

Civil Society Led Tobacco Control Advocacy in the Caribbean

Experiences from The Jamaica Coalition for Tobacco Control

December 2016



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1 LIST OF ACRONYMS & ABBREVIATIONS

AIA	ACCESS TO INFORMATION ACT
BAT	BRITISH AMERICAN TOBACCO
BCS	BARBADOS CANCER SOCIETY
BSJ, BOS	BUREAU OF STANDARDS JAMAICA
CAI	CORPORATE ACCOUNTABILITY INTERNATIONAL
CARICOM	CARIBBEAN COMMUNITY AND COMMON MARKET
CARPHA	CARIBBEAN PUBLIC HEALTH AGENCY
CCH	CARIBBEAN COOPERATION IN HEALTH
CDA	CHILD DEVELOPMENT AGENCY
CMH	CARICOM CONFERENCE OF MINISTERS RESPONSIBLE FOR HEALTH
CNCD	CHRONIC NON-COMMUNICABLE DISEASES
COP7	CONFERENCE OF THE PARTIES – SEVENTH MEETING
COHSOD	COUNCIL FOR HUMAN AND SOCIAL DEVELOPMENT
COTED	COUNCIL FOR TRADE AND ECONOMIC DEVELOPMENT
CROSQ	CARIBBEAN REGIONAL ORGANISATION FOR STANDARDS & QUALITY
CSO	CIVIL SOCIETY ORGANISATION
CWD	CARIBBEAN WELLNESS DAY
CSR	CORPORATE SOCIAL RESPONSIBILITY
CVSS	COUNCIL OF VOLUNTARY SOCIAL SERVICES
ECOSOC	ECONOMIC AND SOCIAL COUNCIL (UN)
FCA	FRAMEWORK CONVENTION ALLIANCE
FCTC	FRAMEWORK CONVENTION ON TOBACCO CONTROL
GHW	GRAPHIC HEALTH WARNINGS
GYTS	GLOBAL YOUTH TOBACCO SURVEY
GSHS	GLOBAL STUDENT HEALTH SURVEY
HCC	HEALTHY CARIBBEAN COALITION
HFJ	HEART FOUNDATION OF JAMAICA
HI	HEARTBEAT INTERNATIONAL
HOTN	HEALTH OF THE NATION STUDY
HRSD	HUMAN RESOURCES AND SOCIAL DEVELOPMENT
HSFB	HEART & STROKE FOUNDATION OF BARBADOS
IAHF	INTERAMERICAN HEART FOUNDATION
IDRC	INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
INB	INTERGOVERNMENTAL NEGOTIATING BODY
JCTC	JAMAICA COALITION FOR TOBACCO CONTROL
LMICs	LOW- AND MIDDLE-INCOME COUNTRIES
MOH	MINISTRY OF HEALTH
MSDF	UN MULTI-COUNTRY SUSTAINABLE DEVELOPMENT FRAMEWORK
NCD	NON-COMMUNICABLE DISEASES
NGO	NON-GOVERNMENTAL ORGANISATION
NHF	NATIONAL HEALTH FUND
PMI	PHILIP MORRIS INTERNATIONAL
PAHO	PAN AMERICAN HEALTH ORGANISATION
POS	PORT-OF-SPAIN DECLARATION
WHO	WORLD HEALTH ORGANISATION

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3 FROM THE HEALTHY CARIBBEAN COALITION

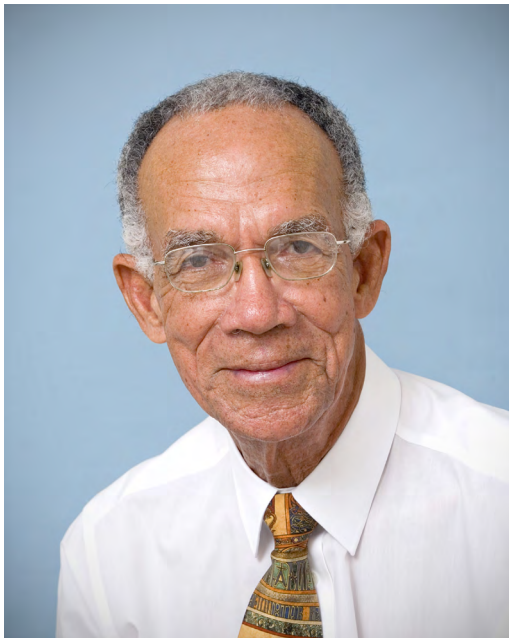
The President of the Healthy Caribbean Coalition

The Healthy Caribbean Coalition (HCC) extends sincere gratitude to the American Cancer Society (ACS) for its continued support of the HCC and recognition of the importance of this piece of work. The HCC warmly extends our appreciation to the author, Mrs. Barbara McGaw, Project Manager - Tobacco Control, The Heart Foundation of Jamaica/Jamaica Coalition for Tobacco Control, and one of the region's leaders in tobacco control for the past 8 years, without whom this report would not have been possible. Sincerest thanks are also extended to Dr. Lynda Williams (HCC Medical Advisor) and Dr. Beverley Barnett (HCC Consultant) for their considerable contributions to the editing of the report.

Discussions around the production of this report and the preliminary and initial research began in 2013. Thanks to collective commitment and perseverance this comprehensive report, which provides an insight into the challenges posed by tobacco and the response to it in the Caribbean, is now a reality. The report represents an important piece of work for the NCD community in the Caribbean, providing guidance for civil-society-led tobacco control and informing a broader NCD advocacy agenda built on lessons learned from the Jamaica Coalition for Tobacco Control (JCTC) in forming a coalition and in advocating for policy change.

The HCC is pleased to provide this unique opportunity for the JCTC to showcase its tremendous contribution to tobacco control in Jamaica and across the Caribbean. The JCTC has operated as a model civil society organisation, uniting diverse civil society groups under a common cause and working in partnership with various stakeholders from the public and private sector. Perhaps most challenging for Caribbean CSOs is fulfilling the role of watchdog and holding governments and industry accountable to their commitments, while at the same time finding consistent funding sources – whether local or international - in order to fulfil their mandate. The JCTC has recorded remarkable and measurable success. It has been a champion for the implementation of the articles under the Framework Convention on Tobacco Control (FCTC), successfully advocating for legislation in Jamaica despite considerable tobacco industry interference. Its work has been recognised and applauded both regionally and globally.

The HCC is honoured to release this seminal report which we believe will serve as a resource for civil society NCD advocacy for years to come. We hope that it will be used to bring about the enactment of tobacco control legislation by CARICOM countries as called for in the FCTC, which has been ratified by almost all CARICOM countries. The need for action by CARICOM countries in this important area of NCD prevention continues to be of critical importance and requires strong and sustained advocacy by CSOs.



Sir Trevor Hassell
President, Healthy Caribbean Coalition

The Author

This case study was initiated by and made possible as a result of the leadership and efforts of the Healthy Caribbean Coalition (HCC). The HCC recognised the importance of documenting the pivotal role played by civil society in shaping tobacco control in Jamaica as a model of best practice. The Jamaica Coalition for Tobacco Control (JCTC) has been heralded as a uniquely powerful force in the global civil society tobacco control journey; recording the challenges and successes of the JCTC will inform civil society tobacco control advocacy in the Caribbean and beyond.

The American Cancer Society's Global Health programme has a growing portfolio of collaborative work with the HCC and a strong history of work dedicated to tobacco control in developing countries. Documenting the experiences of the JCTC was identified as a mutual priority, and in 2015 the ACS committed to funding this report through the Meet the Targets Grant.

I would like to thank our tobacco control colleagues and civil society representatives who have contributed through consultations and by providing the data used to inform this report.

Special thanks to Mrs. Deborah Chen for her ongoing support and in particular her resolute commitment to chronicling tobacco control efforts in Jamaica. I am deeply grateful for her contribution to this report; to Ms. Kay Morrish Cooke for supporting the venture, and to Ms. Dawn Lindo Williams, for her diligent proofreading and inputs that led to the production of this report.



Barbara McGaw

Tobacco Control Programme Advisor - The Heart Foundation of Jamaica/Jamaica Coalition for Tobacco Control, Tobacco Control Advisor, Healthy Caribbean Coalition

August 2016

4 MESSAGES

Message from Dr Fenton Ferguson

Civil society organisations (CSOs) in the Caribbean have played a pivotal role in contributing to the public health of its citizens for many years. However, the recognition of their contribution to health has varied over time. More recently, CSOs have grown in scale and influence and are having profound impacts on health. This is very evident in Jamaica, where the Jamaica Coalition for Tobacco Control (JCTC) has played a vital role in supporting tobacco control efforts by the government to honour its commitment to the Framework Convention on Tobacco Control (FCTC), which Jamaica ratified in 2005. The JCTC has been a stalwart supporter of the Ministry of Health over the years and particularly in the promulgation of the Public Health (Tobacco Control) Regulations 2013, which were enacted during my tenure as Minister of Health on July 15th 2013, and the subsequent amendment to the Regulations which were gazetted on June 17, 2014. Without the constant support and the technical advice given by the JCTC team, this regulation and the subsequent amendment would not have been a reality.

I am very happy to see that the important work, best practices and effective advocacy of the JCTC - both here in Jamaica and the Caribbean - is being documented and shared in this report. Thanks to the Healthy Caribbean Coalition for recognising this as a priority. I heartily endorse this report and the subsequent 'road map' which will assist other CSOs in the fight against tobacco.

Dr. Fenton Ferguson, CD, FICD, MP
Former Minister of Health
Jamaica



Message from the JCTC

As Chairman of the Board of the Jamaica Coalition for Tobacco Control (JCTC), and on behalf of the Board members and associates, I am very pleased to endorse this excellent publication, which traces the success and advocacy of the JCTC in tobacco control since its inception in 2002, while also recording important work done by many organisations in the region since the early commitments to tobacco control in the CARICOM Declaration on Health for the Caribbean Community in 1982.

The successful advocacy for tobacco control carried out by the JCTC in Jamaica and the Caribbean has been supported by several grants from the Bloomberg Initiative to Reduce Tobacco, which allowed the JCTC to expand its work and effectively support governments in advocating for strong tobacco control laws which are aligned with the Framework Convention on Tobacco Control. For this we are grateful.

In Jamaica, the JCTC has won awards from the World Heart Foundation and the InterAmerican Heart Foundation for its strong advocacy in tobacco control and supporting the Ministry of Health in the promulgation of the Public Health (Tobacco Control) Regulations 2013, a landmark regulation that offers protection to our citizens from second hand smoke, and calls for picture health warnings on cigarette packs. Much more needs to be done in tobacco control for the Caribbean; however we have started on this path.

Dr Knox Hagley CD, DSc (Hon),
FRCP, FRCPE, FACP, FACC, FFPH
Chairman Jamaica Coalition for Tobacco Control



Message from IAHF

The tobacco control movement has grown and been increasingly more successful worldwide since the start of negotiations for the World Health Organisation Framework Convention on Tobacco Control and the infusion of funding from Bloomberg Global Initiative. A significant factor in this growth has been the documenting of successes and challenges that civil society has faced in the quest for improving the health of our people. This report contributes to telling the history of the efforts towards tobacco control in Jamaica and the Caribbean, but more importantly, it evaluates the situation, lessons learned and what are the opportunities towards the future. It also serves to inform and motivate new generations of tobacco control advocates and researchers in the Caribbean to reach new levels in their efforts to reduce the use of tobacco.

The strengthening of civil society in the Caribbean is a major focus running through this document. I am proud of the role my Organisation, the InterAmerican Heart Foundation, has played in organizing the first region-wide coalition that in time, which helped to bring funding and support tobacco control advocacy actions. These efforts could not have advanced if it were not for the role that the Heart Foundation of Jamaica (HFJ) played and continues to play. The HFJ is the backbone of the Jamaican Coalition for Tobacco Control and a main amplifying voice against the tobacco industry strategies.

It is the well-funded tobacco industry interference with public health policies that is the principal barrier to reducing tobacco-related diseases. However, all the tobacco industry money cannot defeat a well-organized movement aiming to better the lives of our fellow human beings. For this reason, I am hopeful for the tobacco control movement in the Caribbean, its resourcefulness and its grit.

Beatriz Champagne PhD
Executive Director
InterAmerican Heart Foundation



Message from Tobacco Free Kids

Jamaica is a tobacco control leader for the Caribbean. But that has been no accident. This is thanks to the work of the Heart Foundation of Jamaica, the Jamaica Coalition for Tobacco Control and public health officials that have supported the adoption of strong tobacco control measures. The trajectory began with the ratification of the WHO Framework Convention on Tobacco Control (FCTC) in 2005. The adoption of 100% smoke-free areas and warning labels regulations followed in 2013, and the government's decision to substantially increase tobacco taxes came in 2015 and again in 2016. High tobacco taxes count as the most effective tobacco control policy.

These achievements are remarkable given that the tobacco industry actively works to thwart these policies designed to safeguard public health. The tobacco industry threatens governments like Jamaica's whenever these governments consider increasingly effective measures to reduce tobacco consumption.

The journey is far from over. Tobacco use continues to be the world's leading cause of preventable death. While tobacco's multiple harms are well documented, the tobacco industry continues marketing its products to kids at points of sale and social media. The need for Jamaica to adopt stronger laws to ban tobacco advertising, promotion and sponsorships has never been higher.

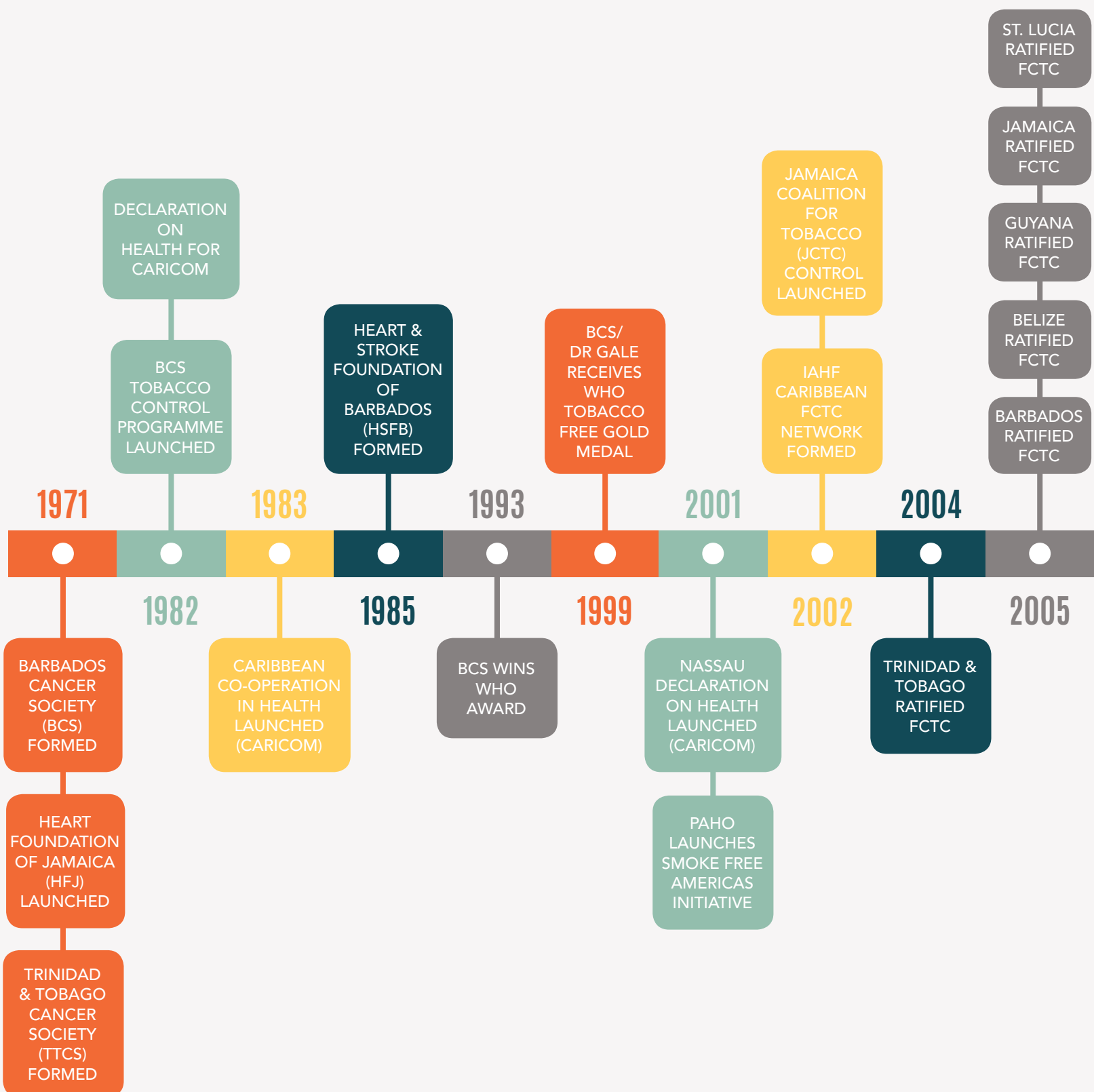
The Campaign for Tobacco-Free Kids wants to acknowledge the work of the Jamaica Coalition for Tobacco Control and the Heart Foundation of Jamaica, who supported the Former Minister of Health, Dr. Ferguson and his team, who stood firm against the tobacco industry's legal threats when adopting the warning label regulations in 2013. The Campaign for Tobacco Free Kids and international allies celebrate the work in Jamaica thus far, and reaffirm our commitment to support greater success in the future.

Patricia M Sosa, Director, Latin America and Caribbean
Campaign for Tobacco-Free Kids

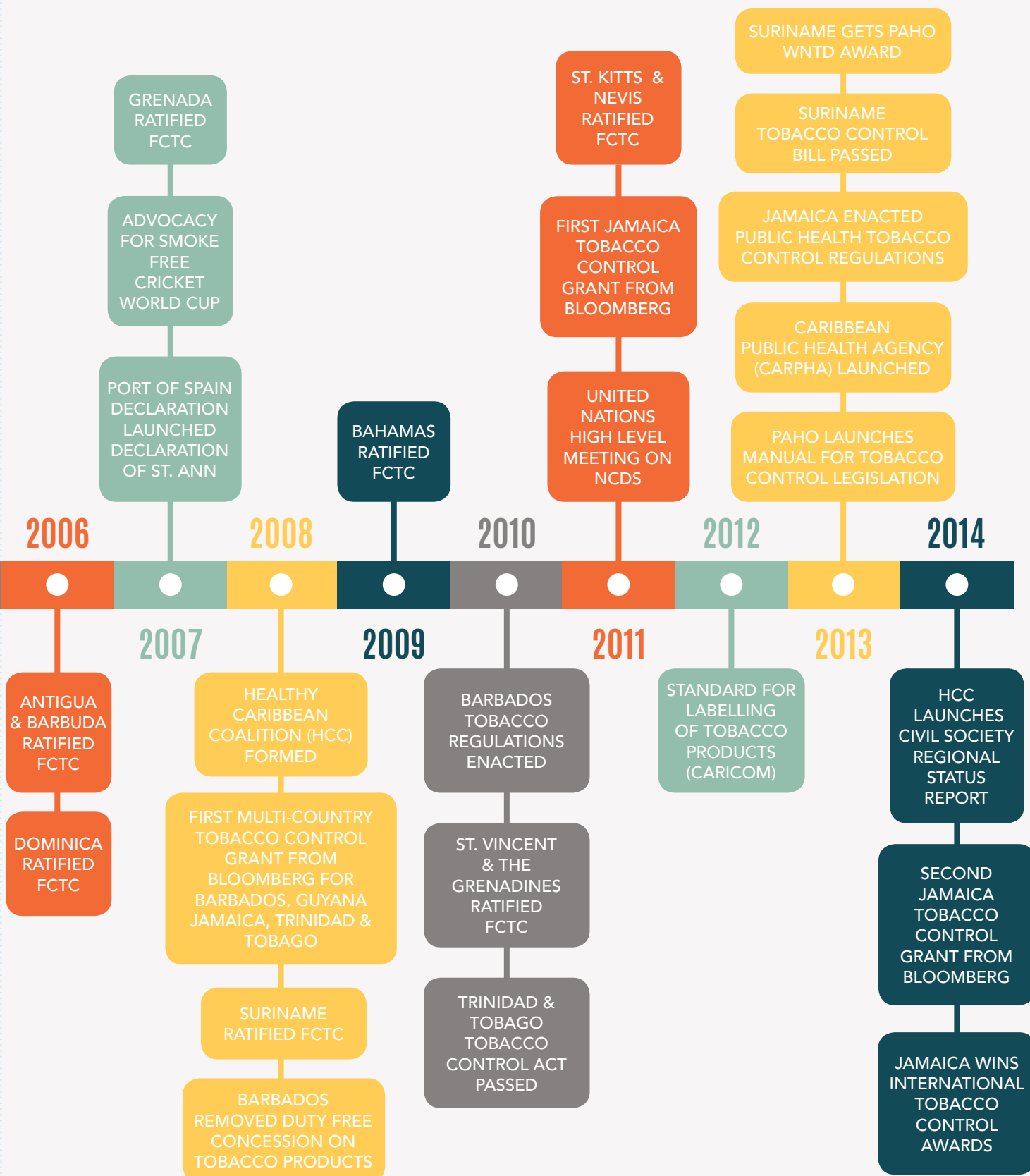


5

TIMELINE OF TOBACCO CONTROL POLICY, LEGISLATION



ON AND ADVOCACY IN THE CARIBBEAN: 1971 - 2016



6 EXECUTIVE SUMMARY

Tobacco kills nearly 6 million people each year and is one of the leading public health threats [1]. More than 5 million of these deaths are the result of direct tobacco use and more than 600,000 are the result of non-smokers being exposed to second-hand smoke. Tobacco kills up to half of its users and in the absence of urgent action, annual global deaths from tobacco could exceed eight million by 2030. Nearly 80% of the world's one billion smokers live in low- and middle-income countries (LMICs) like those in the Caribbean, where the burden of tobacco-related illness and death is greatest [1]. The 2015 Global Report on Mortality attributable to Tobacco by the World Health Organisation noted that globally 12% of all deaths among adults aged 30 and over were attributed to tobacco. The region with the one of the highest proportion of deaths due to tobacco is the Americas at 16%, a cause for concern. Caribbean Community and Common Market (CARICOM) countries recorded deaths attributable to tobacco ranging from Dominica at 11% to Barbados at 2%.

The 2016 PAHO report on Tobacco Control for the Americas estimated that in 2012 the global prevalence of tobacco use was 21% in persons over 15 years of age. In the Region of the Americas the general prevalence in adults is 17.1%, which again raises a red flag in terms of the significant economic burden of tobacco use on the direct medical costs of treating tobacco-induced illnesses. Lack of current national and regional data on tobacco use and prevalence is a major obstacle in measuring the impact of tobacco use in the CARICOM countries.

While governments have the major responsibility for tobacco control, community efforts have been shown to stimulate government action and assist both in funding and programme implementation. Success in global tobacco control will only be achieved when international agencies funding tobacco control programmes take into account civil society contributions and the requisite capacity development [2].

The international tobacco control movement gained momentum following the creation of the WHO's Framework Convention on Tobacco Control [3], which came into effect on 27 February 2005 [4]. The Framework Convention on Tobacco Control (FCTC) is the first public health treaty negotiated under the auspices of the WHO and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

Caribbean civil society organisations (CSOs), working in collaboration with local governments and international partners, have led the charge in fighting for significant gains in tobacco control in the Caribbean region. These have included ratification of the FCTC and subsequent enactment of tobacco control legislation in several Caribbean countries. Additionally, governments and CSOs in some of these countries have been actively resisting tobacco industry interference that would seek to derail the gains made in protecting the public health of citizens.

The unrelenting work of civil society organisations has been the engine that has driven many of the accomplishments seen in tobacco control, both within the Caribbean and throughout the world. The Jamaica Coalition for Tobacco Control (JCTC) has been a fierce champion and thus enjoyed considerable success in advocating for the Jamaican government to adopt tobacco control policies that are compliant with the FCTC. The JCTC has also played an important role regionally, supporting other Caribbean countries to implement FCTC articles, even in the face of strong tobacco industry opposition. Advocates within the region, particularly in small island states, are keen to learn from this uniquely Caribbean advocacy experience.

Tobacco industry interference is the single greatest threat to the implementation of the FCTC because of fundamental and irreconcilable differences between the interests of the tobacco industry and those of public health policy. In the Caribbean, the tobacco industry markets and promotes its products to low-income populations, women, and young people, while implementing aggressive strategies against tobacco control policies. In some territories there are fears that governments are actually benefitting financially from relationships with the tobacco industry, which in turn may lead to delays in the ratification and implementation of the FCTC.

Lack of financial resources to develop and sustain tobacco control programmes has been a significant barrier to the implementation of the FCTC in developing countries. In 2007, Michael R. Bloomberg, philanthropist and then mayor of New York City, set aside US\$125 million to create the Bloomberg Initiative to Reduce Tobacco Use. This was the first privately operated global tobacco control initiative aimed at reducing tobacco use in LMICs and was critical in supporting CSOs and other groups working towards tobacco

control to overcome national, regional and global barriers. In addition, it assisted with building capacity for local organisations and leveraging further international support for tobacco control programmes [2]. Since 2008, several Caribbean territories have been beneficiaries of the Bloomberg Initiative, leading to notable successes in tobacco control.

Through their advocacy, education, and monitoring, CSOs have been active in advancing tobacco control policies in the Caribbean region. CSOs play critical roles in tobacco control such as in Jamaica in 2013 with the passing of legislation mandating smoke-free public places and graphic health warnings on cigarette packs. In addition, CSOs often act as watchdogs of the tobacco industry, exposing predatory marketing tactics and deceitful denials. In Jamaica in 2011, vigorous CSO advocacy was a strong factor in the government's decision to shelve their involvement in plans to increase tobacco production (with support from the tobacco industry). CSO advocacy was also instrumental in 2013 in Suriname, when their collective voice, in partnership with the local government, prevented tobacco industry interference from halting the passage of tobacco control legislation. CSOs also help mobilise local communities to develop and implement policies and programmes that shape social norms, so that tobacco use becomes less desirable, less acceptable and less accessible.

Notwithstanding the success of CSOs in the region, challenges remain, including the need to bring together diverse social groups into effective networks and coalitions around this common cause. CSOs also need resources that guarantee long-term sustainability. Avoiding conflicts of interests that could mar their image is also critical. Examples include receiving funds from the tobacco industry or other industries such as those producing alcohol, unhealthy foods and pharmaceutical companies, among others. Another key challenge is to get high traction with government policy makers to support policy change, such as the collaboration in Suriname between the government, CSOs, PAHO and other stakeholders in enacting strong tobacco control legislation [4].

Despite continued financial and technical capacity limitations, CSOs involved in tobacco control have contributed significantly to public education and awareness around the harmful impact of tobacco on health and economic development and they continue to play a vital role in advocacy for government action to fully implement the FCTC.

Key Messages

All CARICOM countries, with the exception of Haiti, have ratified the FCTC, but few have implemented the provisions of the Treaty.

Tobacco-related morbidity and mortality in the Caribbean is unacceptably high in select populations such as the poor and the young, both groups of which are targeted by aggressive marketing campaigns from the tobacco industry.

Civil society has played and continues to play, a vital role in advocating for the implementation of the FCTC with notable successes in particular for smoke-free spaces.

Civil society has and continues to play a vital role in public education and awareness.

Investment in CSOs is needed to ensure they have the technical and financial capacity to lead effective multi-sectoral tobacco control campaigns which support the implementation of tobacco control legislation, in particular in support of Article 8 (smoke-free spaces), Article 11 (picture health warnings on cigarette packs) and Article 13 tobacco advertising, promotion and sponsorship (TAPS).

There are lessons to be learned from successful regional CSOs such as the JCTC, which can provide a blueprint and guidelines for action for CSOs across the region and in similar settings such as SIDS (small island developing states).

Tobacco control advocacy led by CSOs can become a model for CSO actions across NCD prevention and control.

7 INTRODUCTION

This report documents best practices of the Jamaica Coalition for Tobacco Control (JCTC) and other Caribbean CSOs in the implementation of tobacco control measures within the region. The report explores examples of effective advocacy strategies that have withstood the constant pressure of the tobacco industry and have created stepping stones for action in countries where there is a lack of political will. Successes recorded here are in countries where governments displayed strong political will for tobacco control and which collaborated with key stakeholders, including CSOs, to achieve FCTC objectives. Finally, the report outlines a 'road map' for advocacy and action in tobacco control and shares lessons learned and strategies needed to implement key articles of the FCTC.

The specific objectives of the report are to:

- Review the landscape of tobacco control in the Caribbean, including declarations on health, tobacco control initiatives, tobacco control legislation, and FCTC implementation;
- Document civil society-led and/or -supported tobacco control advocacy in the Caribbean;
- Document Jamaica Coalition for Tobacco Control-led and/or -supported tobacco control advocacy in Jamaica;
- Discuss tobacco industry interference as a major impediment to successful tobacco control programmes;
- Share best practices from across the Caribbean, including those related to policy advocacy, using a case study approach to highlight challenges, successes, and lessons learned; and
- Provide 'advocacy how to' or 'road map' to guide civil society organisations in a stepwise manner to support the enactment and implementation of tobacco control legislation aligned with the FCTC.

8 BACKGROUND

Countries in the Caribbean face a growing challenge from an epidemic of NCDs, which represent a growing portion of health spending and impose a large economic burden at the societal, community, and household levels. The four major NCDs, cardiovascular disease, diabetes, cancer, and chronic respiratory disease, are responsible for causing premature loss of life, lost productivity, and spiralling health care costs [5]. This epidemic has risk factors of unhealthy diets, physical inactivity, tobacco use, and harmful use of alcohol, which, in turn, are driven by social determinants and global influences, such as poverty and health disparities.

NCDs are responsible for seven out of every ten deaths in the region. Addressing the reduction of tobacco use is a major strategic policy area when creating public health policy to decrease the prevalence of, morbidity and mortality due to, NCDs. Tobacco use is the single risk factor common to the four main groups of NCDs and may contribute to or exacerbate virtually all of them [5]. It is also a risk factor for infectious diseases, tuberculosis and lower respiratory infections — health burdens that afflict much of humanity.

Tobacco use is not only a health issue but also a development issue that has the potential to impact the labour force, the economy, the environment, and social and legal systems. More than half of smokers die from their tobacco use and many of these deaths occur prematurely, during the economically productive years of life. In most LMICs, the prevalence of smoking is highest among the poor, who are often the most vulnerable to tobacco-related illnesses [6]. Tobacco control therefore requires a multi-sectoral ‘whole-of-government’ and ‘whole-of-society’ approach. At the government level, participation must be sought from diverse sectors, including: health, education, youth, environment, labour, agriculture, tourism, sports, transport, communications, urban planning, employment, industry and trade, finance, social and economic development, and others as country-appropriate [6, 7].

Tobacco use imposes a significant economic burden on society. In addition to the direct medical costs of treating tobacco-induced illnesses, there are indirect costs, including loss of productivity, fire damage, and environmental harm from cigarette litter. Many researchers have noted that the total economic burden caused by consumption of tobacco products more than outweighs any economic benefit from their manufacture and sale [8].

Expenditure on tobacco not only robs users of their health, but nicotine addiction also depletes households of vital income for basic necessities such as food, education, and health care. In Jamaica in April 2016, for example, a 20-pack-a-day smoker of a premium cigarette brand will spend just over J\$365,000 (US\$3,000.00) per year on cigarettes, an amount roughly equal to Jamaica's minimum wage.

Therefore, the importance of collaboration between CSOs, the government, and other key stakeholders in tobacco control cannot be overemphasised. A concerted, coordinated effort by all - leveraging the unique strengths of civil society - is the best and most effective measure countries can use to adopt the FCTC and to move ahead with comprehensive tobacco control legislation.

Tobacco Use Globally and in the Caribbean

The WHO Global Health Observatory estimated that in 2012 the global prevalence of tobacco use was 21% in persons over 15 years of age. Men were five times more likely to smoke cigarettes than women, with prevalence rates of 36% and 7% respectively. The prevalence of tobacco use among adolescent girls 13–15 years old was around 8% globally, but the use of tobacco in adolescent males is believed to be as high as 20% in some regions of the world [9].

A lack of current national and regional data on tobacco use is a major obstacle to understanding the prevalence and impact of tobacco use in the Caribbean.

The Strategic Plan of Action for the Prevention and Control of NCDs for countries of the Caribbean Community (2011) indicated that in Trinidad and Tobago in 2002, tobacco-related deaths, as a percentage of all medical deaths, were 30% among males and 15% among females [5].

Cigarette smoking is the main form of tobacco use in the economic bloc of Caribbean countries known as the Caribbean Community and Common Market (CARICOM). Observers have noted, as per the tobacco prevalence data shared below, that in keeping with the rest of the world, Caribbean men are far more likely to use cigarettes than Caribbean women. Estimates by the Pan American Health Organisation (PAHO) of smoking

prevalence in CARICOM countries (2005) ranged among men from 18% (St. Vincent and the Grenadines) to 36% (Trinidad and Tobago) and in women from 3% (Barbados) to 11% (St. Lucia) [10, 11].

Additional data from the Strategic Plan of Action for the Prevention and Control of NCDs (CARICOM, 2011) records that in the Caribbean, smoking prevalence ranged from 10% to 27% in adults and 10% to 25% in teenagers [5]. According to the Global Youth Tobacco Surveys (GYTS) [12] conducted in the Caribbean between 2000 and 2011, the percentage of youth aged 13-15 years who currently smoke cigarettes ranged from 4% in St. Kitts and Nevis to 17.8% in Jamaica. The surveys also reported that children of this age group were exposed to second-hand smoke in varying degrees [12]. Recent studies from Jamaica suggest a disturbing trend in that the prevalence of tobacco use in youths is increasing and is sometimes higher than that seen in adults [12, 13]. Table 1 illustrates the results of the GYTS, showing the percentage of youth 13-15 years old who currently smoke cigarettes by country and sex [12].

TABLE 1: Percentage of Youth Aged 13-15 Years Who Currently Smoke Cigarettes [12]

COUNTRY	TOTAL	BOY	GIRL	YEAR OF SURVEY
ANTIGUA AND BARBUDA	5.20	5.20	4.30	2009
BAHAMAS	5.20	6.20	3.70	2004
BARBADOS	11.60	14.30	9.30	2007
BELIZE	7.70	11.70	4.40	2008
DOMINICA	7.70	11.70	4.40	2009
GRENADA	8.10	9.90	6.20	2009
GUYANA	9.50	13.30	5.60	2010
HAITI	17.60	17.20	17.70	2005
JAMAICA	17.80	21.50	14.30	2010
MONTSERRAT	5.60	3.50	6.30	2000
ST. KITTS AND NEVIS	4.00	4.80	3.20	2010
ST. LUCIA	10.70	13.30	8.50	2011
SURINAME	12.10	14.00	10.10	2009
ST. VINCENT AND THE GRENADINES	12.80	16.60	8.50	2011
TRINIDAD AND TOBAGO	9.30	10.90	7.00	2011

The Jamaica Health and Lifestyle survey (2007-2008, UWI) found an adult prevalence rate of smoking in Jamaica of 14.5% (males 22.1%, females 7.2%). Lower socioeconomic levels were associated with higher levels of tobacco use [14]. The latest survey in Jamaica conducted by the National Council on Drug Abuse in 2013 confirmed increased rates of smoking among adolescent males and females [13].

9 METHODS

The report documents the experiences of four Caribbean countries. Information was not obtained from the several other countries of the Region due to challenges experienced in achieving a response from stakeholders in these countries. We conducted an internet review of scientific journals, press articles and publications related to tobacco control internationally and in the Caribbean. Please see *Appendix 7: Useful websites and Links* for useful information. Some of these sites were invaluable to the compilation of this case study. In addition, we reviewed documents and archival information from JCTC. This was supplemented by interviews and communications with stakeholders around the region, including other CSOs.

10 HISTORY OF TOBACCO CONTROL IN THE CARIBBEAN

Some level of progress has been achieved in implementing effective tobacco control policies over the last ten years in most Caribbean countries. This is mostly due to the international momentum created by the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC), the efforts of regional governments, and the committed support of several regional and national civil society organisations.

Despite the progress made in tobacco control worldwide, difficulties in FCTC implementation have, thus far, prevented the treaty from realising its full potential to control the epidemic of tobacco use and its effects. Without accelerated FCTC implementation, it will be virtually impossible to meet the World Health Assembly's (WHA's) recently adopted (2013) target of a 25% reduction in premature mortality from NCDs by 2025, and also a relative reduction of 30% in tobacco use by that year [15]. To support this much needed progress, governments are expected to increase their domestic budget allocations for tobacco control measures, and development partners are expected to facilitate improved access to international development assistance [16].

A report entitled *Progression of Tobacco Control Policies, Lessons from the United States and Implications for Global Action* [2] reviewed five policy drivers that constitute components of a successful comprehensive tobacco control programme. They are:

- Science to inform policy
- Information strategies to educate consumers
- Advocacy to stimulate interventions
- Legal actions to develop regulations
- International collaboration through the FCTC

The report states that while it can be argued that government has the responsibility for funding and implementing these activities, these can be most effective when supported by civil society actions.

Successful interventions in tobacco control in the Caribbean would not be possible without these types of drivers influencing government policy; as well as the forging of strong alliances between CSOs and the formation of regional and international alliances with partners working in tobacco control and the control of NCDs.

10.1 History of Tobacco Control at the Country Level

Government efforts

Ministries of Health in the CARICOM region have demonstrated varying levels of leadership in tobacco control, with the most progressive often under the stewardship of committed and passionate Ministers of Health such as former Ministers Donville Innis (Barbados), Leslie Ramsammy (Guyana), Fenton Ferguson (Jamaica), Michel Blokland (Suriname) and Jerry Narace (Trinidad and Tobago). The strong leadership displayed by these Ministers has resulted in tobacco control laws being enacted and comprehensive draft legislation being prepared. Unfortunately, changes of ministers and governments have often caused a loss of the momentum for accelerating implementation of the FCTC.

10.2 History of Tobacco Control at the Regional Level

10.2.1 Regional Government Efforts

Since the 1960s, the Caribbean Conference of Ministers of Health has convened to address health challenges in the region. CARICOM, established in 1973, is a geo-political and economic organisation of 15 Caribbean states and 5 associate members. Through CARICOM's Council for Health and Social Development (COHSOD) regional governments have been collectively involved in NCD-related issues for several years [17]. The Caribbean Cooperation in Health Initiative (CCH, 1983) was an early mechanism to unite Caribbean territories in a common goal to improve citizens' health and wellbeing; develop the productive potential of the people; and, by extension, strengthen the competitive advantage of the region [5].

Reduction of tobacco use and exposure is a primary health concern for CARICOM countries about which many countries have issued statements of concern for many years. In keeping with global trends in health, the 1982 Declaration on Health for the Caribbean Community, for instance, stated as its goal: "Health for all in the Caribbean Community by the year 2000" and included measures to address tobacco control [18].

The CARICOM Heads of Government conference in 2007, *Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases*, was a 'first-in-the-world' regional summit to address NCDs. This conference generated the Port-of-Spain (POS) Declaration, which expressed concern at the alarming increase in the incidence of chronic NCDs, including diabetes and cardiovascular disorders, and highlighted the fact that tobacco use, specifically cigarette smoking, was one of the common risk factors of these diseases. The CARICOM Heads of Government declared their commitment to advancing the tobacco control agenda in the region [5, 16].

The Declaration contained the following statement:

"Our commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control; urge its immediate ratification in all States which have not already done so and support the immediate enactment of legislation to limit or eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, insist on effective warning labels and introduce such fiscal measures as will reduce accessibility of tobacco"

In 2009, the CARICOM Ministers of Health endorsed a recommendation to ban smoking in public spaces as a public good and regional goal, as the region intensified its efforts to tackle NCDs, under the POS Declaration [5].

Vocal and effective champions at technical and political levels are critical. The Hon. Dr. Denzil Douglas, former Prime Minister of St. Kitts and Nevis and former CARICOM Lead Head of Government with responsibility for Health, Human Resources and HIV/AIDS, has been a most effective champion and a strong advocate for the prevention and control of NCDs, and has made the call for the implementation of the FCTC in all CARICOM countries [11, 16].

CARICOM was also instrumental in the preparation of the Regional Standard for the Labelling of Retail Packages of Tobacco Products, initiated in 2006. This standard, as presented by the CARICOM Regional Organisation for Standards and Quality (CROSQ),

was approved by the Council for Trade and Economic Development (COTED) and became a regional CARICOM standard in 2012 [19].

CARICOM's approach to the NCD epidemic was emulated at the global level. A Resolution introduced by CARICOM Member States at the United Nations (UN) in May 2010 led to the United Nations High Level Meeting (UNHLM) on Non-Communicable Diseases held at the UN General Assembly in September 2011 [5, 16]. The Resolution, which was co-sponsored by more than 100 Member States, called for a high-level meeting of UN Member States to address the pressing health problem of chronic NCDs, the leading cause of death worldwide, and to address the burden of these diseases on the economies of developing countries [16, 20].

Sir George Alleyne, one of the most prominent Caribbean voices for public awareness and response to NCDs (and who had been a driving force for the POS Declaration in 2007), also provided significant leadership in the process that led to the UNHLM. His work has given greater prominence to NCD issues, inclusive of tobacco control [16].

Prior to the POS Declaration there were several Caribbean treaties and declarations with respect to NCDs in the region, which by extension address the issues of tobacco use. See *Appendix 1: Caribbean Treaties and Declarations on NCDs and Tobacco Control* for further information.



October 2010 - Bloomberg Grant Project Meeting, Guyana - team is shown with former Minister of Health Dr. Leslie Ramsammy

10.2.2 Regional Organisation Efforts

The Ministries of Health in the region have been supported and influenced by important regional organisations that have played a significant role in supporting tobacco control activities. These include the Pan American Health Organisation (PAHO), the Inter American Heart Foundation (IAHF)/ FCTC Network, the Healthy Caribbean Coalition (HCC) and the newly created Caribbean Public Health Agency (CARPHA). The University of the West Indies (UWI) has also contributed mainly by undertaking research projects. See *Appendix 4: Tobacco Control Research Efforts in the Caribbean Region* for more information.

The Pan American Health Organisation

PAHO is the specialised international health agency for the Americas. It works with countries throughout the region to improve and protect people's health. PAHO engages in technical cooperation with its member countries to fight communicable and non-communicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. During more than 110 years of existence, PAHO and its member countries in the Americas have achieved major health milestones [6].

PAHO, although principally working via governments, has had a substantial role in actively supporting civil society and has been involved for many years in the area of tobacco

control. One of its greatest achievements in that regard was its early focus on smoke-free environments, which set the region's civil society organisations on a path to advocate for the implementation of smoke-free policies [4]. Additionally, PAHO supported civil society capacity building and also helped to strengthen civil society capacity to advocate for NCD prevention and control [6].

Several sub-regional workshops held by PAHO in the 1980s identified strategies and obtained political commitment for tobacco control in member countries. The sub-regional workshop for the English-speaking Caribbean, attended by representatives from every CARICOM country, was held in 1987 [21]. At these workshops, representatives of each sub-region reported on activities related to tobacco control, including surveillance, regulatory policies, educational programmes, and media activities. Arising out of these meetings and workshops, a plan for the control of tobacco was developed and circulated widely; however there was little follow-up and low implementation by countries.

In 2001 PAHO launched the Smoke-Free Americas initiative to raise awareness about the harmful effect of exposure to second-hand tobacco smoke and to support efforts to implement smoke-free environments in all public places and workplaces [22]. The initiative provided technical cooperation to governments that wished to implement smoke-free environments, and a wide range of resources to assist advocates, parents, communities and the public in creating smoke-free environments where they lived and worked. PAHO sponsored policy-relevant research, conducted training workshops, and provided seed grants to support strategic smoke-free environment campaigns. The Smoke-Free Americas workshop was piloted in Jamaica in April 2003 and representatives from all CARICOM states were in attendance [22, 23, 24].

Since the adoption of the WHO FCTC by the 56th World Health Assembly in May 2003, PAHO has provided technical assistance to member states, first to facilitate countries becoming Parties to the FCTC and then to support the implementation and enforcement of national tobacco control legislation in line with the mandates of the FCTC and the recommendations of its guidelines for implementation. In some cases, rapid operational research was conducted and linked to a specific legislative process. This included, for example, measurement of levels of exposure to second-hand smoke in public places

or measurement of the economic impact of a smoking ban on bars and restaurants, conducted in support of implementation of smoking bans in public places. This type of research gave an 'extra push' to country efforts to implement policy [6].

In August 2004, the Trinidad and Tobago government ratified the FCTC. In support of this, PAHO launched a smoke-free pilot project in conjunction with the North West Regional Health Authority, the UWI, the National Parent Teachers Association and the Power Generation Company of Trinidad and Tobago. The project aimed, firstly, to raise awareness about the harm caused by second-hand tobacco smoke and secondly, to emphasise the need to promote written and enforced policy requiring key sectors to become smoke-free [23].

Ministers of Health of the Region of the Americas, meeting in the Directing Council of PAHO, adopted resolutions on tobacco control in 2008 and 2010. These resolutions urged Member States to ratify the WHO FCTC (if they had not already done so) and to implement its provisions and the recommendations of its implementation guidelines. The 2010 resolution also urged Member States to be aware of tobacco industry interference aimed at undermining tobacco control efforts [25, 26].

At the 48th meeting of the PAHO Directing Council in September 2008, Ministers of Health and high-level delegates endorsed the outcome document CD48/12, *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for Its Implementation in the Americas*.

This included the statement [25]:

*"Consideration of ratification by each PAHO member country of the WHO FCTC and implementation of its six MPOWER recommendations for tobacco control."*¹

¹ The WHO FCTC 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. These measures are intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO FCTC. (WHO MPOWER- <http://www.who.int/tobacco/mpower/en/>)

The six components of MPOWER are:

1. Monitor tobacco use and prevention policies
2. Protect people from tobacco smoke
3. Offer help to quit tobacco use
4. Warn about the dangers of tobacco
5. Enforce bans on tobacco advertising, promotion and sponsorship
6. Raise taxes on tobacco

At the 50th meeting of the PAHO Directing Council in September 2010, health leaders committed to resist tobacco industry pressure and support efforts to reduce tobacco use. As an outcome of this meeting, Ministers of Health and other high-level delegates pledged to [26]:

“Oppose attempts by the tobacco industry or its allies to interfere with, delay, hinder, or impede the implementation of public health measures designed to protect the population from the consequences of tobacco consumption and exposure to second-hand smoke.”

PAHO continues to host important sub-regional and regional meetings and workshops on tobacco control, including most recently:

- Workshop on Strengthening Capacity for Development of Tobacco Control Legislation 26th -27th June, 2012, St Lucia
- Regional Seminar- Tobacco prices and taxes, and Illicit trade of tobacco products Panama City, 10th to 12th July 2012
- Sub-Regional Training Workshop on Tobacco Taxation for CARICOM Countries Barbados, 28th -30th October, 2014

In 2013, PAHO launched a *Manual for Developing Tobacco Control Legislation in the Region of the Americas*, which included a template for a Tobacco Control Act.

In publishing this valuable manual, PAHO reaffirmed its commitment to provide technical support to Member States in drafting domestic legislation to comply with the mandates of the WHO FCTC, to support all Member States in their efforts to overcome this deadly epidemic and prevent private interests from jeopardising the health and well-being of the Region’s population. The manual is intended as a tool for those who are in charge of developing tobacco control legislation, and can also be useful for tobacco control advocates supporting government efforts [27].

The InterAmerican Heart Foundation

The InterAmerican Heart Foundation (IAHF), based in Dallas, USA, was established in 1994. Its mission is to reduce disability and death from cardiovascular diseases and stroke in the Americas. In 2002, the IAHF became the Secretariat for an international health organisation network which was formed to promote the ratification and implementation of the FCTC in Latin America and the Caribbean. This network resulted from a memorandum of understanding between the IAHF, the American Cancer Society (ACS), the Campaign for Tobacco-Free Kids, the American Heart Association and the American Lung Association, with in-kind support from the Heart and Stroke Foundation of Canada and PAHO. Playing mostly a behind-the-scenes role, the IAHF kept the network informal and obtained funding from various sources to support specific advocacy activities in the region [4, 28].

In 2005, the IAHF became more involved with Caribbean leaders in tobacco control. Between 2007 and 2009 the IAHF opened three regional affiliate offices in Mexico City, Buenos Aires, Argentina and Kingston, Jamaica, in an effort to involve local players more actively. Through these affiliate offices the IAHF supported the creation of several tobacco control networks, including the IAHF FCTC network for the Caribbean.

The mission of the IAHF FCTC Caribbean Network as stated is:

To achieve early and the strongest possible implementation of the most effective tobacco control measures prescribed by the WHO FCTC, in particular.

The IAHF FCTC Caribbean Network aims to achieve its mission by:

- Working directly with elected officials and government administrators to provide information about WHO FCTC
- Promoting public awareness of the need for WHO FCTC ratification and implementation
- Mobilising civil society to join the IAHF Caribbean FCTC Network and to pro-actively build public support for ratification and implementation of the WHO FCTC

The network is a resource for the sharing of information, supporting members' tobacco control activities in the region, and enabling the implementation of the FCTC.

With the support of the IAHF FCTC Caribbean network, other committed stakeholders, and civil society groups, all CARICOM countries with the exception of Haiti are now signatories to the FCTC. The last country, St. Kitts and Nevis, ratified the FCTC on September 19th 2011. This signalled a commitment by Caribbean leaders to enact the articles of the Convention via legislation. However, despite the apparently high level of commitment, as of April 2016, only four CARICOM members had progressed to the enactment of tobacco control legislation to protect their citizens from the scourge of tobacco.

The IAHF FCTC Caribbean Network was able to offer technical support to attract funding for the first regional (four-country) project on tobacco control in April 2008 [4]. This funding was awarded to the JCTC by the Bloomberg *Initiative to Reduce Tobacco Use* through the *Campaign for Tobacco Free Kids (TFK)*. The two-year regional project, *Introducing a Picture-Based Health Warning System on Cigarette Packages in the Caribbean*, was rolled out in four countries: Barbados, Guyana, Jamaica, and Trinidad and Tobago [4]. Three subsequent tobacco control grants were given to the JCTC from the Bloomberg Initiative (these are elaborated upon further in this report).

The Healthy Caribbean Coalition

In response to the 2007 CARICOM Heads of Government Declaration of Port-of-Spain *Uniting to Stop the Epidemic of Chronic NCDs*, the Healthy Caribbean Coalition (HCC), a regional NCD alliance, was formed in 2008. PAHO and other international organisations provided support to catalyse the formation of the HCC, a 40-member non-governmental organisation (NGO) alliance dedicated to combating NCDs. Today the HCC is a network of more than 60 Caribbean-based NGOs and 65 not-for-profit organisations with in excess of 350 individual members based in the Caribbean and internationally [29, 30]. It is the sole regional civil society body established to tackle NCDs and is a Common Interest Group member of the NCD Alliance.

The establishment of a Caribbean civil society coalition was an important milestone, as

it represented the first occasion on which civil society was mobilised at the regional level around the chronic NCD health agenda. The HCC 2012-2016 Strategic Plan identified four priority areas for NCD prevention and control, which would inform its strategic objectives.

These included [31]:

1. Advocacy – as a tool for influencing positive change around NCDs through the mobilisation of Caribbean people and the creation of a mass movement aimed at responding to NCDs
2. Effective Communication – for and among members and with the people of the region
3. Capacity Building – among health NGOs and regional civil societies
4. Promotion of mobile health (mHealth) and electronic health (eHealth) technology – to contribute to NCD public health campaigns and programmes

The HCC has been actively involved in promoting NCD risk factor reduction through:

- Tobacco control activities and advocacy for the implementation of the FCTC
- Promotion of increased physical activity
- Dietary campaigns to promote reduction of salt and sugar and elimination of trans fats
- Promotion of responsible alcohol use

In 2013, the HCC, with the support of the US Department of Health and Human Services (DHHS, US) and the Mobile Commons Group (MCG), piloted a small smoking cessation mHealth project based on the US DHHS Smoke-free TXT Smoking programme. The pilot achieved a quit rate of approximately 12% (comparable to rates achieved in similar programmes globally). Plans to scale up the mHealth project regionally are ongoing [30].

In March 2014, the HCC produced a regional status report on NCDs in the Caribbean, *Responses to NCDs in the Caribbean Community*. This report, supported by the NCD Alliance and Medtronic Philanthropy, provided a detailed assessment of progress made in tackling NCDs regionally. It included a call to action in those areas in which gaps in

progress were detected and which required greater CSO-led advocacy, including in the area of tobacco control [32].

The main findings of the report were that the Caribbean region played a significant role globally in advancing the response to NCDs and that governments of the region have, for the most part, recognised that a 'whole-of-government' and 'whole-of-society' response to the NCD epidemic is needed. The report also noted that civil society, especially NGOs, continue to play a major role in the Caribbean, in the provision of services, fundraising, outreach, education, and advocacy related to NCDs. With respect to tobacco control, the report stated that although most countries have ratified the FCTC, few have implemented provisions of the treaty with, for example, only four of them enacting legislation banning smoking in public places, very few having programmes in place for treatment of tobacco dependency and only very few having enacted legislation against tobacco company sponsorship and advertising of tobacco products.

The Caribbean Public Health Agency (CARPHA)

The Caribbean Public Health Agency (CARPHA) is the new single regional public health agency for the Caribbean. It was legally established in July 2011 by an Inter-Governmental Agreement signed by Caribbean Community Member States and began operation in January 2013. PAHO/WHO and international partners, including Canada, the United States, and the United Kingdom, provided support for CARPHA's development. The Agency rationalises public health arrangements in the Region by combining the functions of five Caribbean Regional Health Institutes into a single agency. They are [33]:

- The Caribbean Environmental Health Institute (CEHI)
- The Caribbean Epidemiology Centre (CAREC)
- The Caribbean Food and Nutrition Institute (CFNI)
- The Caribbean Health Research Council (CHRC)
- The Caribbean Regional Drug Testing Laboratory (CRDTL)

CARPHA brings these Regional Health Institutes together as one strong force under a public health umbrella, so that issues which require a regional response can be addressed [33].

The Agency is the Caribbean Region's collective response to strengthening and reorienting our health system approach so that we are equipped to address the changing nature of public health challenges. The approach is people-centred and evidence-based.

The objectives of CARPHA are to:

- Promote the physical and mental health and wellness of people within the Caribbean
- Provide strategic direction, in analysing, defining and responding to public health priorities of the Caribbean Community
- Promote and develop measures for the prevention of disease in the Caribbean
- Support the Caribbean Community in preparing for and responding to public health emergencies and threats
- Support solidarity in health, as one of the principal pillars of functional cooperation in the Caribbean Community
- Support the relevant objectives of the Caribbean Cooperation in Health

CARPHA's work is aligned with the principles of the Caribbean Cooperation in Health (CCH III) and the upcoming CCH IV, which seeks to improve the health of people in the Caribbean and reduce the risks of disease, injury, and disability. Membership in CARPHA is open to all Members and Associate Members of CARICOM.

CARPHA has provided important leadership and coordination to help member countries address the many public health challenges facing the Caribbean, including the NCDs.

11 ADVOCACY IN THE CARIBBEAN

11.1 The Role of Selected Country-Level Civil Society Organisations in Tobacco Control

There are several CSOs in the region that have shown strong tobacco control leadership and tackled tobacco control advocacy with varying degrees of success. These organisations were active prior to the availability of funding for tobacco control from the Bloomberg Initiative and continued to partner with regional and international organisations, as well as local and regional CSOs involved in tobacco control.

It is important to note that the success of advocacy for tobacco control at a CSO level is driven in part by CSO members who have prominence, charisma, and strong community relations that enable them to act as strong champions for advancing tobacco control measures.

The following sections highlight the significant catalytic work of civil society organisations and their champions across the region.

The main criteria for choosing the CSOs listed below were:

- Their considerable track record as public health advocates, including the early recognition of tobacco health harms
- A long and credible history of effective leadership and organisational soundness including coalition-building skills
- An established record of local and regional linkages/networking
- Their grasp and articulation of public health and policy issues made them a force to be reckoned with by governments and other high-level stakeholders

11.1.1 Barbados

The Barbados Cancer Society

The Barbados Cancer Society (BCS) is a non-governmental, non-profit organisation. It was founded in 1980 and its mission is the prevention, early detection and cure of cancer. The BCS has always emphasised that even without a cure, one of its main objectives is to mitigate cancer's effects and to comfort its victims. The BCS is dedicated to the

prevention and alleviation of pain and suffering from cancer via public education, the promotion of early detection and prompt treatment, and the provision of patient care, support services and concerted counselling [34].

BCS Tobacco Control Programme

The BCS' Tobacco Control Programme began in 1982. Its objectives are to prevent, reduce, and ultimately eradicate tobacco consumption. Dr. Tony Gale, the programme's Honorary Director from 1985 until 2008, was a prominent spokesman responsible for leading a grassroots media programme that continuously supplied information on the hazards of smoking. This programme used press articles, call-in programmes, radio and television advertising, and group smoking cessation discussions to disseminate its tobacco control message [35].

Between 1982 and 1998 the BCS Tobacco Control Programme was the only one of its kind throughout the Commonwealth Caribbean. The programme provided accurate information about tobacco use and the tobacco industry and consistently educated consumers to think critically about initiation and cessation of tobacco use. The programme detailed the medical, educational, social, economic, and legislative measures needed to prevent, reduce and ultimately eradicate tobacco smoking and its use in any other form [35].

According to the BCS website, data from its surveys, the Government Statistical Department, and the Ministry of Health, in collaboration with PAHO and the United Nations Children's Fund (UNICEF), all concurred that the Society's tobacco control programme was a success in terms of educating and sensitising the public [35].

Barbados recorded a reduction in tobacco consumption during the period 1982 to 1993, due in large part to the success of the BCS tobacco control programme. This was highlighted in an article from the British Medical Journal in 1999 which referred to surveys by government agencies that showed that between 1982 and 1993, tobacco consumption in Barbados declined by 32%, with daily smoking prevalence among adults (15–60 years) of only 9% by 1993. Interestingly, that article also pointed to another survey which showed that 8 out of 10 employers had banned smoking at their workplace. [36].

The significant and rapid decline of smoking prevalence in Barbados appeared to have been influenced by the closure in 1995 of a British American Tobacco Company West Indies Limited factory that had operated in the country since 1926 (and had a 90% share of the Barbados tobacco market). Subsequently, The West Indian Tobacco Company, a subsidiary of British American Tobacco (BAT), supplied the Barbados market from its base in Trinidad and Tobago [35, 36].

Mostly recently, in 2015, the pioneering work of the BCS in tobacco control was recognised and applauded in the local national print media. The article published in the Barbados Advocate, featured the 2015 Health of the Nation (HotN) study, a partnership between the Ministry of Health and the Chronic Disease Research Centre, UWI. The focus of the HotN study was the prevalence and social determinants of risk factors for CNCDs. Daily tobacco use was reported by one in ten men and one in 50 women, and these low rates were attributed in part to advocacy of the BCS [37]. Of note, however, is a concern that the youth (13-15 yrs) cigarette smoking rates in Barbados, recorded by the GYTS survey in 2007 and seen in Table 1, are quite high in comparison to other Caribbean countries [12].

Awards for Barbados

The BCS was recognised in 1993 by WHO for its service with an award, the Tobacco or Health Gold Medal, one of the two medals awarded in the Americas in 1993 [35, 38]. Other aspects of the Society's health promotion programmes included regular quit-smoking clinics, television advisories, panel discussions, radio call-in programmes, and participation in World Health Organisation activities.

In recognition of outstanding achievement in cancer education and prevention, resulting in one of the lowest recorded national smoking rates in the world, Dr. Tony



May 1999 - World Health Organisation (WHO) Tobacco Free World Gold Medal. Dr. Tony Gale receives his citation from Dr. Karen Sealy, Caribbean co-ordinator of the Pan American Health Organisation. Barbados Health Minister, the Honourable Liz Thompson, left, is holding the medal. (Reprinted from Barbados- Gale of change- BMJ Tob Control 1999; 8:242 doi:10.1136/tc.8.3.242d)

Gale - the principal architect and leader of the pioneering work of the BCS, (now retired) - was awarded a WHO Tobacco Free World Gold Medal in May 1999 [36, 38].

Heart & Stroke Foundation of Barbados

The Heart & Stroke Foundation of Barbados Inc. (HSFB), a non-profit organisation, was founded in 1985 as the Heart Foundation of Barbados [39]. Its mission is to keep people heart-healthy and reduce suffering and death from heart disease and stroke. It is a member of the Framework Convention Alliance (FCA) for tobacco control and has been involved in tobacco control for several years. HFSB has worked closely with the Ministry of Health to support tobacco control policy.



April 2009 - Bloomberg Grant Project meeting, Barbados

A former CEO of the HSFB, Mr. Adrian Randall, was a strong advocate for tobacco control and helped to shape the Foundation's formative policies. He also worked closely with

the Government of Barbados to support ratification of the FCTC in November 2005 and supported and advised several other Caribbean countries on tobacco control [40].

In February 2006, Mr. Randall, as Chairman of the HSFB, was invited by the FCA to attend the first WHO Conference of the Parties (COP) to the FCTC. At this meeting, he was the only NGO representative from the English-speaking Caribbean and was accorded recognition for his significant contribution to the advocacy that led to the drafting and enactment of legislation banning smoking in public places in Barbados [39].

Vigorous advocacy from the HSFB via Mr. Randall and several other Barbadian NGOs resulted in a smoking ban in all viewing areas during the Cricket World Cup event held in Barbados in 2007. Although some smoking areas were provided, they were not in sight of play and there was no seating [41].

The HSFB uses its online newsletter (and previously its monthly column in the Barbados Nation Newspaper - the HSFB Pulse) to highlight issues around the need for tobacco control policy and for educating citizens about the dangers of tobacco use.

In 2008 the HSFB partnered with the JCTC to support the first Bloomberg-sponsored regional project for graphic health warnings that helped to increase awareness of tobacco control issues in the Caribbean. During the life of the Bloomberg project the HSFB's advocacy also supported the introduction of the Barbados Health Services (Prohibition of Tobacco Smoking in Public Places) Regulations, 2010.

In November 2014, the HSFB, with the support of the HCC and NCD Alliance/Medtronic Philanthropy, held a meeting in Barbados with key stakeholders to explore the feasibility of forming a Barbados Coalition for Tobacco Control. A decision was taken at the time to defer the formation of a civil society tobacco control coalition because of limited capacity to effectively establish and sustain such an organisation.

11.1.2 Jamaica

The Jamaica Coalition for Tobacco Control



May 2012 - JCTC Board members

The Jamaica Coalition for Tobacco Control (JCTC), a tobacco control advocacy group, was launched on May 31st, 2002, World No Tobacco Day. It consisted of eight health-related member organisations that are all committed to support Jamaica's full implementation of the FCTC, a ninth member was added in 2010. See *Appendix 2: The Jamaica Coalition for Tobacco Control*.

The JCTC is a member of the HCC and the FCA. It works closely with the government, health and allied organisations, and the media to encourage abstinence from, and prevention of, tobacco use, in order to attain and maintain a healthy lifestyle.

The Heart Foundation of Jamaica (HFJ), which serves as the Secretariat for the JCTC, was established in 1971 as a non-profit non-governmental organisation. The HFJ is a member of the IAHF, the FCA, the World Heart Federation (WHF) and the HCC. The HFJ is also the Caribbean regional office for the IAHF and is a training centre for the American Heart Association (AHA). Additionally, the HFJ is involved in prevention programmes for cardiovascular disease.

The JCTC is guided by five main objectives:

- To further sensitise the public to the risks of tobacco smoking
- To support and promote anti-smoking activities of groups and agencies geared towards the reduction of smoking in communities
- To be an advocacy and lobby group for policy issues, such as legislation, taxation and levies
- To be a watch group for the control of messages that promote tobacco smoking
- To support measures for the rehabilitation of smokers

The JCTC members meet regularly to review and be updated on agreed activities and designated members of each association are on the JCTC Board. Board members are also involved individually in advocacy in terms of writing articles and lobbying key contacts in the government to advocate for tobacco control legislation.

Prior to the funding via the Bloomberg Initiative to Reduce Tobacco Use in 2008, the activities of the JCTC focused on activities requiring minimal expenditure such as sensitising key groups about the dangers of tobacco, using media to share key messages and monitoring tobacco industry interference. The focus included working closely with the Ministry of Health, other Ministries such as Foreign Affairs and Trade, and other key players to advocate for the signing of the FCTC. All members of Parliament were given information packets about the FCTC and the need to sign the treaty, which was accomplished on September 24th, 2003 and ratified on July 7th, 2005.

The JCTC Tobacco Control Project Office

With support from project funding through the Bloomberg Initiative to Reduce Tobacco Use as well as support from one of its tobacco control partners - the Campaign for Tobacco Free Kids - the JCTC was able to establish a tobacco control project office in April 2008. In that year, the project office had a staff complement of five persons in four countries for the first project grant supported by TFK and with technical support from the IAHF, a consultant was engaged to support its start-up.

This project office centralised the advocacy and other activities towards meeting project objectives of accelerating the implementation of the FCTC. The office remains situated within the HFJ and is staffed by a Project Manager and a Communications Officer, with additional administrative support from the HFJ. The Executive Director of The HFJ and JCTC Board member, Mrs Deborah Chen, oversees all tobacco control efforts. The office continues its work through ongoing project funding as well as via financial, logistical and technical support from the HFJ. The current staff complement is two persons in Jamaica.

Project staff benefited from training efforts via online and in-person courses in tobacco control offered by the Johns Hopkins Bloomberg School of Public Health.

Tobacco Control Grants Received by the JCTC

The JCTC works closely with other health NGOs, the Ministries of Health of the region and other key stakeholders, including non-Health Ministries, to support governments' intentions to honour their obligation under the FCTC by passing comprehensive tobacco control legislation. With the support of the IAHF Caribbean, the JCTC was able to secure funding for four tobacco control projects during the period April 2008 to December 2014. Table 2 lists the grants received by the JCTC.

Opposite: August 2008 - Regional Tobacco Control Project Team – Jamaica



THE HEART FOUNDATION OF JAMAICA



TABLE 2: Grants Received by the JCTC from the Bloomberg Initiative to Reduce Tobacco Use

PROJECT PARTNER	TITLE	DURATION	PRIMARY OBJECTIVE
Campaign for Tobacco Free Kids (TFK)	Introducing a Picture-Based Health Warnings System on Cigarette Packages in the Caribbean	April 2008 - June 2011	To achieve a strong CARICOM cigarette labelling standard, and to ensure implementation of the standard or equally strong requirements in four target countries: Barbados, Guyana, Jamaica, and Trinidad and Tobago
The International Union Against Tuberculosis and Lung Disease (The Union)	Developing and enacting comprehensive tobacco control legislation in Jamaica	July 2011 - June 2013	Advocacy for the speedy passage, enactment and monitoring of comprehensive tobacco control legislation in Jamaica, aligned with the FCTC
Campaign for Tobacco Free Kids (TFK)	Ensuring long term smoke-free and Graphic Health Warnings Monitoring and Enforcement	September to November 2013	A Rapid Response grant to catalyse, support and sustain the implementation and enforcement of smoke-free spaces and graphic health warnings for cigarette packs in Jamaica
Campaign for Tobacco Free Kids (TFK)	Developing, passing, and implementing comprehensive tobacco control legislation in Jamaica	December 2014 - June 2016	Support Government and civil society actions to ensure the speedy passage, enactment and monitoring of comprehensive tobacco control legislation in Jamaica, aligned with the FCTC.

Through its association with the JCTC, TFK also provided a grant to engage the services of a local consultant from November 2013 to October 2014. The contract provided technical support to the Jamaica Ministry of Health's tobacco control efforts, including implementing and monitoring the tobacco control regulations enacted in July 2013.

Awards for Jamaica

Leadership by the Government of Jamaica in tobacco control was recently reflected in the receipt of The Jamaica Gleaner 2013 Honour Award in the category Health and Wellness, in recognition of bold and courageous implementation of the Tobacco Control Regulations 2013 [42] by its then Minister of Health, the Honourable Fenton Ferguson.

Minister Ferguson received a subsequent award in June 2014 from the World Heart Federation for his work in the enactment of strong regulation banning smoking in public places [43].



September 2013 - Deborah Chen, then Vice President of the WHF, President of the IAHF, ED of The HFJ & JCTC Board member, was awarded Tobacco Control "Champion", at the "Endgame for tobacco" conference in India

The important tobacco control advocacy of the JCTC continues to be recognised locally and internationally. Mrs. Deborah Chen, Executive Director of the HFJ, JCTC Board member, then Vice President of the World Heart Federation and President of the InterAmerican Heart Foundation - one of the early champions and advocates for tobacco control in the JCTC - was awarded the Tobacco Control 'Champion' Award for her advocacy in tobacco control in Jamaica at the *International Conference on Public Health Priorities in the 21st Century: The Endgame for Tobacco*, held in New Delhi, India in September 2013 [44].

In March 2014, Jamaica won two awards at the 4th IAHF Latin American Conference on Tobacco or Health held in San Jose, Costa Rica [45]. The HFJ/JCTC and the Ministry of Health were both

honoured for 'Protecting the health of all Jamaicans with strong regulations against tobacco'.



March 2014 - Jamaica wins two awards from the IAHF
From left: Beatriz Champagne, Executive Director of the InterAmerican Heart Foundation (IAHF); Adrian Booth, Sharon Jones and Sheryl Dennis from the MOH Jamaica; Barbara McGaw Tobacco Control Project Manager JCTC; Deborah Chen, Executive Director, HFJ and President, IAHF and Yvonne Garcia Richaud, Vice President IAHF.

June 2014 - Jamaica's Minister of Health, the Hon Fenton Ferguson (R) receives an award from President of the WHF, Dr Srinath Reddy (centre) for banning smoking. Mrs. Deborah Chen, Vice President of the WHF looks on.



11.1.3 Suriname

Suriname has been actively supporting tobacco control efforts for several years. In December 2008, its Government ratified the FCTC. Since February 2013, Suriname has had in place the most comprehensive tobacco control legislation in CARICOM. The country's Ministry of Health demonstrated extraordinary leadership and dedication in its diligent efforts to implement the provisions of the FCTC.

With technical cooperation and strong leadership from PAHO, support from key community groups and active NGO involvement, the Ministry of Health authored a Tobacco Control Bill. This bill, which the country's National Assembly ultimately unanimously approved, banned tobacco smoke in all closed public spaces, indoor workplaces, and some outdoor public spaces; prohibited all forms of tobacco advertising, promotion, and sponsorship; and included requirements for graphic health warnings on tobacco packaging as well as product labelling [46]. The bill was passed despite eleventh-hour attempts by hospitality and tobacco industry lobbyists to modify the draft legislation in order to permit designated smoking areas, exempt casinos, and allow tobacco promotion [47, 48].

Inter-sectoral partnership between key groups ensured the development and passage of the comprehensive tobacco control legislation. Activities undertaken to advocate for this legislation included mass media campaigns, community marches, press conferences, and parliamentary briefings. Some of the key community-based groups involved in the country's remarkable legislative process were [47, 49]:

- Het Platform van Buurtorganisaties (Neighbourhood Organisations' Platform). It organised educational activities in various communities that focused on the importance of the proposed tobacco control legislation
- Stichting Buurthuis Latour -STIBULA- (The Neighbourhood Organisation Latour Foundation), which organised community activities around the legislation and put the campaign logo on its building
- Stichting Leven en Gezondheid (Life and Health Foundation). This Foundation organised a walk by students from the Renkewitz School during which they carried the campaign banner and distributed information about the tobacco control law. Additionally, it organised a weekend sporting event with the Slook School to promote the legislation



Suriname receives award from IAHF – March 2014 From left Deborah Chen, Executive Director, The HFJ and President, IAHF; Astracia Warner representing Suriname MOH and Yvonne Garcia Richaud, Vice President, IAHF.

Awards for Suriname

On World No Tobacco Day, 2013, health officials and the National Assembly of Suriname were honoured by PAHO/WHO for their contributions to advancing tobacco control in the face of strong tobacco industry interference [46]. The awardees were:

- Dr. Marthelise Eersel, Suriname Director of Health at the Ministry of Health in 2013. Under her committed leadership the Ministry demonstrated unwavering dedication to the preservation of the public health of Suriname. This was done through a diligent process of implementing several provisions of the WHO FCTC since the country ratified the treaty in 2008. Dr. Eersel's Ministry team and other stakeholders developed the recently approved tobacco control legislation and worked hard during the legislative debate to prevent the inclusion of amendments supported by tobacco control opponents
- The National Assembly of the Republic of Suriname. The award was given because

of its provisions to make Suriname the first country in the Caribbean Community to achieve extensive tobacco control

In March 2014, the Government of Suriname was also awarded by the InterAmerican Heart Foundation at the 4th IAHF Latin American Conference on Tobacco or Health held in San Jose, Costa Rica for its strong leadership in tobacco control and the passage of the country's comprehensive legislation [45, 50].

11.1.4 Trinidad and Tobago

The Trinidad and Tobago Cancer Society

The Trinidad and Tobago Cancer Society (TTCS) is a non-governmental, non-profit, voluntary service organisation established in 1971, which aims to promote the early detection of cancer through screening, education, and advocacy [51]. The TTCS' tobacco control advocacy over the years has included sensitising the public about the dangers of tobacco use. It also worked closely with the government to enact tobacco control legislation. Another activity is reporting to the Ministry of Health breaches of the tobacco control legislation by the tobacco companies [52].

The former Chairman of the TTCS, Dr. George Laquis, remains an ardent tobacco control advocate. He has consistently highlighted the underhand activities of the tobacco industry in his country by frequent reports in the media. He continues to point out the challenges and delays in implementing the current Tobacco Control Act (2009) and keeps the public and policymakers aware of breaches by the tobacco industry.

In 2009, as part of World No Tobacco Day (WNTD) advocacy activities, the TTCS worked with AGB Advertising, which designed and erected a billboard, free of charge, to raise awareness about the financial and other costs of tobacco use. The billboard's message was 'Stop smoking, save money' with a visual of money burning.



Billboard erected in Trinidad and Tobago, WNTD, May 2009

The TTCS in 2012 called on the Ministry of Health to take immediate action against The West Indian Tobacco Company (WITCO) for “illegal and deliberate” breaches of the Tobacco Control Act by allowing itself to be publicly acknowledged for sponsorship of Carnival 2012 and Christmas 2011 events. WITCO is a long time sponsor of the ‘WITCO Desperadoes Steel Orchestra’ at the Annual Carnival celebrations. The TTCS reported that the Tobacco Control Act 2009 prohibits tobacco advertising promotion and sponsorship [52, 53].

The TTCS partnered with the JCTC in the first Bloomberg-sponsored regional project for graphic health warnings and their involvement helped to increase awareness of tobacco control issues regionally. TTCS’ advocacy has also included technical support for the drafting and eventual introduction of the Tobacco Control Act, which was enacted as policy in 2009.

In November 2014, in partnership with the TTCS, the HCC hosted a meeting in Trinidad and Tobago (with financial support of the NCD Alliance/Medtronic Philanthropy and technical support from the JCTC) to explore the feasibility of forming a Trinidad and

Tobago Coalition for Tobacco Control (TTCTC). The meeting was attended by over 20 key stakeholders including the Ministry of Health Tobacco Control Unit established by the government in 2014 to support the implementation of Tobacco Control Act which was passed in its entirety in August 2013. The meeting was extremely well attended and highlighted the significant interest of national civil society organisations to mobilise around tobacco control with a focus on advocacy aimed at implementation and monitoring of the TT Tobacco Control Act [54].

The founding organisations present at the inaugural meeting of the TTCTC indicated a willingness to accelerate the official formation of the TTCTC following an extended period of inactivity due to challenges at the TTCTC Secretariat. The TTCS, which was the Secretariat for the TTCTC, has since stepped down from this role. It is hoped that the newly formed Trinidad and Tobago NCD Alliance (formed in July 2015) will provide much needed leadership to revitalise the group.

March 2010 - Bloomberg Grant Project Meeting, Trinidad and Tobago. Team photo with then Minister of Health, Hon. Jerry Narace and his team



The Coalition for Tobacco-Free Trinidad and Tobago

This Coalition was founded in 2000 following the first meeting of the WHO Intergovernmental Negotiating Body (INB), attended by representatives from Trinidad and Tobago and which was responsible for the development of the FCTC. The Coalition was a network of approximately 20 NGOs [23]. The Chairperson of the Coalition from 2000-2006 was Caroline Alexis-Thomas.

Included in the organisations' main activities was collaboration to:

- Support the government's position on the development of the FCTC
- Build support by the NGO community for the implementation of the FCTC
- Raise awareness of the challenges of tobacco control due to the interference of the tobacco industry

Unfortunately, the Coalition became dormant in 2006, due to leadership changes. Despite this setback, some of its individual members continue the work in tobacco control and may become a part of the proposed new tobacco control coalition being formed.

12 THE FCTC AND TOBACCO CONTROL LEGISLATION IN THE CARIBBEAN

12.1 The Framework Convention on Tobacco Control

The WHO FCTC was developed in response to the globalisation of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalisation and direct foreign investment. The FCTC provides an internationally co-ordinated response to combating the tobacco epidemic. The treaty addresses tobacco industry marketing campaigns executed simultaneously throughout different countries and cigarette smuggling that is often co-ordinated by the tobacco industry in many countries [3].

The FCTC treaty entered into force in February 2005 and was signed by 168 of the 192 WHO member states. As of March 2016, 180 WHO member states are parties to the Convention, representing more than 87% of the world's population. All CARICOM member states have ratified the treaty to date, with the exception of Haiti [55]. Trinidad and Tobago has the distinction of being the first Caribbean country to ratify the FCTC (August 2004) and also the first to enact tobacco control legislation (December 2009). See *Appendix 3: List of CARICOM Territories in the FCTC* [55].

12.2 The role of civil society in the FCTC negotiations and ratification

During the FCTC negotiations (1999-2003) international civil society organisations seeking to influence the process were mobilised under a common umbrella organisation, the Framework Convention Alliance. This alliance provided expert information for, and briefing of, government delegates; published a daily newsletter; and shamed delegates for supporting tobacco industry positions. Even though participation of civil society organisations was limited by WHO rules, the FCA succeeded in incorporating Article 4: Guiding Principle No.7 of the FCTC that states: "The participation of civil society is essential in achieving the objective of the Convention and its protocols". As a result, civil society organisations have become participants in the FCTC Conference of the Parties (the governing body of the FCTC) discussions. This involvement of civil society in the FCTC implementation was an important step and has implications for the future of global tobacco control. Several Caribbean CSOs are members of the FCA and several civil society representatives from the Caribbean, along with Ministry of Health officials, were present during the FCTC negotiations [2, 56].

The Jamaican delegation to the FCTC negotiations in March 2003 included Dr. Knox Hagley, Chairman of the JCTC and Dr. Eva Lewis-Fuller, then Director of International Health in the Ministry of Health, Jamaica. The Jamaican delegation was one of those selected from the 170 participating countries to create a small Drafting Committee that fine-tuned and finalised the FCTC treaty. It was then tabled at the World Health Assembly in May 2003 and some 40 countries adopted it (the minimum required for the treaty to become law) [57].

12.3 Tobacco Control Legislation in the Caribbean

Although all CARICOM countries (except for Haiti) ratified the FCTC, only 4 countries (Barbados Jamaica, Suriname and Trinidad and Tobago) have actually passed legislation or regulations regarding tobacco control, as of April 2016. To date, 4 countries (Barbados, Jamaica, Trinidad and Tobago, and Guyana) also have Child Care Laws that make it an offence to sell or serve tobacco products to any child under the age of 18.

Regulations versus Legislation

It is important to note the difference between tobacco control regulations and legislation. The former are non-binding and can be changed by an incoming Minister of Health without Parliamentary input. This option is usually a shorter process. Jamaica and Barbados have satisfied some key FCTC provisions via regulations. Legislation is still needed however, to bring them into full FCTC compliance.

Legislation is the process that leads from promulgation of a bill to its enactment by a Parliamentary majority and, in this context, refers to the inclusion of most of the provisions set out by the FCTC. Incorporating the many components of the treaty can require a lengthy legislative process. To date, Suriname and Trinidad and Tobago have legislation covering most of the FCTC articles.

As part of the commitment to implement more FCTC articles, a number of countries including Barbados, Guyana, Jamaica, and some of the Eastern Caribbean states, have advanced drafts of comprehensive tobacco control legislation.

As of April 2016, Jamaica is the only country that has graphic health warnings (GHW) on cigarette packs, but Barbados, Trinidad and Tobago, and Suriname are in the process of preparing to do the same.

More progress towards tobacco control

Despite the small number of CARICOM countries that have enacted tobacco control laws, some countries have implemented partial smoke-free bans, for example in government-owned and -occupied buildings, hospitals and health centres. In addition, some private sector entities enacted smoke-free requirements in their buildings, prior to any tobacco control legislation. Increases in tobacco taxes have been recorded in several Caribbean states in the past two years.

Tobacco industry interference as a deterrent to legislation

Tobacco industry interference at the government level is believed to be one of the factors delaying the enactment of tobacco control laws. Other challenges include: lack of political will; failure to prioritise the issue; inadequate technical capacity on tobacco control; and lack of support in resource-poor countries. CSOs continue to play a role in addressing these issues with support from PAHO and other regional and international organisations. Table 3 lists details of legislation enacted in the four territories with current tobacco control laws.

TABLE 3: Tobacco Control Legislation in the Caribbean

Country	Legislation
Barbados	July 2008, Barbados removed the duty free concession on tobacco at ports of entry; November 2009, bill supporting the banning of tobacco sales to minors was enacted; October 2010, The Health Services (Prohibition Of Tobacco Smoking In Public Places) Regulations, 2010, was enacted [58].
Trinidad and Tobago	November 2009, the Tobacco Control Bill was passed and consisted of several articles; February 2010, legislation of smoke-free spaces; August 2013, the remaining sections of the 2009 Act were proclaimed and became effective on December 13 th , 2013 including regulations for the labelling of tobacco products at 50% (GHW). The Act subsequently passed in its entirety [59]. In 2012 the Children Act was enacted to ban tobacco sales to minors [60].
Suriname	February 7 th , 2013, by unanimous vote, the Surinamese Parliament adopted stringent anti-tobacco legislation. It included bans on smoking in public places; all forms of tobacco advertising, promotion and sponsorship; and the sale of tobacco products to and by minors. The legislation also required graphic health warnings at 50% on all tobacco product packaging [61].
Jamaica	In 2004 Jamaica enacted the Child Care and Protection Act which seeks to protect children under 18 from being sold or served tobacco [62]. June 2013, the Minister of Health utilised his powers under the Public Health Act to announce the promulgation of the Public Health (Tobacco Control) Regulations 2013 in, which became effective on July 15 th of the same year. The regulations called for 100% smoke-free public places and work places (both indoor and outdoor); the labelling of tobacco products at 75% (GHW) on cigarette packs and required the tobacco industry to disclose product content. Further amendments to the regulations were suggested. The amended tobacco control regulations were tabled in Parliament on June 11 th , 2014 and were gazetted on June 17 th , 2014. The GHW size was reduced to 60%. [63].

12.4 Regional Graphic Health Warnings Standard Project

In April 2008, funding from the Bloomberg Initiative to Reduce Tobacco Use through the Campaign for Tobacco Free Kids (TFK) helped to launch a two-year regional project entitled: *Introducing a Picture-Based Health Warning System on Cigarette Packages in the Caribbean*. The project's primary objective was to assist in achieving a strong CARICOM cigarette labelling standard, and to ensure implementation of the standard or equally strong requirements in 4 target countries: Barbados, Guyana, Jamaica, and Trinidad and Tobago. Although the project covered these four countries, other member states of CARICOM could benefit from the standard, since the objective was a CARICOM standard accessible to all member states.

The project aimed to ensure the implementation of rotating picture-based health warnings on tobacco products sold in Caribbean countries, at a minimum size of 50% of the top of each main face of the packaging. Caribbean-based NGOs committed to the project were the Heart Foundation of Jamaica, the Heart & Stroke Foundation of Barbados, the Guyana Chest Society and the Trinidad and Tobago Cancer Society.

The project office, which was located in the HFJ headquarters, was responsible for implementation in the 4 countries and housed the Project Manager and the Communications Officer. Each of the other 3 countries had a Project Officer based in the NGOs specified above.

The foremost responsibilities of the Project Officer/Communications Officer were to:

- Interact with the public and policy makers, to increase awareness about the harms from tobacco use
- Explain the importance of using graphic health warnings on cigarette packs
- Act as a technical resource in matters relating to tobacco control

The funding meant that for the first time, dedicated tobacco control personnel in the Caribbean region could be hired. This was the first multi-country grant approved by the Bloomberg Initiative to Reduce Tobacco Use. The HFJ was successful in receiving an extension to the grant for a further 15 months, to June 2011.

World No Tobacco Day

May 31, 2009

Tobacco Health Warnings

**TOBACCO HEALTH WARNINGS APPEAR ON PACKS OF CIGARETTES
AND ARE AMONG THE STRONGEST DEFENCES AGAINST
THE GLOBAL EPIDEMIC OF TOBACCO.**

Why do we need to campaign for picture-based health warnings on all tobacco packages?

Because they work.

- In Canada, 58% of smokers said the warnings made them think more about the health effects of smoking.
- In Brazil, 67% of smokers said the warnings made them want to quit, and 54% said they made them change their opinion about the health consequences of smoking.
- The message is repeated and reinforced every time a smoker reaches for a cigarette.
- Smokers believe these messages more and remember them better than they do public education campaigns.

What makes warning messages most effective?

- When they contain pictures.
- When they cover at least half of the pack.
- When they appear on both the front and the back of the pack.

KEY FACTS ABOUT TOBACCO:

- Tobacco use is the leading cause of preventable death today and kills up to half of all users.
- Tobacco use kills an average of one person every six seconds and accounts for one in 10 adult deaths worldwide.
- Globally, use of tobacco products is increasing, although it is decreasing in high-income countries.
- In the Caribbean, as much as 32% of

**Show the truth.
Picture warnings save lives.**

Tobacco companies use pretty packaging to make their products seem cool. In truth, tobacco kills and sickens. Picture warnings convince people to quit. Don't just tell the truth. Show it!

www.who.int/tobacco



**WORLD
NO TOBACCO
DAY 31 MAY**



adult males smoke, while in the adult female population as much as 15% smoke.

- There are some 4000 known

chemicals in tobacco smoke; more than 50 of them are known to cause cancer in humans.

(Source WHO, World Health Organisation)

THE CARIBBEAN HAS A GRAPHIC HEALTH WARNING PROJECT SUPPORTED THROUGH CARICOM
THIS PAGE SPONSORED AND SUPPORTED BY THE ORGANIZATIONS LISTED BELOW



Jamaica Coalition for Tobacco Control

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Foundation of Barbados Inc.
"Everybody has a Heart"

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tntcancer@tstt.net.tt
Website: www.cancersocietytt.org

May 2009 - Newspaper Advertisement placed in the four countries

Regional and international organisations supporting the project included the HCC, the Caribbean Cardiac Society (CCS), the IAHF, PAHO, Non-Smokers' Rights Association (Canada) and the Roswell Park Cancer Institute (USA).

Initially, the Jamaica Bureau of Standards was mandated by CARICOM to prepare the *Regional Standard for the Labelling of Retail Packages of Tobacco Products* and the Standards Bureaus of all the CARICOM countries were consulted. A draft for the regional standard was submitted to CROSQ in 2010 and then to the Council for Trade and Economic Development (COTED), the highest decision-making body in CARICOM related to this area. Unfortunately, there was a significant delay in COTED's decision to grant approval and it was not until December 2012 that a Regional Standard for tobacco labelling was adopted. No explanation was ever given for COTED's delay [19].

The approval of a regional standard for tobacco labelling meant that CARICOM leaders had taken a major step in meeting a significant obligation under Article 11 of the FCTC. This CARICOM Standard provides a model and impetus for all CARICOM states to proceed with national implementation. To date, Jamaica's standard is at 60% and 3 other countries are in the process of implementing their standard at 50%.

Other key roles of the CSOs working on the project included an increased awareness about the harms of tobacco use and the need for tobacco control legislation to protect the health of Caribbean citizens. The project also promoted the need for tobacco control advocacy on a regional level and acted as a catalyst to highlight tobacco control issues in general. This is believed to have assisted with the passing of tobacco control legislation in Trinidad and Tobago and Barbados in 2009 and 2010, respectively.

Despite the momentum regarding CSO-led tobacco control advocacy in the Caribbean at the time of this project, requests to extend and expand the project to include other key articles of the FCTC were unsuccessful.

12.5 Jamaica: A case study in the adoption of tobacco control legislation

12.5.1 Adoption of Tobacco Control Legislation

With the committed support of the JCTC, other civil society groups and stakeholders, the Government of Jamaica signed the FCTC on September 24th, 2003 and ratified the treaty on July 7th, 2005.

In November 2003, the Ministry of Health, with support from civil society, began the process of drafting tobacco control legislation. The Parliamentary Human Resources and Social Development Committee (HRSD) had been mandated to examine the proposals in the pending legislation [64]. Several experts appeared before the Parliamentary Committee, including Dr. Eva Lewis-Fuller, then Director of International Cooperation in the Ministry of Health, and Dr. Knox Hagley, Chairman of the JCTC, to argue the case for comprehensive legislation.

The Committee initially rejected some of the proposed legislation, including a ban on smoking tobacco products in public places [65], with some members stating that it would be impossible to enforce the ban. The Ministry of Health increased its level of advocacy, especially after the FCTC was ratified in July 2005. The Parliamentary Committee finally approved the draft tobacco control legislation in December 2005, and drafting instructions were issued in April 2006 to the Chief Parliamentary Counsel with a view to having the draft returned to Parliament for approval.

Unfortunately, the country experienced an inordinate delay between the drafting stage and the enactment of legislation. Lack of political will; a change in Government in 2007; and two further changes of the Health Minister, resulted in the draft remaining in limbo. Strong tobacco industry interference also played a role in delaying and derailing enactment.

International pressure and the persistent work of local organisations, including the JCTC, highlighted the fact that Jamaica continued to neglect its FCTC obligations. As a result of this pressure, in November 2009, the MOH announced that draft regulations to ban

smoking in public spaces had been submitted to Cabinet. The then Minister of Health had agreed that this measure would be a quicker alternative than introducing comprehensive tobacco control legislation. Despite this promise, no regulations were forthcoming.

In December 2011, there was a change of Government and a new Minister of Health. This had a positive impact on tobacco control and regulations once again became a priority. The new Minister of Health, the Honourable Dr. Fenton Ferguson, announced that he was committed to advancing tobacco control in Jamaica, despite uneven support within his own party as well as strong opposition from without. Dr. Ferguson was resolute that the tobacco control regulations would be enacted in a timely manner and therefore called for and energised support for them. Extensive consultations with the JCTC and other stakeholders clearly demonstrated his commitment. In eighteen months, Minister Ferguson and his team accomplished a goal that had been promised for nearly a decade.



June 25, 2013 - Dr. Knox Hagley Chairman of the JCTC; Mrs. Deborah Chen and Peter Bangeter, The HFJ, view one of the graphic health warnings at the announcement of the Tobacco Control Regulations at the Parliament of Jamaica

Tobacco Control Regulations

On June 25th, 2013, more than seven years after ratifying the FCTC, the Minister of Health, with the approval of Cabinet and exercising his powers under Section 14 and 15 of the Public Health Act (which allows him to make regulations without being subject to Parliamentary debate) executed the Public Health (Tobacco Control) Regulations, 2013. The regulations included a total ban on tobacco use in all public places and workplaces and called for the placement of graphic health warnings on cigarette packs sold in Jamaica (75% of front and back panel). In addition, the tobacco companies were required to disclose product contents [66].

The decision to enact tobacco control regulations under the Public Health Act versus tobacco legislation was deemed to be the easiest method. This was because it ruled out lengthy Parliamentary deliberations that would have delayed the process and invited unwelcome interventions from the tobacco industry. Key interest groups collaborated in concerted advocacy and the JCTC was seen as an important resource and technical partner by the MOH. This relationship evolved as a good example of a public sector/civil society partnership.



MOH staff display graphic health warnings at the announcement of the Tobacco Control Regulations, June 2013, outside Parliament, Jamaica

Litigation by the tobacco industry

There was immediate reaction from the tobacco industry, in the form of articles in the print media and radio and TV advertisements. This reached its height in December 2013, when Carreras Limited (a British American Tobacco subsidiary) filed a lawsuit against the Minister of Health asserting that he had exceeded his powers by using the Public Health Act to promulgate the regulations [63]. They also lodged a complaint against the 75% graphic health warnings. There was dialogue between the Attorney General's Office and Carreras Limited, leading to the company withdrawing the lawsuit. [67, 68].

The Prime Minister subsequently asked the Parliamentary Human Resources and Social Development (HRSD) Committee to review the regulations and make recommendations. Most of the recommended changes did not dilute the regulations, except for the reduction in the size of the GHW to 60% [69]. The amended tobacco control regulations were tabled in Parliament on June 11th, 2014 and were gazetted on June 17th, 2014 [70].

Minister Ferguson's tobacco control statements and actions remained robust and firm in the face of strong tobacco industry interference. He gained the support and admiration of many Jamaicans as well as regional and international tobacco control communities including the WHO, the FCTC Secretariat, PAHO, the IAHF, and the WHF.

It is important to note that the close working relationship enjoyed by the Minister of Health and officials at the WHO FCTC resulted in Jamaica benefitting from three high-level meetings held in the country in 2014.

The last of these meetings culminated in a joint (FCTC/MOH) needs assessment exercise. The objective was to identify Jamaica's technical and financial needs regarding tobacco control and the existing gaps that would hinder fulfilment FCTC objectives [71]. The JCTC and other stakeholders were invited to review the ensuing report and make comments. The final version of the report was completed in December 2014. The MOH subsequently submitted to the FCTC Secretariat a post needs assessment assistance request form which listed five priorities to be completed between January and December 2015. They were:

1. Economic impact study for adopting stronger tax measures
2. Stakeholders' meeting to disseminate the recommendations of the needs assessment report and to plan their contributions to the implementation of same
3. Development of comprehensive tobacco control legislation
4. National High level Inter-Ministerial meeting on tobacco interference and the importance of Article 5.3
5. Development of a comprehensive tobacco media and communication strategy

As of August 2016, priorities 1, 2 and 4 were completed and the others have commenced. It is hoped that this signals that Jamaica is poised to achieve comprehensive tobacco control legislation in the near future.

These meetings helped to pave the way for the country to honour more of its commitments to the FCTC. The JCTC and other CSOs were invited to support these meetings. The international exposure from these discussions was also intended to put pressure on the administration to move ahead to implement other critical aspects of the FCTC.

12.5.2 The Role of Civil Society in Jamaican Tobacco Control Legislation

The First Tobacco Legislation Project (Jamaica only)

In July 2011, after the end of the first project supported by TFK, the HFJ/JCTC was successful in receiving a further two-year grant from the International Union against Tuberculosis and Lung Diseases (part of the Bloomberg Initiative to Reduce Tobacco Use). The grant, entitled *Developing and enacting comprehensive tobacco control legislation in Jamaica*, was to facilitate the speedy passage, enactment, and monitoring of comprehensive tobacco control legislation, aligned with the FCTC.

The success in being awarded a second grant from the Bloomberg Initiative to Reduce Tobacco Use was captured as follows:²

- HFJ/JCTC has been an eminently reliable, communicative and effective grantee partner

² Donor Reference letter to HFJ from TFK, April 20, 2011

- HFJ/JCTC provides comprehensive and timely financial and narrative reports
- HFJ/JCTC's commitment to collaboration, capacity building, coordination, and strong provision of technical assistance has led to a notable norm change in favour of tobacco control
- Within their TFK-funded work, all four project target countries have landmark tobacco control legislation passed or pending passage as of this note, making them the most advanced countries in the region on tobacco control, a true success and now legacy of the HFJ

The role of vigorous and sustained advocacy by the HFJ/JCTC was another important factor for the successful award of further funding.

Project strategies included:

- Providing direct technical assistance to the MOH to develop and implement comprehensive tobacco control legislation
- Building awareness of the need for comprehensive tobacco control legislation in and beyond the health sector by working across Government Ministries and other agencies
- Conducting a public opinion poll on smoke-free spaces

Public opinion poll on smoke-free public places and workplaces

The JCTC sought to ascertain public opinion about tobacco control policies. A major objective of the study (completed in 2012) was therefore to explore in depth the views of the public towards restrictions on smoking in public places and workplaces, as well as ascertain current tobacco smoking behaviour.

The results showed that a large majority of Jamaicans of all ages, both sexes, and both non-smokers and smokers, believe that exposure to tobacco smoke is harmful to non-smokers (93% agreement), and that all employees/workers have the right to work in an environment free of others' tobacco smoke (96% agreement). This report, which showed clear evidence that the majority of Jamaican citizens were in agreement with the proposed ban on smoking in public places, was used to influence policy at the government level while the tobacco control regulations were being developed.

Project outcome - Jamaica implements tobacco regulations

With the new administration and the new Minister of Health, the project was able to meet of its objective, namely the implementation of the tobacco control regulations of June 2013.



Newspaper headlines, Jamaica - The Gleaner and the Daily Observer
on the Tobacco Control Regulations June 26, 2013

Rapid Response Grant to support the Tobacco Regulations

After the implementation of the tobacco control regulations in Jamaica in June 2013, there was an immediate need for civil society support to assist the MOH with monitoring and enforcing them in order to counter the strong pushback from the tobacco industry, and to address any public confusion about them. The JCTC was fortunate to secure a three-month rapid response grant from TFK from September to November 2013. This grant allowed the JCTC to support the stated objectives, and to counter the strong tobacco industry interference.

The Second Tobacco Legislation project

To support Jamaica's bid to enact further tobacco control legislation, in December 2014, the JCTC was again successful in securing an 18-month grant from the Campaign for Tobacco Free Kids as part of the Bloomberg Initiative to Reduce Tobacco Use. The project outcome would be comprehensive tobacco control legislation in Jamaica.



January 2015 - Tobacco Control Project staff meet with the Minister of Health, Jamaica and his team

The main objective is to support Government and civil society actions to ensure the speedy passage, enactment and monitoring of comprehensive tobacco control legislation. The proposal supported Jamaica's need to further honour its commitments to FCTC, including advertising and promotion bans, addressing illicit trade and increased tobacco taxes. It is anticipated that the current tobacco control regulations will be a part of the final legislation.

Project strategies include:

- Providing direct technical assistance to the MOH to develop and implement comprehensive tobacco control legislation, including increased tobacco taxes
- Building awareness of the need for comprehensive tobacco control legislation beyond the health sector by working across Government Ministries and other agencies
- Sensitising Parliamentarians to the benefits of comprehensive tobacco control legislation in fulfilment of FCTC obligations and guidelines

Tobacco tax increase in Jamaica

In 2015, Jamaica levied an increase on the special consumption tax on cigarettes, with a view to reducing consumption and increasing Government revenue. In keeping with objectives of the Tobacco Legislation project, advocacy by the FCTC, PAHO, JCTC and other stakeholders resulted in the Minister of Finance announcing on March 12th, an increase of 14.2% on the Special Consumption Tax (SCT) per stick, on cigarettes. This was the first tax increase since 2010 [72].

The evolution of this tobacco tax increase began in August 2014, when the results of the FCTC/MOH needs assessment exercise revealed that one of the gaps identified was the need for an economic impact study for adopting stronger tax measures. The JCTC was able to re-establish contact with a tobacco tax expert who had prepared a similar report for Jamaica 10 years previously [73]. The consultant agreed to update his earlier research and prepare a report, supported by the FCTC Secretariat and PAHO. Prior to its submission, the JCTC was asked to review and comment on the findings. In February 2015, the report, *A review of excise taxes on cigarettes in Jamaica*, was submitted to the relevant Ministries [72].

Conclusion

Despite this success, much more needs to be done regarding developing and enacting comprehensive tobacco control legislation in Jamaica to cover the FCTC articles not currently provided for under the existing regulations. These include bans on tobacco advertising, promotion and sponsorships (TAPS) where the tobacco companies target

youth. The MOH has publicly committed to this. The ideal tobacco control legislation would be one that is in full alignment with the FCTC. With the support of the FCTC, PAHO, JCTC, and other stakeholders, a current draft of this document being prepared by the MOH and is far advanced.

It is interesting to note that despite funding to support tobacco control, advocacy effort for policy is invariably a long and arduous process. As in Jamaica's case, it may take years for advocacy efforts to bear fruit via policy development and implementation.

The tobacco industry interferes in tobacco control in various ways. Article 5.3 of the FCTC specifically addresses this matter and aims to protect strong tobacco control policies from the harmful effects of the tobacco industry (see Section 13.6 for more information). This following section focuses on interference with tobacco control policy.

The 'tobacco industry' includes manufacturers, processors, importers, and distributors of products from the tobacco leaf. This industry has actively worked for decades to embed tobacco use in culture, national economies, national and local political structures, and personal behaviour. Tobacco control can only be successful when cultural and social normalisation of tobacco use is addressed at many levels. Understanding the interconnections between the multiple sectors of the tobacco industry and government is necessary for successful tobacco control programmes [2].

Tobacco industry interference with tobacco control policies can also come from those organisations and companies with a vested interest in the success and growth of the tobacco industry. In the Caribbean, for example, it is well known that shares of tobacco company stock are valuable assets and have historically performed very well. Those organisations with large tobacco company stock portfolios therefore have a vested interest in seeing that the tobacco companies grow and succeed. The foregoing paragraphs illustrate the critical importance of regional governments committing to implement Article 5.3.

13.1 The Tobacco Industry in the Caribbean

Two companies dominate this industry in the Caribbean: British American Tobacco (BAT) and Philip Morris International (PMI).

British American Tobacco

The Caribbean and Central America headquarters of BAT is located in Costa Rica. The Caribbean Area of BAT Caribbean and Central America is made up of the following companies [74]:

- Carisma Marketing Services Limited (CMS): Supports cigarette brands marketed in the French Departments in the Americas, the Netherland Antilles, Suriname,

Demerara Tobacco Company Limited in Guyana, and the smaller Caribbean markets

- Carreras Limited (Jamaica): A subsidiary of BAT, it has been operating in Jamaica since 1962. BAT owns 50.4% of the share capital and shares are listed on the Jamaica Stock Exchange
- West Indian Tobacco Company (Trinidad and Tobago): A public company established in 1904 with shares listed on the Trinidad and Tobago Stock Exchange and held by over 3,000 shareholders. Currently the manufacturing plant supplies 17 CARICOM Members and Associate Members
- Demerara Tobacco Company Limited (Guyana): Established in Guyana in 1934, this company went public in 1960, with shares available for local investors. In 1997, production was transferred to West Indian Tobacco Company in Trinidad and Tobago. Demerara Tobacco markets BAT brands in Guyana

Philip Morris International (PMI)

Philip Morris Dominicana, Philip Morris International's (PMI's) affiliate in the Dominican Republic, is the headquarters for the Caribbean. Philip Morris Dominicana manufactures cigarettes for export to the Caribbean. The products from Philip Morris are distributed by wholesalers across the region [75].

13.2 Tactics of the Tobacco Industry

As developed countries move towards restricting tobacco use and production using comprehensive provisions contained in the FCTC, the tobacco industry has turned its attention to LMICs such as those in the Caribbean, where there may be little public education about smoking-related illnesses, and where tobacco control policies are weak or underdeveloped.

The tobacco industry has long recognised the importance of opening new markets globally, and in developing countries they may use advertising and other strategies to ensure introduction of smoking to vulnerable groups such as youth and women. The industry often claims that its key stakeholder is the 'adult smoker' who makes an informed 'choice' to smoke; however, health advocates know that when youth become addicted to tobacco, (many before the age of 18), 'choice' is no longer an option [2].

As new markets become established, the industry adopts the aggressive marketing strategies used in high-income countries, such as free product sampling, billboards, sponsorship, target marketing, and the introduction of new types of cigarettes to create demand for their brands. The strategies and tactics that the tobacco industry employs in developing countries are very similar at a country level [76]. In many of these countries there is ample evidence of tobacco industry interference in public policy and there are fears that some governments are actually benefitting financially from direct and indirect relationships with the industry. It is these relationships that are most inimical to the implementation of the FCTC and may delay and derail the process. Prevention of tobacco industry interference is therefore one of the most important and challenging tasks in the fight for strong tobacco control policies.

13.3 Corporate Social Responsibility

The huge profits generated by the sale of tobacco are sometimes used to promote tobacco products under the guise of 'Corporate Social Responsibility' (CSR). This tactic has been used all across the Caribbean region. Corporate Social Responsibility has evolved from a sinister past. Before the term was coined, powerful corporations jostled for more market share by using large sums from their huge profits to engage in actions that promoted their dominance and image.

Over time, CSR has been seen as a set of practices that are more ethical and transparent. Currently CSR can be defined as a corporation's initiatives to assess and take responsibility for its effects on environmental and social wellbeing. The term generally applies to efforts that go beyond what may be required by regulators or environmental protection groups [77].

When it comes to the tobacco industry however, CSR takes on a different meaning. The tobacco industry has used CSR tactics to improve its corporate image with the public, press, and regulators. However, as events have unfolded, many in these groups have come to realise that the industry is a merchant of death [78]. CSR efforts by the tobacco industry may create false impressions, but they do not negate the lethality of their products when used as directed. No amount of CSR can hide the fact that the profits from tobacco sales

never equate to the costs of health harms by tobacco use [78].

Normalising Behaviour Through Creating Associations

In September 2010 the American Chamber of Commerce Jamaica (AMCHAM-Jamaica) held an inaugural AMCHAM Business & Civic Leadership Awards Gala. Carreras Limited was one of ten companies nominated in the category 'AMCHAM Award of Excellence for Corporate Social Responsibility' and was also one of several sponsors of the event [79]. The nomination of Carreras Limited came as a surprise to tobacco control advocates, one of whom had been nominated in the category 'AMCHAM Award of Excellence for Civic Leadership'. This attempt to associate a tobacco control advocate with a tobacco company for awards at a public event was seen by tobacco control advocates as an effort to boost Carreras Limited's image as a good corporate entity and to 'normalise' its behaviour. Ultimately, Carreras Limited did not win the award in the nominated category [79].

Press Appearances

Tobacco industry executives have often attempted to bolster their reputation by being photographed in the company of Ministers of Government and other high-ranking government officials at social functions. The photographs and related articles are then prominently placed in leading newspapers. Examples of this include:

- Jamaica – September 2014. At an Awards Ceremony of the United Way of Jamaica, Carreras Limited was lauded as United Way's highest corporate donor for 2013. A high-ranking Minister of Government was the Guest Speaker and was also asked to give the award to the CEO of Carreras Limited. This event was the lead story in the leading newspaper and photos of the Minister and the CEO were prominently placed [80, 81]
- Jamaica – January 2015. At an award ceremony to celebrate the CEO of Carreras Limited for being named 2014 CEO of the year by Business Suite Magazine, photos emerged in the press of several Government officials at the function, posing with the CEO [82]

In some instances, it is likely that government officials are neither aware of the conflict of interest generated by their presence at these social functions nor of the inherent dangers

in receiving donations from the tobacco industry. Article 5.3 of the FCTC aims to protect strong tobacco control policies from the harmful effects of the tobacco industry by limiting industry influence; regional leaders must be made aware of its importance.

Donations to Communities

Jamaica – May 2013. Carreras Limited continued to deliver on its promise of “adding value” to the communities in which it operates. This time, the city of Mandeville was the beneficiary of just over J\$1,000,000 (US\$8,700) given for the refurbishment of the Cecil Charlton Park. Carreras Limited partnered with the Manchester Chamber of Commerce to provide 10 benches as part of the overall refurbishment initiative [83].

Donations to Organisations

Jamaica – September 2014. At a function held to celebrate the 29th National Builders’ Awards Ceremony of the United Way of Jamaica (UWJ), Carreras Limited was lauded as United Way’s highest corporate donor for 2013. In fact, Carreras Limited has consistently donated to United Way of Jamaica since 2006 [80, 81]. The UWJ was established in 1985 to fulfil the need for a sustained system to mobilise resources for the private voluntary sector. The UWJ is an approved Charitable Organisation which seeks to advocate for the public good; therefore it would seem that accepting funds from the tobacco industry is not in keeping with United Way’s vision [84].

Donations to Institutions

Guyana – July 2014. Seventeen companies, responding to a request from the Georgetown Chamber of Commerce Inc. (GCCCI), collectively donated the sum of \$GY355,000 (US\$1,700) towards the University of Guyana’s 50th Anniversary Committee. One of the sponsors was the Demerara Tobacco Company. The University of Guyana, founded in 1963, is Guyana’s only public tertiary institution, and it has made significant contributions to the social, economic and political landscape of the country [85]

Creation of educational scholarships

Over the past few years in Jamaica, Carreras Limited spent millions of dollars in the form of scholarships to students of universities, and teachers' and community colleges, in an effort to "contribute to national development". For the academic year 2014/2015, Carreras Limited awarded a total of 30 scholarships valued at J\$3.7 million (US\$31,180) [86].

Environmental Protection



Guyana 2010 - Mangrove protection billboard sponsored by tobacco industry

Around the Caribbean, there have also been efforts by the tobacco industry to mitigate its carbon emissions by planting trees and working with environmentalists to sustain mangrove trees.

- Trinidad and Tobago – November 2009. WITCO partnered with ASA Wright Nature Centre for a massive tree-planting activity to plant some 9,000 trees on 1,500 acres of land. The aim was to reduce and neutralise WITCO's 'carbon footprint' by engaging in planting a swathe of trees [87, 88]
- Jamaica – January 2010. In an effort to mitigate its carbon emissions, Carreras Limited, in association with the Jamaica Conservation and Development Trust

embarked on a 3-year reforestation of 6.4 acres of land in the Blue and John Crow Mountains. During this period, the company planned to plant over 1,200 trees and conserve the area as a forest [89]

- Guyana – June 2010. The Mangrove Action Committee worked with Demerara Tobacco Company (DTC) to heighten awareness of the importance of mangroves and the need to protect and preserve them. In collaboration with DTC also, new mangrove trees were planted and would be monitored to ensure sustainability [90]

The tobacco industry relies heavily on CSR activities to ‘normalise’ its products in light of criticisms aimed at its advertising and promotional strategies.

13.4 Tobacco Industry Strategies to Undermine Tobacco Control Policies

The tobacco industry, once it has entered the markets, employs three main strategies to maximise sales and market penetration namely: political activities, marketing and promotion, and deceptive/manipulative practices [76]:

13.4.1 Political Activities

Political activity has been the key to protecting tobacco industry interests, by producing a favourable policy environment that allows the industry to: maximise profits by limiting marketing restrictions and tobacco taxes; maintain the social acceptability of tobacco use; and prevent or counter tobacco control efforts. Political activities of the industry include more obvious approaches such as lobbying and the use of extensive high-level political connections to influence government policy and decision-making. However, there are several other political activities, including:

- Interference with government policy on tobacco taxation: The tobacco industry often uses the threat of the spread of an illicit tobacco trade when lobbying against effective tobacco control policies, including increasing tobacco taxes [91]. The industry exerts wide-ranging pressures on governments to either reduce or maintain current taxation levels. However, fears that increased taxes will fuel the illicit trade are dispelled by the evidence – in fact, some of the European countries

with the highest tobacco taxes have the lowest levels of illicit tobacco trade [91]

- Plans to increase tobacco production: Jamaica, February 2011. Plans came to light that the Ministry of Agriculture, the Rural Agricultural Development Authority (RADA), tobacco company Carreras Limited and local farmers were investigating ways in which the latter could increase tobacco production for export. The government was also considering using crown lands to expand tobacco production. In addition, Carreras Limited proposed paying for a 'leaf expert' to meet with the farmers in order to help them confront challenges to the production of high quality tobacco [92, 93]
- Direct donations to Government Departments: Jamaica, December 2010. Carreras Limited donated 13 motorbikes to the Jamaica Constabulary Force (the Police) to boost their crime fighting efforts. The value of this donation was J\$7 million (US\$60,900). This trend continued and in February 2011 Carreras Limited provided funding to the Jamaica Constabulary Force for the repair of approximately sixty-eight police service vehicles which were in dire need of repair. The value of the support was J\$2.8million (US\$24,200) [94, 95]
- Direct donations to Members of Parliament: In 2012, as part of its 50th anniversary celebrations in Jamaica, Carreras Limited donated J\$20 million (US\$164,000) directly to four Members of Parliament for "community development projects" [96]. The news of these donations resulted in the issue being debated on radio talk shows. In addition, several editorials and articles appeared in leading newspapers regarding the ethics of such donations in light of Jamaica's commitment to the FCTC, as well as the public's inability to ascertain exactly how these funds would be used by the Members of Parliament. Experience has shown that such actions are primarily geared towards garnering public support for tobacco companies and encouraging tobacco use [96, 97, 98]
- Voluntary self-regulation and voluntary marketing codes: In Barbados and Jamaica for example, the tobacco industry has instituted "self-regulatory voluntary marketing standards (or codes)". These codes create the illusion of responsible behaviour by the tobacco industry, but they only minimally affect marketing activities, and may pre-empt or delay stronger tobacco control legislation. In addition, these self-imposed restrictions can be reversed at any time. Examples of voluntary self-regulation by the tobacco industry include [41, 99]:

Jamaica

- Voluntarily cessation of advertisements in all media (print, electronic and audio) in December 2002
- Removal of all billboards from the Jamaican market effective December 31, 2005
- Withdrawal from the Carreras Sports Foundation in January 2005 given the controversial nature of the product and its association with sporting events

Barbados

- Since 2001, restriction of advertising and marketing of tobacco products in the print and audio-visual media
- Removal of billboard advertising

13.4.2 Marketing and Promotion

The tobacco industry uses a variety of tactics for marketing, advertising, and promoting its brands, including detailed market research and sophisticated advertising and promotional activities to create product demand. These tactics include targeting particular population groups, such as young adults and women, and the introduction of new brands of cigarettes with innovative features.

Youth Smoking Prevention Programmes

One of the most insidious strategies of the industry has been the creation of Youth Smoking Prevention Programmes (YSP) in several Caribbean territories. In some cases this was done in partnership with non-profit educational organisations and with Ministries of Education. Youth Smoking Prevention Programmes are supposed to prohibit sales of tobacco to minors (persons under 18 years old). The initiative involves sensitising tobacco retailers to exercise greater vigilance in prohibiting the purchase of cigarettes by persons under 18. The programme is active in the Caribbean in countries such as Barbados, Jamaica, Suriname, Guyana and some Eastern Caribbean islands [99, 100,101,102,103].

Ostensibly, the industry promotes this programme to discourage youth smoking; however, these activities have helped to advertise the tobacco industry as responsible corporate citizens. In addition, several studies in developed countries have confirmed that tobacco

industry-sponsored youth smoking prevention programmes are “generally ineffective” at reducing youth smoking and may actually increase rates in youth smoking [104]. Some examples in the Caribbean are:

- Barbados: In March 2011 Bryden Stokes Limited re-launched the company's YSP Programme. The Chief Executive Officer noted that while youth smoking was a complex issue, as the leading distributors of tobacco products in Barbados, his company was of the view that with the “application of effective stakeholder engagement, harnessing the expertise and understanding of all interested parties, we are on our way to ensuring a [YSP] programme that is credible, accepted and successful” [105]
- Jamaica: In 2008, Carreras Limited launched a YSP Programme in all the outlets in which the company markets and distributes its tobacco products. The second phase of the YSP was launched in May 2010 and was endorsed by both the Ministry of Education and the Child Development Agency. The company claimed that “*The primary focus of this Youth Smoking Prevention Programme is tackling underage access to cigarettes at the point of sale*” [100,101]. Although the Child Care and Protection Act Jamaica (2004) prohibits the sale of tobacco to minors (those under 18), in a sting operation done in June 2010, minors in Jamaica were able to purchase cigarettes effortlessly from retailers [62, 106]
- St. Lucia: In August 2011, Bryden and Partners St. Lucia launched the British American Tobacco YSP, to complement similar programmes in the region [102, 103]
- Trinidad and Tobago: WITCO Chairman's report, 2013 stated that “*the Company continues to work with the regulators, to ensure that their products are only available to informed adult consumers and that they invested in a Youth Prevention Programme aimed at discouraging underage smoking*”. WITCO developed the Youth Smoking Prevention (YSP) Programme in 2000. The programme took approximately 18 months to develop and was launched at two levels - a retailer access programme and a media campaign. It was revamped in 2010, specifically to raise retailers' and consumers' awareness of the age requirement for purchasing tobacco products [107, 108]

13.4.3 Deceptive and Manipulative Practices

Deceptive activities include deliberate manipulation of science; use of third-party allies to oppose smoke-free policies and delay tobacco control policies; spreading misinformation with a view to undermining tobacco control policies; and threatening litigation against countries that enact strong tobacco control laws. Deceptive practices also include using trade agreements to attack public health measures and maintaining support of policymakers and the public for a pro-tobacco industry policy environment.

Tobacco Misinformation

This tactic refers to the tobacco industry's practice of distorting information to create confusion, which masks its intentions. This also creates conflict and doubt among the public and policy makers.

Jamaica: October 2013. In their presentation to the Human Resources and Social Development (HRSD) Committee of Parliament (which was reviewing the tobacco control regulations) Carreras Limited representatives erroneously stated that the tobacco taxes collected by the government of Jamaica contributed 4% to the national budget annually and provided 75% of the total budget of the National Health Fund (NHF). The NHF provides medicines for a range of chronic lifestyle diseases for close to 500,000 Jamaicans. A portion of the funds allocated to the NHF comes from tobacco taxes in the form of the Special Consumption Tax (SCT) [109]. Any reduction therefore in taxes contributed to the NHF (due to reduced consumption) would affect its ability to meet its mandate.

In fact the 75% that Carreras Limited referred to was the percentage of its contribution to the total SCT pool and not its contribution to the NHF budget. The SCT is payable on a few items such as alcoholic beverages, tobacco products and some petroleum products [110].

This misinformation, reported in the media, caused widespread consternation since it was felt that the NHF would not survive if the tobacco taxes collected were to be reduced (from the purported 75%). Fortunately, the JCTC was able to identify the error and send the correct figures to the HRSD Committee members. At their next meeting one of

the Committee members shared the correct information that in 2010, Carreras Limited's contribution to the NHF budget was in fact 32%; in 2011, 32.8%, and in 2012, 23.8%. This was a major exaggeration of the 75% claimed by the tobacco company. The Committee member chided Carreras Limited for presenting misleading information. When contacted by a news reporter the company sought to clarify the incorrect information it had provided [110].

Use of the Threat of Litigation

Global experience has shown that in countries that implemented large (more than 50%) graphic health warnings on cigarette packs, the tobacco industry has used the threat of litigation as an attempt to block the implementation of the size of the health warnings [76].

In Jamaica's case, the threat of litigation became a reality in December 2013, shortly after the July 2013 enactment of the Public Health (Tobacco Control) Regulations. These Regulations included graphic health warnings at 75%. Carreras Limited (a subsidiary of BAT) filed a lawsuit against the Minister of Health, asserting that he exceeded his powers by using the Public Health Act to promulgate the Tobacco Control Regulations. They also lodged a complaint against the 75% graphic health warnings. Fortunately, the lawsuit was withdrawn after consultations [67, 68].

13.5 Prevention and Control of Tobacco Industry Interference in Public Policy (FCTC Article 5.3)

Countries that are parties to the FCTC have an important tool - Article 5.3 - with which to counter tobacco industry interference attempts to undermine public policies. Effective implementation of Article 5.3 insulates public health policymaking from industry interference.

The Preamble to the Guidelines for the Implementation of FCTC Article 5.3 states that the Parties [to the treaty] "need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts" [111].

It is crucial for effective tobacco control that governments in low- and middle-income countries understand the importance of avoiding interaction with the tobacco industry except under prescribed circumstances. It is also important that public health advocates and civil society groups demand that governments do not work with the industry. Another important requirement is that governments provide information to the media and the public about the tobacco industry's underhand practices and their actual aims, as discussed above [76].

Article 5.3 aims to protect strong tobacco control policies from the harmful influence of the tobacco industry. Specifically, Article 5.3 legally obligates Parties to the treaty "to protect their public health policies related to tobacco control from commercial and other vested interests of the tobacco industry". Article 5.3 also goes on to emphasise protection against the tobacco industry's attempts to dilute and weaken effective and life-saving tobacco control legislation. It provides tobacco control advocates and governments an important tool to ensure that public health is prioritised over increasing the profits of the tobacco industry [112].

Article 5.3 measures guide governments as follows [112]:

- Interact with the tobacco industry transparently and only when strictly necessary to effectively regulate the tobacco industry and tobacco products
- Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry
- Prohibit tobacco industry involvement in any youth, public education, or other tobacco control initiatives and prohibit so-called "socially responsible" activities carried out by the tobacco industry
- Prevent tobacco-related conflicts of interest in all branches and levels of government

If these measures are implemented effectively, tobacco industry interference and its influence on governments and their public health policies on tobacco control should be considerably reduced.

Tobacco control advocates therefore need to bear this in mind as they actively seek out

and expose the tactics used by the tobacco industry, and counter with evidence from international best practice and tobacco control successes.

Advocates should not tire of presenting the evidence of the exorbitant profits made from the sale of tobacco products despite the tobacco controls put in place. It is also well documented that the tobacco taxes paid to governments are miniscule compared to the direct and indirect cost of treating tobacco-related illnesses [113].

Every public education campaign should include this question: Why is it that many members of tobacco industry boards do not smoke? In this regard, an interesting article appeared in the Jamaica Observer newspaper in September 2014. Entitled *Lacking shareholdings and smokers, Carreras Limited Board pushes for growth* [114], it quoted the Chairman of the Board of Carreras Limited as stating that only one member of its eight-member Board of Carreras Group currently smoked. The message that this sends to the thousands of addicted smokers should not be lost.

13.6 New Tobacco Industry Tactics

Tobacco control advocates need to be vigilant in the wake of new threats to public health from tobacco products. Tobacco product manufacturers are attracting a whole new generation of tobacco users while they fight to sustain current smokers' addiction. As sales of cigarettes slow down, tobacco companies are adjusting business models to move towards selling other addictive tobacco products such as flavoured tobacco products, e-cigarettes and hookahs, all of which are geared towards capturing youth markets [115, 116].

Electronic Cigarettes

Electronic cigarettes (or e-cigarettes as they are commonly called) have been more popular recently, although they were first developed in the 1960s. The modern e-cigarettes were invented in 2003 and officially came on the market in 2014. Since then, global usage of e-cigarettes has grown exponentially [115, 117].

E-cigarettes are also referred to as Electronic Nicotine Delivery Systems (ENDS). They

are marketed as less harmful alternatives to smoking cigarettes. E-cigarettes operate by vaporising nicotine liquid. They consist of a battery, a cartridge (disposable, replaceable or refillable) with e-liquids and an atomiser which heats the cartridge ingredients to create a vapour that is inhaled by the consumer. They do not contain tobacco (but nicotine liquid) and there is no combustion, no smoke, and no odour. E-cigarettes are used like cigarettes: when the user draws on them, visible vapour is produced and an LED may light up to mimic the glow of a real cigarette. Some toxic chemicals are released in the electronic cigarette vapour as well, but their levels are substantially lower compared with tobacco smoke [115].

Many of the studies on e-cigarettes are limited in scope. While it would appear that e-cigarettes are healthier alternatives to conventional cigarettes, little is known about the short- and long-term health effects. Recent studies support the findings that e-cigarettes can help people to quit smoking and reduce their cigarette consumption. Other studies have also shown that e-cigarettes may be introducing the younger generation to nicotine addiction. The long-term health effects of e-cigarettes - whether they actually help people quit smoking, and how they will affect the use of other nicotine products - are still unknown [115].

Several flavours are also available from e-cigarette makers. Some are offering tobacco and menthol flavours. Others sell flavours such as bubble gum, cherry or strawberry, even though the latter are prohibited internationally for use in regular cigarettes because of concerns that such flavours appeal to children [115].

In the Caribbean e-cigarettes have also become quite popular, especially with younger smokers, either as an aid to smoking cessation or a new way of obtaining nicotine (as nicotine liquid). In some cases the e-cigarettes are nicotine-free but may contain flavourings.

In some Caribbean countries the ban on smoking in public places includes e-cigarettes. Other countries have actually banned the importation and sale of e-cigarettes.

In 2013, as part of their tobacco control legislation, the Suriname Government banned

the importation and sale of e-cigarettes under Article 13 of their law which states [61]:

"It is prohibited for everyone to import, distribute, sell or let sell electronic cigarettes"

When the Public Health (Tobacco Control) Regulations Jamaica 2013 were being drafted, the issue of e-cigarettes was noted. The First Schedule referred to the banning of smoking in public places and carried specific reference to electronic cigarettes. The definition of smoke included the smoke from electronic cigarettes:

" 'smoke' means inhaling or exhaling the emissions of tobacco and, includes so handling an ignited or heated tobacco product that it produces smoke or other emissions by any means, including by electronic means" [63]

In recognising the threat of e-cigarette use, as reported in the WHO report of the use of e-cigarettes, the Minister of Health in Barbados (October 2014) announced that the Ministry is reviewing draft legislation to regulate the use of e-cigarettes [118].

Currently, apart from information previously mentioned above, additional data on regional e-cigarette use are not available. It is reasonable to assume from tobacco industry advertising that youth in particular are attracted to the ploy that e-cigarettes are less harmful than traditional cigarettes and are less offensive because there is no tobacco smoke. Additionally, the variety of flavours appears to be a major drawing card for young people.

Hookahs

A hookah is a water pipe used to pass charcoal-heated air through a tobacco mixture and ultimately through a water-filled chamber. The charcoal or burning embers are placed on top of perforated aluminium foil and the tobacco mixture is placed below. Hookah tobacco often contains flavours, including candy and fruit flavours, which help mask the harshness of smoking. The user inhales the water-filtered smoke through a tube and mouthpiece. The water lowers the temperature of the smoke.

Hookahs are often shared by several users in a smoking session, and many hookah smokers consider the practice less harmful and addictive than smoking cigarettes. This is troubling from a public health perspective, since evidence shows that hookah smoking carries many of the same health risks and has been linked to many of the same diseases caused by cigarette smoking. As research on the health effects of water pipe smoking increases, studies suggest that hookah smokers may inhale larger amounts of smoke than cigarette smokers during a single smoking session (usually half an hour or more) [116].

Hookah smoking has also become quite popular in the Caribbean, with the setting up of Hookah 'bars'. By virtue of tobacco smoke being released by the hookahs, the use of these water pipes is banned in public places in countries that have smoke-free laws.

Research in tobacco control in the Caribbean over the past ten years has been limited. Much of this is due to the low priority placed on this important matter, as well as inadequate network building and dissemination of research outcomes. This is unfortunate, since research should underpin all in-country advocacy efforts. No matter what the area of focus is for advocates - whether advocacy for tobacco control legislation, for tax change or any other specific policy measure - in all cases up-to-date, reliable local data enhance the effectiveness of the advocacy effort.

Organisations that have been involved in tobacco control research include PAHO, the Centers for Disease Control and Prevention, the University of the West Indies, International Development Research Centre (Canada), Roswell Park Cancer Institute, and Campaign for Tobacco Free Kids. Capacity building efforts that will lead to increased tobacco control research are needed. See *Appendix 4: Tobacco Control Research Efforts In The Caribbean Region*.

Rigorous tobacco control research in the Caribbean is needed to [119]:

- Minimise the tobacco epidemic in the region and the concomitant social, economic and health burdens
- Counter the strong influence of the tobacco industry
- Strengthen traditionally weak or ineffective tobacco control laws
- Involve and educate civil society on the importance of tobacco control
- Build an evidence base for developing effective tobacco control policies and programmes
- Encourage long-term funding and resources for sustained research

Civil society has a pivotal role to play in tobacco control research, not only in traditional research areas such as planning, design, implementation, analysis and reporting, but also in the dissemination of the findings to the public and policymakers. CSOs have been acting and will continue to act, as powerful watchdogs in this space, supporting national systems of monitoring and evaluation and holding governments accountable to commitments made around the FCTC.

The Role of Civil Society in Public Health and Health Policy

In an article, *The role of organized civil society in tobacco control in Latin America and the Caribbean*, Champagne et al give an excellent perspective on the definition and role of civil society in tobacco control in Latin America and the Caribbean. The article states that “civil society is defined here as the sector of society composed of the totality of voluntary civic and social organisations and institutions. It forms the basis of a functioning democratic society. It is distinct from government (regardless of that state’s political system) and commercial institutions/businesses. Civil society has been the engine that has permitted many of the accomplishments seen in public health in the Caribbean” [4].

Civil society organisations include registered charities; non-governmental organisations; community groups; women’s organisations; minorities’ groups; youth groups; faith-based organisations; professional associations; trade unions; self-help groups; social movements; business associations; coalitions; and advocacy groups. These groups have had a strong record of providing services and public education, and have traditional linkages with communities that have been harnessed to influence social behaviour. Without the support and involvement of civil society, programmes developed to tackle NCDs are likely to be unsuccessful.

Figure 1 outlines the multidisciplinary approach that needs to be taken in order to successfully prevent chronic diseases. The integration of health services with personal responsibility for one's health is supported by community and civil society actions which lead to policy change, which in turn can support healthy lifestyles. These policy changes include smoke-free environments, warning labels on cigarette packs, food labelling, and safe spaces for physical activity [120].

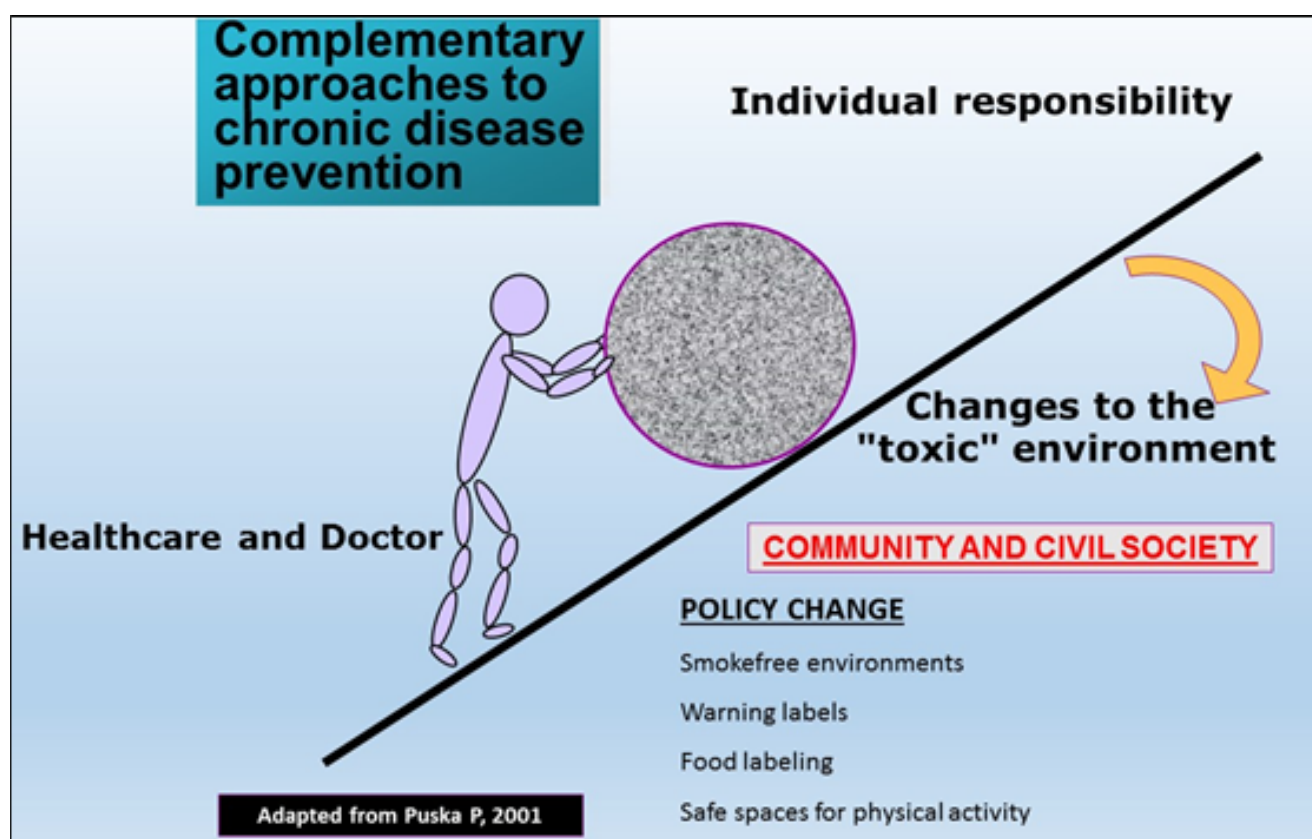


FIGURE 1: COMPREHENSIVE APPROACHES TO CHRONIC DISEASE PREVENTION. Adapted from Healthy Caribbean Coalition - Healthy Caribbean 2008 - Conference Presentations. PAHO Keynote Presentation "Civil Society as the agent for Change: What Works" - Beatriz Champagne, IAHF. [120]

15.1 Role of Civil Society in Tobacco Control

Champagne et al have suggested that there are five main roles that civil society can play in tobacco control [4]. These are:

- Advocate
- Coalition builder
- Provider of evidence-based information.
- Watchdog
- Service provider

For CSOs in the Caribbean involved in the health sector and specifically in tobacco control, the roles of advocate, coalition builder and watchdog may be more prominent.

An example of the role of a CSO in tobacco control: the JCTC

Table 4 lists some examples of JCTC roles in tobacco control based on the five areas listed above. These examples are likely replicated in other CSOs working in tobacco control in the region.

TABLE 4: Examples of JCTC Roles in Tobacco Control Advocacy

ROLE	EXAMPLES
ADVOCATE	<p>Holding sensitisation meetings with key stakeholders</p> <p>Lobbying opinion leaders</p> <p>Convening Health Fairs and other gatherings</p> <p>Signing petitions</p> <p>Being a technical resource for tobacco control activities</p> <p>Being a member of the Technical Working Group on Tobacco Control (led by the MOH)</p> <p>Submitting press releases, articles in newspapers and newspaper supplements and letters to newspaper editors</p> <p>Countering claims by the tobacco industry</p> <p>Participating in media interviews and radio outside broadcasts</p> <p>Garnering support from other key organisations</p> <p>Identifying tobacco control “Champions” to support the cause</p> <p>Preparing and circulating advocacy tools and handouts to key stakeholders</p> <p>Using special health dates to highlight the impact of tobacco use such as World Heart Day, World No Tobacco Day, World Cancer Day</p> <p>Participating in Kick Butts Day and the Anti-Tobacco Youth Forum led by the Jamaica Cancer Society</p> <p>Identifying and developing allies in the Government and Opposition</p>
COALITION BUILDER	<p>Building networks, alliances and coalitions - this makes CSOs more powerful and sustainable. With JCTC support, coalitions are being formed in Trinidad and Tobago, and Barbados. The JCTC also has strong alliances with regional and international tobacco control organisations</p>
PROVIDER OF EVIDENCE-BASED FORMATION	<p>The JCTC supported the following:</p> <p>Air Quality Management study to measure exposure to second-hand smoke</p> <p>Survey on Graphic Health Warnings effectiveness</p> <p>Public Opinion Poll on attitudes toward smoke-free environments</p> <p>The data from these activities were prepared in reports to key stakeholders and helped to inform policy</p>

TABLE 4: Examples of JCTC Roles in Tobacco Control Advocacy

ROLE	EXAMPLES
WATCHDOG	Support for implementing and monitoring tobacco laws Monitoring the activities of the tobacco industry Naming and shaming - reporting to Government any infringements of FCTC Articles and using the local and international media to force compliance Calling on international partners to bring attention to breaches Using the Access to Information Act to obtain documents outlining breaches of the FCTC and/or tobacco industry interference Providing information in shadow reports for international organisations such as the FCA and the IAHF
SERVICE PROVIDER	JCTC members provide services by: Screening patients Offering cessation counselling Facilitating community interactions led by the services provided Obtaining and disseminating health information Building informed public choices on health matters

Tobacco Control Advocacy

Advocacy can be seen as a process of communication which is different from mere communicating and disseminating information. Advocacy goes beyond this, as it seeks recognition, support, and commitment from stakeholders, policy- and decision-makers and the general public about a particular issue or problem. Advocacy provides solutions and support in tackling issues.

Developing a synergistic relationship between the government machinery and civil society is crucial for advancing the tobacco control movement in the Caribbean. Advocacy is central to the relationship and has been one of the main activities of the JCTC. Almost all CSOs can be involved in some form of tobacco control advocacy, but careful assessment of the capacity of an organisation to do so must be made. See *Appendix 5: A Framework For Tobacco Control Advocacy*.

Table 5 highlights some examples of tobacco control advocacy led by the JCTC since 2011.

TABLE 5: Examples of Best Practices by CSO-Led Advocacy in Jamaica

Issue	Strategies and key messages	Outcomes/impact	Lessons learned
<p>March 2011</p> <p>Via newspaper: "Jamaica plans to increase tobacco production (using Crown Lands) in collaboration with Tobacco Company". This is in breach of Articles 15-17 of the FCTC</p> <p>The JCTC partnered with the FCA, Corporate Accountability international (CAI), TFK, IAHF and other international partners [92,93]</p>	<p>Press release sent and placed on several websites etc.</p> <p>Open letter to Government on the issue</p> <p>Letters to newspapers/ editors and radio TV interviews</p> <p>Letters to Prime Minister and Minister of Health from international partners- WHF, WHO, IAHF</p> <p>CAI prepared an internet petition and sent 3,500 emails to PM and MOH [121]</p>	<p>Based on the strong responses driven by civil society, the Ministry of Agriculture shelves plan to increase tobacco production</p>	<p>Media support is powerful. International support and letter writing make a difference and can put governments under pressure to comply</p>
<p>January 2012</p> <p>JCTC sought to explore public opinion towards tobacco control policies particularly restrictions on smoking in public places and polled the public</p>	<p>The poll was administered island-wide</p> <p>The persons interviewed included Jamaicans of all ages, both genders, and both non-smokers and smokers</p>	<p>The results showed that there is extremely strong support for a prohibition on smoking in most enclosed public places and enclosed workplaces (between 92% and 99%)</p>	<p>This report was used to influence policy at the government level while the tobacco control regulations were being developed (including smoke-free spaces)</p>

TABLE 5: Examples of Best Practices by CSO-Led Advocacy in Jamaica

Issue	Strategies and key messages	Outcomes/impact	Lessons learned
<p>March 2012 - Tobacco company representative appointed to a Public Health Board. This is a breach of Article 5.3</p> <p>JCTC partnered with the MOH to address this matter</p>	<p>Press article prepared and letters sent outlining the breach of Article 5.3 to: The Minister of Health The Public Health Board Chairman</p> <p>Other relevant Ministries</p> <p>The JCTC in collaboration with the MOH made a presentation to the Public Health Board on Article 5.3</p>	<p>Tobacco company representative removed from the Board</p>	<p>Some public health officials are not fully aware of the implications of Article 5.3</p> <p>CSOs need to engage in ongoing sensitisation and education about tobacco industry interference</p>
<p>June 2012 Carreras Limited asserted in a full-page newspaper advertisement that they donated funds to the Social Development Commission (SDC) for “community development”. The SDC is an executive agency under the Ministry of Local Government. This would be a breach of Article 5.3</p>	<p>Using the Access to Information Act the JCTC requested responses from the SDC</p> <p>The SDC contacted Carreras Limited about the matter.</p> <p>The SDC responded that no funds were given to them by Carreras Limited for community development</p>	<p>Carreras Limited responded to SDC stating that they did not give the funds; a copy of their response to the SDC was also forwarded to the JCTC</p>	<p>Access to Information Act very useful for obtaining information from government Ministries about alleged breaches of the FCTC</p>

TABLE 5: Examples of Best Practices by CSO-Led Advocacy in Jamaica

Issue	Strategies and key messages	Outcomes/impact	Lessons learned
October 2013 Billboard and sign on buses with logo of Jamaica Customs and Constabulary Force, (Police) with pictures of cigarettes. This was an effort to stem the illicit trade in cigarettes. This was a breach of Article 5.3 and was actually advertising the cigarettes	Letters outlining the breach and requesting the removal of the ad from the back of the bus and the billboard were sent to: The Kingston and St. Andrew Corporation (local authority) The Ministry of Local Government The Ministry of Foreign Affairs The Ministry of Transport, Works and Housing.	The JCTC received written responses from the Minister of Transport that the sign on the bus would be removed; this was done. Billboard was also removed	Further work and sensitisation needs to be done with the Jamaica Customs and the Constabulary Force about Article 5.3
November / December 2014 A request was made by civil society organisations in Barbados and Trinidad and Tobago the HSFB and the TTCS for assistance in setting up tobacco control coalitions.[54, 122, 123, 124]	The JCTC in collaboration with the HCC: Prepared terms of reference for a coalition Guided the TTCS and the HSFB in the first meeting to discuss the formation of a coalition Prepared supporting documents to assist in creating a coalition	The founding organisations present at the inaugural meeting of the TTCTC have indicated a willingness to accelerate the official formation of the TTCTC A decision was taken by HSFB to defer the formation of a civil society tobacco control coalition due to limited capacity to effectively establish and sustain such an organisation	CSO best practices can support other countries in moving ahead with forming tobacco coalitions in order to effectively support tobacco control policy

TABLE 5: Examples of Best Practices by CSO-Led Advocacy in Jamaica

Issue	Strategies and key messages	Outcomes/impact	Lessons learned
January 2015 Based on the FCTC needs assessment, the need for an Economic impact study to be done for adopting stronger tax measures was identified. This was done by Dr. Corne Van Walbeek, who did a similar study in Jamaica 10 years previously [72, 73]	The JCTC was able to re-establish contact with Dr. Van Walbeek who agreed to update the earlier the study. The JCTC collaborated closely with the MOH while the study was being prepared and gave inputs for the final report	The study was submitted to the Ministry of Finance and other key stakeholders in February 2015. In March 2015 the Government of Jamaica increased the special consumption tax on cigarettes by 14.2% (the first in 5 years)	Collaborating with key partners and using international connections useful for advocacy to change policy
March 2015 Carreras Limited used a poster from an earlier Youth Smoking Prevention Programme as the cover of cigarette dispenser machines in some supermarkets. This poster had the logos of Carreras Limited, the Ministry of Education and the Child Development Agency (CDA). This was a breach of Article 5.3	The JCTC wrote to: The Ministry of Education The Ministry of Youth The Child Development Agency Pictures of the dispenser were also sent	The Ministry of Education wrote to Carreras Limited directing removal of all posters of this type. The posters on the cigarette dispensers were removed promptly. Carreras Limited wrote to the Ministry asking for time to remove the poster that was also used in other areas. A copy of Carreras Limited's response was forwarded to the JCTC	Ongoing vigilance by CSOs and their timely intervention when breaches of the FCTC occur are critical; these steps will impact attempts by Carreras Limited to normalise their behaviour

15.2 The Development of Tobacco Control Coalitions

Forming a tobacco control coalition has proven to be a very effective way of supporting tobacco control activities. Building and maintaining a tobacco coalition can be one of the most effective approaches to address tobacco use prevention and control. By bringing together diverse groups united around a shared cause, coalitions can set about the business of changing tobacco consumption norms and public policy at the national level.

A major role of coalitions is to help sustain tobacco control programmes by expanding public support and mobilising resources. At the same time, coalitions provide support to the Ministry of Health for implementing and monitoring tobacco control efforts in the country. Equally important is monitoring the tobacco industry by exposing its deceptive, predatory, and deadly practices and developing effective methods to counter its strategies. These include educating and sensitising key policymakers to the risks of tobacco use, particularly that tobacco not only impacts individual health but also socioeconomic development.

Tobacco Control Coalitions in the Caribbean

A successful example of coalition-building through advocacy and networking is the IAHF FCTC Caribbean Network that supported the first steps by countries wishing to adopt the FCTC. The JCTC can certainly track its successes to the coalition-building among its nine partners, with support from the IAHF FCTC Caribbean Network. This in turn played a significant role in Jamaica signing and ratifying the FCTC, followed by ongoing advocacy to increase awareness of the harms of tobacco use; monitoring the tobacco industry's underhand tactics; and supporting the MOH in the promulgation of the Tobacco Regulations in 2013. The JCTC has been successful in its advocacy campaigns and projects and these steps are the precursors to the eventual enactment and monitoring of comprehensive tobacco control legislation in Jamaica that is aligned with the FCTC.

With the support of the HCC, Barbados and Trinidad and Tobago have begun the process of preparing tobacco control coalitions, using best practices from the JCTC. The HCC sponsored and supported 2 initial meetings in Trinidad and Tobago and Barbados at which the JCTC offered technical expertise in preparing the terms of reference for the

coalitions. Follow-up steps include the activation of these coalitions via the involvement of key stakeholders [54,122,123].

The TTCS began the process of identifying civil society partners to establish the Trinidad and Tobago Coalition for Tobacco Control (TTCTC). The Barbados Coalition for Tobacco Control (BCTC), initially proposed by the HSFB, has been actively seeking partners [124].

The purpose of establishing national coalitions is to influence the public health decision makers and tobacco control communities so that social norms will be transformed through advocacy and policy change regarding tobacco use. The expectation is that the TTCTC and the BCTC will form a 'tobacco-free' partnership with civil society groups, mobilise communities to participate in tobacco control efforts and combat tobacco industry interference. Additionally, they will support the efforts of their Ministries of Health to change the culture regarding tobacco use. The coalitions can also play an active role in the implementation of existing tobacco control legislation in Trinidad and Tobago and further support Barbados in its plans to develop and implement comprehensive tobacco control legislation to buttress regulations already in place [54]. See *Appendix 6: Steps to Building a Tobacco Control Coalition*.

16.1 Challenges

Although all CARICOM states ratified the FCTC, there has been very slow progress in implementation of key articles of the treaty. The barriers to implementation need to be identified at a country level in order to put plans in place to overcome them. Another challenge is convincing governments of the importance of tobacco control measures and of implementing the FCTC to protect the public health of their citizens. A critical challenge to be addressed in moving forward with strong tobacco control measures is countering tobacco industry interference. Implementing the FCTC, especially Article 5.3, gives governments a clear roadmap for preventing and challenging tobacco industry interference. As part of measures to support implementation of the FCTC, governments are expected to increase their domestic budget allocations for tobacco control measures.

Challenges to successful FCTC implementation include [125]:

- Lack of financial and human resources in the Ministries of Health
- Lack of inter-sectoral collaboration
- Lack of political will
- Tobacco industry interference
- Lack of awareness of tobacco use as not just a health issue but also a developmental issue
- Absence of tobacco control from development partners' priorities
- Lack of national data on prevalence, morbidity, mortality and costs
- Lack of evidence-based data to inform policy
- Fear of economic impacts of tobacco control
- Lack of technical expertise at civil society level
- Uneven health leadership at CSO and government levels

16.2 Opportunities

Reports from the Conference of the Parties to the WHO FCTC, UN General Assembly, UN Economic and Social Council and UN Secretary-General have highlighted the urgent need to integrate WHO FCTC implementation into countries' health and development

plans. The reports also called on the UN agencies to provide coordinated support in this matter [125]. The prevention and control of NCDs and their risk factors have also been highlighted in Goal 3 of the recently-approved Sustainable Development Goals (SDGs), which has a specific target of strengthening FCTC implementation.

At the country level, the prioritisation of tobacco control in national development and health development planning will facilitate its inclusion in the UN system response, as articulated through the UN Development Assistance Frameworks (UNDAFs). These are the strategic programme frameworks jointly agreed between governments and the UN system outlining priorities in national development.

In February 2014, a report entitled *Development Planning and Tobacco Control - Integrating the WHO Framework Convention on Tobacco Control into UN and National Development Planning Instruments* was jointly produced by the WHO and UNDP. The report captured lessons learned from practical experience and provided recommendations for further action to facilitate integrating the WHO FCTC into national development plans and the UNDAFs that support them [15, 125].

In a strategic planning retreat in Trinidad and Tobago in 2015, plans were unveiled that the United Nations Multi-Country Sustainable Development Framework (MSDF) for the period 2017 to 2021 for the Caribbean, was being finalised for approval in 2016. It will replace individual UNDAFs in Caribbean countries. The MSDF will be the overarching framework for the common work of the UN system across Barbados, the OECS countries, Belize, Guyana, Jamaica, Suriname and Trinidad and Tobago [126].

In sum, the opportunities for implementing the FCTC at a country level can benefit from the many regional and international organisations committed to tobacco control. Many of these organisations are willing to help developing countries with challenges they face. See *Appendix 7: Useful websites and Links*.

Additional opportunities for FCTC implementation by parties include [15, 125]:

- High-level government leadership, as seen in some Caribbean countries, which can significantly alter the landscape of tobacco control and accelerate the progress of policies
- Multi-sectoral responses, which are essential for implementation of the FCTC (including platforms to support multi-sectoral responses such as National NCD Commissions or National Wellness Commissions), in which more Ministries buy in and take responsibility for implementation. For example in Jamaica, the Ministry of Foreign Affairs and Foreign Trade (MFAFT) is involved with the drafting of tobacco control legislation. The MFAFT was the agency that had the responsibility for signing and ratifying the FCTC (since it was an international treaty under the MFAFT). In Barbados the National NCD Commission played a central role in contributing to enactment of legislation banning smoking in public places, and the prohibition of sale of tobacco products to minors
- Inclusion of FCTC implementation in national NCD plans, which can elevate its status
- Request by countries to the Secretariat for FCTC Needs Assessments for implementation of the FCTC. These assessments highlight existing gaps and suggest possible actions to fill these gaps; countries could also receive Secretariat support for implementation of the FCTC, once the needs assessment reports are completed
- Accountability to the international treaty including reporting. Parties are bound by the provisions of the treaty and are expected to send timely reports to the FCTC Secretariat highlighting their progress
- Civil society advocacy that generates favourable public opinion, political will and donor interest. Civil society can also ensure transparency and accountability
- Anticipation and countering by Ministries of Health, civil society and other stakeholders of typical tactics employed by the tobacco industry to interfere with policymaking
- Creation of 'shadow reports' that often differ from official statements Governments are required to report on fulfilment of FCTC treaty obligations. These reports focus on monitoring how well Parties to the WHO FCTC are living up to their obligations

to make the treaty effective. The JCTC for example, has contributed to Tobacco Watch, an independent civil society shadow report for the FCA

- Cooperation among countries, with sharing of experiences, successes, and lessons learned

16.3 Lessons Learned

Over the past few decades, many lessons have been learned about the effectiveness of various tobacco control policies in reducing tobacco use. The increased use of tobacco product taxes as a tobacco control tool, the increasing stringency and comprehensiveness of local policies limiting smoking in public places and workplaces, large graphic health warnings, and greater funding for comprehensive tobacco control programmes have proven to be quite effective in reducing tobacco use and its consequences. Other policies, such as those targeting youth and limiting aspects of tobacco company marketing efforts,



may have had less of an impact; nevertheless, they are still important. These latter policies have had the greatest pushback from the tobacco industry.

Continuing to act on the lessons that have been learned about the effectiveness of tobacco control policies both globally (translating those to the Caribbean) and regionally is critical to sustaining the substantial progress that has been made [2].

Lessons learned in tobacco control may be summarised as follows [127]:

- Civil society is crucial to successful tobacco control efforts
- The role of CSO advocacy will differ in-country depending on the level of political will. CSOs work closely with governments in countries with strong political will,
- CSOs act as a watchdog, (holding governments accountable), in countries lacking political will

Opposite: February 2014 - Students attending the Jamaica Cancer Society's Anti-Tobacco Youth Forum

Below: Presenters at the Forum



- Those involved in tobacco control must keep pace with current information, knowledge and education so that they can remain a step ahead to counter the deception of the tobacco industry
- More effort needs to be expended on educating policymakers about FCTC Article 5.3 and the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts
- In some instances, government officials are not fully aware of the conflict of interest generated by their relationships with the tobacco industry
- Tobacco control advocates must continually seek to broaden the ways in which they raise awareness of tobacco's negative effects
- Effective tobacco control efforts require comprehensive, multipronged approaches and strategies
- Economic research is an important, yet often neglected, component of effective advocacy. Policymakers and the public in general are often unaware of the massive financial costs to society of tobacco use and the benefits of tobacco taxation as a revenue source that can increase government revenue and also be channelled into public health
- Media can be a powerful tool for, and ally of, tobacco control advocates
- 'Voluntary' or self-regulatory codes instituted by the tobacco industry create the illusion of responsible behaviour. They can also be easily reversed. For example in Jamaica in 2013, Carreras Limited, despite a voluntary agreement for removal of all billboards, erected a billboard outside their corporate offices, promoting a new presentation of a popular brand of cigarettes
- Expanded regional learning, cooperation and sharing, offer clear benefits to local tobacco control efforts

The FCTC negotiations themselves garnered interest in and enthusiasm for tobacco control in many developing countries. However, this governmental interest will wane without strong civil society advocacy. This is a major lesson to be learned from the developed countries where the civil society tobacco control movement has been well organised and highly successful: without civil society involvement, tobacco control activities will neither be implemented nor enforced. Thus, the lack of civil society development is a substantive barrier to the full implementation of the FCTC, particularly in LMICs where there are few resources or historical experiences to support strong civil society involvement and influence in the tobacco control landscape [2].

17 CONCLUSION AND RECOMMENDATIONS

Strong, committed leadership is essential for introducing long-term changes in public health policy. Within nations, governments have the primary responsibility for providing this leadership. In some cases, however, leadership may be initiated by CSOs prior, and as a catalyst, to government action. It is unlikely that there will be just one ideal path to improved health; each country will need to determine the optimal mix of tobacco control policies that best fits its particular circumstances. Each country will also need to select tobacco control measures within the reality of its economic and social resources.

Capacity building at all levels of government, across governments, and within civil society, will be required for successful WHO FCTC implementation, as widespread understanding of the responsibilities related to a comprehensive tobacco control strategy must be developed. Sharing of experience, expertise and best practices among CARICOM nations with regard to WHO FCTC implementation is needed [15].

To achieve integration of WHO FCTC implementation into national development plans, the case should be made for tobacco control as a national health and development priority. The mandate for accelerated implementation of the WHO FCTC is clear: tobacco use is the only modifiable risk factor common to all 4 main NCDs (diabetes, cardiovascular disease, cancer, and chronic lung disease). Tobacco use kills 6 million people per year and, if unchecked, will cost the global economy trillions of dollars and increase poverty, inequality and human rights infringements [15].

Government and civil society organisations require sustainable resources to implement tobacco control programmes. These include mass media campaigns, to prevent initiation, especially among youth, smoking cessation programmes, public information about the health consequences of smoking, tobacco control research, and more.

Tobacco taxes are a powerful tool, particularly if directed into a funding mechanism for tobacco control. Using a portion of tobacco taxes is one approach to meeting the challenge of sustainable funding in a way which is fair, logical and cost-effective. Raising tobacco taxes can serve several purposes: enabling countries to curb tobacco consumption; mobilising financial resources to fund tobacco control and other health promotion measures; and supporting the building of tobacco control capacity in the workforce.

In Jamaica, for example, the National Health Fund revenues are derived from tobacco and payroll taxes and are used to finance health education and promotion, health infrastructure improvements and to ensure affordable access to medicines for people suffering from chronic NCDs [109].

The POS Declaration signed in 2007 by the CARICOM Heads of Government, which expressed concern about the increase in the incidence of chronic NCDs contains the following statement as a marker for sustainable funding [134]:

“That public revenue derived from tobacco, alcohol or other such products should be employed, *inter alia*, for preventing chronic NCDs, promoting health and supporting the work of the Commissions”

The Declaration statement notwithstanding, there has been little evidence of action in this regard.

Advocacy for national tobacco control policy and building popular social support is also critical to producing change. The tobacco control community should widen its constituency and create pressure for action on non-health ministries. This can be accomplished by sensitising a wide range of civil society organisations to the harmful effects of tobacco on labour rights, poverty reduction, maternal and child health, environmental sustainability, and gender equity.

There is an urgent and important need at this time for regional tobacco control support for smaller CARICOM countries and those that do not have technical or financial resources. CSOs that are successful in their tobacco control activities would therefore have a platform to share best practices around the region. This type of regional tobacco control support and advocacy should be recognised and incorporated by regional health institutions and organisations such as CARICOM, CARPHA and HCC. Additionally, key stakeholders including PAHO and UWI are vital to the success of regional tobacco control efforts. These regional efforts are essential if the Caribbean is to contribute to the worldwide targets set by the World Health Assembly of a 25% reduction in premature mortality from NCDs by 2025, and also a relative reduction of 30% in tobacco use by that year [15].

Listed below are recommendations from the civil society perspective that have the potential to strengthen tobacco control at the country level:

- Identify resource and technical capacity needs for effective implementation of the FCTC
- Review and implement key aspects of the FCTC in a timely manner
- Get buy-in from other line Ministries - Finance, Trade, Youth, Education, Agriculture, Tourism
- Establish a multidisciplinary committee (including civil society representatives) to support efforts to develop tobacco control legislation
- Prior to finalising tobacco control legislation, countries can proceed to implement key articles of the FCTC, such as the CROSQ Regional Standard for the Labelling of Retail Packages of Tobacco Products and regulations for smoke-free environments
- Provide capacity building to governments and support the integration of the FCTC in national development plans and UNDAFs
- Integrate tobacco control into all relevant national plans for health, development and poverty reduction
- Position tobacco control under the wider umbrella of NCD prevention and control, in keeping with the mandate of the Port of Spain Declaration
- Sensitise government officials and policy makers about FCTC Article 5.3 and the need to counter tobacco industry interference
- Advocate for all government ministers and senior level policy makers to sign Article 5.3 code of conduct that outlines clear guidelines for interactions with the tobacco industry
- Support calls for specific tobacco control research that would help to inform policy including updated youth and adult tobacco surveys
- Involve civil society in advocating for tobacco tax increases as well as allocation of some of this revenue towards broader tobacco control or public health
- Garner support from international organisations (e.g., PAHO/WHO, TFK) to review legislation and undertake technical cooperation
- Develop tobacco control curricula to be placed in Medical, Masters and PhD programmes, and place more emphasis on training in health economics

APPENDICES

18 APPENCICES

18.1 APPENDIX 1: Caribbean Treaties and Declarations on NCDs and Tobacco Control

All the declarations listed in Table 6 make reference to the Caribbean Cooperation in Health (CCH) initiative (its 3 phases) and some have specific reference to tobacco control measures. Implementation of the NCD mandates from the POS Declaration has been mixed, being most successful where there were regional supports, and in countries with populations of more than 250,000, reflecting country capacity [16].

TABLE 6: Caribbean Treaties and Declarations on NCDs

YEAR	TREATY/DECLARATION	OUTCOME	RELATED TO TOBACCO
CARICOM 1982	Declaration on Health for the Caribbean Community [18]	The Goal is Health for All in the Caribbean Community by the Year 2000	The Goal "Health for all in the Caribbean by the Year 2000 is taken to mean much more than the absence of disease...It means that people are emotionally well-adjusted individually, in families and as communities, and free from dependence on alcohol, tobacco or other substances"
CCH Phase I 1984	Caribbean Cooperation in Health rolled out in 3 phases [128, 129, 130, 131] CCH IV is now being developed [132]	7 priority health areas were identified, later increased to 8	Under the Chronic Diseases priority area, one of the indicators recorded was "at least 30% of countries enact anti-smoking legislation, including promotion of smoke-free environments and regulation of sale of tobacco to minors by end 2003"
CCH Phase II 1999-2003		Adopted and approved by the Ministers of Health and the Heads of Government in 1986	
CCH Phase III 2010-2015		Chronic Diseases as one of its priority areas	

TABLE 6: Caribbean Treaties and Declarations on NCDs

YEAR	TREATY/ DECLARATION	OUTCOME	RELATED TO TOBACCO
2001	N a s s a u Declaration on Health by CARICOM Heads of Government "The health of the Region is the wealth of Region"[133]	CARICOM Heads of Government agreed to implement initiatives to achieve an improved health status of Caribbean populations within the next five years Included developing a Regional Strategic NCD plan	Re-committed to the implementation of the Caribbean Co-operation in Health (CCH) Phase II
2007	POS Declaration. Heads of Government of CARICOM convened in Port-of-Spain, Trinidad and Tobago, for a Regional Summit on CNCDs, Stemming the Tide of Non-Communicable Diseases in the Caribbean [16, 134]	Ministers expressed concern at the alarming increase in the incidence of NCDs, and affirmed the main recommendations of the Caribbean Commission on Health and Development. The POS declaration highlighted the importance of partnerships and policies supported by Governments, private sectors, NGOs and other social, regional and international partners, to meet its objectives	Ministers affirmed their "... commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the FCTC and to urge its immediate ratification in all States". They also proposed the following: "immediate enactment of legislation to limit or eliminate smoking in public places; ban the sale, advertising and promotion of tobacco to children; insist on effective warning labels and the introduction of such fiscal measures as would reduce accessibility to tobacco" The Ministers also suggested that "public revenue derived from tobacco, alcohol or other such products should be employed, for preventing chronic NCDs, promoting health and supporting the work of NCD Commissions"

TABLE 6: Caribbean Treaties and Declarations on NCDs

YEAR	TREATY/ DECLARATION	OUTCOME	RELATED TO TOBACCO
2007	Declaration of St. Ann by Ministers of Agriculture - implementing agricultural and food policies to prevent obesity and NCDs in the CARICOM region [135, 136]	There was reference to the CCH declaration, in terms of strategies to prevent and control NCDs in the Region	Affirmed the main recommendations of the Caribbean Commission on Health and Development which included strategies to prevent and control NCDs by addressing their causal risk factors of unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening health and agricultural policies
2008	The HCC Declaration - Caribbean Civil Society Bridgetown Declaration: Tackling the Caribbean Epidemic of Chronic Diseases, 2008 [29, 137]	The HCC is the regional civil society umbrella organisation for the Region to support implementation of the POS Declaration. Forty civil society organisations launched the HCC and issued their Declaration as the regional civil society component of the multi-sectoral response. Priority programmes included capacity building for enhancing their advocacy or 'watchdog' role through activation of a communications plan and social marketing programmes for public education, monitoring and evaluation	The Declaration committed to "...seek the strongest possible implementation of the FCTC in those countries that have ratified this treaty, and support ratification in those that have not"

TABLE 6: Caribbean Treaties and Declarations on NCDs

YEAR	TREATY/ DECLARATION	OUTCOME	RELATED TO TOBACCO
2009	C A R I C O M Caucus of Ministers of Health, Geneva, May 2009, recommended the banning of smoking in public spaces [138]	The Ministers reaffirmed their commitment to the goals and time lines embodied in the FCTC. Further, they supported the coordination by the CARICOM Secretariat and PAHO for the development of model laws and policies to reduce second-hand smoking and to ban smoking in public spaces	The CARICOM Ministers of Health endorsed a recommendation for the banning of smoking in public spaces as a public good and regional goal, as the Region intensifies its efforts to tackle NCDs, under the POS Declaration
2009	The Caribbean Heads of Governments at their meeting in November, supported plans for the follow- up to the POS Declaration (2007) and agreed to advocate for a special UN High Level meeting on NCDs as a major developmental problem [139]	Heads of Government issued a Statement specifically affirming their commitment to addressing the burden of NCDs and to increase the ability of regional countries to respond to this emerging health crisis	Section 4 of the statement of action states: “Noting the Action Plan on NCDs adopted by CARICOM during their 2007 Summit on NCDs, we will work towards reducing the incidence of NCDs by fostering multi- sectoral policies and community-based initiatives to <u>discourage tobacco use</u> and unhealthy diets and to promote physical activity”

TABLE 6: Caribbean Treaties and Declarations on NCDs

YEAR	TREATY/ DECLARATION	OUTCOME	RELATED TO TOBACCO
2011	The Strategic Plan of Action for the prevention and control of NCDs January 2011 [5]. This Plan responds to the Declaration of POS emanating from the 2007 C A R I C O M Summit on Chronic Non-Communicable Diseases and forms part of the Caribbean Cooperation in Health Initiative Phase 3 (CCH-III)	The Plan included recommendations for country plans, and at the national level, countries could adapt it according to their priorities and identify their own sustainable funding for NCDs	Priority action #1: risk factor reduction and health promotion addressed tobacco and alcohol use and called for ratification of the FCTC in all Caribbean countries and implementation of its important measures

18.2 APPENDIX 2: THE JAMAICA COALITION FOR TOBACCO CONTROL (JCTC)

TABLE 7 : List of Members and Mission of Organisations in the JCTC

ORGANISATION	MISSION
Association of General Practitioners, Jamaica	Dedicated to facilitate excellence in Family Medicine and General Practice in Jamaica. Advocates for improvement of medical services in Jamaica to the benefit of the Jamaican public
Caribbean College of Family Physicians, Jamaica Chapter	Promotes high standards in family medicine in the Caribbean region
Diabetes Association of Jamaica	Offers services and support for activities that will lead to a better quality of life for those affected by or at risk of developing diabetes mellitus
Jamaica Cancer Society	Provides advocacy and support for cancer care in Jamaica
Jamaica Dental Association	Dedicated to the advancement and leadership of a unified profession and to the promotion of optimal oral health, an essential component of general health.
Jamaica Psychiatric Association	Promoting mental health awareness and interaction and continuing mental health education of medical, other professionals and the public
Nurses' Association of Jamaica	Aims to improve standards of nursing education and service in Jamaica
The Heart Foundation of Jamaica	Contributes to the prevention of heart disease in Jamaica
The Medical Association of Jamaica	Physician professional organisation committed to professional and personal development of its members, thereby enabling them to contribute optimally to the health and wellbeing of the society

18.3 APPENDIX 3: List of CARICOM Territories in the FCTC

TABLE 8: CARICOM Territories in FCTC With Dates of Action [140]

Country	Date of Signature	Date of Ratification	Date of Entry into Force
Anguilla	*UKOT	-	-
Antigua and Barbuda	28-Jun-04	05-Jun-06	03-Sep-06
Bahamas	29-Jun-04	3-Nov-09	1 Feb 2010
Barbados	28-Jun-04	03-Nov-05	01-Feb-06
Belize	26-Sep-03	15-Dec-05	15-Mar-06
Bermuda	*UKOT	-	-
British Virgin Islands	*UKOT	-	-
Cayman Islands	*UKOT	-	-
Dominica	29-Jun-04	24-Jul-06	22-Oct-06
Grenada	29-Jun-04	14-Aug-07	14-Nov-07
Guyana	Acceded	15-Sep-05	14-Dec-05
Haiti	23-Jul-03	-	-
Jamaica	24-Sep-03	07-Jul-05	05-Oct-05
Montserrat	*UKOT	-	-
St. Kitts and Nevis	29-Jun-04	19-Jun-11	19-Sep-11
St. Lucia	29-Jun-04	07-Nov-05	05-Feb-06
St. Vincent and the Grenadines	14-Jun-04	29-Oct-10	27 Jan-11
Suriname	24-Jun-04	16-Dec-08	16-Mar-09
Trinidad and Tobago	27-Aug-03	19-Aug-04	27-Feb-05
Turks and Caicos Islands	*UKOT	-	-

*UKOT: territories under U.K. rule. These countries follow the laws of the U.K. regarding FCTC implementation

18.4 APPENDIX 4: Tobacco Control Research Efforts in the Caribbean Region

Tobacco prevalence surveys

Since 2000, the Centers for Disease Control and prevention (CDC) in collaboration with WHO/ PAHO developed the Global Youth Tobacco Survey to track tobacco use among youth across countries using a common methodology and core questionnaire. The CDC, in collaboration with WHO FCTC and PAHO and Ministries of Health in the region, has been undertaking youth surveys. The surveys most commonly done are the Global Youth Tobacco Survey (GYTS) and the Global Student Health Survey (GSHS) [12]. Most countries have had two to three surveys. The GYTS is a school-based survey that collects data on students aged 13–15 years. See Table 1 for youth smoking rates. The purpose of the GSHS is to provide data on health behaviours and protective factors among students [12].

UWI 2004

In 2004 a study was done at the Queen Elizabeth Hospital, Barbados, that reviewed estimated tobacco-associated morbidity and hospital care costs. The smoking prevalence at that time was 9%. The study reported that despite a low prevalence of smoking, tobacco caused a substantial public health burden. Hospital care cost for patients who smoked was 1.86 times higher than for non-smokers, and 5 times more than the government per capita health allocation [141].

PAHO/UWI 2004

In August 2004, Trinidad and Tobago ratified the FCTC, which calls for a smoke-free environment in indoor public places, indoor workplaces, public transport and other public places. As part of this initiative PAHO agreed to undertake a smoke-free pilot project in the country. The Coalition for a Tobacco-Free Trinidad and Tobago sought the cooperation of the UWI to fulfil one of the activities of the project, namely to conduct and publicise the results of public opinion polls on a smoke-free environment at the UWI. The UWI Health Service Unit of the St. Augustine Campus led the initiative to collaborate with the Coalition for a Tobacco-Free Trinidad and Tobago to conduct the campus survey. The objectives of the survey were to obtain evidence about prevalence, attitudes, knowledge and behaviour towards smoking and smoke-free environments [23].

RITC/IDRC 2005

The Research for International Tobacco Control (RITC) programme with the International Development Research Centre (IDRC) focused its efforts on supporting research that contributes to tobacco control advocacy. In 2005, research identifying strategic priorities resulted in funding for civil society, government, and academic organisations to conduct economic demand analyses (Jamaica), and assessment of capacity to offer cessation services (Trinidad and Tobago) [142].

In April 2005, IDRC twinned the Jamaican Ministry of Health with a research partner from South Africa, Dr. Corne Van Walbeek, who was to analyse the economic impact of tobacco control measures in Jamaica and the economic impact of increasing the cigarette excise tax as an appropriate tobacco control strategy. The study was requested by Cabinet in order to reconsider submissions made by health officials for stricter tobacco control legislation. Based on these findings, the government increased taxes on tobacco within the same year [73].

The government also accepted and acted on the report's recommendation that there should be incremental increases in tobacco taxes. In April 2005, the government announced its new policy regarding the first of a series of planned tax hikes on tobacco products. The first tax increase raised the price of cigarettes by 8%-10% [73, 143].

Also in 2005, the IDRC, in collaboration with civil society and the Coalition for Tobacco-Free Trinidad and Tobago, did an Assessment of the Capacity to offer Smoking Cessation Services in Primary Health Care Facilities in Trinidad and Tobago. The Director of Research and Planning, Ministry of Health indicated that the results of this research study would be used in developing integrated guidelines for smoking cessation services in primary healthcare facilities based on best practice. The final report was presented at the Canadian Conference for International Health in Ottawa in November 2007. A presentation of the findings was also made at the annual conference of the Caribbean Health Research Council in April 2009 [142, 144].

TFK/Roswell Park/UWI Trinidad 2011

In 2011, a survey entitled *Measuring exposure to second-hand tobacco smoke in the*

Caribbean was done to assess indoor air quality. This was to determine the levels of exposure to second-hand tobacco smoke in hospitality venues in the most populated areas of 5 Caribbean countries - Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago. This study also determined the degree of compliance with smoke-free legislation in countries that had such laws at the time (Barbados and Trinidad and Tobago).

The study was conducted by Renée Franklin-Peroune, in fulfilment of her MPH programme at the UWI, (St. Augustine, Trinidad and Tobago). The study was supported by TFK, Roswell Park Cancer Institute with technical support from PAHO and the TFK-funded regional Tobacco Control Project.

This study demonstrated that in places where smoking is allowed, employees and patrons are exposed to harmful levels of indoor air pollution which increased their risk of a wide range of adverse health effects [145].

Roswell Park Cancer Institute 2011

The CARICOM regional cigarette health warning labels study was funded through the TFK-funded regional Tobacco Control Project for the CARICOM cigarette labelling standard, with technical and logistical support from the Roswell Park Cancer Institute [146, 147]. The overall aim of the Caribbean Cigarette Health Warning Labels Project was to evaluate and understand the impact of cigarette labelling policies implemented as part of the FCTC Article 11 (tobacco packaging and labelling). The project was to support the implementation of the CARICOM labelling standard for cigarette packs, by measuring the effectiveness and impact of the warning labels to foster the desire in smokers to quit and to deter young people from starting to smoke. A total of 24 pictorial cigarette health warning labels was tested in all 4 countries – Barbados, Guyana, Jamaica, and Trinidad and Tobago. Respondents were asked to rate the images on the warning labels using several criteria. The findings were to be used when countries wished to ascertain the most effective deterrent images in the CARICOM cigarette labelling standard.

IDRC/CARICOM/UWI 2014

In 2007, the Caribbean Community (CARICOM) led the world in holding the first Heads of Government Summit on Non-Communicable Disease (NCD) prevention and control. In

response to CARICOM member states having the highest prevalence of NCDs in the region of the Americas, the Heads issued the POS Declaration *Uniting to Stop the Epidemic of NCDs* which helped to lead the way to the United Nations High Level Meeting (UNHLM) in 2011. The POS Declaration mandated responses at regional, national and community levels, and recommended a 'whole-of-government' and 'whole-of-society' multi-sectoral response [134].

A formal evaluation is being undertaken at the request of the CARICOM governments. This 3-year project (April 2014 - March 2017) is being funded by the Canadian International Development Research Centre (IDRC). The overarching objective is to evaluate, seven years on, the implementation of the CARICOM NCD Summit Political Declaration in order to learn lessons that will support and accelerate its further implementation and will inform the attainment of the UNHLM NCD commitments. The research is seeking to add knowledge on national and regional implementation and impact of the Declaration, and to communicate the knowledge gained to help build capacity to improve the response to NCDs in CARICOM member states. The project is coordinated by the UWI on behalf of CARICOM and PAHO [148].

The research part of the evaluation is approaching completion, with the remainder of the project being devoted to disseminating its results. Recommendations will be presented to the World Health Assembly in May 2016 and recommendations for action to the CARICOM Heads of Government meeting in July 2016 [148].

18.5 APPENDIX 5: A Framework for Tobacco Control Advocacy

The following table shows recommendations geared towards developing tobacco control advocacy within Caribbean CSOs and detailed steps outlining how these recommendations may be achieved. Country-specific adaptation may be needed. Organisations seeking to be involved in tobacco control advocacy should, first and foremost, review the FCTC and other key tobacco control policies.

TABLE 9 : Steps to Guide Tobacco Control Advocacy by CSOs

Recommendation	Steps to Achieve Recommendation
Assess the capability of your CSO to undertake tobacco control advocacy	<p>Are the mission and vision of your organisation compatible with this form of advocacy?</p> <p>Is your CSO equipped to undertake this responsibility in terms of:</p> <ul style="list-style-type: none"> Financial resources Human and other resources Communication and information technology Community outreach Managing a Secretariat
Analyse the current situation in your country as regards tobacco control including any current tobacco control legislation; the latest data on tobacco use in adults and children	<p>Does your country have any form of tobacco control legislation?</p> <p>Ask MOH for current data on the topic</p> <p>Desktop research via the internet re tobacco control in your country</p> <p>Review GYTS data and GATS (adult tobacco survey data) if available for your country</p>
Analyse the tobacco industry presence and power including any key relationships with public and private sectors; also include political mapping of Members of Parliament and key government officials	<p>Undertake political mapping of Members of Parliament and key government officials and their potential ties to the tobacco industry</p> <p>Advocates must be alert and aware to those persons supporting the tobacco industry, both in the private and public sector and be mindful of relationships with them</p> <p>Review press articles on tobacco related activities</p> <p>Review annual reports of the tobacco companies</p>

TABLE 9 : Steps to Guide Tobacco Control Advocacy by CSOs

Recommendation	Steps to Achieve Recommendation
<p>Create a conflict of interest document that covers guidelines for tobacco industry relationships. See <i>Appendix 8: Sample Conflict of Interest template</i></p>	<p>Board members and potential tobacco control employees need to sign this document as a matter of internal policy. All advocates need to abide by this key international tobacco control guideline that prohibits having, planning for or promoting relationships with the tobacco industry. The policy also bars ownership or promotion of tobacco industry shares or stock.</p> <p>If your organisation receives funding for tobacco control grants, you will be expected to sign a document like this</p>
<p>Review and research the FCTC and other key organisations for information about tobacco control policy</p>	<p>Review FCTC/WHO/TFK websites and others relevant to tobacco control advocacy. See <i>Appendix 7: Useful websites and links</i> for key websites that will be useful to your efforts</p>
<p>Collaborate with other key partners including community groups, faith-based organisations, youth groups, trade unions, health sector organisations. Sensitise them to the wider developmental issues and enlist their support</p>	<p>Sustained outreach to key community groups, (for example, the Seventh Day Adventists are a key ally based on their strict no smoking/healthy lifestyle practices)</p> <p>Research other groups promoting health - e.g., fitness, running and bicycling clubs</p> <p>Engage with other groups such as schools' guidance counsellors</p> <p>Link with any regional or global organisations that work in the same health area as your CSO</p>

TABLE 9 : Steps to Guide Tobacco Control Advocacy by CSOs

Recommendation	Steps to Achieve Recommendation
<p>Look for tobacco control champions in the government or private sector – these are non-smokers whose life and activities are widely respected (must also be seen as non-partisan)</p>	<p>Use the results of political mapping and other methods to identify local persons who would take on this role</p> <p>(In Jamaica, the JCTC was able to garner the support of a true Tobacco Control Champion in the person of the Reverend Ronald Thwaites who was a Member of Parliament, a radio talk show host and strong advocate for tobacco control. He used his daily radio talk show to consistently focus on the dangers of tobacco use, to denounce the machinations of the tobacco industry and to call for the speedy implementation of tobacco control legislation.</p> <p>His championing of the cause continued even as he transitioned to the post of Minister of Education in 2012. In his new position he supported the Minister of Health in the campaign for tobacco control legislation, while increasing awareness of tobacco health harms in his own Ministry).</p>
<p>Utilise or build on media contacts supportive to the cause</p>	<p>Maintain relations with key contacts via regular communication especially health journalists</p> <p>Continue to provide data and updates on tobacco control matters</p> <p>Enlist media support to publish articles on tobacco control from your organisation in the press or via other communication methods</p> <p>Work with journalists who are aware of tobacco industry interference to encourage them to print articles exposing such activities</p> <p>Keep close ties with journalists who can share information useful for advocacy</p> <p>Be aware of media practitioners who covertly or overtly support the tobacco industry; always counter misinformation by presenting the facts in well-researched articles</p> <p>Develop spokespersons in your organisation who are articulate and knowledgeable about tobacco control issues and use these persons for interviews with the media</p>

TABLE 9 : Steps to Guide Tobacco Control Advocacy by CSOs

Recommendation	Steps to Achieve Recommendation
Develop or enhance websites; also use social networks to engage with young adults in particular	<p>A website and Facebook page are key - the public can get information/updates efficiently and at their own convenience, and testimonials and photos of tobacco's health damage may just be the motivation a smoker needs to quit</p> <p>Post links to other established tobacco control sites to assist public awareness on tobacco control issues</p> <p>Post youth-friendly content to engage with youth - get their ideas about how to attract the attention of their peers re tobacco use harms</p>
Examine creative ways to attract funding for tobacco control activities. Ascertain available grants/training for which your organisation can apply	<p>Research websites such as Bloomberg Philanthropies; Campaign for Tobacco Free Kids; The European Union; The International Union etc., for funding opportunities</p> <p>Check your contacts at the MOH and other health entities re scholarships/funding/other assistance possibilities</p> <p>Develop/strengthen your CSO's capacity in grant writing and proposal development to obtain resources; several regional and international partners, e.g. PAHO, will support these efforts</p>
Partner with persons aware of tobacco control/developmental issues - including those who have the ear of the Minister of Health and other stakeholders; connect with persons with economic and social 'clout'	<p>Deepen relations with those in or close to the political directorate</p> <p>Engage with other stakeholders including national leaders with significant economic and social 'clout'</p>
Establish and maintain strong and active links at the local, regional and global levels with organisations that support tobacco control	<p>Familiarise yourself with local regional and international websites and groups such as the IAHF, HCC and the NCD Alliance</p> <p>Become members of regional civil society organisations like the HCC</p> <p>Use these contacts to stay in touch for advocacy/other assistance, updates, funding/other possibilities</p>

TABLE 9 : Steps to Guide Tobacco Control Advocacy by CSOs

Recommendation	Steps to Achieve Recommendation
Use testimonials from former smokers and those affected by tobacco in media campaigns and public fora	Identify former smokers and those exposed to second-hand smoke via health professionals Enlist their support in being a part of advocacy, as they can be compelling motivation at public fora and for TV and radio discussions
Create or adapt key information for dissemination to stakeholders including the media (e.g., adapt fact sheets relative to your country)	Use your website research to download and print attractive and well-presented educational materials. Many tobacco control sites allow for download of key information for dissemination Prepare country specific fact sheets on selected topics; one-page fact sheets are particularly helpful for distribution at public fora and for formal/other presentations
If your country operates under an Access to Information Act (AIA) regulation or law, identify contacts in relevant departments who may be able to assist your advocacy	Use AIA website when available to access official documents from relevant Ministries which may outline breaches of the FCTC and/or tobacco industry interference. Contact AIA department/office to question or verify information gleaned from Government statements and media/other sources
Consider joining the Framework Convention Alliance (FCA)	Become very familiar with the FCTC and the FCA websites and updates. The FCA was created in 1999 and formally established in 2003. It is made up of nearly 500 organisations from over 100 countries. It works on the development, ratification and implementation of the FCTC FCA membership provides current information and research useful for CSOs. It has an extensive network of local, regional and global CSOs that facilitates outreach and assistance at multiple levels
Create an advocacy plan	After garnering relevant information, sit with your team and prepare a plan with timelines to support effective tobacco control advocacy
For capacity building in tobacco control ascertain available online training which your organisation can access	Consider the Johns Hopkins Bloomberg School of Public Health and the Ontario Tobacco Research Unit, which provide two websites that offer online courses in tobacco control; these can be done at your convenience. <i>See Appendix 7: Useful websites and links</i>

18.6 APPENDIX 6: Steps to Building a Tobacco Control Coalition

Actions of effective tobacco control coalitions

Here are some actions of effective tobacco control coalitions:

- Keep the issue of tobacco use public
- Counter tobacco industry interference
- Be vigilant and alert about tobacco industry activities
- Educate policy makers
- Provide expertise in tobacco control issues
- Promote community buy-in
- Enhance community involvement
- Advocate for policy change
- Promote tobacco control programmes
- Have an effective leadership succession plan

Steps to creating a coalition – a practical guide

Please see the references at the end of this Appendix for more information about creating a coalition. There are seven main steps outlined for this.

1. PUT TOGETHER A CORE GROUP

Your first step is to find and make contact with those few individuals and organisations most involved with the issue. Here are some reasons why a core group, rather than an individual, should lead the effort:

- A core group will have more contacts and more knowledge of the community than a single individual
- It will give the idea of a coalition more standing among potential members
- It will make finding and reaching potential members a much faster process
- A core group will make the task easier on all the individuals involved, and therefore is more likely to get started
- It shows that the effort has wide support

Here are a few ways to approach assembling a core group:

- Start with people you know
- Contact people in agencies and institutions most affected by the issue
- Talk to influential people or people with many contacts. These may be business or civic leaders and ordinary citizens with high credibility

2. IDENTIFY THE MOST IMPORTANT POTENTIAL COALITION MEMBERS

There are probably people or organisations you cannot do without. It is important to identify them, and to target them specifically for membership. Strong leadership and a clear sense of the objectives at any given time are crucial to the success of the coalition. The Coalition leader has to be of high integrity; be respected by the group and the wider society; and have proven leadership skills. Given the nature of the Coalition you may want to recruit influential leaders in the public health field who understand the issues.

3. RECRUIT MEMBERS TO THE COALITION

Now that your core group is in place, and you have decided on the potential members who are necessary to the success of the coalition, you can start recruiting members. Use the networking capacity of your core group to the fullest. The core group can brainstorm a list of possible members, in addition to those deemed essential. There are, obviously, a number of ways to contact people and organisations, including:

- Face-to-face meetings
- Phone calls
- E-mail
- Social media
- Personal letters
- Mass mailings
- Public Service Announcements or ads in the media
- Flyers and posters

When you contact people to recruit them to the coalition, make sure you have something substantive to offer or to ask them to do. An invitation to a first meeting - at a specific time

and place far enough in the future that schedules can be arranged to fit it in - is perhaps the most common first step.

4. PLAN AND HOLD A FIRST MEETING

The first meeting for a proposed coalition is important. If it is a high-energy, optimistic gathering that gets people excited, you are off to a good start. It is up to the core group to plan a meeting that will start the coalition off on the right foot.

Suggested content of the meeting includes where, when and how long subsequent meetings will be held, etc.

- Brief introductions all around
- Share information about the current status of the issue at hand
- Start defining the issue or problem around which the coalition has come together
- Discuss the structure of the coalition
- Start the process of creating a common vision and agreeing on shared values about the direction of the coalition
- Discuss a procedure for forming an action plan. This may result in an actual, or at least a preliminary, plan, and it may lead to the appointment of a smaller group to draft a plan
- Discuss which organisation will host the Secretariat - it is important that the CSO chosen has the requisite resources to manage the Secretariat
- Review the things to be done before the next meeting, and who has agreed to do them
- Schedule the next meeting. It may be possible to develop a regular meeting schedule at this first meeting
- Find out who among your potential members is proficient with website development or enhancement as well as social media - these tools are very important avenues for dissemination/and membership expansion

5. FOLLOW UP ON THE FIRST MEETING

You held a successful first meeting - terrific! The job of building a coalition has only just begun, however. First, you have to follow up to make sure that there will be a well-

attended second meeting at which work can continue.

- Distribute the minutes of the first meeting - or present it in PowerPoint - and reminders about the next meeting to those who attended, and send them out with invitations to potential new members as well
- Share the draft action plan with the wider group
- Follow up on the groups or individuals who are working on tasks assigned at the first meeting
- Keep track of the fundamental building blocks of the coalition that are not yet in place. If the group has not yet decided on a structure or a coordinating body, you need to make sure that the decision does not get pushed aside, but that it is either in the works or being actively considered. If there is no action on an action plan, you need to provide the push to get it going
- Investigate the steps of forming and registering the coalition as a legal entity if this forms part of the action plan for the coalition

6. NEXT STEPS

There are a number of specific things – some of which you have already started in that first meeting – that need to be done to make sure that the coalition keeps moving forward:

- Gather information. In order to plan for action, you need as much information about the problem or issue - and about the environment - as possible. Many organisations, particularly those most involved with the issue at hand, are likely to have statistics or other information available
- Involve the research community in advocacy efforts for tobacco control to help inform policy
- Finish creating the vision and mission statements. These can be hashed out in a small group after everyone has had input in a larger meeting, or you can actually try to generate them in the larger group itself. It is important that there be agreement on the wording and intent of these statements, because they will be the foundation of the coalition, referred to again and again over time as the group tries to decide whether to tackle particular issues
- Complete an action plan. The coalition's action plan is, obviously, intertwined with

both its structure and its vision and mission. In practice, coalitions often start with a sense of what they need to do, and their structures, visions, and missions grow from that

- Finish the work of designing a structure for the coalition, including a work plan. There is a broad range of possibilities here - from practically no governance to a very clear, formal hierarchy – therefore it is crucial that the group come up with a form that everyone can live with. Once a structure has been agreed on, there may still be the need for writing bylaws and otherwise formalising it
- Elect officers, or a coordinating or steering committee. Once there is agreement about the structure of the coalition, it is time for members to decide whether they want some sort of governing body, and to choose it so that the work of the coalition can go ahead
- Examine the need for professional staff. Depending on the scope of its work plan, a coalition may feel that it needs professional staff - at least a coordinator - to be effective. In addition to direct grants to the coalition, one or more member organisations may be able to provide funding, or employers or other elements of the community may be willing to fund all or part of a coordinator's salary if the work of the coalition is relevant to their concerns
- Determine what other resources - financial, material, informational (including website and social media), etc., - you need. Develop a plan for getting them, and decide who is going to be responsible for carrying it out
- Review and research regional and international bodies that have similar aims and objectives as your coalition and reach out to them (for example - for tobacco control, the Framework Convention Alliance would be a good partner)
- Start the hard work of maintaining the coalition over time

7. GENERAL GUIDELINES FOR CREATING A COALITION

In addition to the specifics above, here are some general elements about starting a coalition:

- Communicate. Make sure that lines of communication within the coalition and among the coalition, the media, social media, and the target community are wide open. Good communication with the media and the community will increase your

chances for publicity and support when you need them

- Be as inclusive and participatory as you can be. Work at making the coalition a group in which anyone in the community will feel welcome. Try to involve everyone in the coalition in generating vision and mission statements, planning, and major decisions. The more people feel ownership of the coalition itself, the harder they will be willing to work to achieve its goals
- Network like crazy. Try to involve, or at least to keep informed, as many other groups in the community as possible. Let them know what you are doing. Educate them about the issue. If groups in the community are informed about your work, they are more likely to be supportive. They may also have better connections to policy makers than you have, and may be able to help you approach them
- Try, at least at the beginning, to set concrete, reachable goals. Success is a great glue - achieving reachable goals early can help a coalition develop the strength to later spend the years it may take to pursue and achieve long-term goals
- Be creative about meetings. Some possibilities include rotating the responsibility for meetings among the groups comprising the coalition; having only a small number of meetings a year, each with a particular theme, and doing most of the work of the coalition in committees or task forces; or regularly bringing in exciting presentations on the issue or in areas that relate to it. Maximise the use of Skype, social media apps, email, and PowerPoints
- Be realistic, and keep your promises. If you are not sure you can do it, don't say you will. If you say you will, be sure you do
- Acknowledge diversity among your members, and among their ideas and beliefs. Your coalition will probably mirror the cultural, economic, racial, ethnic, and religious diversity of your community, and will certainly represent a diversity of opinion. Not everyone will agree with everything the coalition does or wants to do, and sometimes the minority opinion will be right. Make sure to take everyone's opinion and restraints into account, and to use diversity as a spur to discussion, rather than a source of division
- Identify accountability and monitoring strategies and mechanisms. It will be critical to assess and report on the implementation of planned activities, progress toward agreed objectives, and financial issues.

Summary

To start a coalition, it is best to begin with a core group and work outward, pulling in the necessary members mentioned above, as well as a more general membership from the community and from other, more peripherally-involved organisations.

Holding an exciting first meeting at which there are real accomplishments and/or the work of the coalition is set in motion, will help to launch the enterprise successfully. Even more important is following up before the second meeting to make sure that groups are doing the work they said they would do, that attendance will not fall off, and that new members will be added. Areas that must be addressed are:

- An agreed-upon definition of the issue or problem the coalition is addressing
- The creation of vision and mission statements
- The development of an action plan
- The design of a structure for the coalition, including whether the coalition will be registered as a legal entity
- The need for professional staff and resources

Finally, you have to continue to pay attention to some general rules for forming and running a coalition:

- Communicate openly and freely with everyone
- Be inclusive and participatory
- Network at every opportunity
- Set reachable goals, in order to engender success
- Hold creative meetings
- Be realistic about what you can do: do not promise more than you can accomplish, and always keep your promises
- Acknowledge and use the diversity of the group
- Be accountable

A coalition can be a powerful force for positive change in a community. Ensure that meetings address capacity building and also focus on the cause you support. No matter

how small the initial core group, clearly defined goals and follow-up should ensure that promises are kept and tasks are carried out. These measures are fundamental to the long-term success and sustainability of the coalition.

Designated spokespersons for the coalition should avoid jargon when interacting with the media and the public in general. Vital support and empathy will be lost if language is 'above the heads' of the public, many of whom may want to understand the issues presented and support the coalition.

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Tobacco Technical Assistance Consortium – Building a Coalition

http://learningcenter.ttac.org/learning/comp01/01_comp.asp

Coalition Building I: Starting a Coalition.

<http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>

A Guide to Coalition Building:

http://www.impactalliance.org/ev_en.php?ID=2785_201&ID2=DO_PRINTPAGE

Best practices for comprehensive tobacco control programs: ftp://ftp.cdc.gov/pub/fda/fda/user_guide.pdf

18.7 APPENDIX 7: Useful Websites and Links

Website Name_	Contents	Website Links
Action on Smoking and Health (ASH UK)	Aspects of UK legal information which may be useful for UK overseas territories	www.ash.org.uk
ASH UK	Fact Sheets - detailed reference information	Ash.org.uk/information/facts-and-stats/factsheets
ASH UK	Fact Sheet on the economics of tobacco	www.ash.org.UK/files/documents/ASH_121.pdf
Bloomberg Philanthropies	Tobacco control issues/ global scope of work.	www.bloomberg.org/program/public health/tobacco-control
Bloomberg Philanthropies	How to apply for grants	www.tobaccocontrolgrants.org
British Medical Journal	Tobacco control - Open respiratory research	http://tobaccocontrol.bmj.com
Campaign for Tobacco Free Kids (TFK)	Toolkits and Manuals - advocacy materials	global.tobaccofreekids.org/en/resources/guidelines technical manuals
Campaign for Tobacco Free Kids	Resources and Fact sheets on Tobacco control	http://global.tobaccofreekids.org/en/resources/fact_sheets/
Caribbean Community and Caribbean Market (CARICOM)	CARICOM Secretariat website	http://www.caricom.org/jsp/community/objectives.jsp?menu=community
Caribbean Public Health Agency (CARPHA)	The regional public health agency for the Caribbean	http://carpha.org/
Framework Convention Alliance (FCA)	Global civil society alliance with focus on tobacco control/public health	www.fctc.org

Website Name_	Contents	Website Links
Framework Convention on Tobacco Control (FCTC)	The treaty details, protocol, signatories and related matters	www.who.int/fctc/text_download/en/
Framework Convention on Tobacco Control	FCTC Global Progress Report on FCTC Implementation 2014	http://www.who.int/fctc/reporting/2014globalprogressreport.pdf?ua=1
Global Adult Tobacco Survey (GATS)	WHO/CDC collaboration on a global standard to monitor adult tobacco use	www.who.int/tobacco/surveillance/gats/en
Global Youth Tobacco Surveys (GYTS)	Data countries can use to increase ability to monitor youth tobacco use	www.cdc.gov/tobacco/global/gtss/tobacco_atlas/pdfs/part3.pdf
Global Youth Tobacco Surveys (GYTS)	Country reports on tobacco prevalence in the Americas	http://nccd.cdc.gov/GTSSData/default/default.aspx Click on Region of the Americas and choose your country
Healthy Caribbean Coalition (HCC)	Civil society alliance established to combat chronic diseases (NCDs) and their associated risk factors and conditions	www.healthycaribbean.org
The Heart Foundation of Jamaica	General website for HFJ	http://www.heartfoundation.org.jm/www2/
Heart & Stroke Foundation of Barbados	General website for HSFB	http://www.hsfbarbados.org/
InterAmerican Heart Foundation	General website for IAHF	http://www.interamericanheart.org/
International Development Research Centre	Supports researchers and innovators in developing countries in a variety of issues	www.idrc.ca/EN/AboutUs/WhatWeAre/Pages/default.aspx

Website Name_	Contents	Website Links
International Development Research Centre	Fact Sheets	https://idl-bnc.idrc.ca/dspace/bitstream/10625/23201/6/108570.pdf
International Legal Consortium (ILC)	A project under TFK that provides legal expertise to enact tobacco control laws; database of current tobacco control laws from around the world	www.tobaccocontrollaws.org/learn-more/about/
International Union Against Tuberculosis and Lung Disease	FCTC Article 5.3 Toolkit Guidance for Governments on Preventing Tobacco Industry Interference	www.theunion.org/what-we-do/publications/english/pubtc-factsheets-set.pdf
International Union Against Tuberculosis and Lung Disease	Practical guides, toolkits and factsheets for professionals working to reduce tobacco use	www.tobaccofreeunion.org/index.php/what-we-do/publications
Johns Hopkins Bloomberg School of Public Health	Online capacity building course for advocates	http://globaltobaccocontrol.org/onlinetraining
National Council on Drug Abuse	Provides quality, reliable information to policy makers, international partners and the general public, about substance use and abuse in Jamaica	www.ncda.org.jm
NCD Alliance	General information on the Alliance	www.ncdallia.org/
NCD Alliance	Advocacy Toolkit	ncdalliance.org/sites/default/files/rfiles/NCD%20Toolkit%20FINAL.pdf
NCD Alliance	Advocacy Toolkit - NCDs post 2015	ncdalliance.org/sites/default/files/.../NCDA_AdvocacyToolkit_EN_O.pdf

Website Name_	Contents	Website Links
NCD Alliance	Tobacco control for Global Health	http://www.ncdalliance.org/tobacco
Non-Smokers' Rights Association, Canada	Its mission is to promote public health by eliminating illness and death caused by tobacco, including second-hand smoke	www.nsra-adnf.ca
Non-Smokers' Rights Association	A Class Action litigation case against the tobacco industry	www.nsra-adnf.ca/cms/index.cfm?group_id=2550
No tobacco	Educational videos and programmes; guide for teen smoking prevention	www.notobacco.org/
Ontario Tobacco Research Unit	Online capacity building course for advocates	http://otru.org/training/online-course/
Pan American Health Organisation (PAHO)	Tobacco Control Report for the Region of the Americas 2013	http://www.paho.org/Hq/index.php?option=com_docman&task=docview&gid=24768&Itemid=
Pan American Health Organisation Tobacco information online system	Tobacco prevalence rates in the Americas	http://www1.paho.org/tobacco/CountriesTopic.asp
Pan American Health Organisation tobacco control program	General tobacco information	http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1281&Itemid=1187
Pan American Health Organisation	Manual for Developing Tobacco Control Legislation in the Region of the Americas	http://www.paho.org/hq/index.php?option=com_content&view=article&id=1371:tobacco-control-publications-resources&Itemid=1231&lang=en

Website Name_	Contents	Website Links
Port-of-Spain Evaluation website	Shares the current evaluation being done on the POS Declaration	http://www.posevaluation.org/
Roswell Park Cancer Institute, USA	Pioneer in cancer research	https://www.roswellpark.edu/
Roswell Park Cancer Institute, USA	Tobacco control programme	https://www.roswellpark.edu/research/departments/prevention-and-population-sciences/tobacco-control-program
SEATCA - Southeast Asia Tobacco Control Alliance	A Toolkit for Policy Makers and Advocates Based on the Guidelines for the Implementation of WHO FCTC Article 5.3	http://industryinterference.seatca.org/wordpress/
Tobacco Labelling	A tobacco labelling toolkit supporting FCTC Article 11	www.tobaccolabels.ca/toolkit/
Trinidad and Tobago Cancer Society	General Website	http://www.ttcancersociety.org/
World Bank	Toolkit - the economics of tobacco control	www.worldbank.org/en/topic/health/.../tobacco-toolkit-tools-for-analysis
World Health Organisation Tobacco Atlas	Tobacco use history; studies; world smoking prevalence rates; policy guidelines; other in-depth information	www.who.int/tobacco/media/en/title.pdf
World Health Organisation	Media centre and fact sheets, including key facts, surveillance and other information	www.who.int/mediacentre/factsheets/fs339/en/

Website Name_	Contents	Website Links
World Health Organisation	Report on mortality due to tobacco 2012	www.who.int/tobacco/publications/surveillance/rep_mortality_attributable/en/
World Health Organisation	A guide to successful advocacy	www.who.int./chp/advocacy/chp_manual.EN-webfinal.pdf
World Health Organisation	Toolkit: Pricing Strategies (for TC programme managers)	www.ttac.org/services/pricing_strategies/
World Health Organisation	Listing of all countries with Graphic Health Warnings evidence re effectiveness	www.who.int/bulletin/volumes/87/8/09-069575/en/
World Health Organisation	Tobacco Control Country Profiles	http://www.who.int/tobacco/surveillance/policy/country_profile/en/
World Health Organisation	Report on the Tobacco Epidemic 2015	http://www.who.int/tobacco/global_report/en/
World Heart Federation	Tobacco control advocacy	http://www.world-heart-federation.org/what-we-do/advocacy/tobacco-control/
World Heart Federation	The WHF works to reduce the burden of heart disease and stroke	http://www.world-heart-federation.org/
Vimeo	History of Tobacco industry lies and scams. The Tobacco Conspiracy Documentary	https://vimeo.com/122181719
YouTube Video- From The History Channel	What's Inside A Factory-Made Cigarette	https://www.youtube.com/watch?v=ScMESUWHo34

18.8 APPENDIX 8: Sample Conflict of Interest Template

NAME OF ORGANISATION: **[Insert name or letterhead]**

CONFLICT OF INTEREST DOCUMENT

GUIDELINES FOR TOBACCO INDUSTRY RELATIONSHIPS

The following are the guidelines for tobacco industry relationships. This declaration is to be signed by all staff hired in your organisation:

I hereby state that I do not knowingly:

Represent or receive payment or other support from any tobacco product manufacturer or wholesaler;

Or any parent, affiliate or subsidiary of a tobacco product manufacturer or wholesaler;

Or any person, interest group, advocacy organisation, law firm, advertising agency;

Or other business or organisation that represents the interests of the tobacco industry, during the past five years;

I agree to notify **[insert name of CSO]** immediately if I discover I do represent or receive funding or support from such an entity or person.

If I knowingly fail to notify **[insert name of CSO]** of any recent or existing business relationship with any person or entity that is part of the tobacco industry or represents its interests or if I enter into an agreement to receive funding from or undertake any work for or representation of any member of the tobacco industry or any related entity or person during the term of this agreement, I agree that **[insert CSO initials or name]** has the right to demand termination of my services with immediate effect.

This provision shall remain in force for one year after my **employment** period ends.

Name: _____ Date: _____

Position _____ Country _____

I **also** hereby state that I have read, understand and agree to abide by the **[insert CSO name]** guidelines for tobacco industry relationships.

I affirm that:

I will comply with the **[insert CSO name]** guidelines for tobacco industry relationships;

(b) To the best of my knowledge and belief I am not aware of any situation involving myself, my immediate family or household or others that reasonably could be considered contrary to the Guidelines which has not already been disclosed.

NAME IN CAPITALS

Signature

DATE:

Return to:

[Insert name of CSO Head]

[Insert position of Head of CSO]

[Insert CSO name]

[Insert details of CSO street address/country/contact details]

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