

ADVANCING IMPLEMENTATION OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (WHO FCTC) IN THE CARIBBEAN COMMUNITY: MEETING REPORT



Side Meeting to the PreCOP8 for the Region of the Americas

Washington, D.C., 31 August 2018



Advancing implementation of the WHO Framework convention on Tobacco control (WHO FCTC) in the Caribbean Community: Meeting Report (Washington, D.C., 31 August 2018)

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ACRONYMS

CARICOM	Caribbean Community
CCH-IV	Caribbean Cooperation in Health Phase IV
COHSOD	Council of Health and Social Development
COP8	8 th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control
COTED	Council of Trade and Economic Development
CSC	Country and Subregional Coordination Office
ERP	External Relations, Partnerships and Resources Mobilization Department
FAO	Food and Agriculture Organization
LEG	Office of the Legal Counsel (PAHO)
NCD	Noncommunicable diseases
NMH/RF	Risk Factor Unit of the Noncommunicable Diseases and Mental Health Department
PAHO	Pan American Health Organization
PHE	Public Health England
PreCOP8	Preparatory meeting for the 8 th Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control
RF	Risk factor
RPG	Regional Public Good
SIDS	Small Island Developing States
TI	Tobacco industry
UKOTS	United Kingdom Overseas Territories
UN	United Nations
UNHLM	United Nations High-Level Meeting
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

EXECUTIVE SUMMARY

The Pan American Health Organization (PAHO) held the meeting *Advancing implementation of the WHO Framework Convention on Tobacco Control (FCTC) in the Caribbean Community* in Washington D.C. on 31 August 2018. Delegates discussed the status of tobacco control efforts and worked to identify a set of concrete actions and required technical assistance to accelerate progress both at national and subregional levels, with a focus on advancing towards a 100% smoke-free Caribbean by 2022.

The meeting was convened as a side event on the margins of the PreCOP8 for the Region of the Americas and was attended by 49 participants, including officials from the Ministries of Health and Foreign Affairs of 18 Caribbean countries and territories, civil society, as well as subregional and international partners. The agenda utilized panels, technical presentations and plenary discussions to address key elements centered around 3 main themes: (1) the landscape of tobacco control in the Caribbean, including country experiences and lessons learned in advancing implementation of the WHO FCTC; (2) challenges and opportunities towards a 100% smoke-free Caribbean by 2022; and (3) strategies to strengthen participation of Caribbean countries at the COP8 and beyond. The meeting materials are available [online](#).

As a result of the sessions and plenary discussions, participants identified the following key factors to successfully enact FCTC compliant legislations and/or regulations: (1) building a strong case for tobacco control; (2) mobilizing political will; (3) establishing and/or strengthening collaboration with international and subregional partners and experienced CARICOM countries; (4) establishing and/or strengthening multisectoral and multistakeholder collaboration; (5) ensuring capacity building, sensitization and early involvement of legal officers at the Ministry of Legal Affairs; (6) implementing a public relations (PR) strategy to sensitize stakeholders, including the general public; and (7) conducting a WHO FCTC needs assessment.

Tobacco Industry interference was unequivocally identified as the major factor halting progress, with direct access to decision-makers, strong media campaigns, active participation during public consultations, and lawsuits, as examples of tactics used in the Caribbean. Other challenges referred by participants included lack of collective political will and changes in the political leadership, poor civil society engagement, insufficient human and financial resources, concerns about the economic impact of tobacco control measures, and challenges for effective enforcement.

The meeting also involved working groups intended to provide an update of ongoing domestic processes to enact and/or enforce tobacco control legislation and regulations to identify priority actions and technical assistance required from PAHO, other countries and partners to advance implementation of the WHO FCTC, both at country level and subregionally. As a result of the working groups, participants agreed on a consolidated and actionable set of priorities and next steps to advance towards a 100% smoke-free Caribbean by 2022, under the following groupings: (1) leveraging subregional approaches to mobilize political will; (2) facilitating South-South cooperation; (3) supporting strategies to counteract tobacco industry interference; (4) capacity building in strategic topics (e.g. new products, enforcement, sensitization across sectors, partnerships and resource mobilization); and (5) specific areas for technical support.

In summary, the meeting provided a platform to share country experiences, challenges and lessons learned; while offering a networking opportunity to expand multisectoral work, enhance policy coherence, and build collaborations with subregional and international partners.

1. INTRODUCTION

1.1. Background

Status of tobacco control efforts in the Caribbean Community

Tobacco control efforts in the Caribbean Community (CARICOM) are progressing at a very slow pace. Of the fourteen countries that are Member States of the Pan American Health Organization/World Health Organization (PAHO/WHO),¹ only Haiti is not Party to the WHO Framework Convention on Tobacco Control (FCTC). This high level of FCTC ratification notwithstanding, implementation of MPOWER policies² at the highest level of achievement has been slow across the subregion. As of December 2017:³

- Five countries (Barbados, Guyana, Jamaica, Suriname and Trinidad and Tobago) had 100% smoke-free environments;
- Five countries (Barbados, Guyana, Jamaica, Saint Lucia and Trinidad and Tobago) had health warnings on the packaging of tobacco products at the highest level of achievement;⁴
- Two countries (Guyana and Suriname) had a complete ban on the advertising, promotion, and sponsorship of tobacco products;
- One country (Jamaica) offered national comprehensive services on cessation of tobacco use;
- One country (Barbados) had recent and representative data for both adults and youth;

Although some countries have raised excise taxes on tobacco, no country has yet achieved the WHO recommended level.

From a regional perspective, the CARICOM is also showing the least progress: of the six countries that have fully implemented three of the four WHO “best buys” for tobacco control in Latin America and the Caribbean only one, Guyana, is a CARICOM country. Additionally, 8 of the 12 countries that have not yet implemented any of these measures at the highest level are from CARICOM.

This lack of progress is particularly worrisome since, compared to other subregions of the Americas, people in the Caribbean have the highest probability of dying prematurely from noncommunicable diseases (NCDs). According to the latest available data from the Global Youth Tobacco Survey (GYTS),⁵ the Caribbean has the second highest prevalence in the Americas of current tobacco use among adolescents for both sexes (21.3%) far above the regional estimate (13.5%). This burden has enormous economic and developmental implications, particularly in the context of Small Island Developing States (SIDS). Thus, urgent action is needed in the Caribbean to accelerate effective implementation of

¹ CARICOM countries that are PAHO/WHO Member States include: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago.

² The WHO Framework Convention on Tobacco Control and its guidelines provide the foundation for countries to implement and manage tobacco control. To help make this a reality, WHO introduced the MPOWER measures which correspond to one or more articles of the Framework Convention, to assist in reducing the demand for tobacco products at country-level.

³ Pan American Health Organization. Report on Tobacco Control in the Region of the Americas, 2018. Washington, D.C.: PAHO, 2018, Available [online](#).

⁴ As of December 2017, no effective date for implementation had been specified in the corresponding regulations for Barbados, Saint Lucia, and Trinidad and Tobago; Suriname will be initiating a second round of fully compliant health warnings effective December 7th, 2018.

⁵ PAHO/WHO, Communicable Diseases and Health Analysis/Health Information and Analysis. Health Situation in the Americas: Core Indicators 2017. Washington, D.C., United States of America, 2017. Available from: <https://bit.ly/2tvFE6q>

the WHO FCTC.

Recent mandates and opportunities to accelerate progress

Despite slow progress, recent subregional and national developments signal a more conducive policy environment for effective implementation. In July 2016, CARICOM Heads pledged to address banning of smoking in public spaces.⁶ In September 2016, the fourth iteration of Caribbean Cooperation in Health (CCH-IV), CARICOM's Health Strategy for 2016-2025, was adopted by the Council of Health and Social Development (COHSOD), including Regional Public Goods (RPGs) to support implementation of the WHO FCTC. In September 2017, Caribbean Ministers of Health endorsed the *PAHO Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022*,⁷ including 100% smoke-free environments and health warnings on the packaging of tobacco products that meet the criteria of the WHO Report on the Global Tobacco Epidemic throughout the Americas by 2022. Tobacco control was also featured as one of the focus areas during the *High-Level Meeting on the Use of Law to Tackle NCDs*⁸ co-hosted by PAHO, the Food and Agriculture Organization (FAO), and the Caribbean Court of Justice Academy of Law, on 10 March 2018 in Port-of-Spain, Trinidad. This *High-Level meeting* convened judges of the Caribbean Court of Justice, relevant CARICOM bodies and institutions, key policy makers, including the chairs of the COHSOD and the Council of Trade and Economic Development (COTED), subregional partners, and international organizations, and resulted in a set of agreed priority actions and a meeting statement. More recently, in July 2018, CARICOM Heads of Government at the Thirty-Ninth Regular Meeting of the Conference of Heads endorsed "establishing and maintaining a smoke-free status for the Region" as one of six priorities on which the Region should advocate for during the negotiation of the Outcome Document of the Third United Nations (UN) High-Level Meeting (HLM3) on NCDs, to be held on 27 September 2018.⁹

In addition to these mandates and frameworks, three Caribbean countries have implemented at least one MPOWER policy at the highest level of achievement during 2017, including Barbados and Suriname¹⁰ (health warnings), Guyana (100% smoke-free environments, health warnings, and complete ban on advertising, promotion, and sponsorship), and Saint Lucia (health warnings). Furthermore, a number of CARICOM countries are currently developing/implementing smoke-free legislation, creating a momentum that can influence others to advance in a similar direction.

In this context, the meeting *Advancing Implementation of the WHO Framework Convention on Tobacco Control (FCTC) in the Caribbean Community* convened by PAHO on the margins of the *Preparatory Meeting for the 8th Session of the Conference of the Parties (COP8) to the WHO FCTC for the Region of the Americas (PreCOP8)*, was aimed at discussing the status of tobacco control efforts, and identifying a set of concrete actions and required technical assistance to accelerate progress both

⁶ Communiqué issued at the conclusion of The Thirty-Seventh Regular Meeting of the Conference of Heads of Government of the Caribbean Community, 4-6 July 2016, Georgetown, Guyana. Available from: <http://bit.ly/2wSEKWj>

⁷ PAHO Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022. Available from: <https://bit.ly/2N0Qs56>

⁸ High-Level Meeting on the Use of Law to Tackle Noncommunicable Diseases: A critical step to accelerate progress in the Caribbean. Meeting Report (Port of Spain, 10 March 2018). Available from: <https://bit.ly/2Jy75aD>

⁹ Communiqué issued at the conclusion of the Thirty-Ninth Regular Meeting of the Conference of heads of Government of the Caribbean Community, 4-6 July, Montego Bay, Jamaica. Available from: <https://bit.ly/2ulw5TI>

¹⁰ Suriname will be initiating a second round of fully compliant health warnings effective December 7th, 2018.

at national and subregional levels, with a focus on advancing towards a 100% smoke-free Caribbean by 2022. The meeting was meant to build upon recent trainings and capacity building activities led by PAHO in 2017, including a *Caribbean Seminar on Tobacco and Trade* (Barbados, May 2017); a *Subregional Workshop on Law and NCDs for Caribbean countries* (Jamaica, October 2017); and a *Workshop on labeling and packaging of tobacco products for the Caribbean countries* (Panama, November 2017). Additionally, the meeting offered an opportunity to discuss strategies to ensure an active participation of CARICOM countries during the upcoming COP8 meeting, to be held in Geneva in October 2018, including a greater involvement of Caribbean Permanent Missions in Geneva.

1.2. Objectives

The specific objectives of the meeting were:

- To share lessons learned and different approaches from Caribbean countries with WHO FCTC compliant legislation;
- To discuss challenges, opportunities, ongoing legislative processes and technical assistance required to advance the enactment and enforcement of effective legislation towards a 100% smoke-free Caribbean by 2022; and
- To identify strategies to enhance active participation of CARICOM countries during the upcoming COP8 meeting, to be held in Geneva in October 2018 and beyond.

1.3. Expected Outcomes

- An updated and comprehensive overview of the status of WHO FCTC implementation as well as ongoing domestic legislative processes, including required technical assistance, evidence needs and existing opportunities to accelerate progress;
- A prioritized set of actions, both at domestic and community level, to advance the enactment and enforcement of WHO FCTC compliant tobacco control legislation towards a 100% smoke-free Caribbean by 2022; and
- A proposed set of actions to engage Caribbean Permanent Missions in Geneva for a strong and active participation of CARICOM countries during the COP8 meeting, to be held in Geneva in 2018, and beyond.

1.4. Participants

The meeting was attended by 49 participants from 18 Caribbean countries and territories, as well as key subregional and international partners, including the following profiles:

- The WHO FCTC/tobacco control focal points in Ministries of Health and representatives of the Ministries of Foreign Affairs from 12 CARICOM countries that are PAHO/WHO Member States;
- Representatives from the CARICOM Secretariat and the Caribbean Court of Justice Academy of Law;
- The tobacco focal points from the 6 United Kingdom Overseas Territories (UKOTS);
- Representatives from Public Health England (PHE);

- Representatives from relevant international organizations working on tobacco control;
- Civil society; and
- PAHO/WHO advisors, including NCD Advisors from country offices in the Caribbean and the Risk Factor Unit of the Noncommunicable Diseases and Mental Health (NMH/RF) Department, the Legal Counsel (LEG) Office, the Country and Subregional Coordination (CSC) Office, and the External Relations, Partnerships and Resources Mobilization (ERP) Department.

The complete list of participants is available [online](#).

1.5. Preparatory Work

In preparation for this Caribbean Meeting, participants were asked to review their ongoing tobacco control legislative, regulatory and/or enforcement processes, and to identify technical assistance, evidence needs and opportunities to advance implementation of the WHO FCTC in their countries and territories. Brief guiding questions and the working group template were shared in advance to facilitate this preparatory work.

Additionally, participants were provided a set of guiding questions in preparation for the discussion on how to strengthen collaboration between Ministries of Health and Foreign Affairs to enhance policy coherence and ensure a stronger Caribbean presence at the COP8 and beyond.

2. CONTENTS

The one-day meeting consisted of panels, technical presentations, plenary discussions and working groups organized around 3 main themes: (1) the landscape of tobacco control in the Caribbean, including country experiences and lessons learned in advancing implementation of the WHO FCTC; (2) challenges and opportunities towards a 100% smoke-free Caribbean by 2022; and (3) strategies to strengthen participation of Caribbean countries at the COP8 and beyond.

The meeting also involved working groups intended to provide an update of ongoing domestic processes to enact and/or enforce tobacco control legislation/regulations and identify priority actions and technical assistance required from PAHO, other countries and partners to advance implementation of the WHO FCTC, both at country level and subregionally.

The meeting agenda and presentations are available [online](#).

The following sections include a summary of the panels, plenary discussions, working groups and priority actions agreed at the meeting.

2.2. Session 1: Country Experiences and Lessons Learned in Advancing Implementation of the WHO FCTC in the Caribbean

The session was chaired by the Hon. Mr. Justice Winston Anderson, Caribbean Court of Justice Academy of Law, and was aimed at sharing country experiences and lessons learned on different approaches used to advance WHO FCTC compliant domestic laws and regulations in the Caribbean. Panelists included Ms. Kesaundra Alves, Legal Advisor at the Ministry of Public Health of Guyana, Ms. Johanna Lakhisaran, Policy Advisor and WHO FCTC Focal Point at the Ministry of Health of Suriname, Mrs. Sheryl Dennis-Wright, Legal Officer at the Ministry of Health of Jamaica, and Ms. Charmaine Hippolyte, Coordinator of the Substance Abuse Advisory Council Secretariat at Ministry of Health and Wellness of Saint Lucia. Key messages from the panel and plenary discussion include:

- Countries in the Caribbean have used different approaches to successfully implement FCTC compliant tobacco control legislation, including through comprehensive tobacco control acts (Guyana,¹¹ Suriname¹²), tobacco control regulations under the Public Health Act (Jamaica¹³), and tobacco health warnings regulations under the Standards Act (Saint Lucia¹⁴);
- All panellists described lengthy processes spanning over 8-12 years from ratification of the WHO FCTC to enactment of current tobacco control laws and regulations. *Table 2* provides a summary of key challenges and factors for success shared during the session.

Table 2. Enactment of tobacco control legislation in the Caribbean: key challenges and factors for success.

Key challenges:

- Tobacco industry interference
- Small societies which provides easy access to decision makers and politicians
- Lack of collective political will, including sectors outside health
- Ministers of Trade/Business/Finance concerned about appearing antagonistic toward the private/tourist sector, concerns regarding loss of revenue
- Opposition from smokers in high political office
- Changes in the political leadership (e.g. following elections), and the subsequent need for re-sensitization
- Poor civil society engagement
- Regulations under Sector Specific Acts perceived as a “back doors,” as opposed to a legitimate strategic approach to accelerate implementation of the FCTC, and used as an argument for litigation by the tobacco industry
- Insufficient human and financial resources, including competing priorities as a result of limited staff managing multiple topics
- Difficulties to achieve adequate enforcement

¹¹ Guyana Tobacco Control Act 2017, available from: <https://bit.ly/2QDHeOF>

¹² State Gazette 2013 No. 39 Law of 20th February 2013, Containing Rules for Limiting the Use of Tobacco and Tobacco Products. Available from: <https://bit.ly/2xrOvlq>

¹³ The Public Health (Tobacco Control) Regulations, 2013. Available from: <https://bit.ly/2Oy0GLe>

¹⁴ Saint Lucia National Standard SLNS 27: 2016. Specification for labelling of tobacco products.

Table 2. Enactment of tobacco control legislation in the Caribbean: key challenges and factors for success (continued)

Key factors for success:
<p>Building a strong case for tobacco control. Countries described framing the case for tobacco control around the following arguments:</p>
<ul style="list-style-type: none"> • Tobacco control is a rights issue (i.e. human rights, right to health, children’s rights, workers’ rights) • Tobacco is a developmental issue and not just an obligation for health, but a national obligation (i.e. Target 3.a. under Sustainable Development Goal 3 requires “strengthening the implementation of the WHO Framework Convention on Tobacco Control in all countries”). • Governments have a mandate to protect the health and wellbeing of their populations. The mortality, morbidity and disability caused by tobacco are entirely preventable. • Tobacco control legislation protects vulnerable groups (e.g. children, pregnant women, employees...). • Countries have adopted numerous global, regional and subregional mandates that call for effective implementation of the WHO FCTC (e.g. 2007 Port-of-Spain Declaration). • The WHO FCTC has been successfully implemented worldwide, including model case studies in the Caribbean. • Available evidence on the burden (e.g. GYTS data from Caribbean countries), and the economics of tobacco (critical to build the case to counteract the Ministers of Trade and Finance’s concerns) support the urgent need to advance tobacco control efforts.
<p>Mobilizing political will. Effective strategies shared by countries include:</p>
<ul style="list-style-type: none"> • Leveraging subregional, regional and global meetings to mobilize high-level political will and secure public commitments to enacting legislation: e.g. World Health Assembly, Conference of the Parties to the WHO FCTC • Conducting advocacy and coalition building with parliamentarians (e.g. through briefings and fact sheets) • Mobilizing support from international organizations, including PAHO/WHO and the FCTC Secretariat’s support to keep the topic in the agenda of both the government and the opposition, advocate at the highest level (e.g. Prime Minister, Cabinet), and disseminate information about tobacco control and the need for effective legislation • Identifying champions
<p>Establishing/strengthening collaboration with international/subregional partners and experienced CARICOM countries. Examples include:</p>
<ul style="list-style-type: none"> • Collaboration and support within CARICOM (e.g. site visits to experienced countries, sharing of images for tobacco health warnings, etc.) • Assistance and legal Consultation through international organizations and partners (e.g. PAHO/WHO, the Campaign for Tobacco Free Kids) and experienced CARICOM countries
<p>Establishing/strengthening multisectoral and multistakeholder collaboration</p>
<ul style="list-style-type: none"> • Establishing operational mechanisms for this type collaboration: e.g. NCD Commissions, multisectoral committees or technical working groups • Developing and refining legislation through intersectoral input • Conducting multistakeholder consultations (e.g. including civil society, health, business, labour, sports transportation, consumer rights, human rights, and the general public) • Conducting advocacy, education and building coalitions with strategic partners • Organizing sensitization sessions with other sectors of government • Strengthening collaboration with civil society • Integrating tobacco control into existing government programs (e.g. school health and workplace health)

Ensuring capacity building, sensitization and early involvement of legal officers at the Ministry of Legal Affairs

Implementing a public relations (PR) strategy to sensitize stakeholders, including the general public

- Rolling out a mass-media campaign, including radio, television, fliers
- Conducting intensive media training

Other

- WHO FCTC needs assessment and resulting post-assessment activities

- Tobacco industry (TI) interference was unequivocally identified as the major factor halting progress. *Table 3* includes examples of TI interference in the Caribbean and effective strategies that have been implemented to counteract its effects.

Table 3. Examples of tobacco industry tactics in the Caribbean and strategies to counteract them

Tobacco industry tactics

- Direct access to politicians and decision-makers:
 - Facilitated by small societies in Caribbean countries
 - Direct communications to parliamentarians warning of negative consequences, including harms to society such as illicit trade and organized crime
 - “Leaking” of legislation drafts, giving the industry the opportunity to propose amendments
 - Lobbying for legislation to go to special select committees in Parliament
- Direct attack/discredit campaigns against politicians/decision makers championing tobacco control efforts
- Active participation during public consultations. This has involved flying in special tobacco industry representatives from other countries and expressing positions through the chambers of commerce
- Holding their own consultations, involving doctors and other stakeholders and trying to debunk the health effects of tobacco consumption and the positive impacts of tobacco control legislation
- Efforts to downgrade legislation (e.g. including designated smoking areas, distinguishing advertising in radio and television vs. corporate advertising, etc.) and delay enforcement
- Active pressure to participate as any other stakeholder
- Strong media campaigns, including lies and misinformation (e.g. articles in the newspapers, letters to the editor, misinformation regarding economic impact on businesses and employment, the actual provisions in the legislation, etc.)
- Lawsuits

Strategies to counteract tobacco industry interference

- Securing strong political will
- Providing policy makers with solid and timely evidence
- Building coalitions within Parliament by: providing evidence, seeking support from international partners during deliberations (e.g. teleconference with PAHO technical staff)
- Conducting public awareness activities to generate support from the general public
- Undertaking multisectoral/multistakeholder sensitization and capacity building activities on Article 5.3
- Strengthening and engaging civil society, as they are able to map the tobacco industry, speak to their interference, and contribute to sensitization efforts in collaboration with the Ministry of Health
- Undertaking media training to achieve positive coverage, and having a constant presence on the media to debunk the arguments that the tobacco industry

- In closing, the chair reminded participants of existing legal obligations under the WHO FCTC, including time-bound provisions long overdue for all Caribbean Parties. He noted the legal consequences which may be attached to this lack of action, and encouraged countries to learn from each other and rely on the institutional assistance that is available through PAHO and other partners.

2.3. Session 2: Challenges and Opportunities Towards a 100% Smoke-Free Caribbean by 2022

The objective of this session was to discuss challenges, opportunities, ongoing legislative processes and technical assistance required to advance the enactment and enforcement of effective legislation towards a 100% smoke-free Caribbean by 2022. For this purpose, the session included four components: (1) technical presentations on the health and economic impact of tobacco exposure and key considerations for drafting legislation; (2) a round table on challenges and opportunities towards 100% smoke-free Caribbean by 2022; (3) working groups to identify priority actions and required technical assistance; and (4) a plenary discussion and agreement on next steps.

2.3.1. Technical presentations

The health and economic impact of tobacco exposure. *Dr. Adriana Blanco, Unit Chief, NMH/RF, PAHO/WHO*

Dr Adriana Blanco provided an overview of the health and economic impact of second-hand smoke (SHS), which has been estimated to cause 600,000 annual deaths globally, with huge medical and productivity costs. She emphasized the need for comprehensive smoke-free policies as the only effective means of fully protecting the public, since there is no safe level of exposure to SHS. Dr. Blanco noted that comprehensive smoke-free policies are cost-effective measures with proven positive impacts in terms of: (1) improved air quality; (2) changes in smoking behaviour, as they decrease social acceptability, reduce opportunities to smoke and smoking intensity, discourage initiation, increase cessation rates, and promote voluntary adoption of smoking restrictions at home; and (3) improved health outcomes for both smokers and non-smokers, with short-term benefits that increase over time. In closing, Dr. Blanco highlighted tobacco industry interference as a major obstacle deterring progress, often by arguing that smoke-free policies are followed by economic downturns, despite strong evidence to the contrary (*Table 4*). Lastly, she encouraged participants to discuss strategies to advance towards a smoke-free Caribbean by 2022, including ways in which PAHO and other partners can provide support.

Table 4. Evidence of the economic impact of comprehensive smoke-free measures on businesses and other economic effects.

Facts	References
No adverse effects in bar and restaurant sales	<ul style="list-style-type: none"> Scollo M, Lal A. Summary of studies assessing the economic impact of smoke-free policies in the hospitality industry. Melbourne, Australia: VicHealth Centre for Tobacco Control; 2008. Available from: https://bit.ly/2OLK3eX
No significant change or small positive impact on employment	<ul style="list-style-type: none"> International Agency for Research on Cancer (IARC). Evaluating the effectiveness of smoke-free policies. IARC handbooks of cancer prevention: tobacco control. Available from: https://bit.ly/2MwJaVI.
No effect on the number of establishments (openings or closings)	<ul style="list-style-type: none"> Pyles M et al. Economic effect of a smoke-free law in a tobacco-growing community. <i>Tob Control</i>. 2007;16(1):66-8. Bourns B, Malcolmson A. Economic impact analysis of the smoke free by laws on the hospitality industry in Ottawa. Ottawa, Canada: KPMG; 2002. Available from: http://www.ocat.org/pdf/final_kpmg_report_nov_2002.pdf.
Improved business value of restaurants	<ul style="list-style-type: none"> Almar B. et al. Smoke-free Ordinances Increase Restaurant Profit and Value. <i>Contemp Econ Policy</i>. 2004;22(4):520-5. https://doi.org/10.1093/cep/byh038 Almar B. et al. Effect of smoke-free laws on bar value and profits. <i>Am J Public Health</i>. 2007; 97(8):1400-2.
Decreased cleaning and maintenance costs	<ul style="list-style-type: none"> Javits H. et al. Financial burden of tobacco use: an employer's perspective. <i>Clin Occup Environ Med</i>. 2006;5(1):9-29, vii.
Lower insurance premiums (e.g. lower premiums for non-smokers, lower fire insurance costs)	<ul style="list-style-type: none"> Penner M. et al. Excess insured health care costs from tobacco-using employees in a large group plan. <i>J Occup Med</i>. 1990;32(6):521-3. Parrott S. et al. Costs of employee smoking in the workplace in Scotland. <i>Tob Control</i>. 2000;9(2):187-92.
Increased worker productivity and decreased absenteeism	<ul style="list-style-type: none"> Lundborg P. Et al. Does smoking increase sick leave? Evidence using register data on Swedish workers. <i>To Control</i>. 2007;16(2):114-8. Conference Board of Canada. Smoking and the bottom line. 2006. Available from: https://bit.ly/2QVB3VZ
Decreased government health-care costs	<ul style="list-style-type: none"> Hauri DD et al. Direct health costs of environmental tobacco smoke exposure and indirect health benefits due to smoking ban introduction. <i>Eur J Public Health</i>. 2011;21(3):316-22. Available from: https://bit.ly/2xAs199. Ong MK, Glantz SA. Cardiovascular health and economic effects of smoke-free workplaces. <i>Am J Med</i>. 2004;117(1):32-8. Available from: https://bit.ly/2xOm7iR Ong MK, Glantz SA. Free nicotine replacement therapy programs vs implementing smoke-free workplaces: a cost-effectiveness comparison. <i>Am J Public Health</i>. 2005;95(6):969-75. Available from: https://bit.ly/2NAmq2R

Key considerations for drafting effective 100% smoke-free legislation. Ms. Rose Nathan, Associate Legal Director, Campaign for Tobacco Free Kids (CTFK)

Ms. Rose Nathan started her presentation stressing that only comprehensive smoking bans, as required by the WHO FCTC and the Guidelines for Implementation of Article 8,¹⁵ can provide effective protection. Any exemptions, including designated smoking areas or rooms, provide ineffective and unequal protection, creating compliance and enforcement difficulties. Within this framework, she highlighted the following key considerations for drafting effective 100% smoke-legislation:

- **Ensuring adequate definitions**, as provided in the Guidelines for Implementation of Article 8.

15 World Health Organization. (2008). Guidelines for implementation of Article 5.3: Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. Available from: <https://bit.ly/2xaMcDs>

Listing places is not required when using the definitions contained in the Guidelines, but if this is customary practice in the country, it would be advisable to include certain protections such as adding: “...include but are not limited to”; “...and in any other public place.”

- **Including a complete smoking ban in all public places and workplaces, and in all public transport.** Moreover, the language of the treaty requires protective measures not only in all “indoor” public places, but also in those “other” (that is, outdoor or quasi-outdoor) public places where “appropriate.” In identifying those outdoor and quasi-outdoor public places where legislation is appropriate, Parties should consider the evidence as to the possible health hazards in various settings and should act to adopt the most effective protection against exposure wherever the evidence shows that a hazard exists.
- **Placing the duties of compliance on the person responsible for the premises** (e.g. posting signs, removing ashtrays, and supervising compliance).
- **Specifying the inspection authorities and duties** (designation of persons with inspection authority, specification of inspection powers, authorization of citizens’ complaints), as well as the **enforcement and penalties** (e.g. fines, imprisonment, suspension or revocation of business licenses).

In closing, Ms Nathan referred to newer tobacco and nicotine products, including heated tobacco products, electronic nicotine delivery systems and hybrid products, and noted the need to adjust definitions in order to ensure adequate coverage of these new products under the smoke-free legislation. Lastly, she offered technical assistance from the Campaign for Tobacco-Free Kids in support of countries’ efforts.

2.3.2. Round Table: Challenges and Opportunities Towards 100% Smoke-Free Caribbean by 2022.

The round table was chaired by Ms. Sandra Bart, Legal Officer at the CARICOM Office of the General Counsel, and comprised of Ms. Samantha Moitt, Chief Nutrition Officer and Tobacco Focal Point at the Ministry of Health, Wellness and the Environment of Antigua and Barbuda, Dr. Delon Brennen, Deputy Chief Medical Officer at Ministry of Health of The Bahamas, Mrs. Sheryl Dennis-Wright, Legal Officer at the Ministry of Health of Jamaica, and Ms. Barbara McGaw, Tobacco Control Advisor at Jamaica Coalition for Tobacco Control (JCTC) and the Healthy Caribbean Coalition (HCC). A summary of the round table interventions is provided below:

- Representatives from **Antigua and Barbuda** and **The Bahamas** provided an overview of the key steps, challenges and lessons learned from their respective legislative processes. In the case of Antigua and Barbuda, the Tobacco Control Act 2018 was recently passed by the Senate on August 1st and is waiting to be gazetted, while The Bahamas is currently working on a draft tobacco control bill. Both panellists described lengthy processes, and pointed to the tobacco industry interference, parliamentarians’ concern about the effect on tourism and for businesses in the community, the lack of a dedicated legal draftsman at the Ministry of Health, and political turnover as major challenges. Key lessons learned included establishing partnerships with regional stakeholders and experienced CARICOM countries; establishing a dedicated multisectoral working committee with an adequate representation of sectors to facilitate both enactment and

enforcement; securing a dedicated legal draftsman to expedite the process; sensitizing the general public and key stakeholders; and mobilizing political will. In this regard, it was suggested that countries currently drafting their legislation would benefit greatly from high-level advocacy during regional and subregional meetings. Heads of State and Government as well as Ministers of Health, Finance, Trade and other relevant ministries from countries that have already enacted 100% smoke-free legislation could use these platforms to reassure their CARICOM peers that these measures can be successfully enforced in the context of Caribbean SIDS with no negative consequences for their economies or tourist sectors.

- **Jamaica** went on to share how the 2013 Public Health (Tobacco Control) Regulations are being enforced through authorized officers, as specified in the regulations. These are comprised of medical officers of health, who operate through the public health inspectors, the Bureau of Standards, the police, and the customs department. The country highlighted collaboration with key government sectors and other stakeholders as a critical factor for effective enforcement. Continued sensitization, capacity building, identifying champions in sectors outside health, and establishing national multistakeholder coordination mechanisms were mentioned as strategies to ensure that different actors understand their roles and comply with existing domestic laws. Moreover, civil society was emphasized as a strategic partner within this multistakeholder collaboration, and various examples were shared in which the Jamaica Coalition on Tobacco Control had been instrumental to identify and report violations of the Regulations. To this effect, the country has also established a web portal authorizing and encouraging citizens to report breaches.¹⁶
- Lastly, the JCTC/HCC spoke about the multifaceted **roles of civil society** with regards to tobacco control as advocates, service providers, coalition builders, providers of evidence-based information, and “watchdogs.” In this respect, civil society is uniquely positioned to hold governments accountable for enacting and enforcing effective laws and regulations, advocating for the implementation of Article 5.3 of the WHO FCTC, and monitoring and exposing activities of the tobacco industry that threaten to derail or delay tobacco control policies.
- In closing, the chair noted the importance of policy as the tool by which governments “decide what is an ill that exists in a country, and the steps that they want to undertake to prevent that ill.”¹⁷ She noted that the draftsman would typically prepare the law that gives effect to the policy, and reminded participants that crafting their own policy should be greatly aided by the fact that there is a global policy, as established in the WHO FCTC.

¹⁶ Report Breaches and Breath easier, Ministry of Health of Jamaica, available from: <https://bit.ly/2xf1VaB>

¹⁷ The Legislative Process and Drafting Instructions: A Manual for Instructing Officers in CARICOM Member States. IMPACT Justice Project, available from: <http://caribbeanimpact.org/website/wp-content/uploads/2018/05/IMPACT-Justice-Legislative-Process-and-Drafting-Instructions-Manual-2016.pdf>.

2.3.3. Summary of Working Group Discussions About Support Needed and Next Steps for Moving Towards a 100% Smoke-Free Caribbean by 2022

The round table was followed by reports of the main discussion points and the 5 priority actions identified by each of the 4 working groups. As a result, the plenary agreed on a consolidated set of priorities and next steps towards a 100% smoke-free Caribbean by 2022, presented in *Table 5*.

Table 5. Agreed priorities and next steps for moving towards a 100% smoke-free Caribbean by 2022

Leveraging subregional approaches:

- Place tobacco control prominently in CARICOM agenda(s), and ensure a “more assertive” CARICOM with regards to tobacco control
- Maximize regional mechanisms to mobilize political will, including targeted advocacy to high-level decision makers (e.g. at the COHSOD meetings, Directing council, COP, etc)
- Promote the use of model legislation to overcome limitations in terms of capacity/availability of draftspersons. This could be facilitated through CARICOM’s Legal Affairs Committee both in terms of preparing draft legislation and amending existing rules and regulations
- Convene trade, health and foreign affairs in one forum on a regional basis to sensitize about the WHO FCTC and promote policy coherence

Facilitating cooperation among countries:

- Promote south-south cooperation and networking between countries
- Establish a secure platform for countries to formally exchange their progress and experiences

Supporting strategies to counteract tobacco industry interference:

- Participants requested PAHO technical assistance to conduct In-country technical meetings on Article 5.3 (support by PAHO)
- Promote greater inter-country collaboration to identify/share industry interference tactics and counteract its effects
- Review existing codes of conduct to integrate Article 5.3 requirements

Supporting sensitization/capacity building on strategic areas, including:

- New tobacco products
- Enforcement
- Strengthening knowledge and awareness across sectors, with special emphasis on legal officers
- Establishing/strengthening partnerships to mobilize additional technical/financial assistance

Providing specific technical support in the following areas:

- Produce and disseminate evidence on the health and economic impact of tobacco use, as it relates to SIDS and the Caribbean
- Provide tools and resources to:
 - undertake needs assessments
 - facilitate enforcement
- Sensitization of stakeholders
- Assistance drafting and reviewing draft tobacco control policy/legislation
- Guidance to amend existing regulations
- Guidance to strengthen smoking cessation efforts

2.4. Session 3: Strengthening Participation of Caribbean Countries at the COP8

The objectives of this last session were to discuss strategies to strengthen collaboration and policy coherence between Ministries of Health and Foreign Affairs, as it relates to tobacco control efforts; and to identify concrete actions to promote active participation of CARICOM countries during the upcoming COP8 meeting, to be held in Geneva in October 2018. The session was chaired by His Excellency Dr. Riyad Insanally, Ambassador to the United States of America, Permanent Representative to the Organization of American States, Embassy of Guyana, and co-facilitated by Ms Patricia Schroeder, External Relations Specialist at PAHO. The panel included Mr. Carlos Emanuel, Cooperation for Health Development Specialist at PAHO, Ms. Kesaundra Alves, Legal Advisor at the Ministry of Public Health of Guyana, and Dr. Marcos Dotta, Deputy Director of International Law Affairs and Focal Point on Tobacco issues at the Ministry of Foreign Affairs of Uruguay. Key discussion points and recommendations resulting from the session are summarized below:

- In his opening remarks, Ambassador Insanally stressed the links between tobacco and development and the need for strong and sustained multisectoral coordination, including health and foreign affairs, in order to ensure policy coherence and align priorities across sectors at national, regional and international levels. He also noted that providing foreign affairs with a good understanding of health matters is of the essence in keeping public health priorities in the agenda and introducing a health perspective in relevant non-health policies and interventions. Lastly, Ambassador Insanally emphasized Guyana's success story, and encourage other CARICOM countries to advance in a similar direction.
- Participation at the COP was described as a very relevant and positive experience by countries that had attended previous conferences, including benefits such as gaining a greater sense of ownership of the WHO FCTC by taking part of decision-making processes; understanding what is happening outside of the region and building a sentiment of global community; and establishing relationships with international organizations. Most importantly, the COP was referred to as a strategic setting to mobilize political will at the highest level, including the example of Guyana, whose Minister of Public Health publicly announced his commitment to enact the Tobacco Control Act during COP7.
- Lastly, the session provided an opportunity to identify challenges and potential strategies to improve collaboration between health and foreign affairs, as well as suggested actions to strengthen the presence of the Caribbean at the COP8 and beyond, as summarized in *Table 6*.

Table 6. Summary of challenges and strategies to strengthen collaboration between health and foreign affairs, and proposed actions to strengthen participation of Caribbean countries at the COP8 and beyond.

Challenges:
<ul style="list-style-type: none"> • Information gap and institutional divide among government sectors • Small delegations where several thematic areas are overseen by the same staff • Financial constraints that limit the ability to send delegations to international meetings
Strategies:
<ul style="list-style-type: none"> • Engage relevant actors at the national level to understand/meet the needs to the country delegation • Designate a focal point at the Ministry of Foreign Affairs to articulate with health and ensure a coherent position at national, regional and international levels • Strengthen communication and provide information to diplomats participating in international meetings • Use of new technologies to ensure an adequate involvement during multilateral meetings/negotiations (e.g. live streaming or instant messaging groups to allow for real time feedback) • Maximize the use of CARICOM to elevate discussions and positions from a national to a supranational level • Secure joint statements • Request technical briefings to relevant international organizations (e.g. WHO FCTC Secretariat)
Proposed actions to strengthen participation of Caribbean countries at the COP8 and beyond:
<ul style="list-style-type: none"> • Leverage permanent missions to secure a greater participation of Caribbean countries at the COP8, to be held in Geneva in October 2018 • Maximize regional coordination meetings to be held during the COP8 to present Caribbean positions • Consider proposing a side event at the COP8 • Consider proposing a Caribbean country as regional coordinator for the COP9 • Consider hosting a COP in the future

3. CONCLUSION

In summary, the meeting provided a platform to share country experiences, challenges and lessons learned; while offering a networking opportunity to expand multisectoral work, enhance policy coherence, and build collaborations with subregional and international partners. Moreover, the meeting resulted in a concrete and actionable set of priority actions in the short and medium term to advance towards a 100% smoke-free Caribbean by 2022 (Table 5), as well as strategies to strengthen collaboration between ministries of health and foreign affairs and promote a stronger participation of Caribbean countries at the COP8 and beyond (Table 6).