# The Use of Law to Address Noncommunicable Diseases in the Caribbean



#### **Subregional Workshop Summary Report**

Miami, the United States of America, 3–5 March 2020







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#### **OVERVIEW**

## The Subregional Workshop<sup>1</sup>

was attended by

44 PARTICIPANTS
with varied professional profiles

REPRESENTING

10 CARIBBEAN COUNTRIES

as well as
KEY SUBREGIONAL and
INTERNATIONAL PARTNERS

The participants of the Subregional Workshop on the Use of Law to Address Noncommunicable Diseases in the Caribbean.



#### DAY 1

- ▶ Established the situation in the Caribbean in relation to noncommunicable diseases (NCDs) and their risk factors.
- ▶ Focused on the use of law to address NCD risk factors, namely tobacco control, the harmful use of alcohol and obesity prevention.





The Pan American Health Organization (PAHO) and the International Legal Consortium (ILC) from the Campaign for Tobacco-Free Kids (CTFK), with support from the European Union, convened a three-day **Subregional Workshop on the Use of Law to address Noncommunicable Diseases in the Caribbean** on 3–5 March 2020 in Miami, the United States of America. This Subregional Workshop sought to build capacity to advance the use of laws and regulations to address noncommunicable diseases (NCDs) and their risk factors in the Caribbean, with special emphasis on tobacco control, reduction of the harmful use of alcohol, and obesity prevention.

#### DAY 2

BUYS

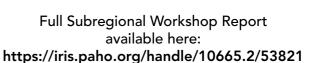
- ▶ Addressed the specific ways in which laws can be or have been used to tackle NCDs, such as the use of human rights law, trade law and investment law.
- ▶ Examined the various legal interventions to tackle NCDs, such as labelling measures and marketing restrictions.



#### DAY 3

- ▶ Considered the opportunities to advance the use of law to prevent and control NCDs and their risk factors.
- ▶ Engaged participants in working groups which were representative of some of the NCD risk factors.
- ▶ Garnered agreement on key elements for a Caribbean Public Health Law Forum, which would facilitate continued collaboration, communication and engagement on NCDs, law, and related matters.





NCDs and their four shared risk factors (tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity) remain leading causes of mortality, morbidity and disability in the Caribbean. Despite the adoption of several global, regional and subregional mandates in response, the Caribbean subregion still lags behind in terms of implementation of policies that require regulatory action. In this context, the use of law has a central role to play. Ten of the 16 World Health Organization (WHO) "Best Buys" require the effective use of laws or regulations. Moreover, the tobacco control "Best Buys" are also part of the WHO Framework Convention on Tobacco Control (WHO FCTC), a legally binding international public health treaty that sets out obligations on Parties to implement proven, cost-effective tobacco control measures. All Caribbean PAHO/WHO Member States (except Haiti) are parties to the WHO FCTC. Furthermore, Caribbean PAHO/WHO Member States, having ratified various other international treaties that recognize the right to health, have legal obligations to bring their domestic legislation and practices into line with these treaties, among other obligations. The Subregional Workshop therefore reinforced the importance of law, including the Revised Treaty of Chaguaramas, to address NCDs.

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<sup>1</sup> Details about the Subregional Workshop on the use of Law to Address Noncommunicable Diseases, 3–5 March, 2020 available from https://www.paho.org/en/subregional-workshop-use-law-address-noncommunicable-diseases-march-3-5-2020

# WORKSHOP HIGHLIGHTS **KEY MESSAGES**

## TOBACCO CONTROL AND THE LAW

TOBACCO CONTROL EFFORTS IN THE CARIBBEAN SUBREGION CONTINUE TO LAG.



Comprehensive smoke-free environments are COST-EFFECTIVE MEASURES WITH SHORT-TERM HEALTH BENEFITS that increase over time. These measures do not negatively impact on businesses or the economy.

There is **NO SAFE LEVEL OF EXPOSURE TO TOBACCO SMOKE**; therefore, only comprehensive smoking bans for all indoor public and working places would be effective.

Drafting effective 100% SMOKE-FREE LEGISLATION should include ADEQUATE DEFINITIONS, and COMPLETE SMOKING BANS in indoor workplaces, public transport, indoor public places and, as appropriate, other public places, PLACE DUTIES OF COMPLIANCE ON THE PERSON RESPONSIBLE FOR THE PREMISES, SPECIFY THE INSPECTION AUTHORITIES, THE ENFORCEMENT AND PENALTIES APPLICABLE.



The WHO FCTC provides

EVIDENCE-BASED DEMAND AND

SUPPLY REDUCTION MEASURES

that should be used to address the tobacco epidemic.

Global, regional and subregional mandates provide

AN OPPORTUNITY TO ACCELERATE THE IMPLEMENTATION of the WHO FCTC.

MULTISECTORAL COLLABORATION lies at the heart of implementation of the WHO FCTC. THE LAW AND HARMFUL USE OF

**ALCOHOL** 

Alcohol is a key
RISK FOR PUBLIC HEALTH
BEYOND NCDs, including
violence, injuries, maternal and
child health, adolescent health,
and mental health.

There are many similarities between alcohol, tobacco, sugar sweetened beverages, and ultra-processed foods in terms of the POLICIES NEEDED TO REDUCE THEIR CONSUMPTION, as well as the role of related industries in interfering with their development or implementation.

## SAFER

The WHO SAFER is a core set of proven alcohol policies that can effectively reduce the harmful use of alcohol nationally and serve as COMMON LANGUAGE FOR REGIONAL COOPERATION.

Each country can commit to the adoption of a national plan with an assigned budget and activities to achieve progress on reducing alcohol related harms due to NCDs, injuries, mental health, and infectious diseases. Such plans should include at least one of the WHO "Best Buys" and one "good buy" from the WHO SAFER.

All 5 policy areas of SAFER combined offer the most reduction in alcohol harms.

## **NUTRITION**AND THE LAW

#### **DEMAND AND SUPPLY REDUCTION POLICIES** to

reduce processed and ultra-processed food and drink products, including breast-milk substitutes, are necessary to curb the obesity and NCD epidemics. These policies may include: (1) regulation of labelling (front-of-package warning labelling [FOPWL]) and elimination of persuasive elements; (2) restriction of marketing; and (3) regulation of school environments and other settings.

**Policies and standards** at the global and regional level must be given effect through national legislation and must be seen through to **APPROVAL AND IMPLEMENTATION**.

Existing **OPPORTUNITIES AND EXAMPLES** for adopting nutrition policies at the country and subregional level in the Caribbean include:

- ▶ The revision of the CARICOM Regional Standard Specification for labelling of pre-packaged foods, including FOPWL, by the CARICOM Regional Organisation for Standards and Quality (CROSQ);
- ▶ Suriname's national legislation of the <a href="International Code of Marketing of Breast-milk Substitutes">International Code of Marketing of Breast-milk Substitutes</a> is the first such legislation in the English-speaking Caribbean at this level and should be emulated;
- Use of different processes in developing of policies for regulating the school environment, as done in Grenada and Trinidad and Tobago.

## CARIBBEAN PUBLIC HEALTH LAW RESEARCH AND FORUM

Member States may **SEEK ADVISORY OPINIONS** of the **Caribbean Court** of **Justice** (CCJ) in relation to the health
measures that they are interested in taking,
especially if such measures are likely to
experience push-back from the industry.

Consideration should be given to the FORMATION OF PUBLIC INTEREST GROUPS FOR THE USE OF LAW TO TACKLE NCDs

A Caribbean Public Health Law Forum, initially focused on NCDs and their risk factors, can be used to provide a SPACE FOR CONTINUED COMMUNICATION, ENGAGEMENT AND COLLABORATION.

Such a Forum, guided by its objectives, should be OPEN TO MEMBERS FROM VARIOUS PROFESSIONAL PROFILES AND AFFILIATIONS, such as government officials, regional institutions, attorneysat-law, health officials, civil society organizations, and academia.



## Common CHALLENGES

Industry interference, lack of political will, and competing priorities.

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## Common OPPORTUNITIES

Readily available evidence, global, regional and subregional mandates, and knowledge-sharing.

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### **AGREED PRIORITY ACTIONS**

Request the designation of a LEGAL FOCAL POINT FOR NCDs who would operate in addition to the technical focal point.

Create opportunities for the **ORIENTATION** OF LEGAL **PRACTITIONERS** on public health law, including drafters.

100%

**SMOKE-**

**FREE** 

**TOBACCO** CONTROL

> **SHARE BEST PRACTICES**

within the Region.

PROVIDE **INFORMATION** on new tobacco products.



Propose the **IMPLEMENTATION OF SPECIAL TAXES ON TOBACCO COMPANIES** and use the revenue for work in the specific public health area.

In collaboration with CARICOM, review the impact of CARICOM policies on taxation, economic development law such as duty-free, and consider the DEVELOPMENT OF MODEL TOBACCO LEGISLATION.



**ALCOHOL** 

**CONTROL** 

**ENGAGE WITH CUSTOMS OFFICERS** on duty-free laws and special privileges.

ADDRESS

**INDUSTRY** 

INTERFERENCE,

including concerns

regarding funding

of political

campaigns.



Include the harmful use of alcohol as an agenda item in the meeting of Chief Medical Officers, showing the broad implications of alcohol beyond NCDs, such as road safety, adolescent health, violence, and crime.

In collaboration with CARICOM, harmonize **LEGISLATION FOR DRINK-DRIVING AND** MINIMUM DRINKING/ **PURCHASING AGE** in the Caribbean.





**IDENTIFY AND ENCOURAGE A CADRE OF LAWYERS** interested in and/or committed to addressing public health







In consultation with Member States, **DEVELOP A COMPREHENSIVE REGIONAL NUTRITION POLICY** 

covering all aspects of nutrition, such as banning trans fats, FOPWL, taxation, restriction of marketing, reformulation, breast-milk substitutes, and the school nutrition environment.



revise policies based on regional policy, and explore amending existing laws and/or introducing new comprehensive legislation.



In collaboration with CARPHA, share technical RECOMMENDATIONS FOR SCHOOL NUTRITION **STANDARDS** for countries to use.



RESEARCH **AGENDA TO** PROMOTE **ENFORCEMENT OF** NCD legislation and increase use of the courts more effectively, and how to address mental health issues and the health precursors to crime and violence.

**ESTABLISH A** 

**DEVELOP LEGAL RESOURCES** on health and NCDs.

#### **CARIBBEAN PUBLIC HEALTH LAW FORUM**

**DEVELOP COMPREHENSIVE TERMS OF REFERENCE** for the establishment of the Caribbean Public Health Law Forum.

**ESTABLISH A SMALL WORK GROUP** to review the terms of reference for the Caribbean Public Health Law Forum.

**MEETING PARTICIPANTS** to indicate their interest in being included in the forum and nominations to be sought.

5 | Subregional Workshop Summary Report Subregional Workshop Summary Report | 6 This summary report provides a synopsis of the key messages and the agreed set of strategic actions to advance the enactment, implementation, and enforcement of NCD risk factor policies through laws and regulations in the Caribbean at the country and regional levels.

It should be read together with the **full Subregional Workshop Report**.

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