

HCC WEBINAR - APRIL 7th 2016 - 11am EST

**NCDs AND TRADE POLICIES: CHALLENGES, OPPORTUNITIES,
AND CIVIL SOCIETY ADVOCACY IN THE CARIBBEAN**



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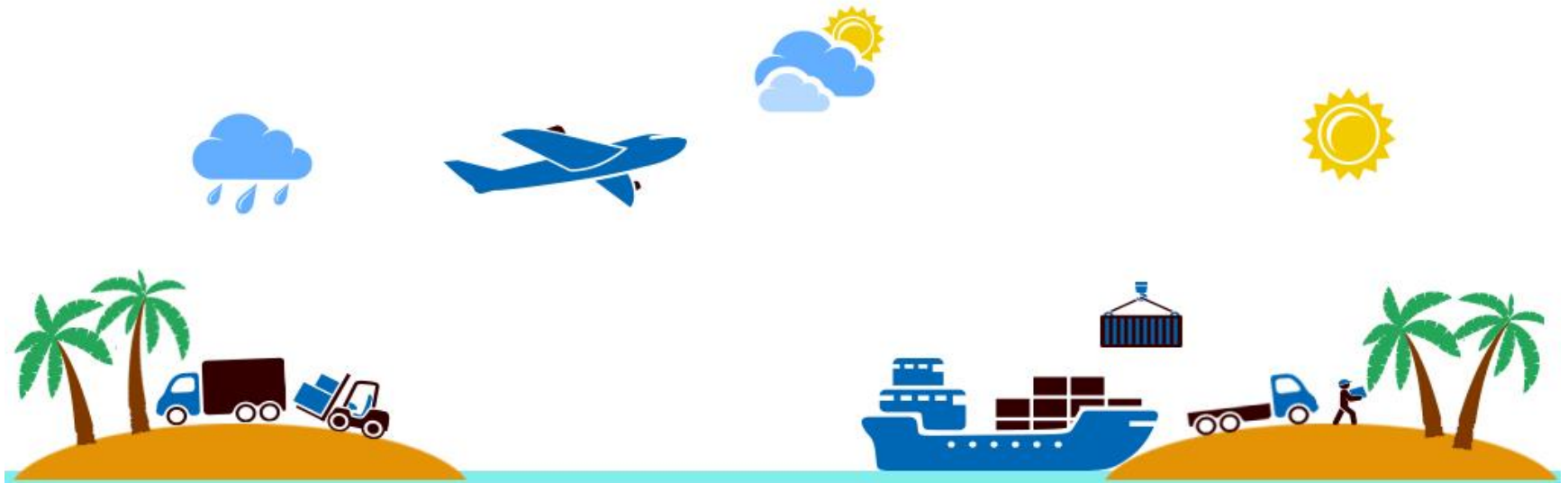
NCDs AND TRADE POLICIES: CHALLENGES, OPPORTUNITIES, AND CIVIL SOCIETY ADVOCACY IN THE CARIBBEAN

- **Opening Comments & Introduction.** Sir Trevor Hassell, President, HCC/ Maisha Hutton, Executive Director, HCC
- ***NCDs & Trade Policy in the Caribbean: Exploring the Road Ahead.*** Nicole Foster, HCC Policy Advisor
- ***Trade Policy Instruments to Facilitate a Healthy Food Environment.*** Vincent Atkins, HCC Trade Policy Advisor
- ***Trade, Food Security & NCDs: A Civil Society Perspective.*** Norma Springer, Consultant to the Barbados Diabetes Foundation
- ***The role of Diabetes CSOs in Nutrition & NCD Prevention: Experiences of the Dominica Diabetes Association.*** Marvlyn Birmingham, President, Dominica Diabetes Association
- **Question & Answer Session**
- **Closing Comments** Sir Trevor Hassell



HCC WEBINAR:

TRADE POLICIES AND NCDs - CHALLENGES & OPPORTUNITIES FOR THE CARIBBEAN



NCDs AND TRADE POLICY: EXPLORING THE ROAD AHEAD

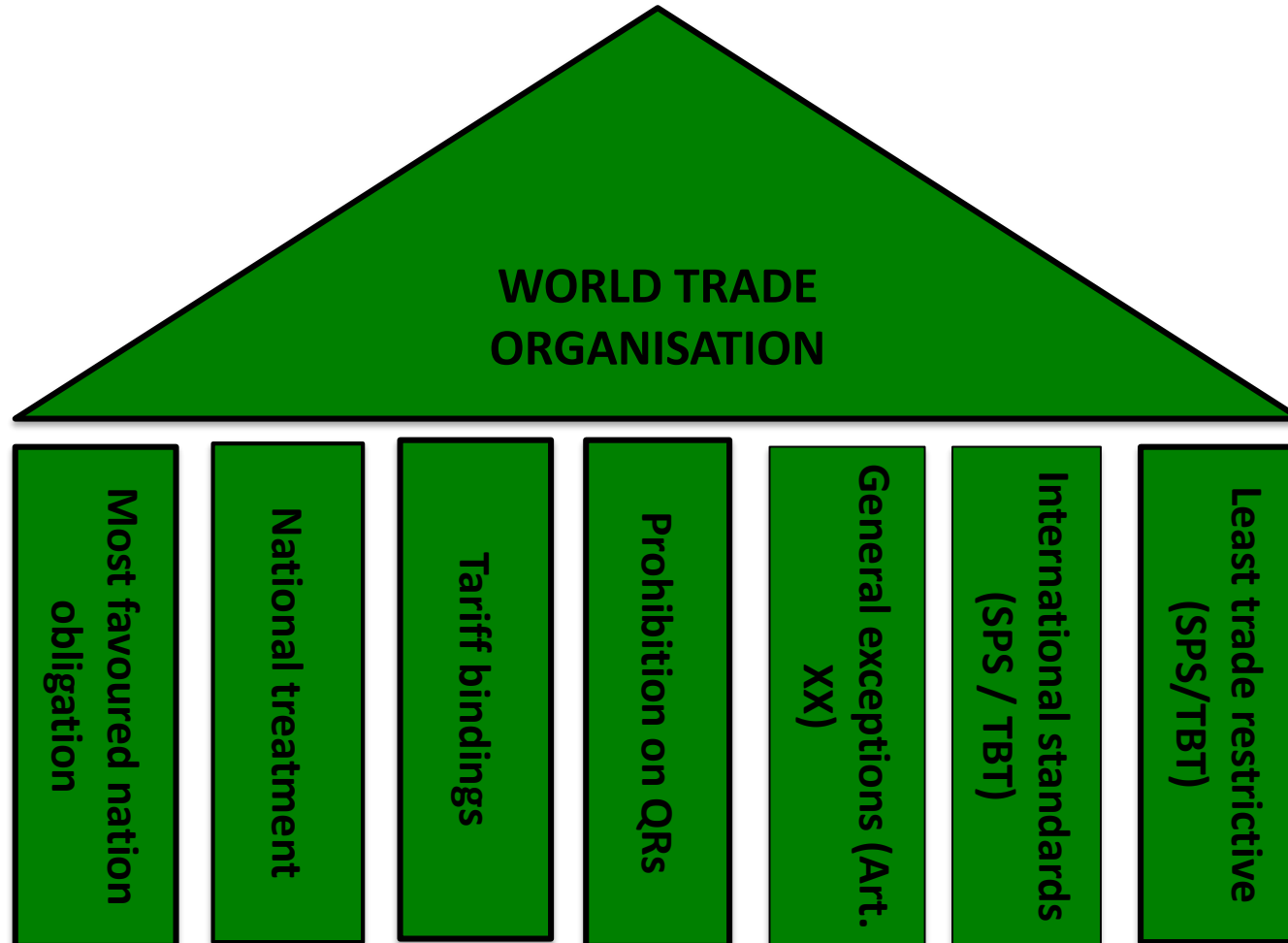
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Attorney-at-Law, Law Lecturer &
HCC Policy Advisor

NCDs AND TRADE POLICY



KEY PRINCIPLES OF THE MULTILATERAL TRADING SYSTEM



CARICOM'S KEY TRADE AGREEMENTS

- World Trade Organisation Agreements
- CARIFORUM/EU Economic Partnership Agreement 2008
- Revised Treaty of Chaguaramas 2001
- Variety of bilateral treaties with territories such as Costa Rica, Cuba and the Dominican Republic.

KEY CONSIDERATIONS



- Should be based on sound evidence.
- Use relevant international standards, if any, as a guide.
- Are there other reasonable alternatives that would be as effective in securing the public health/NCDs goal? (go for the least trade restrictive option possible)
- Non-discriminatory application.

POLICY OPTIONS / RECOMMENDED ACTIONS



POLICY OPTIONS / RECOMMENDED ACTIONS



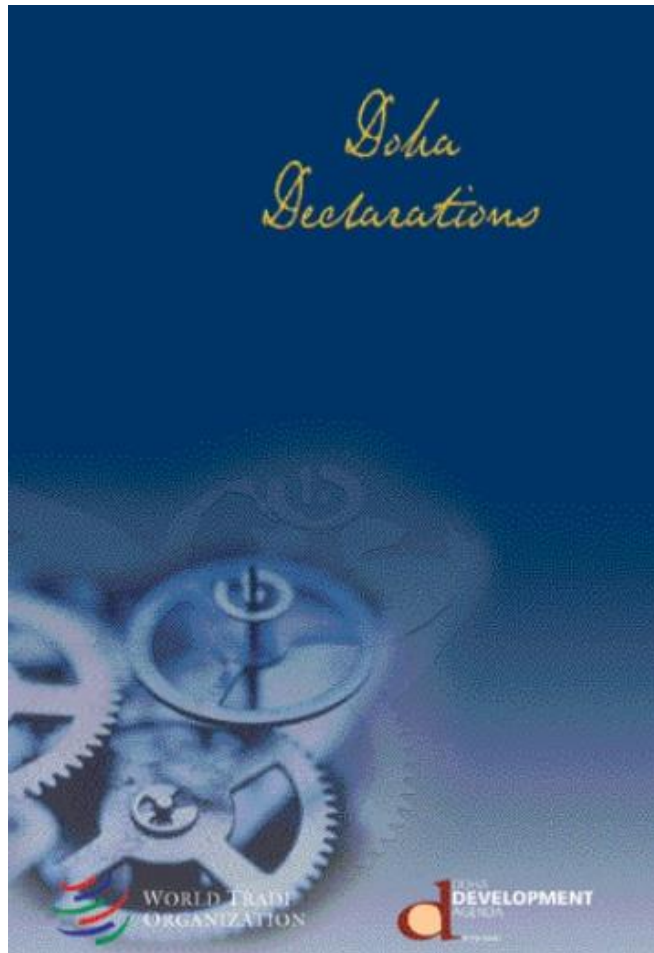
- Tax on sugar sweetened beverages;
- Excise taxes on alcoholic beverages and tobacco products;
- Imposition of higher tariffs on unhealthy foods;
- Restrictions on the sale and marketing of unhealthy foods.
- Plain packaging.

POLICY OPTIONS / RECOMMENDED ACTIONS



- Improved labelling of food products and beverages;
- Selective use of tariffs to provide incentives for the lowering of the price of healthy food choices to encourage increased accessibility and consumption;
- Use of flexibilities under Art. 6.2 and the de minimis provisions of the Agreement on Agriculture to promote domestic production of health foods / generate income which provides access to these foods.

NEW FRONTIERS IN NCDS AND TRADE: IP & ACCESS TO MEDICINES



DOHA DECLARATION ON TRIPS & PUBLIC HEALTH 2001

4. We agree that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, we affirm that ***the Agreement can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all.***

In this connection, we reaffirm the right of WTO members to use, to the full, the provisions in the TRIPS Agreement, which provide flexibility for this purpose.

5. Accordingly and in the light of paragraph 4 above, while maintaining our commitments in the TRIPS Agreement, we recognize that these flexibilities include:

- In applying the customary rules of interpretation of public international law, each provision of the TRIPS Agreement shall be read in the light of the object and purpose of the Agreement as expressed, in particular, in its objectives and principles.
- ***Each member has the right to grant compulsory licences and the freedom to determine the grounds upon which such licences are granted.***
- Each member has the right to determine what constitutes a national emergency or other circumstances of extreme urgency, it being understood that public health crises, including those relating to HIV/AIDS, tuberculosis, malaria and other epidemics, can represent a national emergency or other circumstances of extreme urgency...

6. We recognize that WTO members with insufficient or no manufacturing capacities in the pharmaceutical sector could face difficulties in making effective use of compulsory licensing under the TRIPS Agreement. We instruct the Council for TRIPS to find an expeditious solution to this problem and to report to the General Council before the end of 2002.

NEW FRONTIERS IN NCDS AND TRADE: IP & PLAIN PACKAGING



NEW FRONTIERS IN NCDS AND TRADE: IP & PLAIN PACKAGING TEST CASE

Australia — Certain Measures Concerning Trademarks and Other Plain Packaging Requirements Applicable to Tobacco Products and Packaging (WT/DS434 & WT/DS435, WT/DS441, WT/DS458, WT/DS467)

- Complaints by the Dominican Republic, Cuba, Honduras, Ukraine and Indonesia challenging the WTO-consistency of Australia's legislation implementing the Guidelines on plain packaging, developed pursuant to the WHO Framework Convention on Tobacco Control ('FCTC').
- Complainants' arguments based on the General Agreement on Tariffs and Trade 1994 ('GATT 1994'), the WTO Agreement on Technical Barriers to Trade ('TBT Agreement') and the TRIPS Agreement.
- Ruling not expected before July 2016. Trinidad & Tobago is the only CARICOM Member State participating as a third party in these disputes.
- Panel composition: Mr. Alexander Erwin (South Africa) (Chair); Mr. François Dessemontet (Switzerland) and Dame Billie Miller (Barbados).

WHERE DO WE GO FROM HERE? (THE ROLE OF CIVIL SOCIETY ADVOCACY)



THANK YOU !!!



NCDs and Trade Policies: Challenges, Opportunities and Civil Society Advocacy in the Caribbean

**Trade Policy Instruments to Facilitate
a Healthy Food Environment**

Background

- There is a direct link between the food environment and the prevalence of NCDs.
- The food environment is largely influenced by domestic food production, trade in food products investments in the food industry including the processed foods and fast foods industries.
- Diet-related risk factors, such as low fruit consumption and high sodium, fat and sugar intake, are principal contributors to the growth in NCD's in the Caribbean.

Influence of Trade on the food systems and NCDs

- The globalisation of food systems that promote overconsumption of energy-dense, nutrient-poor foods and beverages has been identified as the major driver of the obesity epidemic. Obesity is often a precursor to NCDs.
- Policy and regulatory actions have been identified as the most efficient and cost effective means of tackling the problem.

Trade Policies that contribute to a Healthy Food Environment

- Economic measures to address food availability, accessibility and affordability – targeted subsidies to encourage domestic production of healthy foods.
- For example, the flexibility in the WTO Agreement on Agriculture to provide incentives to low-income, resource poor farmers who are often the most critical link in the domestic food system,

- may be used to promote production of healthy alternatives to domestic and imported processed foods.
- Incentives should be provided to develop and sustain the habit of home-gardening. Incentives should include ready availability of low cost supplies of seeds and farming inputs for home gardening as well as technical assistance provided through social media.

Trade Policies that contribute to a Healthy Food Environment

- Development of **synergies between the food chain and health** through policy coherence. Health-in-all policies and the adoption of multi-sectoral approaches to policy development which involves trade, health, agriculture and education.
- Trade policies, including trade agreements negotiated by CARICOM, should be guided by pre-set health-related objectives aimed at addressing NCD concerns. Market access provisions in trade agreements, for example, should foster domestic production and use of local foods (fruits, vegetables, root crops etc).

Trade Policies that contribute to a Healthy Food Environment

- Utilising the flexibilities/policy space available in the Tariff Schedule to influence the food supply.
- Tariff measures, including the CARICOM CET, may be used selectively to influence food prices. For example the tariff treatment of similar food products may vary depending on their sugar, sodium or fat content (foods with no added sugar to those with added sugar, low fat milk vs full cream milk etc

Trade Policies that contribute to a Healthy Food Environment

- Use of the flexibilities in the WTO Agreement on Sanitary and Sanitary Measures, the Technical Barriers to Trade, and the General Exceptions Provisions, on a non-discriminatory basis, where feasible, to address legitimate human health and food safety concerns.
- Caribbean countries should make greater use of food standards, food/nutrition labelling to address health concerns. As such regional standards that address agreed health objectives should be developed by CROSQ for adaptation/adoption at the national level and enforced by relevant national bodies.

Influencing Trade Negotiations and Trade Agreements

- Measures to protect health are considered as a legitimate policy objective in the WTO even if they have the effect of limiting trade
- Caribbean countries should continue to make the case for their identification as **small vulnerable economies** and should seek viable exceptions to global trade rules to allow them to address their development concerns,

Influencing Trade Negotiations and Trade Agreements

including the pursuit of developmental health objectives through trade interventions that address the high prevalence of NCDs in the Region.

Healthy Caribbean Coalition World Health Day 2016

**Trade Policies and NCDs - Challenges &
Opportunities for the Caribbean**

Webinar

TRADE, FOOD SECURITY AND NCDs: A Civil Society Perspective

Norma Springer

Consultant, Barbados Diabetes Foundation

NORMA SPRINGER

- Background in agriculture and development
- Career in “the development arena”: industry, export, information, agriculture, governance, innovation.
- Programme Management with FAO/UN and UNDP
- Programme Management with Barbados Diabetes Foundation



TIFAs COMMODIFY FOOD AND HEALTH

- Market Reform – both supply and demand issues – and barriers to trade.
- Policy Space – shift locus from state to corporations.
- Regulatory Machinery – the science and management of.
- Caribbean a small market with inelastic demand.

CARIBBEAN TRENDS IN NCDs 1980s and 2000s (percentage)

1980s		%	2000s		%
1.	Heart Disease	20	1.	Heart Disease	20
2.	Cancer	12	2.	Cancer	16
3.	Stroke	11	3.	Stroke	15
4.	Injury	8	4.	Diabetes	16
5.	Hypertension	6	5.	Hypertension	24
6.	Acute Respiratory Infection	5	6.	Injury	7
7.	Diabetes	4	7.	HIV/AIDS	1.1
Food and nutrition related		53	Food and nutrition related		91
Sources: Various					

CARIBBEAN FOOD & DRUG IMPORTS

- 2015 - Caribbean food imports US\$7.0b.
- 2020 – Caribbean food imports US\$8-10b
- 2011 - prescription drugs market of 10 Caribbean countries was valued at US\$685m.
- 2014 - combined sales of prescription drugs and over-the-counter medicines reached US\$6.1b.
- 2016 – prescriptions drugs will approximate at US\$942m; a 3.2% compound annual growth rate (CAGR).
- 2021 – prescription drugs projected at US\$1.17b; a CAGR of 5.5%.

INFLUENCING FOOD CHOICE

- Food utilization relates to food choices, affected by capacity (resources and knowledge) to purchase a range and variety of food and by food preparation (knowledge).
- Trade agreements can reduce the 'policy space' for governments to introduce policies and laws to prevent and control sale of unhealthy foods.
- Rules of trade agreements may restrict the ability of governments to:
 - prevent the sale of unhealthy products (e.g. **bans**);
 - regulate **marketing/advertising** of unhealthy products;
 - **control prices** of unhealthy products (eg. through taxes, tariffs and duties);
 - **subsidise** local production of healthy foods; and
 - introduce **food standards and product labeling**.

REGULATORY BURDEN

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LARGEST-EVER SEIZURES OF FAKE FOOD AND DRINK IN INTERPOL-EUROPOL OPERATION

30 March 2016

More than 10,000 tonnes and one million litres of hazardous fake food and drink have been seized in operations across 57 countries in an INTERPOL-Europol coordinated initiative to protect public health and safety.

Operation Opson V, resulted in seizures ranging from nearly nine tonnes of counterfeit sugar contaminated with fertilizer in Khartoum, Sudan to Italian officers recovering more than 85 tonnes of olives which had been 'painted' with copper sulphate solutions to enhance their colour.

Involving police, customs, national food regulatory bodies and partners from the private sector, checks were carried out at shops, markets, airports, seaports and industrial estates between November 2015 and February 2016.

A number of arrests were made worldwide throughout the operation and investigations are continuing. Among the aims of the operation is to identify and disrupt the organized crime networks behind the trafficking in fake goods and enhance cooperation between the involved law enforcement and regulatory authorities.



HEALTH SYSTEMS COMPROMISED

- Increase flow of health workers from poor countries to rich countries.
- Shift private sector investment from integrated chronic disease management programmes that are more difficult to deliver to lucrative acute services for “health tourists”.
- Increase price of medicines by making pharmaceutical patents easier to gain and making it more difficult for developing countries to import or manufacture generic, lower cost equivalents.
- Make health care less affordable for the poor by entrenching a two-tiered health system (protected by regulation), with loss of health workers from public to private services.

SUMMARY -1

- A nutrition transition has taken place in the CARICOM region.
- This nutrition transition drives the epidemiological transition, which is characterized less by infectious diseases and more by nutrition-related, chronic, non-communicable diseases (NCDs).
- Region is a passive player as it is food and drug import dependent with little capacity to regulate, monitor, police and prosecute.

SUMMARY -2

- Governments are restricted from attacking the supply of non-health promoting products into their sovereign space and instead must seek to influence demand through “health awareness campaigns” at the same time corporations are advertising the appeal of their products.
- CSOs must become more proactive by increasing their capacity to sit at the policy table and becoming involved in strategic decision making.
- CSOs must put pressure of CARICOM regional bodies to engage more with citizens and make information accessible in more popular forms.

CSO RESPONSE

- Strengthen networking among themselves and expand their reach with ICT to increase citizen engagement to action.
- Strengthen Health Caribbean Coalition.
- Increase focus on Health Governance – mainstream the right to regulate for public health along the same vein gender has been mainstreamed.
- Appropriate the tools of state and business – use science and economics not emotions.
- Counter calls to privatise health care under the guise of “universal care and financial protection for all citizens”.

SOLUTIONS

- UWI – University of the West Indies
- CARICOM
- CARPHA – Caribbean Public Health Agency
- COTED - Council of Trade and Economic Development of the Caribbean Community (CARICOM)
- IICA - Inter-American Institute for Cooperation on Agriculture
- UN Organs
- CBD – Caribbean Development Bank
- CIVIL SOCIETY ORGANISATIONS
- Others

THEM BELLY FULL (BUT WE HUNGRY)

- Cost of livin' gets so high,
Rich and poor they start to
cry:
Now the weak must get
strong;
They say, "Oh, what a
tribulation!"
Them belly full, but we
hungry;
A hungry mob is a angry
mob.
A rain a-fall, but the dutty
tough;
A pot a cook but you no'
nough
- *Bob Marley*



NCD's & Trade Policies Challenges, Opportunities World Health Day 2016

Dominica Diabetes Association
Presentation

Dominica

NCD Risk Data

Ages 15-64 years

Overweight

- Both Sexes - 45.1%;
- Males - 29.5%; Females - 61.9%

Obese

- Both Sexes - 20.2%;
- Males - 8.6%; Females - 32.7%

STEPS SURVEY 2008

Dominica

NCD Risk Data

Ages 15-64 years

Percent who ate less than 5 of combined servings of Fruit and Vegetables per day

- All Sexes 91.3%
- Male 90.1%
- Female 92.6%

STEPS Survey 2008

Dominica

NCD Risk Data

Children and Adolescents

- Clinic data indicate prevalence of overweight and obese children (0 - 59 months) increased from **9%** in 2000 to **12%** in 2009.
- An estimated **24.8%** of adolescents (13-15 years) were overweight and **9.1%**, obese

Unpublished data, Health Information Unit, Ministry of Health, 2011

Health Promotion/Education Interventions

Led by DOMDA in Collaboration with Partners:

- Health Fairs
- Table Top Displays/Education
- Food preparation/tasting (low/no salt)
- Drinks – smoothies preparation/tasting
- Buddy initiative

Vegetable Preparation



- **Variety, colorful and nutritious – for tasting**

Food Display



Chicken prepared with low salt and seasoned with fresh local herbs – for tasting



1 packet Ramen
 $\frac{3}{4}$ teaspoon Salt



1 PKT VEGETABLE SOUP
 $1\frac{1}{4}$ TEASPOON Salt

Table Top Display/Salt

THE SUGAR TABLE

Look CLOSELY AT THE
SUGAR CONTENT OF
EACH ITEM ON THIS



Sugar Contents of some Popular Snacks

Buddy Initiative

- A Spin Off Benefit from the BPCCA1 Project
- Buddy Champions were tooled with particular skills to enable them to better manage their own health condition as well as provide emotional and self - management support for people living with diabetes and hypertension.
- Being Piloted in the West Coast Community of Salisbury
- Most Buddy Champions are members of DOMDA Salisbury Branch

Buddy Initiative

Areas of learning included:

- Understanding Behavior Change
- Keeping the Body in Motion for Active Living
- Importance of medication adherence in the control of Diabetes and High Blood Pressure
- Social media and health messaging
- Eating for Healthy Living
 - Portion sizes, healthy plate, food mix
- Understanding the Use of Food

Buddy Initiative



Example of Three Mix Plate

Buddy Initiative



Example of Four Mix Plate

Policy Development

- National NCD policy – DOMDA participated in the development of this policy document- not yet adopted
- NCD Commission – recommendations have been made awaiting dissemination of Cabinet's decision
- School Nutrition Policy – document has been drafted, consultations with CSO's are being scheduled, DOMDA expects to participate.
- “Sugar” Tax...DOMDA participated in the broad based obesity related consultation which led to the recommendations to Government

School Nutrition Policy

- **Still in Draft form**
- Ministries of Health and Education other stakeholders
- Goal: to provide a school environment that enhances learning and the development of healthy lifelong eating and activity behaviors

School Nutrition Policy

- **(Draft) Policy Actions:**

Recommended strategies and actions in the following areas:

- School Curriculum
- Food Service Environment
 - **Implementation of nutritional standards consistent with the national food-based dietary guidelines for foods sold or served in schools.**
- School Health and Nutrition Services
- Parent and Community Involvement

Future Plans (2016-2018)

- Advocacy to regulate school environment to reduce/eliminate NCD Risk Factors
- Lobby the Parliamentary Champions – (two who attended the World Diabetes Forum in Vancouver late last year) for
 - Ban on advertising sweetened foods and drink to children and adolescents
 - Ban on selling these foods and drinks at schools and policies to restrict access in the work place.