cooperation frameworks as they, more often than not, compete for the same pool of resources to address their specific mandate.

Regional Institutions

The decision-making processes, distributon of power in decision-making, and access provided to different stakeholders in decision-making across these regional institutions are all factors which have contributed to less than optimum outcomes on NCD policy. CARICOM members endeavor to harmonize legislative and policy actions at the regional level to overcome limited capacity in policy development and legislative drafting (as a cost effective regional approach to policy-making). In this regard, the region has had a long history of successful collaboration on health; most notably the eliminiation of measles, polio and rubella, and more recently reduction of HIV/AIDS rates in the region. However, the complexity of NCDs poses new challenges to the existing institutional structures for health policy. NCD policy-making at the regional level, much like at the national level, is fractured and spread across regional institutions. There is no single entity with responsibility for coordinating action on NCD related policy across these institutions.

Conference of Heads of Government

The Conference of Heads of Government (CHOG) of the Caribbean comprises Prime Ministers of the respective member states and is the highest decision-making body in CARICOM. The CHOG determines and provides policy direction for the region. The CHOG issues policy directives of a general or special character to other Organs and Bodies of the Community concerning the policies to be pursued for the achievement of the objectives of the Community. CHOG meetings are often held behind closed doors in caucus, with Secretariat officials responsible for implementation of such policies being excluded from discussions (Landell Mills Report, 2012, 39). This process of decision-making has been criticized especially since the absence of general policy personnel who can inform and advise CHOG during discussions often leads to decisions on mandates without the understanding of what will be required for implementation or what that process would look like on the ground in their respective member states (Landell Mills Report, 2012).

The Landell Mills report, which reviewed the operations of the CARICOM Secretariat, has highlighted that the decisions taken by CHOG are often viewed as unrealizable given the unwillingness (inability or absence of political will) to provide matching resources to meet these demands (Landell Mills Report, 2012). They have noted that decisions are also taken without calculating the costs of implementing those decisions, as required under Article 27.5 of the Revised Treaty of Chaguaramas – which established the CARICOM Single Market and Economy (Landell Mills Report, 2012, 306; Landell Mills Report, 2012, 59 footnote 93). A

review of the briefing paper submitted to the CHOG meeting does not include details on implementation, or on the costing, of the initiative.

Council on Trade and Economic Development

The Council on Trade and Economic Development (COTED) consists of Ministers of Trade across the region and is mandated with promoting trade and economic development of the region. The COTED is the body responsible for decision-making on key aspects of NCD policy. In particular, it holds responsibility for regional food nutrition labelling standards, regional food advertising standards, revison of the CET structure and other tariff rates, trans-fat free trade policy and fair food trade policies. The main institutions under COTED are the Caribbean Regional Organization for Standards and Quality (CROSQ), the Office of Trade Negotiations (OTN) and the Customs Committee.

One of the key mandates to the COTED coming out of the Retreat of the Heads of Government in 2014 was to increase production and competiveness of regional goods and services to take advantage of the increased opportunities through trade arrangements with third countries as well as to boost job creation across the region. As a result, COTED has intensified its focus on action to improve the competitiveness of the private sector.

The decision-making structure of the COTED presents multiple points of entry for the private sector to influence policy which NCD advocates do not enjoy. A matter is placed on the COTED agenda by a member state or on the direction of the Conference of the Heads of Government. Prior to meetings of COTED, ministries with responsibility for trade hold consultations with stakeholders to determine the overall impact of policy decisions on national economic sectors before taking a decision at the COTED. Through this consultation process, private sector actors and private sector organizations are provided with an avenue to influence the positions of member states at the COTED. This occurs as government ministries with responsibility for trade view members of the private sector as their key stakeholders and are mandated to create an environment which facilitates private sector export development and so the interests of the private sector are therefore given high consideration in these consultations.

The COTED has traditionally used a consensus based approach to decision-making. This approach often encourages decision-making by accommodation where member states work to agree on an acceptable policy decision which takes into consideration their respective concerns. States may seek to protect their interests by diluting the policy being considered.[21] More recently, the COTED has aimed to foster closer ties with the regional private sector as a partner in economic development. At the 38th Meeting of the COTED, held in 2014, a special meeting with members of the regional private sector was convened to discuss the establishment of a mechanism for ongoing dialogue with the COTED. In April 2015, it was agreed that an existing proposal for the formation of a Caribbean Business Council (CBC) remained the best vehicle to effect the public-private structured interaction sought by COTED. The CBC was expected to be operational by the end of September 2015. This body will serve to ensure further private sector access to and influence on COTED decisions with respect to NCD related measures. It would be

[21] In 2014, the COTED agreed to utilize a three quarter majority vote criteria for decisions related to Standards.

difficult to raise a conflict of interest issue because of this development since the principle objective of the COTED is to foster private sector trade.

Notwithstanding, there are also opportunities for the health sector and civil society engagement with COTED. The first special joint session between COTED and COHSOD on NCDs was held to inform the COTED on the health related aspects of trade and discuss the economic impact of NCDs on development goals. During that meeting, Ministers of Trade expressed interest in the relationship between trade and public health and requested a follow-up discussion. A second special joint meeting of COTED and COHSOD on NCDs was scheduled for late 2015. The purpose of the meeting was to prioritize COTED action on six trade-related NCD objectives.

Caribbean Regional Organization on Standards and Quality

The Caribbean Regional Organization on Standards and Quality (CROSQ) is responsible for promoting efficiency and competitive production in goods and services, through the process of standardization and the verification of quality. CROSQ is well respected as a professional technical body amongst stakeholders. CROSQ reports to the COTED, which is responsible for the approval of standards, CROSQ work programme and budget. The CROSQ Council which consists of the Directors/Executive Directors (or representatives) of the National Standards Bodies (NSBs) of Member States provide policy direction to the organization. A Technical Management Committee (TMC), comprised of technical experts drawn from NSBs, assists with the development and harmonization of regional standards.

The CROSQ process abides by the Code of Good Practice for the Preparation, Adoption and Application of Standards presented in Annex 3 to the World Trade Organization's Technical Barriers to Trade (the TBT) Agreement. The WTO TBT agreement requires that economic operators affected by a standard must be included in the development of that standard. For the CROSQ, this means that the RTC must include a private sector representative from the sector that is affected by the standard. In this way, the CROSQ provides another access point to the private sector.

In addition, developing ISO standards is done via a consensus-based approach. When a draft standard is developed it is disseminated to national standard bodies for approval. National standard bodies then hold consultations with the private sector and other interested parties that are affected by the standard, and solicit their comments. These comments are submitted to CROSQ for onward submission to the RTC. Comments are disposed by the RTC's Technical Editing committee which does not include private sector representatives. Revisions are made and the process is repeated until consensus is reached on the standard. The standard is then submitted to COTED for approval. Although national bureaus of standards fall under ministries with responsibility for trade and industry, approval by national standards bureau does not guarantee approval by the COTED. If consensus is not reached at the COTED, the proposal is returned for further revision.

The process for standard development within CROSQ is therefore a protracted one, particularly when standards being developed are in conflict with private sector or other stakeholder interests. This process provides considerable access to private sector actors and to other interest groups who influence the pace of action on these strategic priority actions as well as on the outcome. Even when regional standards are approved, the smaller member states may decide not to

implement them because of limited capacity to monitor compliance with the standard. To date, most Caribbean countries follow the single text only warning for cigarette packages as recommended by the CARICOM Bureau of Standards (CCS, 1992).[22]

The Office of Trade Negotiations

The Office of Trade Negotiations (OTN) is responsible for the coordination, development, and execution of negotiation strategies for external trade agreements. The OTN is primarily geared towards increasing private sector access to foreign markets in order to enhance regional export performance. With regard to the NCD strategic priority actions, the OTN is the key institution expected to provide regional technical support to the COTED to: 1) review the feasibility of increasing the CET on ultra-processed foods, alcohol and tobacco in light of WTO commitments and global trends in international trade of these products; 2) assess the feasibility of providing subsidies to producers in light of WTO agreements, and; 3) include fair trade policies to address food insecurity in trade negotiations.

The OTN has traditionally been closely engaged with the private sector through national consultations and its Private Sector Outreach programme. At the national level, ministries with responsibility for international trade (foreign/external trade) hold consultations with the private sector and the public sector to carve out initial offers and a draft services schedule for submission to the OTN. The OTN also holds national consultations with both the private and public sectors and with some members of civil society. The results of these meetings are used to help refine CARICOM's negotiations. The outcome of OTN consultations with the private sector is not always disadvantageous to NCD policy. It is noteworthy that in the schedule of goods liberalized under the CARIFORUM/EU Economic Partnership the majority of ultra-processed foods (including fruit juices, ice cream, breads, cakes and pastries, alcoholic beverages and tobacco have been excluded from liberalization (See Table 2). This has been attributed both to the need to protect national private sector interests as well as health concerns.

Table 2: CARICOM tariff commitments on selected products under the CARIFORUM EU EPA

HS Code	Descriptions	Economic Partnership Agreement, Commitments
HS1700	Sugars and Sugar Confectionery	EXCLUDED
HS1905	pastry, cakes, biscuits and other bakers wares, whether or not containing cocoa, communion wafers, empty cachets of a kind suitable for pharmaceutical use, sealing wafers, rice paper and similar products	EXCLUDED Exceptions: DOM 1905.10 Crispboard 1905.20 Ginger biscuits 1905.31 Sweet biscuits 1905.4 Rusks, toasted bread and similar toasted products. 1905.9 Exceptions: ATG, BEL BRB, DMA, GRD, GUY, JMA, KNA, LCA, TTO, VCT 1905.32.1 Communion wafers, empty cachets of a kind suitable for pharmaceuticaluse Exception:BRB, DOM, JCA, LCA, TTO Sealing wafers, rice paper and similar products

[22] Caribbean Community Bureau of Standards. Requirements for the labeling of retail packages of cigarettes: Ccs 0026. 1992.

HS2006	Vegetables, fruit, nuts, fruit-peel and other edible parts of plants, preserved by sugar drained, glace or crystallised	Liberalized 35-to 18% at 2015 and 0% by 2028
HS2007	Fruit Jellies, marmalades, fruit or nut pastes, obtained by cooking, whether or not containing added sugar or other sweetening matter.	EXCLUDED Exception: BRB HS2007.10.10 Preparation for infant use, up for retail sale 0 tariffs. Exception: DOM HS2007.1 HS2007.91 HS2007.99
HS2208.3	Whiskies	EXCLUDED Exception:BRB HS2008.30.10: Bottles of a stength not exceeding 46% Exception DOM HS2208.3 ex scotch whiskey valued at 1 british pound per 700 ml or less
HS2009:11	Frozen orange juice unfermented, whether or not containing added sugar or other sweetening matter 9excl. containing spirit	EXCLUDED
HS2009.12	Orange juice, unfermented, brix value 20 at 20 ac, whether or not containing added sugar or other sweetening matter (excl. containing spirit and frozen)	Excluded Exception:BRB HS2009.12.10: for instant use, in packages put up for retail
HS2105	Ice Cream and other edible ice, whether or not containing cocoa	EXCLUDED

Source: Compiled by authors from CARIFORUM EU EPA Goods Schedule

The primacy of the private sector in OTN consultations has been a growing source of contention throughout the region, particularly for those civil society health advocacy groups that believe their access to regional decision-makers in this sector has been limited. However, over the years, the agency has sought to include other non-state actors and so space is opening up to provide access to NCD policy advocates during OTN consultations.

Council on Health and Social Development

The Council on Health and Social Development (COHSOD) has overall responsibility for issues related to social development, including health. The Council's membership consists of Ministers across the region with responsibility for Health. Like all institutions of the Community, decisionmaking is consensus based. The COHSOD holds overall responsibility for the Strategic plan on NCDs. The relevant reporting institution for NCDs within the Council is the recently established Caribbean Public Health Agency (CARPHA). Although many of the priority actions are trade-related measures with impact on private sector companies, there are no over-arching governance structures which enable the COHSOD to engage directly with the COTED or with the private sector on a regular basis. COHSOD does not have the authority to issue directives to the COTED or any of the COTED's reporting institutions.

The Caribbean Public Health Agency (CARPHA)

The Caribbean Public Health Agency is an amalgamation of five pre-existing health-related institutions: the Caribbean Environmental Health Institute (CEHI); the Caribbean Epidemiology Centre (CAREC); the Caribbean Food and Nutrition Institute (CFNI); the Caribbean Health Research Council (CHRC); and, the the Caribbean Regional Drug Testing Laboratory (CRDTL). The relatively new entity, CARPHA, reports to the COHSOD.

The consolidation of the roles of the CFNI and CAREC under one administrative body is expected to enhance co-ordination of member states' NCD policy initiatives. For example, with respect to nutrition labeling requirements, CARPHA is well poised to provide much needed technical assistance to countries that are crafting national legislation. This allows states to bypass the bottlenecks inherent in CROSQ. Indeed, CARPHA has identified the lack of legislative drafting capacity as a constraint to action by states. It has already engaged the International Law Development Organization on an initiative to stimulate legislative change and build legislative capacity to create supportive environments for food and nutrition policies in the region at the cost of approximately USD 3 million over a period of 5 years. However, as is the case with most regional institutions, CARPHA is underfunded and faces serious financial constraints. The organization's budget for NCDs, a reported USD 300,000, is woefully inadequate for implementing this type of initiative.

In addition, while it is accepted that addressing NCDs requires a multisectoral approach, there are no overarching structures within which the organization can effectively engage with the COTED or its reporting institutions (CROSQ, OTN) on NCD related measures. CARPHA's task force to develop a Plan of Action to tackle childhood obesity and provide a comprehensive public health response is an important initiative, but it comprises only representatives from the regional health sector. This is indicative of the limits of CARPHA's reach on issues requiring a multi-sectoral approach. As Armstrong et al. note: "Success in health promotion and public health interventions that require multi-sectoral cooperation depends on a collaborative approach to gathering and applying evidence. The complexity of decision-making in health promotion and public health makes the use and development of evidence contentious and challenging. This complexity is compounded by the need for the systematic synthesis of qualitative and quantitative data derived from several sectors and many discipline (Armstrong et al., 2006)." Based on our interviews, CARPHA is well aware of this need for multi-sectoral collaboration if it is to properly tackle the multidimensional problem of NCDs with the Caribbean region.

Section 4: Influence of Donor Priorities and Availability of Donor Funding on NCD Policy

The region has traditionally relied heavily on donor funds to finance programme implementation across several policy areas. However, priorities of international donors have not played a significant role in the prioritization of NCDs at the regional and national level.

Governments generally support NCD treatment, prevention and care in national budgets under allocations to the Ministry of Health. In Jamaica, the National Health Fund (financed through taxes on inter alia alcohol and tobacco) supports subsidies for NCD drugs and health promotion activities (see the Jamaica National Health Fund Act, 2003).[23] In Trinidad and Tobago the Chronic Disease Assistance Programme, established in 2003 within the Ministry of Health, provides free prescription drugs and other pharmaceutical items to combat NCDs under a separate budget line item.

[23] The National Health Fund finances both NCD and non NCD health matters. See http://www.nhf.org.jm

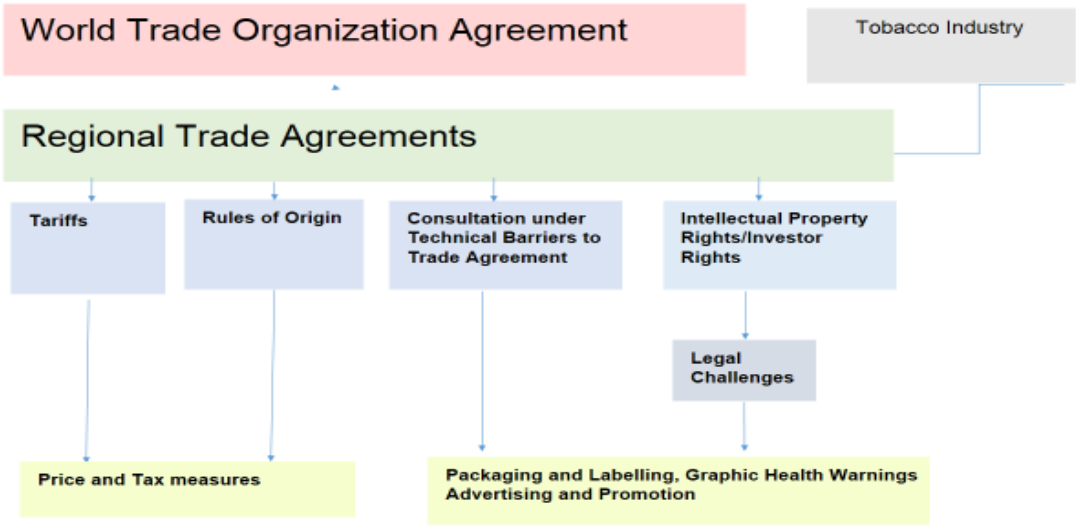
Notwithstanding these national efforts to fund NCD interventions, the fiscal constraints facing the majority of member states and the concern of the private sector implies that the availability of external funding in the form of technical assistance programmes to build capacity and provide technical skills where necessary is required in order to support national action. External funding for CARPHA's proposal for technical assistance in drafting of nutrition policies and legislation, for example, would circumvent the protracted CROSQ process and thus speed up national action in that area.

In addition, private sector organizations have long argued that governments require increasingly more from the private sector without providing the requisite support to firms or PSOs. External funding to support private sector innovation in production and verification of labelling standards under an export or competitiveness direct assistance grant could address private sector concerns and increase the likelihood of government action in these areas.

Section 5: International Trade Agreements and NCD Policy

The World Trade Organization (WTO) sets the foundation rules for international trade. It promotes the free flow of goods and the reduction of barriers to cross border trade. It also limits the way in which WTO members restrict or regulate trade in goods and services. The WTO Agreements relevant to public health measures are the Agreement on Trade-Related Intellectual Property Rights (TRIPS) which governs investor protection of intellectual property including trademarks, the General Agreement on Tariffs and Trade (GATT) which governs trade in goods, the General Agreement on Trade in Services (GATS) which governs trade in services and the Technical Barriers to Trade Agreement which commits members to regulate foreign and domestic goods the same and refrain from putting in place government regulations that restrict trade more than necessary to achieve desired objectives.

Conceptual Model of Trade Agreement Impact on Tobacco Control Policy



Source: Conceptual Model developed by authors

These rules are binding on all member states of the WTO. However, a Joint World Health Organization (WHO) and World Trade Organization (WTO) study (2002) contains provisions for exceptions on the grounds that they are necessary to protect public health or human life. GATT Article XX (b) permits exceptions subject to a requirement set out in the chapeau that the measure not be "applied in a manner which would constitute a means of arbitrary or unjustifiable discrimination between countries where like conditions prevail, or a disguised restriction on trade..." (GATT Article XX). GATS Article XIV (a) also contains a provision for exceptions for public health under a similar chapeau (GATS XIV). TRIPS Article 8:1 exception clause states "Members may, in formulating or amending their laws and regulations, adopt measures necessary to protect public health…" Note that the general exceptions do not apply to measures on tariffs.

The feasibility of undertaking tariff increases is determined by a country's commitments to tariff liberalization in the trade agreements goods schedule. Countries may raise tariffs provided that (1) they do not have binding commitments on tariff rates or (2) where tariff rates are bound, the current applied rates are below the bound rate. Bound rates act as a ceiling on the tariffs that member governments can set. In addition, nothing in the WTO prohibits increases in internal taxes as long as they are applied in a manner that is non-discriminatory.

There is ongoing debate on the impact of international trade agreements on public health polices (McGrady, 2001). At the core of that debate has been the question of whether or not public health measures conflict with international trade agreements, and if so, whether this conflict undermines a national government's ability to implement public health measures. The debate which first emerged around the issue of the compatability of FCTC measures with trade agreements has expanded to the NCD policies on alcohol and nutrition (Zeigler, 2006; Drope and Chavez, 2013; Friel et al., 2013). Implementation of tobacco control mechanisms in a manner that is non-discriminatory and supported by strong evidence of their contribution to health objectives has been found to be compatible with WTO rules based on the exception provisions (McGrady, 2008; Mitchell, 2010; Voon, 2013; McGrady and Jones, 2013). Mitchell and Voon (2011, 401) in their review of WTO agreements and FCTC found that a public health measure that is prima facie inconsistent with one of the Agreements would ultimately be WTO-consistent if it met the requirements set out by the chapeau, but countries attempting to implement discriminatory tobacco control measures that favour domestic tobacco products would have a much more difficult time using the exceptions to defend them at the WTO.

More recently, concerns have been raised by some observers that bilateral and multilateral trade agreements negotiated away from the WTO may lead to commitments on intellectual property rights, technical barriers to trade and services trade and investor rights; and investment liberalization which goes beyond commitments made in the WTO (WTO+ commitments), as well as erode flexibilities for tobacco control mechanisms (Drope and Chavez, 2013; Drope and Lencucha, 2013; Kelsey, 2013).

The issues raised and lessons learned in relation to tobacco control policy are instructive for states developing and implementing NCD policy measures on alcohol and nutrition. The manner in which states implement policies in the domestic sphere will be the determining factor with respect to their compatibility with WTO rules. Legislation based on WHO best practices, backed by scientific evidence, is more likely to be supported by WTO public health exceptions. Beyond the WTO negotiating arena, it will remain important for countries to avoid acceding to those WTO commitments that erode flexibilities for public health.

Overview of CARICOM's International Trade Agreements and Implications for NCD Policy

CARICOM's main trading agreements include the World Trade Organization agreement, the Treaty of Chaguaramas establishing the CARICOM Single Market and Economy (CSME) and the CARIFORUM/European Union Economic Partnership Agreement (EPA). The region is presently negotiating the Free Trade Agreement with Canada and preparing for negotiations with the United States in anticipation of the expiration of the waiver for the Caribbean Basin Initiative (CBI).

Article XX of the World Trade Organization General Agreement on Tariffs and Trade guarantees the WTO Members' right to take measures to restrict imports and exports of products when such measures are deemed necessary to protect the health of humans, animals and plants (Article XX(b)). Article XIV of the General Agreement on Trade in Services authorizes members to take measures to restrict services and service suppliers for the protection of human, animal or plant life or health. The Agreement on Trade Related Aspects of Intellectual Property Rights does not contain an exception for health purposes per se, but it does allow measures necessary to protect public health and nutrition, provided they are consistent with other TRIPS provisions.

The general exceptions in the WTO, GATS and TRIPS have been retained in the region's trade agreements. For example, Article 22 1(b) of the Revised Treaty of Chaguaramas, establishing the CSME, replicates the WTO general exceptions for the protection of public health. The general exceptions are also replicated in the CARIFORUM/EU EPA under Part 1V Article 224 (b). Nutrition policies aimed at reducing trans-fat or implementing standards for reduced salt or sugar would be justifiable under the General Exceptions clause if they were in line with WHO guidelines and were applied to domestic and imported products in a non-discriminatory manner.

The feasibility of undertaking tariff increases would be determined by each individual CARICOM member state's commitments on tariff liberalization in the respective trade agreements goods schedule. What will be important for the region’s food policies is the interpretation of the WTO’s “substantially all trade” requirement for approval of free trade agreements. The successful negotiation of the 87% rate of liberalization of goods by CARICOM states provided the region with the requisite policy space to exclude a majority of unhealthy foods from liberalization. Any future increases to the qualifying rate to meet the “substantially all trade” clause will diminish policy space for the region’s nutrition policy in trade agreements.

Section 6: Regional Public-Private Partnerships in Addressing NCDs

The 2011 UN Political Declaration on the Prevention and Control of NCDs acknowledges that the global burden of NCDs “undermines social and economic development throughout the world.” The export-led development strategy pursued by the region has left a deep political

pattern of engagement with and lobbying on behalf of regional private sector interests. In addition, the skyrocketing gross public debt of many countries, particularly those in the Global South, has constrained fiscal space, leaving governments to turn increasingly to the private sector for revenue and employment generation. Fiscal constraints are also challenging governments' ability to meet social needs. These conditions predispose regional governments to acquiesce to private sector influence in policy (including NCD policy).

The private sector is facing a precarious situation due to changing economic conditions, both regionally and globally. This sector is driven to increase profits in an increasingly competitive trading environment domestically and internationally. Most firms are reeling from the impact of increased competition in domestic and export markets (regional and third country). The private sector is wary of any government action that reduces profitability and eschews government regulation in favor of voluntary industry guidelines. This is not particular to the region; it fits the pattern of industry response worldwide. The private sector has traditionally held substantial influence over policy-making in the region. This is true too in the case of CARICOM. However, the region is differentiated in terms of the access and reach of the private sector lobby. The smallness of the societies has created fluid, priority access of the private sector to lobby national and regional institutions through both formal and informal channels.

But not all private sector entities have equal access to national and regional political bodies. Civil society groups have often struggled in their attempts to claim a seat at the table of regional and national policy-making (Girvan, 2011). Whilst national health CSOs have credibility and legitimacy, they generally tend to lack influence outside of the health sector sphere. This is problematic given that much of the action required to address the NCD problem spans across several non-health sectors. The nature of the financing mechanism of these CSOs is also a disincentive for committing scarce resources to sustained lobby efforts outside of their mandate. For example, the Healthy Caribbean Coalition (HCC) has made several strides at the regional level, quickly establishing its credibility and legitimacy in both regional and international arenas. However, the organization continues to function within the health sector realm and will most likely face the same challenges in garnering influencing action across non health sector spheres unless it broadens its target audience. Further the implication of consensus based decision-making at the regional level process is that the domestic sphere is the most important arena for lobbying to spur regional and national action on NCD Policy.

Despite political recognition of the importance of NCDs, governments face choosing between the pain of disrupting private sector activity now, in the middle of an economic crisis or acquiescing to private sector influence. The choice is a complex one given that the consequences of economic downturns are immediate whereas the public health gain is viewed as longer term. The grim economic forecast facing the Caribbean region makes it likely that private sector development and public-private partnerships will continue to be a priority for regional governments.

In addition, structural weaknesses in the policy-making processes at the regional level limit the effective coordination of decision-making processes on NCDs across regional institutions. Whilst CARICOM Heads of Government have pledged support for implementation of the Landell Mills Report, which recommends the reconstrucion of the regional body's Secretariat to improve coordination across the regional institution's mandates and decision-making processes,

it is unlikely that this restructuring will occur in the short to medium term. These conditions are exacerbated by the diversity and disparities among and within countries in terms of the extent and nature of their dependence on sectors affected by NCD policy which challenge arriving at consensus on collective action among countries to address problems and challenges related to NCDs at the regional level.

These challenges are not unique to NCD policy. The lack of regional action on mandates has been at the root of criticisms of regional governments and the regional organization for years. However, these weaknesses have ripple effects on the availability of regional frameworks and guidelines available to support national implementation, particularly among smaller member states with limited resources to "go it alone." It would seem that Caribbean leaders have still not recognized the importance of pooled sovereignty.

Section 7: Summary and Conclusions

When it comes to addressing the problem of non-communicable diseases in the Caribbean, we have witnessed much rhetoric, declarations, target setting and plans of action. However, there is clearly an implementation deficit that needs to be bridged if words are to be transformed into deeds. How can CARICOM states be motivated into achieving the targets they set for themselves in the Port-of-Spain Declaration? Where is leadership on this issue among the political class? Why is there such a paucity of government legislation and regulation in addressing this NCD challenge? Where is the political will to forge a partnership between the public sector and governments of the region to deal with this scourge in a multi-sectoral fashion?

This paper takes a problem-solving political economy approach to tackling a major concern of health policy-makers. It teases out the political economy factors that support or hinder the development of policy action on NCDs in the Caribbean region. It is clear that providing technically-sound knowledge about NCDs to policy-makers is not enough to ensure action on this issue. We need to understand the structural forces that impact on the decision-making processes at the national and regional level and which can constrain agency. In the case of the CARICOM region, the historical and socio-economic context is very important for understanding where we are with respect to regional NCD policy and priority actions. The uneven progress on NCDs which is documented in this paper can be explained in part by the socio-economic context within which Caribbean states find themselves.

The Caribbean region is an archipelago of small island states with limited resources and revenues. It is a region that is heavily dependent on trade and that has low productivity in its private sector. The overall weak fiscal position of the states in this region limits Caribbean governments' ability to provide social safety nets for their populations. Further, the small island developing states are no longer able to depend on preferential access to export markets in Europe, the US and Canada. The global financial crisis of 2008 which zapped economic growth in the region, coupled with natural disasters that set back economic development in some parts of the Caribbean, have ensured a major challenge in dealing with NCDs which have had a tremendous toll on Caribbean government economies, health care systems, households and individuals.

In providing an overview of CARICOM's NCD policy and priority actions, this paper concludes that success on NCD policy implementation has been mixed, at best. Part of the reason why

progress on this issue has not been greater may lie in the collision of interest between commercial and economic concerns and public health concerns. While it is clear from the Port-of-Spain Declaration and other major public statements by Caribbean governments on the need to combat NCDs, the regional economic contraction and anaemic economic growth and weak recovery in the aftermath of the last global financial crisis present a major challenge to these government. They have to give priority to the revitalization of their economies while at the same time trying to find the necessary revenues to tackle the NCD problem. This dilemma has caused the primary regional institution to advocate a partnership between governments in the region and the private sector, as shown in the CARICOM's five year strategic plan. If the objectives of sustainable development, resiliency and a boost in the levels of productivity inherent in the Plan are to be achieved, then Caribbean governments will have to find a way to reduce NCDs, which have posed a formidable challenge to the economies and public health systems of the countries of this region. To address this issue, we interviewed a number of NCD stakeholders, policy advocates and representatives of regional institutions within CARICOM.

With respect to the alcohol industry, many of our interviewees confirmed that alcohol consumption is one of the leading risk factors for morbidity and illness in the Caribbean. The incidents of episodic drinking, particularly among youth, are leading to acute and chronic health problems as well as major injuries and deaths as a result of vehicular accidents. But there are other long term negative effects of alcohol overconsumption. Some studies have shown that mental disorders, cirrhosis of the liver, some forms of cancer, heart disease, hypertension and diabetes are the direct result of heavy drinking of alcohol over time. This exacts a high social and economic cost on the small island developing states in the Caribbean. And, questions are raised in many health forums about what governments and the producers and sellers in the alcohol industry ought to be doing to reverse this scourge.

Alcohol producers are the main advertisers of alcoholic beverages. They promote various alcohol brands through advertisements, sponsorships, direct marketing and media (print, radio, TV, and the internet). They offer promotional gimmicks such as discount prices on certain brands, sports paraphernalia, promotional toys with an alcohol theme, and free tasting of products at fetes and all-inclusive community events. Caribbean people are generally known for their levity, their all-inclusive fetes, their carnivals, their holiday celebrations and their corner rum shops. Alcohol producers and the alcohol beverage industry take advantage of this cultural and social propensity to boost profits even at the expense of health.

Governments in the Caribbean are well aware of the problems of episodic drinking and the overconsumption of alcohol. All Caribbean governments should be cognizant of the content of the first Regional Status Report on Alcohol and Health in the Americas, which was released on 21 July 2015 by the Pan American Health Organization/World Health Organization (PAHO/WHO). In that report, we learn that the highest rates of harmful alcohol consumption in the Americas are to be found in Paraguay, Saint Kitts and Nevis, Dominica, Venezuela, and Trinidad and Tobago. According to Maristela Monteiro, PAHO/WHO senior advisor on alcohol and substance abuse, "The increase in problem drinking can be attributed to the high availability of alcohol in our region's countries, low prices, and extensive promotion and advertising of alcoholic beverages..." Again, there is no government in this region that is unaware of the negative impact of alcohol abuse. As Anselm Hennis, director of PAHO/WHO's Department of Noncommunicable Diseases and Mental Health, puts it: "The Region of the Americas … has

been paying a high cost in terms of health, financial resources, and productivity, and these costs will continue to increase if effective measures are not immediately adopted to help promote, protect, and improve the health and well-being of people over commercial interests." [24]

Caribbean governments, along with other member-governments of the WHO and PAHO are familiar with the Plan of Action to reduce the harmful use of alcohol which emanated from the PAHO/WHO 51st Directing Council's 63rd session of the Regional Committee (26-30 September 2011) in Washington, DC. That Plan of Action provides guidance to Governments in the region on ways of addressing the problems associated with overconsumption and abuse of alcohol.

The Plan calls for: the introduction of severe penalties for people who drink and drive; the use of taxation (sales tax) and increased pricing on alcoholic brands in order to decrease the harmful use of alcohol; the allocation of some of the revenues raised through such taxation to prevention and treatment centers and to public health counter advertising; the reduction in the availability of alcohol by placing restrictions on its consumption, by limiting the outlets that sell or promote alcohol beverages; a ban on the sale of alcohol to individuals who are intoxicated; holding bar owners and alcohol providers liable for alcohol-related violence, injuries or deaths, if overconsumption occurs on their property; the limiting of the marketing of alcoholic beverages, especially those that target youth and vulnerable individuals; the training of alcohol health-providers to detect, prevent, treat and rehabilitate people who abuse alcohol; the promotion of prevention and intervention strategies in the workplace as well as in universities and colleges; the dedication of funds for research on health and the social effects of harmful drinking, especially among youth, and the negative impacts of alcohol overconsumption on human capital and economic development; the utilization of a multi-sectoral strategy that includes education, labour, transportation, law enforcement, the criminal justice, etc., to increase public awareness about the harmful effects of alcohol abuse (PAHO/WHO, CD 51/8, 29 September 2011).

The alcohol industry in the Caribbean has been resistant to government legislation in the above areas. This industry is known for its penchant of utilizing voluntary codes of conduct in conjunction with limited government oversight in order to deflect the possiblity of government regulation or legislation. It is evident from the actions of some of the producers, distributors and sellers of alcoholic products in the Caribbean that they have very little interest in decreasing the level of alcohol consumption in this region. As a way of avoiding legislative measures, the alcohol industry developed voluntary self-regulatory codes on marketing practices, which have no clear sanctions associated with their violation. Many in this industry would much rather have a weakly regulated alcohol regime so that they can maximize profits while giving the appearance of being a responsible industry. Hence, there has been an increase in public demonstrations of corporate social responsibility (CSR) initiatives, by the industry.

But several analysts have begun to question the motives of the alcohol industry's use of CSR. Sungwon Yoon and Tai-Hing Lam identify three CSR tactics that are used by the alcohol industry in most parts of the globe. These tactics are also applied by the industry in the Caribbean. First, the alcohol industry employs CSR as a means of framing issues, defining problems and guiding policy debates. The true intent of this tactic is to deflect and shift blame away from manufacturers and sellers of alcohol products to those who consume these products.

[24] St Lucia News Online: [http://www.stlucianewsonline.com/harmful-alcohol-use-increasing-in-the-americas-pahowho-report/#sthash.XrnBAPYr.dpuf]

Second, the alcohol industry promotes CSR initiatives as a voluntarist self-regulation. The purpose is to delay the onset or passage of any government's alcohol control legislation. Third, the industry generally likes to undertake philanthropic sponsorships as a means of indirect brand marketing and to gain preferential access to emerging alcohol markets. These authors conclude that governments ought to understand the ulterior motives that underlie some CSR initiatives. They call on public health advocates to "closely monitor, scrutinize, and challenge as necessary every altruistic claim that the alcohol industry makes," ban or restrict the publicity efforts of the industry's CSR initiatives, and inform the public of the industry's ulterior motives when it comes to CSR (Yoon & Lam, 2013, 8).

With respect to the ultra-processed food industry, there appears to be a shift in the way in which this industry is now viewing its products. The industry is well aware that the public is calling for reductions in sugar, salt and trans-fat consumption. As a result, and with some prodding from government, some of the companies in this industry are voluntarily reformulating the products to meet market demand. This involves nutritional labeling as well. Here we see an important role for COTED and the collaboration between the Sugar Association of the Caribbean and Ministers of Agriculture in the region. While the access that the industry has to the political decision makers in Caribbean is important, governments have to be wary about the fact that the industry's profit making motive could overwhelm any attempts at regulating ultra-processed foods and sugary drinks. Ultra-processed food and sugary beverage industries use similar tactics and strategies to those used by the tobacco industry which, in effect, undermine effective public health policies and programs. They tend to utilize fear tactics whenever governments threaten to levy taxes on their products. They resist legislative and regulatory measures aimed at forcing companies to reduce sugar, salt and trans-fats in their products. They propose self-regulation, voluntary agreement and sponsorships as alternatives to government legislators and regulation. Governments, for their part, see voluntarism by the industry as a way of reducing the high cost of monitoring and regulating that industry. Governments, especially in small states like those in the Caribbean, always worry about the negative economic impact and social disequilibrium that could result if some of those industries decide to leave and operate elsewhere.

The legitimization of private industry access to decision-making at the national and regional levels should be viewed critically when we understand how that access and influence impact on the progress, or lack thereof, on NCD policy development and implementation. The private industry influence is based on three main factors: 1) the perceived economic significance of the alcoholic beverage, ultra-processed food and sugary beverages, and the tobacco industries to the national and regional economy; 2) the institutionalization of the private industry actor in decision-making platforms at the national and regional level; and 3) their membership in business support organizations like national chambers of commerce and manufactures associations which have privileged access to national policymakers through policy advisory roles. While it is understandable why Caribbean governments are increasingly relying on partnerships with the private sector, we have to continually remind ourselves that some of the products produced by some of the companies in the private sector can lead to numerous health problems and premature mortality, which inflict tremendous health costs on Caribbean states' already fragile economies, negatively impact productivity, and shorten the life of Caribbean people.

ANNEX 1: LIST OF REGIONAL INSTITUTIONS AND THEIR OBJECTIVES

REGIONAL INSTITUTION	MISSION/OBJECTIVES	ROLE IN NCD POLICY
Council for Human and Social Development (COHSOD)	Promotion of human and seocial development including development and organization of efficient and affordable health services, educational and training services, harmonious labour and industrial realtions, youth, culture and healthy human environment.	• Approval of guidelines on nutrition, exercise • Approval of CARPHA workplan on obesity
Caribbean Cooperation in Health Initiative Health desk	Facilitation of: implementation at national level; technical co-operation within and between countries- including cross-sector; resource mobilization; the monitoring and evaluation of priority areas.	. Monitor and evaluate member state action on NCD Policy
Council for Trade and Economic Development (COTED)	Promote development and oversee operations of the CSME; evaluate, promote and establish measures to enhance production, quality control and marketing of industrial and agricultural commodities; establish and promote measures for structural diversification of industrial and agricultural production, promote and develop policies for the protection and preservation of the environment, and for enhancement of external trade relations.	. Approval to CROSQ to initiate development of regional standards on product labelling; . Approval of Review of CET structure; . Approval of regional standards on advertising; . Approval of revisions of tariff structures; . Approval of trans-fat trade policies.
Caribbean Regional Organization for Standards and Quality (CROSQ)	Establish and harmonize standards to enhance efficiency and improve quality in the production of goods and services; protect the consumer and the environment; improve trade.	. Coordinate and develop Regional Standards, and Technical Regulations; . Coordinate interaction with National Standards bodies.
Office of Trade negotiations (OTN)	Responsible for developing and maintaining a cohesive and effective framework for the coordination and management of CARICOM's external trade negotiation resources and expertise.	. Advise on WTO commitments vis a vis action on tariffs, subisides and the CET . Advise on trade policies on trans-fats
Caribbean Public Health Agency (CARPHA)	Building knowledge and expertise in public health in the Region which includes food safety and food security: planning and policy analysis (previously CFNI); health and nutrition surveillance; promotion and dissemination; human resources development (previously CAREC)	. Provide guidance on nutritional content, labelling . Monitoring and Surveillance support . Develop Regional guidelines on monitoring and surveillance of NCDs (*CAREC)

ANNEX II: LIST OF INTERVIEWEES

Dr. James Hospedales
Executive Director

Caribbean Public Health Agency
Trinidad & Tobago

Dr. Victor Coombs
Director, Healthy Caribbean Coalition
and member of Trinidad & Tobago Multisectoral Committee
Trinidad & Tobago

Ms. Cristina Parsons Perez
NCD Alliance
United Kingdom

Mr. James St. Catherine
Head
OECS HIV/AIDS Unit
Organization of Eastern Caribbean States Secretariat
St. Lucia

Sir. Trevor Hassell
President
Healthy Caribbean Coalition
Barbados

Ms. Maisha Hutton
Executive Director
Healthy Caribbean Coalition
Barbados

Ms. Simone McConnie
Podiatrist and Trustee of the Barbados Diabetes Foundation,
Barbados

Ms. Joanne De Freitas
Director
Caribbean Employers Federation
Trinidad & Tobago

Ms. Petrinella Edwards
Non-Communicable Disease Coordinator
Ministry of Health
St. Kitts and Nevis

Dr. Asin Oostburg
Head, Collective Prevention Services
Ministry of Public
Health Social Development and Labour

St. Maartin

Ms. Gina Pitts
Chief Executive Director
Heart and Stroke Foundation
Barbados

Ms. Renee DuMayers
Executive Member, St. Lucia Manufacturers Association
and Manager, Winfresh Ltd.
St. Lucia

Mr. James Moss Solomon
Past President
Caribbean Association of Industry and Commerce
Jamaica

Mr. Dav Ernan Kowlessar
Consultant
Caribbean Association of Industry and Commerce
Trinidad & Tobago

Mr. Lawrence Placide
Private Sector Consultant, Trinidad & Tobago Chamber of Commerce
and CARICOM Trade Negotiator
Trinidad & Tobago

Ms. Julianne Jarvis
Representative member, OECS Business Council
Antigua and Barbuda

Mr. Fulgence St. Prix
Technical Officer, Standards
Caribbean Regional Organization for Quality and Standards

Mr. Sheldon Mclean
Former Trade Policy Advisor
Caribbean Community Secretariat

ANNEX III: INTERVIEW QUESTION GUIDE

Keeping NCDS as a Political Priority in the Caribbean: A Political Economy Analysis of Non Communicable Disease Policy-making

Interview Guide: Caribbean Public Health Agency

1. How has your agency engaged in efforts at preventing and controlling NCD policy in the region?

2. Have you worked with any other agencies (NGOS, Regional and International agencies) to drive support for NCD policy?

3. What are the financing arrangements for your agency?

4. Do you believe that availability of funding is a factor in the progress on NCD policy at the national/regional level?

5. Have you engaged private sector organizations in any of your activities?

6. If so, what has been the private sector response?

7. What do you believe would encourage private sector to support these initiatives?

8. How would you describe political commitment to NCDs in the region ?

9. What do you see as the main challenges to the region in addressing NCDs?

10. What do you think would be required to overcome these challenges?

Interview Guide: Caribbean Regional Organization for Standards and Quality

1. Is your agency aware of the efforts to control and prevent NCDs in the region??

2. What would you consider CROSQ's role in this area?

3.Could you describe the process for developing standards in the Caribbean Community?

4. What are some of the challenges faced in the process of developing standards?

5. What are the financing arrangements for your agency?

6. To what extent does availability of funding impact on your agency's ability to operate?

7. How would you describe political understanding of NCDs in your country

Interview Guide: Health Based Non Government Organization

1. How has your agency engaged in efforts to prevent and control NCDs in your country?

2. Have you worked with any other agencies (NGOS and government based) to drive support for NCD policy?

3. What are the financing arrangements for your agency?

4. Do you believe that availability of funding is a factor in the progress on NCD policy at the national/regional level?

5. Do you work with other health based agencies within your country or across other countries?

6. What do you consider the role of the Healthy Caribbean Coalition in attempts to address NCDs?

7. Have you engaged private sector organizations in any of your activities?

8. What would you saw has been the private sector response?

9. What do you believe would encourage private sector to support these initiatives?

10. How would you describe political understanding of NCDs in your country?

Interview Guide: Private Sector Organizations

1. Are you aware of the regional commitment to reduce NCDs?

2. Have your membership raised any cocnerns related to this initiative?

3. In what ways do you believe this affects the private sector?

4. How would you describe the attitude of the private sector in terms of reducing salt, sugar and trans-fat in foods?

5. What would you say has been the private sector response to reducing salt, sugar and trans-fat?

6. What would it take for your agency to support these initiatives?

7. What do you believe would encourage private sector to support these initiatives?

8. Has your agency attempted to engage with any government agencies on matters related to NCDs?

9. Which agencies or NGOs would you be willing to support?

10. What kind of support would you be willing to give?

11. How would you describe political understanding of NCDs in your country?

12. What do you think it would take to make NCDs a priority in the Caribbean?

Interview Guide: NCD Alliance

1. How has your agency engaged in efforts to prevent and control NCDs in the Caribbean?

2. What do you see as the single most important role of your agency in attempts to address NCDs in the Caribbean ?

3. Have you worked with any other agencies (NGOS and/or government based) to drive support for NCD policy?

4. Given your experience in other regions, what do you think is the strength of the Healthy Caribbean Coalition?

5. Do you believe that availability of funding is a factor in the progress on NCD policy at the national/regional levels?

6. Given the experience of your agency, what would you identify as the main obstacles to progress on addressing NCDs in the Caribbean?

7. How do you think these constraints can be addressed?

Interview Guide: Ministries of Health

1. How has your agency engaged in efforts at preventing and controlling NCDs in the region?

2. To what extent does the Ministry engage with health based NGOs in its work on NCDs?

3. What has been the level of support from these agencies?

4. Have there been attempts to engage with the private sector on NCD initiatives?

5. If so, what has been the response?

6. What are the budgetary arrangements for funding work on NCDs?

7. To what extent does availability of funding impact on your agency's ability to make progress in NCD policies.

8. To what extent do you believe that the availability of funding impacts on progress on NCD policies?

9. Based on your experience, how would you describe the political commitment to addressing NCDs?

Keeping NCDS as a Political Priority in the Caribbean: A Political Economy Analysis of Non Communicable Disease Policy-making

Interview Guide: Organization of Eastern Caribbean States Commission

1. How has your agency engaged in efforts at preventing and controlling NCDs in the region?

2. To what extent does the Commmission engage with health based NGOs or CARPH in its work on NCDs?

3. What has been the level of support from these agencies?

4. Have there been attempts to engage with the private sector on NCD initiatives?

5. If so, what has been the response?

6. What are the budgetary arrangements for funding work on NCDs?

7. To what extent does availability of funding impact on your agency's ability to make progress in NCD policies.

8. To what extent do you believe that the availability of funding impacts on OECS memebr states' progress on NCD policies?

9. How would you describe member states political commitment to addressing NCDs?

References

"ACP Rum Industry Threatened by EU Programme Closure : *Kaieteur News*." 2009, August 5. http://www.kaieteurnewsonline.com/2009/08/05/acp-rum-industry-threatened-by-eu-programme-closure/.

Armstrong, Rebecca, Jodie Doyle, Chris Lamb, Elizabeth Water. 2006. "Multi-sectoral health promotion and public health: the role of evidence," *Journal of Public Health*, vol. 28, issue 2 (June), pp.168-172.

Barbados Advocate. 2014. "Work under way to create Coalition for Tobacco Control" - Barbados Advocate dlvr.it/7prR4n.

Caribbean Association of Industry and Commerce. 2009. Caribbean Private Sector Statement in Support of "DECLARATION OF PORT-OF-SPAIN: "UNITING TO STOP THE EPIDEMIC OF CHRONIC NON-COMMUNICABLE DISEASES"

Caribbean Public Health Agency. 2015. "Safeguarding Our Future Development: Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhoood Obesity 2014-2019." Accessed May 30. http://carpha.org/Portals/0/docs/CARPHA%20Plan_Healthy%20WeightsFinal.pdf.

Caricom Secretariat. 2007. DECLARATION OF PORT-OF-SPAIN: UNITING TO STOP THE EPIDEMIC OF CHRONIC NCD.http://www.caricom.org/jsp/communications/meetings_statements/declaration_port_of_spain_chronic_ncds.jsp

Caricom Secretariat. 2011. Strategic Plan of Action for the Prevention of Non-Communicable Diseases for countries of the Caribbean Comunity 2011-2015. Accessed May 31. http://www.healthycaribbean.org/publications/documents/CARICOM-NCD-Plan-2011-2015.pdf.

Chantornvong, Sombat, Jeff Collin, Richard Dodgson, K. Lee, Duncan McCargo, David Seddon, P. Vaughan, and G. Woelk. 2000. "Political Economy of Tobacco Control in Low-Income and Middle-Income Countries: Lessons from Thailand and Zimbabwe. Global Analysis Project Team." *Bulletin of the World Health Organization* 78(7): 913.

Chao, Shiyan. 2013. "Economic Impact of Non-Communicable Disease in the Caribbean," paper presented at the Caribbean Health Financing Conference, Jamaica (12-14 November) – The World Bank.

Craigwell, Roland, Danielle Bynoe, and Shane Lowe. 2012. "The Effectiveness of Government Expenditure on Education and Health Care in the Caribbean." *International Journal of Development Issues* 11 (1): 4-18. doi:10.1108/14468951211213831.

Datta, Ajoy, Harry Jones, Vita Febriany, Dan Harris, Rika Kumala Dewi, Leni Wild and John Young. 2011. The Political Economy of Policy-Making in Indonesia. Working Paper

340. London: ODI, 2011. http://www.smeru.or.id/report/workpaper/politicaleconomy/politicaleconomy.pdfDocument8 .

Drope, Jeffrey, and Jenina Joy Chavez. 2013. "Complexities at the Intersection of Tobacco Control and Trade Liberalisation: Evidence from Southeast Asia." *Tobacco Control* 5. doi:10.1136/tobacco control-2013-051312.

Drope, Jeffrey and Raphael Lencucha. 2013. "Tobacco control and trade policy: proactive strategies for integrating policy norms." *Journal of Public Health Policy* 34 (1): 153-164.

Economic Commission for Latin America and the Caribbean. 2009. "Caribbean Development Report." Volume 2. United Nations. http://www.cepal.org/publicaciones/xml/3/38253/lcarl.245part1.pdf.

Fogarty, Andrea S., and Simon Chapman. 2012. "Advocates, Interest Groups and Australian News Coverage of Alcohol Advertising Restrictions: Content and Framing Analysis." *Public Health* 12 (1): 727. http://www.biomedcentral.com/1471-2458/12/727/.

Friel, Sharon, Deborah Gleeson, Anne-Marie Thow, Ronald Labonte, David Stuckler, Adrian Kay, Wendy Snowdon, and others. 2013. "A New Generation of Trade Policy: Potential Risks to Diet-Related Health from the Trans Pacific Partnership Agreement." *Global Health* 9 (1): 46. http://www.biomedcentral.com/content/pdf/1744-8603-9-46.pdf.

Fritz, Verena, Laiser, and Brian Levy. 2009. Problem-Driven Governance and Political Economy Analysis Good Practice Framework. Washington DC: The World Bank. https://openknowledge.worldbank.org/bitstream/handle/10986/16777/826520WP0Probl00Box379862B00PUBLIC0.pdf?sequence=1.

Gaskin, S. Pamela, L. Anders Nielsen, Willie, and C. Tara Duncan. 2014. "Early Childhood Nutritional Status in CARICOM Countries: An Overview with Respect to Five Nutrition Related Millennium Development Goals." *Journal of Environmental and Public Health* (2014), Article ID 580928 (April): 10. doi:doi.org/10.1155/2014/580928.

Girvan, Norman. 2011. "CARICOM's Original Sin," Address to CARICOM Regional Civil Society Consultation, Port-of-Spain, Trinidad and Tobago, 10-11 February 2011, http://www.normangirvan.info/wp-content/uploads/2011/02/caricoms-original-sin.pdf.

Global Analysis Project Team. "Political economy of tobacco control in low-income and middle-income countries: lessons from Thailand and Zimbabwe." *Bulletin of the World Health Organization* 78 (7): 913–919.

Goddard, Mariia, Karina Hauck, Alex Preker and Peter C. Smith. 2006. "Priority setting in health – a political economy perspective." *Health Economics, Policy and Law* 1: 79-90. Doc: 10.1017/S1744133105001040.

Gouldson, A. & J. Murphy. 2013. *Regulatory Realities: the Implementation and Impact of Industrial Environmental Regulation* (London: Routledge).

Green, Anthony. 2001. "Reforming the health sector in Thailand: the role of policy actors on the policy stage." *International Journal of Health Planning and Management* 15: 39–59.

Guyana Press. 2011. "Demerara Tobacco playing major role in Guyana's Mangrove Restoration Project," June 29.

Healthy Caribbean Coalition. 2014. A Civil Society Status Report : responses to NCDs in the Caribbean Community. Accessed 30 May 2015. http://www.healthycaribbean.org/projects/documents/HCC-NCDA-RSR-FINAL-MARCH-2014.pdf

Hastings, G., et al. 2010. "Alcohol advertising: the last chance saloon: failure of self regulation of UK alcohol advertising," *British Medical Journal*, 340: 184-186.

International Monetary Fund, World Economic Outlook Database, 2015. https://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx.

International Monetary Fund, World Economic Outlook Database, 2014. https://www/imf.org/external/pubs/ft/weo/2014/02/pdf/text.pdf.

Jamaica Observer. "Task Force to Discuss Effects on Tourism Sector Today," 22 July 2013. http://www.jamaicaobserver.com/news/Task-force-to-discuss-effects-on-tourism-sector-today_14720326.

Jamaica Gleaner. 2013. "Redefinition of Public Space among changes to smoking ban law," by Gary Spaulding, *The Gleaner* (31 July).

Jamaica Gleaner. 2010. "Government Listening to Tourism Interests Concerns on Smoking Ban - New Task Force to Meet Tomorrow," July 21. http://jamaica-gleaner.com/gleaner/20130721/lead/lead4.html.

Kelsey, Jane. 2013. "Trans-Pacific Partnership Agreement: A Gold-Plated Gift to the Global Tobacco Industry," *The American Journal of Law and Medicine* 39 (2-3) 237-264.

Landell Mills Development Consultants. 2012. "Turning Around CARICOM: Proposals to Restructure the Secretariat," http://www.caricom.org/Restructuring the Secretariat - Landell Mills Final Report.pdf

Mason, Helen, Azza Shoaibi, Rula Ghandour, Martin O'Flaherty, Simon Capewell, Rana Khatib, Samer Jabr, et al. 2014. "A Cost Effectiveness Analysis of Salt Reduction Policies to Reduce Coronary Heart Disease in Four Eastern Mediterranean Countries." Edited by Maarten Postma. *PLoS ONE* 9 (1): e84445. doi:10.1371/journal.pone.0084445.

McGrady, Benn. 2001. *Confronting the Tobacco Epidemic in a New Era of Investment and Liberalization.* Geneva: World Health Organization. http://whqlibdoc.who.int/publications/2012/9789241503723_eng.pdf?ua=1

McGrady, Benn. 2008. "Trade and Tobacco Control: Resolving Policy Conflicts through Impact Assessment and Administrative Type International Laws." *Asian Journal of WTO and International Health Law and Policy* 3: 341.

McGrady, Benn, and Alexandra Jones. 2013. "Tobacco Control and Beyond: The Broader Implications of United States-Clove Cigarettes for Non-Communicable Diseases." *American Journal of Law & Medicine* 39 (2/3): 265–89.

Mitchell Andrew. 2010. "Australia's move to the plain packaging of cigarettes and its WTO compatibilities." *Asian Journal of WTO & International Health Law & Policy* 5(2): 405-425.

Mohan, Preeya and Patrick Watson. 2012. CARICOM Foreign Direct Investment Flows, Trinidad: Sir Arthur Lewis Institute of Social and Economic Studies, The University of the West Indies, St. Augustine Campus. p.8.

Moodie, Rob, David Stuckler, Carlos Monteiro, Nick Sheron, Bruce Neal, Thaksaphon Thamarangsi, Paul Lincoln, Sally Casswell, Lancet NCD Action Group, and others. 2013. "Profits and Pandemics: Prevention of Harmful Effects of Tobacco, Alcohol, and Ultra-Processed Food and Drink Industries." *The Lancet* 381 (9867): 670–79. http://www.sciencedirect.com/science/article/pii/S0140673612620893.

Natalicchio, Marcela, James Garrett, Menno Mulder-Sibanda, Steve Ndegwa, and Doris Voorbraa. 2009. "Carrots and Sticks: The Political Economy of Nutrition Policy Reforms," https://www.wdronline.worldbank.org/handle/10986/13746Document8.

"Pacific NCD Partnership for a Multi-Sector Approach to Prevent and Control NCDs (Pacific NCD Partnership)." 2015. SIDS Action Forum. May 31. http://www.sids2014.org/index.php?page=view&type=1006&nr=2759&menu=1601&template=919.

Pan American Health Organization/World Health Organization, 51st Directing Council, 63rd Session of the Regional Committee 26-30 September 2011 (Washington, DC) http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20295&Itemid=

Pan American Health Organization. 2007. "The Economic Burden of Non-Communicable Disease in the Americas: Issue Brief on Non-Communicable Diseases." http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=15737&Itemid=.

Reich, Michael, R. and Yarlini Balarajan. 2014. "Political economy analysis for nutrition policy." *The Lancet* 2 (12): e681-e682.

Sanders-Jackson, AN, AV Song, H. Hiilamo and SA Glantz. 2013. "Effect of the Framework Convention on Tobacco Control and Voluntary Industry Health warning labels on passage of mandated cigarette warning labels from 1965 to 2012: transition probability and event history analyses," *American Journal of Public Health*, Nov 103 (11): 2041-7.

Sheppard, Suzanne. 2016. "WITCO warning on illegal tobacco," *Trinidad & Tobago Guardian*, March 21.

Shiffman, Jeremy, and Stephanie Smith. 2007. "Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality," *The Lancet* 370 (9595): 1370–79.

Scully, Crispian. 2010. Medical Problems in Dentistry. Elsevier Health Sciences. https://books.google.com/books?hl=en&lr=&id=zo_-hs1GYzQC&oi=fnd&pg=PT20&dq=%22medical+practitioner%22+means+a+medical%22+%22provide+greater+access+to+medical+treatment+and%22+%22inclusion+of+this+page+is+authorized+by+L.N.%22+%22means+a+person+who+is+ordinarily+resident%22+&ots=UhNavbSZnq&sig=swLxSYpEOObYeQTuHHQzacODfjQ.

SIDS Action Platform. 2015. "Pacific NCD Partnership for a Multi-sector Approach to Prevent and Control NCDs (Pacific NCD Partnership)." Accessed May 31. http://www.sids2014.org/index.php?page=view&type=1006&nr=2759&menu=1601&template=919.

"The Barbados Advocate - Work under Way to Create Coalition for Tobacco Control." 2014, December 14, sec. Local news. http://www.barbadosadvocate.com/newsitem.asp?more=local&NewsID=40488.

Theodore, K. 2011. "Chronic non-communicable disease and the economy," *West Indian Medical Journal*, vol. 60, no. 4 (Mona, Jamaica, June).

United Nations General Assembly. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. UN: New York, 2011. http://www.un.org/en/ga/ncdmeeting2011/pdf/NCD_draft_political_declaration.pdf

Voon, Tania and Mitchell Andrew. 2012. "Implications of WTO law for plain packaging of tobacco products." In *Public Health and Plain Packaging of Cigarettes: Legal Issues*, edited by A. Mitchell, T. Voon and J. Liberman 109-136. Edward Elgar: Cheltenham.

Voon, Tania. 2013. "Flexibilities in WTO Law to Support Tobacco Control Regulation." *American Journal of Law & Medicine* 39 (2): 199-217.

Winson, Anthony. "Bringing political economy into the debate on the obesity epidemic."*Agriculture and Human Values*, Winter 2004, 21 (4): 299-312.

World Bank. 2012. "The Growing Burden of Non-Communicable Disease in the Eastern Caribbean." http://siteresources.worldbank.org/LACEXT/Resources/informe2no_jamaica.pdf.

World Trade Organization and World Health Organization. 2002. *WTO Agreements and Public Health: A joint study by the WHO and the WTO secretaria*t. Geneva: World Trade Organization. https://www.wto.org/english/res_e/booksp_e/who_wto_e.pdf

Yoon, Sungwon & Tai-Hing Lam. 2013. "The illusion of righteousness: corporate social responsibility practices of the alcohol industry," *BMC Public Health*, 13:630.

Zeigler, Donald W. 2006. "International Trade Agreements Challenge Tobacco and Alcohol Control Policies." *Drug & Alcohol Review* 25, (6): 567-79.doi:10.1080/09595230600944495.