

REPORT OF REGIONAL MEETING
15-17 October 2025
Bridgetown, Barbados

ADDRESSING THE COMMERCIAL DETERMINANTS OF NCDs IN CARIBBEAN SIDS

Protecting NCD policymaking from conflicts of interest and undue influence

Executive Summary

HCC
Healthy Caribbean Coalition

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January 2026

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The HCC takes no responsibility for the accuracy of the information provided during the meeting, as fact checking all the statements made is beyond the scope and capacity of the Coalition and its partners.

This Executive Summary forms part of a comprehensive meeting report containing confidential information shared by participants. The full report may be made available upon request, subject to an internal review and approval process, including an assessment of the requesting individual or organisation, and any necessary participant consent or anonymisation of confidential information.

HCC Team



Acronyms and abbreviations

CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CDoH	commercial determinants of health
COHSOD	Council for Human and Social Development
CoI	conflict of interest
COP	Conference of the Parties
COP 11	Eleventh Session of the Conference of the Parties to the World Health Organization Framework Convention on Tobacco Control
COTED	Council for Trade and Economic Development
CPSO	Caribbean Private Sector Organisation
CROSQ	Caribbean Regional Organisation for Standards and Quality
CSO	civil society organisation
CSR	corporate social responsibility
FoPWL	front of package warning labelling
FCTC	Framework Convention on Tobacco Control
GHAI	Global Health Advocacy Incubator
HCC	Healthy Caribbean Coalition
HCY	Healthy Caribbean Youth
HFJ	Heart Foundation of Jamaica
HSFB	Heart & Stroke Foundation of Barbados
HLM4	Fourth United Nations Highlevel Meeting on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health
iTFA	industriallyproduced trans fatty acids
JYAN	Jamaica Youth Advocacy Network
MHCs	mental health conditions
MoE	Ministry of Education
MoH	Ministry of Health
MHW	Ministry of Health & Wellness
NCDs	noncommunicable diseases
NGO	nongovernmental organisation
NNCDC	National Noncommunicable Diseases Commission
OECS	Organisation of Eastern Caribbean States
OWL	octagonal warning labelling
PAHO	Pan American Health Organization
PD	political declaration
PLWNCDs	people living with noncommunicable diseases
POSD	Declaration of Port of Spain
SBs	sweetened beverages
SDoH	social determinants of health
SIDS	Small Island Developing States
SNP	school nutrition policy
UN	United Nations
UPPs	ultraprocessed products
UWI	University of the West Indies
WHO	World Health Organization

1. Context

The Healthy Caribbean Coalition (HCC), the only regional civil society organisation (CSO) working in the Caribbean to address the prevention and control of non-communicable diseases (NCDs)—including mental health conditions (MHCs)—has long promoted the multisector, multistakeholder approach that is essential for success in reducing the NCD burden in the vulnerable small island developing States (SIDS) that comprise Caribbean Community (CARICOM) Member States. However, the HCC has also recognised the tensions and conflict of interest (CoI) that can arise when public health advocates engage with private sector entities and commercial actors, given that these stakeholders have profit—not health—as their primary pursuit.

In Caribbean SIDS, the commercial determinants of health (CDoH), defined by the Lancet CDoH Series (2023) as 'the systems, practices, and pathways through which commercial actors drive health and equity' and by the World Health Organization (WHO) (2023) as 'the private sector activities that affect people's health, directly or indirectly, positively or negatively', have had significant negative impact on efforts to reduce the NCD burden. NCDs are the main causes of death and illness in the Caribbean region, and not only affect individual and population health, but also slow national productivity and sustainable national and regional development.

In this context, the HCC, in collaboration with partners such as the Pan American Health Organization (PAHO) and Global Health Advocacy Indicator (GHAI) has been taking steps to raise awareness of CDoH, CoI, undue influence, and Industry interference, which often arise in partnerships with commercial actors where the goals of the partners are at odds, and which are designed to slow or negate public health policies, programmes, and other interventions perceived to put Industry's interests and profits at risk, and to recommend strategies and tools to address the issues. The steps taken have included the convening of regional meetings; production of guidance for both CSOs and public sector policymakers in the identification, prevention, mitigation, and management of CoI; monitoring of corporate political activity, including CoI, undue influence, and Industry interference; analysis of the CARICOM regional public health decision-making architecture; and development of advocacy strategies—encompassing regional campaigns using both traditional and social media—to prevent the promotion, marketing, and sale of unhealthy products to children.

The challenges that SIDS, with their unique geographic, economic, social, and demographic characteristics, face due to CDoH and the products, practices, and policies of unhealthy commodities companies, were recognised in the 2023 Bridgetown Declaration on NCDs and Mental Health. The Declaration emphasised that "addressing the commercial and economic determinants of NCDs and mental health conditions is vital for sustainable development", a statement that was underscored in the March 2025 WHO report on the economic and commercial determinants of health in SIDS, and at side-events involving CARICOM government representatives, the HCC, PAHO, and partners at the September 2025 Fourth United Nations (UN) Meeting on the Prevention and Control of NCDs and Mental Health (HLM4).

This regional meeting, convened 15-17 October 2025 by the HCC, in collaboration with PAHO and GHAI, responds to the Coalition's intent to advance this agenda, aligned with the partners' commitments to the broader SIDS agenda and the call for the development and deployment of tools to address CDoH, CoI, undue influence, and Industry interference, thus contributing to NCD reduction in the region.

2. Objectives

Goal

The goal of the meeting was to increase regional capacity to protect NCD policymaking from conflicts of interest and undue influence by actors with vested commercial interests.

Objectives

The meeting objectives were to:

1. Sensitize key NCD stakeholders in the public sector (primarily technocrats and policymakers, with emphasis on ministries of health) and other key actors, including civil society advocates and appropriate private sector representatives, about key concepts of CDoH, CoI, and undue influence in NCD policymaking, and policy coherence within the context of good governance.
2. Share examples of CoI, undue influence, and weak governance undermining NCD policymaking in the unique context of Caribbean SIDS.
3. Share tools developed to support technocrats, policymakers, and civil society advocates in improving NCD governance to manage CoI and prevent undue influence.
4. Review, adapt, and draft tools, strategies, and approaches for the management of CoI, prevention of undue influence, and overall improvement of NCD governance in Caribbean SIDS.

Expected Outcomes

The expected outcomes of the meeting were as follows:

1. Public sector (primarily technocrats and policymakers with emphasis on Ministries of Health) and other key stakeholders including civil society advocates and appropriate private sector actors sensitised about key concepts of CDoH, CoI, and undue influence in NCD policymaking within the context of good governance.
2. Increased awareness of examples of CoI, undue influence, and weak governance.
3. Increased awareness and understanding of tools developed to support policymakers and civil society advocates in improving NCD governance to manage CoI and prevent undue influence.
4. Draft tools, strategies, and approaches developed for the management of CoI, prevention of undue influence, and overall improvement of NCD governance in Caribbean SIDS.

3. Session Snapshots

DAY 1: CDOH, COI, UNDUE INFLUENCE, AND INDUSTRY INTERFERENCE – KEY CONCEPTS AND EXAMPLES

During the morning session on Day 1:

- Dr. Kenneth Connell, President, HCC, and Moderator for the day, welcomed participants, summarised the meeting programme, opined that the policy-related discussions would contribute to shaping the future of public health in the region, and recalled that the 2023 Bridgetown Declaration on NCDs andMental Health called for bold action in SIDS to address CDoH and CoI. He urged collective action to build transparent, equitable policies that would secure the future for generations to come.

- Dr. Amalia del Riego, PAHO/WHO Representative, Office for Barbados and the Eastern Caribbean Countries, reaffirmed PAHO/WHO's commitment to work with Member States and partners to manage CoI, since the aim was not to avoid engagement with commercial actors, but to ensure that the engagement was transparent and in the public interest.

- Ms. Piedad Huerta, Director ad interim, PAHO/WHO Caribbean Subregional Program Coordination, noted the high rates of adult overweight and diabetes in the region, linking these to the impact of global market influences, replacement of the traditional Caribbean diet, marketing to children, misleading health claims, and undue influence on policymaking. She stated that Caribbean health depended on the ability to protect policymaking from undue influence and averred that "public health is not for sale".

- Senator Dr. The Most Honourable Jerome Walcott, Senior Minister of Health & Wellness, Barbados, stated that interventions for NCD reduction traditionally targeted downstream factors such as personal responsibility, and noted that upstream factors such as CDoH were important and had to be reckoned with. He encouraged neutralisation and countering of the 'corporate playbook, which Industry used to protect profits over health, and urged SIDS to develop their own public health playbook to put health before profit, establishing strong CoI safeguards based on the guidance provided in Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC). The Senior Minister advocated for the implementation of fiscal measures, including health taxes; embedding health in the agendas of all sectors; and working with partners to defend the integrity of public health policymaking. He called on all participants to commit to protecting the health space, with evidence-guided policies that placed the health of citizens first.

- Ms. Danielle Walwyn, Advocacy Officer, HCC, presented the results of a pre-meeting survey of participants, in which they reported good understanding of CDoH, CoI, undue influence, and Industry interference concepts; noted that their interactions with the commercial sector were mainly related to funding and/or partnerships, and that their experience with CoI, undue influence, or Industry interference was related to sponsorship of sporting or school events by food and beverage companies, funding, research studies, and derailing of national plans to tax sweetened beverages (SBs); and indicated a scarcity of tools to help protect policymaking from CoI. Participants' expectations of the meeting included: 1) clearer understanding of CDoH, regional approaches to address CDoH, and the impact of CDoH on the region; 2) understanding other organisations' approaches to Industry interference, sharing experiences and best practices, and learning from the experiences of other countries; 3) identification of tools and strategies to manage CoI, and methods to embed them in the daily practice of organisations; 4) building capacity to identify and address CoI and Industry interference; 5) learning about sources of funding other than commercial actors, and how to work responsibly with the private sector; 6) moving beyond the familiar focus on Industry misconduct to consider governance responses; 7) learning how governance frameworks and tools for managing CoI were being applied in the health context, and 8) understanding the legal and institutional mechanisms being developed to safeguard policy coherence and the public interest in Caribbean SIDS.

- Professor Jeff Collin, Professor of Global Health Policy, University of Edinburgh, in his presentation 'Commercial determinants of health and good governance', delved into definitions of CDoH and CoI, the logics of managing CoI, and the strong connection between managing CoI and good governance, and characterised CoI management as being foundational to NCD reduction. He emphasised the need to take local contexts into consideration when safeguarding against CoI, noting that in the small communities typical of SIDS, "everybody knows everybody" and the social context could, itself, generate CDoH. He urged that the role of the public in these issues be remembered, and stated that, with the right information and strategies, the public—and other sectors—could be persuaded of the importance of addressing CDoH and CoI, and promoting transparency.

Other morning session programme items included:

1. '**Presentation of the WHO paper: *Economic and commercial determinants of health in SIDS: NCDs, mental health conditions, injuries, and violence*' (*March 2025)*** by *Dr. Monika Kosinska, CrossCutting Lead, Economic and Commercial Determinants, WHO*, which emphasised WHO's framing of CDoH as 'neutral'—neither intrinsically harmful nor beneficial—and noted **three challenges that SIDS faced:** 1) economic and health challenges characterised by avoidable health inequities; 2) specific challenges related to CoI and negative health externalities from economic activity; and 3) common challenges in mobilising the resources needed to strengthen governance for health. **Opportunities for action** included safeguarding against CoI; creating policy environments that enable health; empowering community participation in governance for health and CDoH; strengthening governance for CDoH in development approaches; and investing in SIDS-SIDS and triangular cooperation for action on CDoH. The presentation also provided a foretaste of the WHO Global Report on the CDoH, which was in the final stages of preparation, for a 2026 launch.

2. '**Tracking private sector actions in the Caribbean which undermine good health**' by *Ms. Danielle Walwyn,* which described the HCC's collation of publicly-available information to identify and track instances of CoI, undue influence, and Industry interference in the region, and utilisation of the information to develop counter-strategies.

3. '**Reminder of why we are here: the status of NCDs in the Caribbean**' by *Dr. Gloria Giraldo, Advisor, NCDs & Mental Health, PAHO Caribbean Subregional Programme*, which indicated that there had been little change in the leading causes of death in the English-speaking Caribbean over the period 2000-2019, and that few countries in the Region of the Americas were on track to achieve the global target of reducing premature mortality from the major NCDs by 25% by 2025, which was adopted by the World Health Assembly in 2012.

4. '**Examples of CoI, undue influence, and Industry interference in Latin America and the Caribbean**' by *Dr. Fabio da Silva Gomes, Advisor, Nutrition & Physical Activity, PAHO Headquarters*, which emphasised **the importance of identifying the products, practices, and policies of commercial actors** as they tried to subvert or avoid regulations, using the food industry an exemplar. It was noted that **regulations curtailing Industry activities harmful to health were essential to drive progress in NCD reduction.**

5. '**A closer look at CoI and Industry interference in Caribbean SIDS**' by *Ms. Maisha Hutton, Executive Director, HCC,* which noted that there were private sector entities, such as insurance companies, that could demonstrate the positive impact of CDoH, and cited examples of negative CDoH impact, focusing on 1) the process to revise the 2010 CARICOM Regional Standard for Specification for Labelling of Pre-packaged Foods, which, due to actions by private sector entities, was unsuccessful in adopting the recommended, evidence-based octagonal warning labelling (OWL) system, despite that system being recommended by the Caribbean Regional Organisation for Standards and Quality (CROSQ), the CARICOM institution that coordinated the process; 2) Industry strategies and narratives to exploit weak public health governance; 3) the HCC response to Industry tactics; and 4) lessons learned in the process.



DAY 1: GOVERNANCE, COI, AND INDUSTRY INTERFERENCE IN THE CARIBBEAN

During the afternoon session on Day 1 there were presentations on:

1. '**Understanding and addressing CoI in the context of tobacco control'** by *Ms. Sheryl Dennis-Wright, Technical Officer (Legal), Secretariat of the WHO FCTC*, which highlighted Article 5.3 of the WHO FCTC as a model for concepts to address CoI and undue influence, and noted that the Guidelines for implementation of Article 5.3 had been adopted by all Parties to the FCTC, with a commitment to comply with the guiding principles and recommendations. The incorporation of Article 5.3 into tobacco control legislation and regulations in Antigua & Barbuda and Guyana was noted, which enabled transparency in interactions with the tobacco industry. Such specific legislation was important in addressing CoI, in tandem with other strategies such as freedom of information legislation; codes of conduct; public sector Staff Orders and related regulatory guidelines and policies; establishment of Integrity and Ethics Commissions, and procurement accountability bodies; and CSOs' exercise of their 'watchdog' functions.

2. '**Unhealthy diets – school nutrition policies**', in which experiences with the Barbados School Nutrition Policy and the National Healthy Start School Feeding Programme in Belize (NHSSFP) were shared by, respectively, Ms. Francine Charles, Programme Manager, Childhood Obesity Prevention Programme, Heart & Stroke Foundation of Barbados (HSFB) and Ms. Cathleen Juan, School Feeding Coordinator, Ministry of Education, Science & Technology, Belize. The **Barbados experience** highlighted Industry tactics to circumvent the requirements of the policy for the provision of healthy products, such as requests for delays in policy implementation and the inclusion of misinformation in communications with schools, and noted civil society responses, such as developing internal CSO capacity, publicly spotlighting the issues, and **promoting alternative funders, partners, and funding approaches for schools**. The **Belize experience** indicated the need for schools in the NHSSFP to fundraise, since government support did not cover all their needs, and described the difficulties of engaging with an Industry partner that produced both healthy and unhealthy commodities, with decisions having to be made **to protect the integrity of, and trust in, public sector institutions.**

3. '**Front-of-package warning labelling**', in which *Ms. Maisha Hutton and Ms. Barbara McGaw, Project Manager, Global Health Advocacy Project, Heart Foundation of Jamaica (HFJ),* highlighted front-of-package warning labelling (FoPWL) issues related to the CROSQ-led CARICOM standards process at, respectively, regional and national levels. Ms. Hutton noted that Trade, not Health, was the lead sector for the process; actors with vested interests were both stakeholders and decision-makers; there was absence of comprehensive protocols to guide the process; and the CROSQ process was derailed by a private sector entity through a parallel, competing process that was endorsed by the CARICOM Council concerned with trade. *Ms. McGaw* described the process at national level in a CARICOM Member State, involving perceived irregularities in procedures, including a meeting called after a vote approving the standard had been cast, resulting in overturn of the approval, aided and abetted by the lack of safeguards against CoI and Industry interference.

4. '**Corporate capture of the climate change agenda**', in which *Dr. James Hospedales, Founder and Executive Director of EarthMedic/EarthNurse Foundation (EMENF)* ***for Planetary Health*****,** summarised the multiple, inter-related issues of human-caused climate change; pollution of air, land, and sea; biodiversity loss; inappropriate land use; declining freshwater availability; and ocean acidification, along with the contribution of fossil fuels to climate change and its impacts. It was noted that **environmental issues were the main focus of the annual Conference of the Parties (COP) to the UN Framework Convention on Climate Change to assess progress in dealing with the climate crisis and negotiate agreements, with late incorporation of health issues.** An example of CoI cited was the instance of allowing chief executive officers of fossil fuel companies to oversee, and oil and gas industry lobbyists to participate in, climate control negotiations. Suggested strategies to protect planetary and human health included countries' involvement in the proposed Fossil Fuel Non-Proliferation Treaty, and their fulfillment of the Obligations of States in respect of Climate Change, as per the International Court of Justice and of their human rights-related obligations in respect of climate change, as noted by the Inter-American Court of Human Rights.

Two panel discussions were held in the afternoon session. The first panel, comprising *Ms. Francine Charles; Ms. Cathleen Juan; Mr. Pierre Cooke Jr, Youth Technical Advisor, HCC; Ms. Maisha Hutton; and Ms. Barbara McGaw*, **discussed issues related to FoPWL**, and called for involvement of the Caribbean Public Health Agency (CARPHA) when the regional FoPWL process re-started; introduction of CoI regulations; and revisions to procedures and regulations at national and regional levels to ensure transparency and prevent CoI, undue influence, and Industry interference. A comment during the discussion reminded participants of the importance of the commercial determinants of mental health (CDoMH) and drew their attention to a meeting held in Barbados on World Mental Health Day, 10 October 2025, for an audience of secondary and post-secondary students to discuss the CDoMH and how social media impacts their day-to-day decisions.

The **second panel**, comprising *Ms. Nicole Foster, HCC Policy Advisor, Attorney-at-Law, Lecturer and Head of the Law & Health Research Unit (LHRU), Faculty of Law, Cave Hill Campus, University of the West Indies (UWI), and Member, Barbados NCD Commission; Dr. Jane Noel, Chair, Grenada National NCD Commission; Mr. James Clarke, President, Barbados Private Sector Association; and Dr. Joy St. John, International Public Health Consultant*, discussed '**CDoH/CoI, the multisectoral response, and the commercial sector**', with panellists responding to a series of questions, namely: 'Which commercial actors can support an NCD response?' 'How can commercial actors support accelerated multisector action within the context of a multisector response?' and 'Can CoI be effectively managed to allow for constructive and positive engagement of the commercial sector?'

Selected points from the second panel discussion are summarised below.

- All stakeholders have a role to play, but the rules of engagement—how, and to what extent—must be considered, as everyone is not equally suitable for partnership in the whole-of-society response.
- The private sector can undertake reformulation and innovation, aligned with regulations that are communicated and enforced.
- There should be frameworks at regional and national levels into which the private sector can 'fit'. The next iteration of the regional Caribbean Cooperation in Health (CCH) should address CDoH, and each CARICOM Member State should have a [health and/or NCD] strategic plan, which should include CDoH.
- Nationally Determined Contributions (NDCs) are important components of National Adaptation Plans (NAPS) for climate change, but few NDCs mention NCDs, and this needs to be corrected. NDCs are to be developed in a participatory manner, but it is unclear if NGOs are involved; a partnering policy that addresses CoI would be an important guide for ministries.
- Often, in trying to find ways to work with the private sector companies responsible for the problem, there is failure to explore working with other entities to address the issues.

Reflections and wrap up

At the end of the day by Ms. Samantha Moitt, Chief Nutrition Officer and Tobacco Control Focal Point, Ministry of Health, Wellness & The Environment, Antigua & Barbuda, noted that though the private sector had a big voice, public health advocates could have a bigger say if they worked together and spoke with one voice. Participants were asked to "share one 'Aha moment' that you had today" using the online Mentimeter platform; their responses included "need for focus", "ways Industry works", "outstanding Minister", "strength despite size", "upstream", "regulation, not voluntary", and "collaboration".

DAY 2: SOLUTIONS, RESPONSES, BEST PRACTICES, AND EXISTING TOOLS

Ms. Maisha Hutton, Co-Moderator for the day, took a quick **inventory of the entities represented in the room**, noting Caribbean CSOs; international CSOs; Ministries of Health in CARICOM Member States; ministries other than Health, including Agriculture, Education, Foreign Affairs/Foreign Trade, Legal Affairs, and Sports; national NCD Commissions (NNCDCs); CARICOM Secretariat; CARPHA; regional and international academia; national insurance agency; national standards institution; the private sector; and an intergovernmental, international technical cooperation agency, PAHO.

Ms. Diana Gittens, People Living with NCDs (PLWNCDs) High-level Advisory Group Member, HCC, and Programme Manager, Guyana Responsible Parenthood Association, followed with a **recap of Day 1**, highlighting the 'big perspectives and bold ideas' that were 'unpacked' as a basis for Day 2's activities.

Dr. James Hospedales, Co-Moderator for the day, **welcomed the Honourable Colin Jordan, Minister of Labour, Social Security, & Third Sector, Barbados, and invited him to make remarks.**

The Honourable Colin Jordan, Minister of Labour, Social Security, & Third Sector, Barbados clarified the components of his ministerial portfolio, noting that civil society was sometimes referred to as the Third Sector. He stated that the Government of

Barbados recognised the importance, passion, and volunteerism of civil society, hence the establishment of the ministerial portfolio to provide support and facilitation to that sector. He emphasised the importance of honesty in print, intent, and approach, and in recognition of the fact that **people** were the targets of various interventions, and insisted that **economic viability could not be based on wrongdoing**. The Minister integrated the Labour aspect of his portfolio into his argument, noting that workers operated in settings other than the workplace, and indicating that **commercial entities must be made to recognise that the environment should not only be safe at work, but also outside of work, hence healthy diets, for example, were important to protect workers and enable them to contribute to adequate production, resulting in a 'win-win' situation—protection and production**. He urged efforts to ensure that the type of discussions occurring at this meeting permeated throughout the society, and encouraged **key stakeholders to push the message that "people come before profit", and that "people and profit are not mutually exclusive".**

Subsequent programme items included:

1. 'Legal tools to manage CoI, prevent undue influence and Industry interference, and improve governance', which comprised two presentations.

- The **first presentation**, by *Ms. Margherita Cina, Associate, Global Center for Legal Innovation on Food Environments, O'Neill Institute for National & Global Health Law, Georgetown University,* **'Conflicts of interest in policymaking as a human rights issue: analysis and recommendations',** was based on a report currently being written at the O'Neill Institute Global Center for Legal Innovation on Food Environments. **The scope of the report** included CoI in regulatory processes relating to unhealthy products associated with NCDs; regulatory processes that take place within the executive branch or before regulatory agencies relating to unhealthy products associated with NCDs; an analysis from the perspective of international human rights law, taking into account the governance perspective; and provision of preliminary recommendations that consider human rights obligations.
- The **second presentation** by *Ms. Nicole Foster, HCC Policy Advisor, Attorney-at-Law, Lecturer and Head of the Law & Health Research Unit (LHRU), Faculty of Law, Cave Hill Campus, UWI, and Member, Barbados NCD Commission,* **'Legal tools to manage CoI, prevent undue influence, and Industry interference, and improve governance',** noted **key legal tools in the management of CoI and undue influence**, namely: 1) freedom of information legislation; 2) procurement legislation; 3) integrity legislation; 4) lobbying regulation; and 5) participation/representation regulation. **Legal tools that existed in three CARICOM Member States were described,** including Freedom of Information Acts and Public Procurement Acts, **along with loopholes that provided Industry the opportunity to informally influence policymaking processes.** The loopholes included a lack of transparency regarding sources of influence; lack of effective intersectoral communication and action; and over-reliance on trust-based governance traditions and internal ethics management.

2. 'Introduction to tools developed to assist in managing CoI in health', in which Professor Jeff Collin summarised information on selected guidance and tools developed and disseminated by various entities. He invited participants to **draw on diverse tools and resources to address CoI and undue influence, and to analyse the scope for innovation and adaptation,** by 1) transferring lessons and approaches across policy spheres, industries, and sectors; 2) promoting transparency and accountability in government-industry interactions; 3) articulating principles or norms to shape governance practices; 4) specifying minimum necessary interactions; 5) operationalising CoI beyond individual level, and adapting to context; and 6) ensuring that CoI guidance was embedded in daily operating practices. The **tools** he introduced were as follows:

- **WHO**. Supporting Member States in reaching informed decision making on engaging with private sector entities for the prevention and control of NCDs: a practical tool, 2024. **The tool included steps to be taken in each of three phases of decision-making: assess, analyse, decide.**
- **WHO FCTC.** Guidelines for implementation Article 5.3, 2013**,** which had CoI at its core, but also provided a series of principles and actions to promote transparency and accountability. The **norms** promoted were widely recognised and spoke to both a **governance** norm ("public health policies should be protected from tobacco industry interests") and a **foundation** norm ("there is a fundamental conflict of interest between public health and tobacco industry interests").
- **WHO.** Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level - introductory paper (4 December 2017), which outlined **six steps in the decision-making process,** namely: 1) rationale for engagement; 2) profiling, due diligence, and risk assessment; 3) balancing risks and benefits; 4) risk management; 5) monitoring, evaluation, and accountability; and 6) transparency and communication, with a guiding algorithm for decisions, pro or con, and exclusionary criteria, which encompassed external actors from the tobacco or arms industries, or not-for-profit entities not at arm's length from those industries, and external actors who did not demonstrate respect for human rights.
- **PAHO.** Preventing and managing conflict of interest in country-level nutrition programmes: a roadmap for implementing the WHO's draft approach in the Americas, 2021, which contained the PAHO Roadmap and Triage Tool, emphasised applicability and fit with existing decision-making processes, and was applicable to initiatives not related to nutrition.
- **Other selected tools**, which included: HCC. Managing conflict of interest for NCD prevention and control in the Caribbean: meeting report, 2019; Development of Canada's food guide; Institute of Alcohol Studies, University of Edinburgh, SPECTRUM. Good governance in public health policy: managing interaction with alcohol industry stakeholders; Irish Community Action on Alcohol Network initiatives to support independence from the alcohol industry; UN Children's Fund (UNICEF). Engaging with the food and beverage industry: UNICEF programme guidance, 2023; and WHO. Mapping the commercial determinants of health in countries of the WHO South-East Asia Region: conceptualizations, impacts, and actions, 2025.

3. 'A closer look at the PAHO Roadmap', in which *Dr. Fabio da Silva Gomes* provided more information on the 2021 PAHO Roadmap and Triage Tool mentioned above. The structure of the Roadmap comprised: Stage 1, Introducing the WHO decision-making approach; Stage 2, Reviewing existing decision-making processes in relation to potential engagement with non-State actors; Stage 3, Integrating the tool(s) into existing governance structures such as

policies, regulations, and norms; and Annexes, which included suggested agendas for three-day and one-day participatory workshops, a triage tool for evaluating potential engagement with non-State actors, and case studies. The use of the six-step decision making tree as outlined in the WHO draft tool was emphasised and participants were directed to the online triage tool. Subsequently, the case studies in the Roadmap annex were provided to six groups of participants for them to review the scenarios and respond to the questions in the Triage Tool, which were **organised under headings of** '**actor alignment', 'engagement profile', and 'assessing risks and benefits'**. The groups were asked not only to decide whether they would engage with the proposed actors, but also to comment on the tool itself. In their reports, **the groups noted that**:

- The exercise 1) raised issues that had not been initially considered, such as possible conflict with wider policies; 2) highlighted the need for due diligence regarding each partner suggested for engagement, and each member of umbrella organisations; 3) indicated the need for clear guidelines and protocols that the public was aware of, facilitating transparency and the role of the public as an accountability mechanism; 4) emphasised the need to consider alternative partners, within and outside of the country, if resources allowed; and 5) demonstrated the importance of the rules of engagement, including the need for non-disclosure agreements where appropriate.
- The Triage Tool itself 1) was lengthy, but easy to use; 2) brought CoI into focus and had the potential to facilitate discussions between ministries of health and private sector entities; and 3) had some questions that could benefit from rephrasing, for clarity, regarding the role and decision-making authority of the Ministry of Health (MoH), and whether the response to the questions should be made from the CSO or MoH perspective.

4. 'Reflections on tools – open discussion', moderated by *Professor Jeff Collin*, which noted that:

- **It was not feasible to exclude all commercial actors as partners in small communities, necessitating careful management of the rules of engagement,** with limitations on collaboration and caution in information-sharing.
- **The PAHO Roadmap and Triage Tool was meant to guide decisions, not provide 'hard answers',** since the national context and other issues had to be taken into consideration in making decisions on whether to engage with certain stakeholders**.** Though the Triage Tool **was developed for use by ministries of health, it could be adapted for use by other entities; the possibility of using artificial intelligence to make the tool more interactive and easier to complete should be considered**.
- **CoI tools should be embedded or integrated into daily operational systems in countries, to avoid the need for additional human and other resources in their application.**

5. 'HCC tools to address CoI and undue influence', in which *Ms. Maisha Hutton* summarised tools developed by the HCC and partners, which aimed to strengthen the HCC's governance in relation to these issues, as well as that of other stakeholders; they were characterised as 'working tools', since the Coalition continued to test them in various situations. The tools comprised 1) the 2020 HCC Individual and Organisational CoI Policy (Working Document); 2) the 2022 Conflict of Interest in Policymaking for Non-communicable Diseases: a Primer for Public Sector Policymakers in the Caribbean; 3) the 2024 report on public health decision-making in CARICOM regarding FoPWL; and 4) the 2024 Safeguarding Public Health Nutrition in the Caribbean During Emergencies: Guidelines for Managing Donations from the Commercial Sector for Civil Society Organisations, Governments,Disaster Relief Organisations, Executive Agencies, and the Commercial Sector', which took cognisance of the realities in Caribbean SIDS. **Highlights related to the HCC Individual and Organisational CoI Policy** were as follows**:**

- The **target groups and anticipated use of the Policy comprised** 1) the HCC, as a prescriptive framework for individuals and an institutional framework for analysis, decision-making, and justification regarding their engagement with all prospective partners and collaborators, especially where sectoral entities' commitment to, and support for, public health goals might not be clear; 2) CSOs working in NCD prevention and control, as a general guide; and 3) government agencies and statutory bodies, including NNCDCs, as a technical resource.
- The **annexes included** an individual CoI tool and six institutional/organisational CoI tools, one of which was a **decision-making tree to guide engagement with prospective partners through consideration of nine steps**: 1) rationale for engagement; 2) profiling the partners; 3) profiling the engagement; 4) due diligence; 5) risk assessment; 6) balancing risks and benefits, with documentation of the decision-making process and final decision; 7) risk mitigation and management; 8) monitoring, evaluation, and accountability; and 9) transparency and communication to internal audiences and constituents.
- The **limitations and challenges** included the constantly evolving CoI concepts and landscape; the need to simplify the process for the HCC, due to institutional capacity limits; the limited pool of private sector actors and their heterogeneous nature; relatively weak guidance for risk-benefit analysis; and uncertainty regarding the demarcation of 'red lines' for indirect engagements.

6. 'The Bahamas Health Promotion and Wellness Act, 2025', which included presentations from *Dr. Phillip Swann, Chairman, Healthy Bahamas Coalition, and Acting Director, Public Health Department, Ministry of Health & Wellness (MoHW), The Bahamas,* and *Ms. Kaj Archer, Health Education & Promotion Officer, Healthy Bahamas Coalition Secretariat, MoHW, The Bahamas*.

- **Dr. Swann** characterised the Bahamas Health Promotion and Wellness Act, 2025 as a landmark document that sought to promote health and wellness and create a health-enabling environment in The Bahamas, predicated on concerning trends in health and health behaviours in youth and adults. The Act complemented other interventions such as the National Food Policy and hydroponic farming initiatives from the Ministry of Agriculture & Marine Resources, and a National Breakfast Programme launched by the Ministry of Education, Technical & Vocational Training.
- **Ms. Archer** described the **five phases of the development of the Act**, namely: 1) 2018: Research, jurisdictional scanning, and layman's drafting of the Bill; 2) 2024: PAHO regional workshop 'Drafting of Regulatory Tools for Industrially-produced Trans Fatty Acids and Sodium', in which representatives from the MoHW and the Office of the Attorney General in The Bahamas participated, and which generated renewed momentum for the Bill; 3) 2024: Formation of a national Working Group to draft the Bill, with input from internal and other key stakeholders; 4) 2024: Revision and

stakeholder consultations, during which the Bill underwent a number of revisions, followed by feedback from MoHW team members and engagement of Industry stakeholders for consultation in October 2024; and 5) 2025: Procedural, in which the Bill, as part of a compendium of health Bills, was debated in the House of Assembly in May 2025 and in the Senate in July 2025, and, following its passage in both Houses, was assented to by the Governor General and gazetted in August 2025. The Act authorised the Minister of Health & Wellness to establish bodies to carry out health promotion and to implement various public health regulations, **and Part IV, Section 19 contained specific text addressing CoI.**

7. 'PAHO Roadmap (continued) – case study group work', in which Moderators *Dr. da Silva Gomes, Professor Jeff Collin*, and the *HCC Team* provided guidance for groups to continue work on the PAHO Roadmap case studies, **using a flow chart tool and algorithm for analysis of commercial actors' products, practices, and policies**. The tool's **questions and guidance** comprised: 1) Does the actor manufacture/import/distribute any **product** that is to be regulated/restricted/limited to improve health? If *Yes*, interactions with the actor shall be limited to public consultations; if *No*, 2) Does the actor carry out **practices**/activities aimed at increasing the demand, offer, supply, or availability of products to be regulated/restricted, or encourage practices that counter regulations/restrictions? If *Yes*, interactions with the actor shall be limited to public consultations; if *No*, 3) Do the **policies** of the actor support and reinforce the expansion of products and/or practices addressed in previous questions? If *Yes*, interaction with the actor shall be limited to public consultations; if *No*, other interaction proposals may be considered. The Moderators suggested that **group discussions consider the use of the tool by** a) NNCDCs, to assist in decisions, including member selection, types of interactions with external members of the Commission, and criteria for partnerships, OR b) Bureaux of Standards, to consider their structure and the actors with which they could engage in their activities; OR c) ministries of health (or other ministries); OR d) whole-of-government.



8. 'Gaining support – communicating CDoH/CoI to key internal and external stakeholders' with Moderator *Ms. Sheena Warner-Edwards, Communications Officer, HCC*, and presentations by *Ms. Tamie Marie, Communications Consultant, HCC*, and *Ms. Francine Charles*. *Ms. Warner-Edwards* noted that the HCC used mainly social media to communicate CDoH and CoI to the public; *Ms. Francine Charles, Programme Officer, HSFB* informed that the HSFB had implemented advocacy campaigns to promote various concepts regarding FoPWL, and was now focusing on the Barbados SNP; and *Ms. Tamie Marie* noted regional communication efforts in collaboration with various partners, including the 'Make It Make Sense' campaign, which was launched to influence the regional FoPWL process. **Selected points made in subsequent discussion were as follows**:

- Segmenting the audience in this small region may not make sense, and some experts recommend segmentation only on the 'front end' (the development of the materials), not during dissemination (the 'back end').
- Regarding the **use of animation**: Though this style tends to appeal more to children, it may not only help to address sensitive issues, but may also serve as a form of 'protection', given the small communities in Caribbean SIDS. Animation may help to explain concepts in an engaging way, and to avoid 'personalities', since "**if the audience does not like the messenger, they will not listen to the message**". Further, at the regional level, countries generally do not like animation – they want to see reflections of themselves, and targeting is essential to "meet people where they are".
- **Strategies other than general marketing and use of social media must be deployed, and post-campaign evaluation is critical**. It should also be remembered that **traditional media are still useful**, and **the public wants to hear from trusted health professionals**.
- **Messages targeting the public and key stakeholders must be relevant to them**. The Ministry of Agriculture is unlikely to know much about NCDs – it is Health's job to show them why they should be interested and how NCD prevention and control benefits them.

Reflections and wrap-up

By *Dr. Asante LeBlanc, Medical Director and Board Member, Trinidad & Tobago Cancer Society*, noted that Day 1 of the meeting addressed the 'why', while Day 2 initiated examination of the 'how'. Appreciation was expressed for the opportunity provided to interact with an older generation of public health practitioners, and the integration of public health concepts into medical training from the early stages of the latter was strongly encouraged. It was noted that **while public health advocates' passion was important, their persistence was also needed, and continued education on CoI "from grass roots to policymakers" was critical**.

DAY 3: TESTING, ADAPTING, AND DEVELOPING DRAFT TOOLS, STRATEGIES, AND APPROACHES

In her **recap of Day 2**, *Ms. Charity Dublin, HCC Board Member, and President, Antigua & Barbuda Diabetes Association*, lauded Barbados' establishment of a ministerial portfolio with responsibility for civil society issues and Minister Colin Jordan's assertions that "economic viability should not be built on wrongdoing", and that "people and profits were not mutually exclusive". She stated that "policy is just a piece of paper until it is embedded into systems that address conflict of interest".

Subsequently, the topic '**Operationalising tools to manage CoI and prevent undue influence**' was addressed through **four panel discussions, with highlights as summarised below**.

Panel 1: Operationalising within Health

The panel discussion Moderator was *Ms. Nicole Foster* and the panellists comprised *Dr. Phillip Swann; Dr. Roger Duncan, Medical Officer of Health and NCD Focal Point, MoH, St. Vincent & the Grenadines; Dr. Tamu Davidson, Director NCDs & Injury Prevention, NCD Unit, Health Promotion & Protection Branch, MoHW, Jamaica; Dr. Shana Cyr-Philbert, Senior Medical Officer for NCDs, Ministry of Health, Wellness, & Elderly Affairs, St. Lucia;* and *Ms. Jeniece St. Romain, Crown Counsel, Ministry of Legal Affairs, Antigua & Barbuda*.

Panellists described the situation regarding the health sector's approach to CoI in their respective countries, noting **guidance on decisions regarding partnerships provided by**: 1) the use of **NCD policy and relevant WHO documents**; 2) **government policies and Staff Orders that regulate engagement with various actors**, and analysis of CoI issues when meeting with unhealthy commodities industries; 3) **observance of national legislation that addresses CoI management** and review of NCD policy and legislation by **the Ministry of Legal Affairs in collaboration with the MoH**; 4) commitment by the MoH to **avoid partnerships with unhealthy commodity commercial actors, so as not to compromise its reputation and betray public trust**; and establishment of parameters to ensure that **only healthy products are promoted and provided in engagement with commercial actors**, given the absence of explicit CoI policies.

Selected points from the discussion that followed are below.

- The key stakeholders who need to be sensitised to CDoH and CoI concepts, and provide support in addressing them, should be identified; political will is needed from the highest levels of government, not just from the MoH. **Health advocates need to raise awareness of CoI and undue influence among key groups of stakeholders, and should identify existing structures, bodies, and fora within the country, infiltrating them to present and discuss the issues.**
- **The Cabinet should be aware of the impact of industries on health, and workshops on the** health-in-all-policies approach **would be helpful for permanent secretaries, technical officers, and policy advisors**.
- There should be **1) follow-up with each country to identify a committee or other entity with which HCC can collaborate in promoting CoI management; 2) identification of a politician willing to serve as a Champion to advocate with his/her peers for these issues; and 3) messages that are consistent and unambiguous**.
- Collaboration with a Chamber of Commerce may be helpful in getting some things done, rather than working with individual companies; however, if the Chamber's membership includes health-harming companies, its representation on multistakeholder committees charged with addressing NCD reductionmay pose challenges. In addition, **corporations are rarely open about their opposition to public health policies, and may use the umbrella organisation, the Chamber of Commerce, to hide their brands and protect their image**.

Panel 2: Engaging sectors outside of Health

The panel discussion Moderator was *Dr. Shana Cyr-Philbert*, and the panellists were *Ms. Okolo John-Patrick, Director of Trade, Ministry of Foreign Affairs, Foreign Trade & Consumer Affairs, St. Vincent & the Grenadines; Mr. Alvin Clouden, Chief Executive Officer, Grenada National Sports Council; Dr. Timar Stephenson, Senior Education Officer, Policy Analysis & Research, Planning & Development Division, Ministry of Education, Skills, Youth & Information, Jamaica;* and *Ms. Nicole Elliott, Education Officer, Ministry of Educational Transformation, Barbados*.

Panellists indicated issues related to engaging with sectors other than Health in their respective countries, noting that: 1) a major challenge in effecting a whole-of-government approach, was **lack of buy-in outside of the MoH**; 2) **national intersectoral councils and committees** comprise representatives from key government sectors, exemplified in some countries by the National Trade Council, the Interministerial Trade Committee, and the Cabinet Committee on Health; 3) **development and implementation of SNPs** has typically been led by the MoE, in close collaboration with the MoH, and in one country the MoE conducted a **mapping exercise to determine which ministries should be involved**, eventually requesting the participation of Finance, Trade, Foreign Affairs, National Security, and the Office of the Attorney General, this last-mentioned to ensure the legal soundness of the policy.

Suggested strategies for engaging with ministries other than Health (and with other actors) included 1) finding common language with other sectors to enable them to relate to the issues being promoted and discussed; 2) not waiting for all key stakeholders to respond positively to the proposed policy, lest there be unnecessary delay; 3) involving CSOs to catalyse and accelerate the process; 4) developing 'work-around' strategies to manage lack of political will; 5) mobilising the public, using media and other platforms; 6) raising policymakers' awareness of the issues and supporting data; 7) educating consumers to enable informed choices, and addressing issues related to consumers' characteristics and practices; 8) offering health-harming commercial actors incentives to reformulate their products and improve their practices and policies; 9) developing terms of reference for the engagement; 10) adapting interventions to national and local contexts; and 11) developing and implementing a robust communications plan, with messages and documents tailored to suit different audiences.

Selected points from the discussion that followed are below.

- **A challenge arises if the MoH always has to react to offers of support from Industry; it indicates that more appropriate partners are not being proactively and creatively sought**.
- In communicating on these issues**, caution should be observed regarding the environments in which health advocates speak, to ensure that there is no CoI in their being in those particular locations or settings**.
- The influence of youth, as future voters, is important; **there should be collaboration**

with young people, who can suggest packaging and framing of messages from their perspectives.

- It is critical to explore a whole suite of measures to promote healthy nutrition, and narratives such as "**the poor woman with many children who cannot afford healthy foods, and who therefore has to turn to fast foods and other unhealthy choices that are cheaper**", **do parents a disservice**. **Once parents, however poor, realise that they are harming their children with unhealthy products, they want to do better, and want help to do so**.
- **Barriers** to operationalisation of CoI tools include lack of political will and continued work in sectoral silos, while **facilitators** include understanding how systems and processes work in the MoH to allow CoI to be integrated through defined entry points, and the existence of multisectoral NNCDCs.

Panel 3: Reflections: Supporting operationalisation – the role of regional actors

The panel discussion Moderator was *Dr. Roger Duncan*, and the panellists comprised *Ms. Helen Royer, Director, Human Development, CARICOM Secretariat; Ms. Sisera Simon, Head, Human & Social Division, Organisation of Eastern Caribbean States (OECS) Commission; Dr. Heather Armstrong, Head, Chronic Disease & Injury, Chronic Disease & Injury Department, Surveillance, Disease Prevention & Control Division, CARPHA; and Dr. Gloria Giraldo.*

The reflections of the panellists on actions by regional actors that could contribute to operationalising CoI tools are summarised below.

- Establish a **regional core group that includes CARPHA to manage issues related to the NCD crisis**, with 1) a case being made—encompassing a cost-benefit analysis—to support the involvement of CSOs and 2) the development of strategies to ensure the primacy of health in economic development, for presentation to a joint meeting of the CARICOM Council for Trade & Economic Development (COTED) and Council for Human & Social Development (COHSOD).
- Identify the **research needed to drive NCD policy, including the cost of the unhealthy foods that the region imports, their effects, and their health costs,** with consideration of how best academia and CSOs can contribute to such data.
- Implement the Joint PAHO/WHO-CARICOM subregional cooperation strategy 2025–2029, which was developed to guide PAHO's technical cooperation in the region.
- **Strengthen collective advocacy and action**, through the establishment of communities of practice and knowledge-sharing entities, and through entry points such as the OECS Council of Ministers, the OECS Policy Forum—comprising quarterly meetings of Chief Medical Officers, Permanent Secretaries and Ministers—and the OECS Youth Advisory Network; the CARICOM COHSOD, COTED, Intergovernmental Working Groups, and technical committees in health and education; and the annual meetings of the PAHO Directing Council.
- **Revitalise high-level regional mandates** related to NCDs, such as the 2007 Declaration of Port of Spain (POSD) by CARICOM Heads of Government, and of technical frameworks for action such as the CARPHA 6-point policy package to combat obesity and NCDs.

Selected points from the discussion that followed:

The Caribbean Cooperation in Health, Phase IV **(CCH IV)** provides a good entry point for action at regional and national levels, and the **2007 Declaration of Port of Spain** remains relevant as the regional policy for NCD prevention and control.

- **CARICOM should conduct an audit of regional interventions for NCD reduction over the years**, as some health advocates may be unaware of many of the actions taken. **Mechanisms for effectively disseminating such information to countries and for maintaining public health political and technical intuitional memory** are needed, with **strategic planning for sustainability and continuity**.
- There is need to **empower and educate civil servants and technocrats to integrate regional public health mandates into politicians' briefs as appropriate,** despite changes in administration, **and CSOs can assist in that effort**.

Panel 4: Reflections: Supporting operationalisation – the role of civil society

The panel discussion Moderator was *Ms. Francine Charles* and the panellists were *Shannique Bowden, Executive Director, Jamaica Youth Advocacy Network; Ms. Yvonne Lewis, Health Education/Health Promotion Consultant, Chairman, Chest & Heart Association of Trinidad & Tobago, and Lecturer, Health Promotion, School of Education, Faculty of Humanities & Education, UWI; Professor Alafia Samuels, Consultant, NCD Prevention and Control, and Academic; Dr. Kedhma Dorh, President, St Lucia Diabetes & Hypertension Association, and Chair, St. Lucia NCD Commission; and Ms. Barbara McGaw.*

The reflections of the panellists on actions by civil society to contribute to operationalising CoI tools are summarised below.

- Continue to play roles as **advocates and partners**, especially in light of CSOs' ability to say and do what other stakeholders cannot.
- Develop and implement **CoI policies and relevant tools,** given CSOs' resource constraints and the need for fundraising; it may be difficult to find alternative support if offers from health-harming industries are rejected.
- Identify not only stakeholders' roles, but also **their interests**, and **continue to play the 'watchdog' role**, **which is important in holding officials accountable for their commitments.**
- **Involve young people in the process**, as they may have ideas without knowing how best to articulate them.
- **Identify the research needed to strengthen the evidence base to address CoI from a CSO perspective**, which may include: 1) data to drive better understanding of the public, strengthen public perceptions, decrease public consumption of unhealthy commodities, and develop effective public messages; 2) the manner in which youth have been negotiating CoI, including sources of scholarships to further their education; 3) examination of accountability measures, including financial accountability; and 4) evidence on CoI related to issues other than financial accountability, in order to broaden the concept of CoI and provide supporting data.
- **Identify, and contribute to the dissemination of, research that has been conducted and tools that have been developed.**
- **Identify and engage with alternative funding sources** to reduce or eliminate CoI and undue influence**.**

Selected points from the discussion that followed are below.

- It is important to **conduct research to**

determine which entities may be interested in providing alternative funding.

- **CoI also applies to the pharmaceutical industry**, which has products that play a significant role in NCD prevention and control. **Tenders Boards are often responsible for procurement**, and **it is important to raise awareness of CoI among these Boards also**.

After the panel discussions, *Ms. Joycelyn Alleyne, Project Coordinator, Future Health*, provided an introduction to Future Health, a new entity in Barbados aiming to "empower persons with a passion for solving healthcare challenges to develop innovative, technology-driven, solutions that the world's healthsystems need," which included HCC representation on its Steering Committee. She advised that the *Future Health Incubator*, which was a **structured entrepreneurial programme**, **had been launched and that applications were open for its ideation track.**

The programme continued with the item '**Operationalising tools to manage CoI and prevent undue influence – group discussion/ group work**', moderated by the *HCC Team, Dr. Fabio da Silva Gomes, Dr. Gloria Giraldo, and Professor Jeff Collin*. This session allowed further discussion of the CoI tools presented, primarily the PAHO Roadmap and Triage Tool, and presentation of the case study group work done on Day 2, using the products, practices, and policies flow chart. **Highlights of the session are summarised below**.

- Each of six groups reviewed one of **the following scenarios**: 1) MoE establishing CoI parameters; 2) MoH analysing engagement with prospective partner; 3) Relationship between NNCDC and Chamber of Commerce; 4) Local CSO partnership with local bottling company that supports its fundraising; 5) Supermarket offers support for MoH and CSO health day activities; and 6) Roles of NNCDC Chairperson and Deputy Chairperson.
- The **groups' analyses of the scenarios raised several issues**, including:
  - The heterogeneity of not only commercial actors that produce both healthy and unhealthy commodities, but also of philanthropic organisations with membership from private sector entities.
  - The importance of analysing products, practices, and policies of prospective partners, given the heterogeneity of many commercial actors, and of ensuring rules of engagement for partnerships that ban the promotion of unhealthy commodities.
  - The importance of educating prospective partners from non-commercial entities, as well as health-oriented boards and other supervisory groups, on CoI and the need to explore sources of support other than commercial actors.
  - The importance of analysing the individual membership of umbrella organisations such as Chambers of Commerce to identify and prevent CoI, and of setting parameters for partnerships with such organisations.
  - The need for multisector, multistakeholder entities such as NNCDCs to have CoI policies and tools; define guardrails to prevent subversion of their remit by commercial actors with vested interests, including rescinding their voting privileges or having persons recuse themselves from proceedings if an agenda item provokes CoI; and conduct due diligence on their members and officials, to ensure that no individual CoI exists, or that if it exists, it is declared and appropriate strategies put in place to manage it.
- **In subsequent discussions**, **points made included the following**:
  - This session indicated the tensions around CoI and the need to find tools to operate within existing contexts. Currently, 'homogeneous' and 'heterogeneous' are the terms used to characterise companies and assist in decisions on whether to collaborate with them, but **it may prove difficult to determine the percentage of healthy and unhealthy commodities that would make a company 'good' or 'bad'**. Alternative designations might be 'producer', 'manufacturer', or 'retailer', but there are companies that carry out all three functions.
  - If only the **products** of commercial actors are examined, there will always be a struggle with the classification 'homogeneous' / 'heterogeneous', so their **practices** can also be analysed – are they advertising and promoting the health-harming, rather than the health-supporting, products?
  - The establishment of parameters for collaboration **can influence Industry players into rethinking their portfolios, if they are motivated to go beyond financial gain**.
  - Strategies should be implemented to **bring the ideas discussed at this meeting to the attention of high-level decision makers**.

In the item '**Closing open discussion – reflections, where to next'**, also moderated by the *HCC Team, Dr. Fabio da Silva Gomes, Dr. Gloria Giraldo, and Professor Jeff Collin*, Professor Collin:

- Asked participants to consider **three questions to prompt action on CoI**: 1) How can a focus on CoI be framed as promoting effective governance, particularly for actors other than Health? 2) What work do we need our policy instruments to do in establishing norms, articulating rules, and providing policy tools? and 3) What steps can we take in building on this meeting?
- Identified **three important issues to address CoI**: 1) establishing norms, exemplified by ministerial statements against unhealthy products and CoI, and civil society campaigns; 2) developing rules, exemplified by the Bahamas Health Promotion and Wellness Act, 2025, FCTC Article 5.3, the PAHO Roadmap, and HCC CoI publications and tools; and 3) using a framework for managing CoI, with adaptive/hybrid approaches that include the definition of unhealthy commodity industries and their actors, principles for managing CoI, tools to manage interactions with unhealthy commodity industries and to identify scope for alignment in considering engagement with industries, and guidance for staff on how to use the framework.
- Suggested options for moving forward, including 1) developing policy instruments, including CoI legislation and tools, draft NNCDC guidance, and CoI guidance for school nutrition policies; and 2) considering process issues to develop such instruments, including i) piloting existing CoI tools, ii) establishing a working group to offer ideas and suggestions, iii) holding a webinar series, iv) undertaking sensitisation of various stakeholders using existing fora and systems, and v) capacity building.

Subsequent general discussion resulted in many suggestions from participants on how to advance measures to address CDoH and promote the development and use of tools to prevent and manage CoI, undue influence, and Industry interference**. Most of the suggestions are reflected in the recommendations and next steps outlined in, respectively, sections 5 and 6**.

4. Conclusions

The meeting's success was apparent in participants' appreciation for, and interest in, information shared by regional and international experts on CDoH, CoI, undue influence, and Industry interference related to NCD prevention and control, and their active sharing of information and experiences in their own countries and institutional settings. The diverse group of stakeholders allowed presentation of various perspectives, and promoted mutual learning in a respectful environment.

Participants' comments on 'things they would do differently' after the meeting showed their **increased awareness of CDoH, CoI, undue influence, and Industry interference**; **greater appreciation of the potential of these issues to harm health and stymie NCD prevention and control**; and **their intention to share relevant information and contribute to tools, mechanisms, and systems to address the issues at national and regional levels**.

The meeting is anticipated to be a game-changing, catalytic influence for accelerated action in Caribbean SIDS on a globally agreed area of urgent priority—addressing CDoH, CoI, undue influence, and Industry interference. These factors play a significant role in retarding progress in NCD prevention and control in the region, and in the establishment of effective multisector, multistakeholder partnerships at national level—involving Health and other government sectors, civil society, and commercial actors—in collaboration with, and supported by, regional political integration entities such as CARICOM and The OECS; international NGOs; and international, intergovernmental agencies such as PAHO and other UN agencies. Such partnerships and collaboration, protected by relevant policies and tools, will be critical in enabling alliances with commercial actors that address CDoH and are free of CoI, undue influence, and Industry interference, promoting and maintaining the health of Caribbean people—the linchpins of production, prosperity, and sustainable national and regional development.

5. Recommendations

The main recommendations distilled from the presentations and discussions at the meeting are as follows:

1. **Develop and agree on criteria for assessing the impact of the products, practices, and policies of commercial sector actors on health and NCDs, and develop a Partnership Policy to facilitate decisions regarding engagement with such entities,** tipping the scales to favour identified health-supporting and health-neutral actors.

2. **Use national legislation, regulations, and policies to address the CDoH; prevent and manage CoI, undue influence, and Industry interference; and ensure accountability**, including, but not limited to, development of legislation modelled on the Bahamas Health Promotion & Wellness Act, 2025; freedom of access to information legislation, codes of conduct, public sector Staff Orders, and Integrity and Ethics Commissions.

3. **Use international human rights treaties and statements, and international agreements related to SIDS, to frame advocacy to policymakers and other key stakeholders for good governance, with implementation of interventions to address CDoH, CoI, undue influence, and Industry interference**. Human rights instruments include the Convention on Economic, Social, and Cultural Rights, the Convention on Civil and Political Rights, and Statements by UN Special Rapporteurs on the Right to Health and the Right to Food, and international agreements include the 2023 Bridgetown Declaration on NCDs and Mental Health in SIDS.

4. **Use existing tools to assist in decision making regarding public health partnerships and collaboration with unhealthy commodity industries, reviewing, adapting, and piloting the tools as necessary, and using them to advocate and assess the level of commitment to address CDoH, CoI, undue influence, and Industry interference at local level**. The tools include, but are not limited to, the WHO 'three phases, 10 steps tool; the WHO 6-step decision tree and algorithm; the HCC decision tree and algorithm for engagement;[1] and the PAHO Roadmap and Triage Tool.

5. **Build the capacity of CSOs and other key stakeholders, including youth, to advocate for, and contribute to, systems and mechanisms to address CDoH, CoI, undue influence, and Industry interference, and support and fund related actions**.

6. From the assessment of commercial sector actors' products, practices, and policies, **develop a list of commercial entities that can be approached as alternative funders of NCD prevention and control-related interventions, to minimise CoI, undue influence, and Industry interference.**

7. **Take advantage of resource mobilisation and technical cooperation opportunities provided through regional and international intergovernmental agencies and NGOs**, such as CARPHA, PAHO/WHO, other UN agencies such the Food and Agriculture Organization (FAO), and UNICEF.

8. **Strengthen the dissemination of information on the impact of climate change on health in general, and NCDs in particular, framing the climate crisis as a threat to health, not just to the environment, and ensure the inclusion of priority NCD-related issues in proposals from sectors other than Health that aim to contribute to sustainable national development**, such as in the development of National Adaptation Plans and Nationally Determined Contributions related to climate change, in proposals tothe Green Climate Fund, the Loss and Damage Fund, and biodiversity funds, such as the Caribbean Biodiversity Fund, the Global Biodiversity Framework Fund, and the Kunming Biodiversity Fund and in plans to enhance the region's food security, such as the CARICOM 25 by 2025 food security plan.

9. **Enhance multisector action to address CDoH, CoI, undue influence, and Industry interference, demonstrating the value, for all sectors, of policy coherence and a health-in-all-policies approach** to boost interventions for NCD prevention and control, framing messages as appropriate for the respective sectors.

10. **Incorporate consideration of, and mitigating strategies for, CDoH, CoI, undue influence, and Industry influence into national legislation, policies, strategic plans, and operational systems that address health, NCDs, and related issues; into regional health and health-related frameworks**, the former including the Caribbean Cooperation in Health, Phase IV; **and into health- and social science-related training programmes, taking advantage of these and other public health-related entry points**.

11. **Continue campaigns, using traditional and social media, and various message formats, to educate key stakeholders, including the public, on the impact of CDoH, CoI, undue influence, and Industry interference on NCD prevention and control, and to obtain their support for the implementation of mitigating measures,** with consistent, clear messaging.

12. **Develop a series of briefs to explain CDoH, CoI, undue influence, and Industry interference to various audiences, including policymakers and policy advisors in Health and sectors other than Health, CSOs, and the public**, tailored to the respective audiences and **identify high-level Champions to promote and explain the issues**.

13. **Explore and contribute to the establishment of a CoI Network in the region,** building on the online platform of interested persons established after the October 2025 HCC regional meeting in Barbados, and discuss its functions, which may include the identification of, and support for, practical next steps to address CDoH, CoI, undue influence, and Industry interference in Caribbean SIDS.

14. **Identify research needs related to CDoH, CoI, undue influence, and Industry interference in the region, and strategies to address them effectively in the particular context of Caribbean SIDS**, with involvement of key stakeholders, including academia, civil society, and regional and intergovernmental organisations and NGOs.

15. **Identify and strengthen mechanisms for documenting, disseminating, and preserving national and regional experiences and outcomes related to CDoH, CoI, undue influence, and Industry interference in NCD prevention and control**, ensuring sharing of successes, lessons learned, research results, and preservation of political and technical institutional memory.

16. **Identify and implement strategies to bring the recommendations from this regional meeting to the attention of high-level policymakers and other key stakeholders at national and regional levels, for their information, discussion, and consideration.**

6. Next Steps

Based on a survey of participants conducted at the end of the meeting, and cognisant of capacity constraints, **the HCC and its partners have committed to action, in collaboration with meeting participants, on the concrete next steps outlined below**.

1. Country piloting of the PAHO Roadmap and alignment testing (including supporting legal drafting of legislation modelled on the Bahamas Health Promotion & Wellness Act, 2025).
2. Explore formalising an ongoing regional CDoH/CoI network (WhatsApp group) with quarterly meetings.
3. Providing inputs into the draft CoI Guidance for National NCD Commissions.
4. Providing inputs into the draft CoI Guidance for School Nutrition Policies.
5. Providing inputs into the CDoH/CoI and Caribbean SIDS Discussion Paper.
6. Generating knowledge, including development of supportive materials (such as 'onepagers' and slide decks) and hosting webinars.



7. Annexes

Annex 1 List of participants

Note: The participants are listed in alphabetical order, by surname.

	Title	Name	Position	Organisation	Country
1.	Ms.	Yvonne Alexander	Public Relations Officer	Dominica Cancer Society	Dominica
2.	Ms.	Janea Applewhaite	Administrator	Healthy Caribbean Coalition	Barbados
3.	Dr.	Heather Armstrong	Head, Chronic Disease & Injury, Chronic Disease & Injury Department, Surveillance, Disease Prevention & Control	Caribbean Public Health Agency	Trinidad & Tobago
4.	Ms.	Kaj Archer	Health Education & Promotion Officer	MoHW	The Bahamas
5.	Dr.	D. Beverley Barnett	Rapporteur	Healthy Caribbean Coalition	Barbados
6.	Ms.	Lisa Bayley	Specialist, Communications for Health Promotion	Pan American Health Organization	Regional
7.	Ms.	Abi Begho	Director	Lake Health & Wellbeing	St. Kitts & Nevis
8.		Shannique Bowden	Executive Director	Jamaica Youth Advocacy Network	Jamaica
9.	Ms.	Lydia Browne	Chief Executive Officer, Food and Nutrition Council	Ministry of Agriculture	Grenada
10.	Ms.	Jeanette Calder	Executive Director	Jamaica Accountability Meter Portal	Jamaica
11.	Ms.	Francine Charles	Programme Manager, Childhood Obesity Prevention Project	HSFB	Barbados
12.	Ms.	Reeshemah Cheltenham-Niles	Director, Planning and Research Unit	MoHW	Barbados

	Title	Name	Position	Organisation	Country
13.	Dr.	Margherita Cina	Academic	O'Neill Institute for National & Global Health Law	International
14	Mr.	James Clarke	President	Barbados Private Sector Association	Barbados
15.	Mr.	Alvin Clouden	Chief Executive Officer	National Sports Council Secretariat	Grenada
16.	Prof.	Jeff Collin	Professor	University of Edinburgh	International
17.	Dr.	Kenneth Connell	President	Healthy Caribbean Coalition	Barbados
18.	Mr.	Pierre Kevin Cooke Jr.	Youth Technical Advisor	Healthy Caribbean Coalition	Barbados
19.	Dr.	Shana Cyr-Philbert	NCD Focal Point	Ministry of Health, Wellness, & Elderly Affairs	St. Lucia
20.	Dr.	Tamu Davidson	Director, NCDs & Injury Prevention, NCD Unit, Health Promotion & Protection Branch	MoHW	Jamaica
21.	Dr.	Amalia del Riego	Representative for Barbados and the Eastern Caribbean	Pan American Health Organization	Regional
22.	Dr.	Kedhma Dorh	President	St. Lucia Diabetes & Hypertension Association	St. Lucia
23.	Ms.	Charity Dublin	President	Antigua & Barbuda Diabetes Association	Antigua & Barbuda
24.	Ms.	Latoya Duncan	NCD Focal Point	MoH	St. Kitts & Nevis

	Title	Name	Position	Organisation	Country
25.	Dr.	Roger Duncan	Medical Officer of Health and NCD Focal Point	MoH	St. Vincent & the Grenadines
26.	Dr.	Trevor Ferguson	Director, Epidemiology Research Unit	Caribbean Institute for Health Research, UWI	Jamaica
27.	Dr.	Lynora R Fevrier Drigo	National NCD Coordinator	Ministry of Health, Wellness & Social Service	Dominica
28.	Ms.	Nicole Foster	Policy Advisor	Healthy Caribbean Coalition	Barbados
29.	Dr.	Lauren Freisen	Deputy Director of Public Health	MoHW	Belize
30.	Dr.	Gloria Giraldo	Caribbean Subregional Advisor, NCDs & Mental Health	Pan American Health Organization	Regional
31.	Ms.	Diana Gittens	Programme Manager	Guyana Family Planning Association	Guyana
32.	Dr.	Fabio Gomes	Regional Advisor, NCDs and Physical Activity	Pan American Health Organization	Regional
33.	Ms.	Nicole Griffith-Elliott	Education Officer	Ministry of Education Transformation	Barbados
34.	Sir	Trevor Hassell	Past President and Founder	Healthy Caribbean Coalition	Barbados
35.	Dr.	James Hospedales	Board Member, HCC; Founder Earth Medic-Earth Nurse	Healthy Caribbean Coalition	Trinidad & Tobago
36.	Ms.	Piedad Huerta	Director (Interim), Caribbean Subregional Programme Coordination	Pan American Health Organization	Regional

	Title	Name	Position	Organisation	Country
37.	Ms.	Maisha Hutton	Executive Director	Healthy Caribbean Coalition	Barbados
38.	Hon.	Davidson Ishmael	Minister of State	MoHW	Barbados
39.	Ms.	Okolo John-Patrick	Director of Trade	Ministry of Foreign Affairs, Foreign Trade, & Consumer Affairs	St. Vincent & the Grenadines
40.	Hon.	Colin Jordan	Minister	Ministry of Labour, Social Security, & Third Sector	Barbados
41.	Ms.	Cathleen Juan	School Feeding Coordinator	Ministry of Education, Science & Technology	Belize
42.	Dr.	Alexey Kotov	Director, Food Policy Programme	Vital Strategies	International
43.	Dr.	Asante LeBlanc	Health Educator, Board Member	Trinidad & Tobago Cancer Society	Trinidad & Tobago
44.	Dr.	Virloy Lewin	NCD Focal Point	MoH	Bermuda
45	Ms.	Cheryl Lewis	Technical Officer, Specifications Development, Quality Control and Certification	Barbados National Standards Institution	Barbados
46.	Ms.	Yvonne Lewis	President	Chest & Heart Association of Trinidad & Tobago	Trinidad & Tobago
47.	Ms.	Barbara McGaw	Project Manager, Global Health Advocacy Project	HFJ	Jamaica
48.	Mr.	MacNaughton McLean	Programmes Manager, NCD Mitigation and General Wellness	National Insurance Corporation	St. Lucia
49.	Dr.	Taraleen Malcolm	Barbados & OECS Advisor, NCDs & Mental Health	Pan American Health Organization	Regional

	Title	Name	Position	Organisation	Country
50.	Ms.	Kayla Mardin	Programme Officer, Food Policy Programme	Vital Strategies	International
51.	Ms.	Tamie Marie	Consultant	Healthy Caribbean Coalition	St. Lucia
52.	Ms.	Samantha Moitt	Tobacco and Nutrition Focal Point	Ministry of Health, Wellness & Environment	Antigua & Barbuda
53.	Ms.	Rachel Morrison	Senior Advisor	Global Health Advocacy Incubator	Jamaica
54.	Dr.	Madhuvanti Murphy	Senior Lecturer	Chronic Disease Research Centre, UWI	Barbados
55.	Dr.	Jane Noel	Chairperson	National NCD Commission	Grenada
56	Dr.	Karlene Patrick-Thompson	Registrar in Internal Medicine	MoH	Grenada
57.	Dr.	Arthur Phillips	Deputy Chief Medical Officer	MoHW	Barbados
58.	Ms.	Jan Phillips	Advocacy Officer, Childhood Obesity Prevention Project	HSFB	Barbados
59.	Ms.	Helen Royer	Director, Human Development	CARICOM Secretariat	Guyana
60.	Dr.	Joy St. John	International Public Health Consultant	Independent	Barbados
61.	Ms.	Jeniece St. Romain	Crown Counsel, Attorney General's Office	Ministry of Legal Affairs	Antigua & Barbuda
62.	Dr.	T. Alafia Samuels	Consultant	Chronic Disease Prevention & Control, MoHW	Jamaica
63.	Dr.	Sisera Simon	Head, Human & Social Division	OECS Commission	St. Lucia
64.	Ms.	Rosanna Springer	Nurse	Sagicor Life Inc.	Barbados

	Title	Name	Position	Organisation	Country
65.	Dr.	Timar Stephenson	Senior Education Officer, Policy Analysis & Research, Planning & Development Division	Ministry of Education, Skills, Youth, & Information	Jamaica
66.	Dr.	Phillip Swann	Chairperson/Director (Ag.)	Healthy Bahamas Coalition/ Department of Public Health, MoHW	The Bahamas
67.	Dr.	Jerry Toelsie	NCD Researcher	Anton de Kom University	Suriname
68.	Ms.	Lynette Valerio	President	Belize Diabetes Association	Belize
69.	Senator Dr. the Most Hon.	Jerome Walcott	Minister	MoHW	Barbados
70.	Ms.	Danielle Walwyn	Advocacy Officer	Healthy Caribbean Coalition	Canada
71.	Ms.	Sheena Warner-Edwards	Communications Officer	Healthy Caribbean Coalition	Barbados

Annex 2: Meeting programme

DAY 1

CDOH/COI/UNDUE INFLUENCE - KEY CONCEPTS AND EXAMPLES		MODERATOR: Dr. Kenneth Connell, President, HCC
9:00-9:10	**Welcome**	**Dr. Kenneth Connell**, HCC
9:10-9:35	**Official opening, welcome remarks**	**Dr. Amalia del Riego**, PAHO/WHO Representative, Barbados and OECS **Ms. Piedad Huerta**, Director a.i., PAHO/WHO Subregional Program for the Caribbean **Senator Dr. The Most Honourable Jerome Walcott**, Senior Minister, Minister of Health & Wellness, Barbados
9:35-9:40	Pre-meeting survey	**Ms. Danielle Walwyn**, Advocacy Officer, HCC; Health Caribbean Youth Lead
9:40-10:15	**Commercial determinants of health (CDOH) and good governance** Introduction to CDOH/NCDs, conflicts of interest (COI), undue influence, Industry interference. power asymmetry, good governance, and consideration of SIDS' contexts. *15 min presentation, 20 min Q&A*	**Prof. Jeff Collin**, Professor of Global Health Policy, Global Public Health Unit, Social Policy School of Social & Political Science, University of Edinburgh, Scotland
10:15-10:45	**Presentation of WHO paper** 'Economic and commercial determinants of health in small island developing states: noncommunicable diseases, mental health conditions, injuries and violence' *15 min presentation, 15 min Q&A*	**Dr. Monika Kosinska**, Cross-Cutting Lead, Economic and Commercial Determinants, WHO
10:45-11:00	**ICEBREAKER & HEALTH/PHYSICAL ACTIVITY BREAK/GROUP PHOTO**	
11:00-11:15	**Tracking private sector actions in the Caribbean which undermine good health** Sharing examples and trends from the Industry tracker (include examples of COI, undue influence/interference)	**Ms. Danielle Walwyn**, HCC
11:15-11:30	**Reminder of why we are here: the status of NCDs in the Caribbean** Progress on NCD prevention and control in the Caribbean – Spotlight on the 2024 NCD Progress Monitor	**Dr. Gloria Giraldo**, Advisor, NCDs and Mental Health, PAHO Caribbean Subregional Programme
11:30-12 noon	**Examples of COI and undue influence/ Industry interference in Latin America and the Caribbean** Experiences of Industry interference in policymaking in LAC – tactics deployed to infiltrate political spaces, undermine policymaking, and neutralise advocates *15 min presentation, 15 min Q&A*	**Dr. Fabio da Silva Gomes**, Advisor, Nutrition and Physical Activity, PAHO Headquarters
12 noon-12:30 p.m.	**A closer look at conflict of interest and Industry interference in Caribbean SIDS** Zooming in to illustrate Caribbean context, perspectives on CDOH, COI, and undue influence *15 min presentation, 15 min Q&A*	**Ms. Maisha Hutton**, Executive Director, HCC
12:30-1:30	**LUNCH**	
GOVERNANCE, CONFLICT OF INTEREST, AND INDUSTRY INTERFERENCE IN THE CARIBBEAN		**MODERATOR: Dr. Kenneth Connell, President, HCC**
1:30-1:40	**Tobacco**	**Ms. Sheryl Dennis-Wright**, Technical Officer (Legal), Secretariat of the WHO FCTC
1:40-1:50	**Alcohol**	**CARD 2024 Webinar Excerpt**
1:55-2:10	**Unhealthy diets – school nutrition policies** *Two 10-min presentations*	**Ms. Francine Charles**, Programme Manager, Childhood Obesity Prevention Programme, HSFB **Ms. Cathleen Juan**, School Feeding Coordinator, Ministry of Education, Science & Technology, Belize
2:10-2:30	**Front of package warning labelling** *Two 10-min presentations*	**Ms. Maisha Hutton**, HCC **Ms. Barbara McGaw**, Project Manager, Global Health Advocacy Project, HFJ
2:30-3:15	**Panel discussion and Q&A**	Moderator: **Dr. Kenneth Connell**, HCC
3:15-3:30	**HEALTH/PHYSICAL ACTIVITY BREAK**	
3:30-4:00	**Corporate capture of the climate change agenda** From climate to biodiversity to plastics, how the commercial actors are driving public policy and impacting planetary health *15 min presentation, 15 min Q&A*	**Dr. James Hospedales,** Founder and Executive Director, EarthMedic/EarthNurse Foundation for Planetary Health

4:00-4:50	**Panel discussion: CDOH/COI, the multisectoral response and the commercial sector** How can COI be more effectively managed to allow for constructive and positive engagement of the commercial sector in the multisectoral response? *40 min Panel, 10 min Q&A*	**Moderator: Dr. Kenneth Connell, HCC** ***Panellists*** **Ms. Nicole Foster**, HCC Policy Advisor; Attorney-at-Law; Lecturer and Head of the Law & Health Research Unit (LHRU), Faculty of Law, Cave Hill Campus, UWI; Member, Barbados NCD Commission **Dr. Jane Noel,** Chair, Grenada National NCD Commission **Mr. James Clarke**, President, Barbados Private Sector Association **Dr. Joy St. John**, International Public Health Consultant
4:50-5:00	**Reflection and wrap-up**	**Ms. Samantha Moitt**, Chief Nutrition Officer, Tobacco Control Focal Point, Ministry of Health, Wellness & the Environment, Antigua & Barbuda
5:00	**CLOSING**	

DAY 2

SOLUTIONS/RESPONSES/BEST PRACTICES AND EXISTING TOOLS		**MODERATOR: Dr. James Hospedales, HCC**
9:00-9:10	**Welcome, Day 1 Recap, Icebreaker**	**Ms. Diana Gittens,** PLWNCDs High-level Advisory Group Member, HCC, and Programme Manager, Guyana Responsible Parenthood Association
9.10–9.20	**Day 2 Opening Remarks**	**Honourable Colin Jordan**, Minister of Labour, Social Security, & Third Sector, Barbados
9:20-10:10	**Legal tools to manage COI, prevent undue influence/Industry interference, and improve governance** Emerging examples of good practice in tackling COI and preventing Industry interference, focusing on governance mechanisms and human rights frameworks *Two 15 min presentations, 10 min Q&A*	**Ms. Nicole Foster**, HCC, LHRU/UWI, Barbados NNCDC **Ms. Margherita Cina**, Associate, Global Center for Legal Innovation on Food Environments, O'Neill Institute for National & Global Health Law, Georgetown University

10:10-10:45	**Introduction to tools developed to assist in managing COI in health** Introduction and analysis of selected tools developed to support the management of COI and safeguarding of policymaking in health and more broadly, within the context of governance *20 min presentation, 15 min Q&A*	**Prof. Jeff Collin**, University of Edinburgh
10:45-11:00	**HEALTH/PHYSICAL ACTIVITY BREAK**	
11:00.-12:10	**A closer look at the PAHO Roadmap** *Interactive session*	**Dr. Fabio Gomes**, PAHO
12:10-12:30	**Reflections on tools – open discussion** *Remarks and interactive discussion*	**Prof. Jeff Collin**, University of Edinburgh
12:30-1:30	**LUNCH**	
1:30-2:00	**HCC tools to address COI and undue influence** *20 min presentation, 10 min Q&A*	**Ms. Maisha Hutton**, HCC
2:00-2:20	**The Bahamas Health Promotion and Wellness Act, 2025** *10 min presentation, 10 min Q&A*	**Dr. Phillip Swann,** Chairman, Healthy Bahamas Coalition; Acting Director, Public Health Department, MoHW, The Bahamas **Ms. Kaj Archer**, Health Education & Promotion Officer, Healthy Bahamas Coalition Secretariat, MoHW, The Bahamas
2:20-3:45	**PAHO Roadmap continued - CASE STUDY GROUP WORK** *85 min of group work*	**Moderators: Dr. Fabio Gomes, PAHO; Prof. Jeff Collin, University of Edinburgh; HCC Team**
3:45-4:00	**HEALTH/PHYSICAL ACTIVITY BREAK**	
4:00-4:50	**Gaining support – communicating CDOH/COI to key internal and external stakeholders** *Interactive session*	**Moderator: Ms. Sheena Warner-Edwards**, Communications Officer, HCC Presenters: **Ms. Tamie Marie**, Communications Consultant, HCC **Ms. Francine Charles**, HSFB
4:50-5:00	**Reflection and wrap-up**	**Dr. Asante LeBlanc**, Medical Director and Board Member, Trinidad & Tobago Cancer Society
5:00	**CLOSING**	

DAY 3

TESTING/ADAPTING/DEVELOPING DRAFT TOOLS/ STRATEGIES/APPROACHES		MODERATOR: HCC Team
9:00-9:10	**Welcome, Day 2 Recap, Icebreaker**	**Ms. Charity Dublin**, HCC Board Member; President, Antigua & Barbuda Diabetes Association
9:10-10:30	**Operationalising tools to manage COI and prevent undue influence** *Objective:* Exploring perspectives on how to operationalise tools to manage COI and prevent undue influence **Panel 1** – Operationalising within Health **Panel 2** – Engaging sectors outside of Health *Two 30 min panels and reflections from the floor, followed by 20 min moderated group discussion*	**Moderators/Facilitators: HCC Team; Dr. Fabio Gomes & Dr. Gloria Giraldo**, PAHO; **Prof. Jeff Collin**, University of Edinburgh **Panel 1 Moderator: Ms. Nicole Foster**, HCC, LHRU/UWI, Barbados NNCDC **Panellists:** **Dr. Phillip Swann**, MoHW, The Bahamas **Dr. Arthur Phillips**, Deputy Chief Medical Officer, MoHW, Barbados **Dr. Tamu Davidson**, Director NCDs & Injury Prevention, NCD Unit, Health Promotion & Protection Branch, MoHW, Jamaica **Dr. Shana Cyr-Philbert**, Senior Medical Officer for NCDs, MOH, St. Lucia **Ms. Jeniece St. Romain**, Crown Counsel, Ministry of Legal Affairs, Antigua & Barbuda **Panel 2 Moderator: Dr. Shana Cyr-Philbert**, MOH, St. Lucia **Panellists:** **Ms. Okolo John-Patrick**, Director of Trade Ministry of Foreign Affairs, Foreign Trade & Consumer Affairs, St. Vincent & the Grenadines **Mr. Alvin Clouden**, Chief Executive Officer, Grenada National Sports Council **Dr. Timar Stephenson**, Senior Education Officer, Policy Analysis & Research, Planning & Development Division, Ministry of Education, Skills, Youth & Information, Jamaica **Ms. Nicole Elliott**, Education Officer, Ministry of Educational Transformation, Barbados
10:30-10:45	**HEALTH/PHYSICAL ACTIVITY BREAK**	
10:45 -12:30	**Operationalising tools to manage COI and prevent undue influence – CONTINUED** **Panel 3** – Reflections: Supporting operationalisation – the role of regional actors **Panel 4** – Reflections: Supporting operationalisation – the role of civil society *Two 30 min panels followed by 45 min moderated group discussion*	**Moderators/Facilitators: HCC Team; Dr. Fabio Gomes & Dr. Gloria Giraldo**, PAHO; **Prof. Jeff Collin**, University of Edinburgh **Panel 3 Moderator: Dr. Roger Duncan**, Medical Officer of Health, NCD Focal Point, Ministry of Health & Environment, St. Vincent & the Grenadines **Panellists:** **Ms. Helen Royer**, Director, Human Development, CARICOM Secretariat **Ms. Sisera Simon**, Head, Human & Social Division, OECS Commission **Dr. Heather Armstrong**, Head, Chronic Disease & Injury, Chronic Disease & Injury Department, Surveillance, Disease Prevention & Control Division, CARPHA **Dr. Gloria Giraldo**, PAHO **Panel 4 Moderator: Ms. Francine Charles**, HSFB **Panellists:** **Shannique Bowden**, Executive Director, Jamaica Youth Advocacy Network **Ms. Yvonne Lewis,** Health Education/ Health Promotion Consultant; Chairman, Chest & Heart Association of Trinidad & Tobago; Lecturer Health Promotion, School of Education, Faculty of Humanities & Education, UWI **Prof. Alafia Samuels**, Consultant, NCD Prevention and Control; Academic **Dr. Kedhma Dorh**, President, St Lucia Diabetes and Hypertension Association; Chair, St. Lucia NCD Commission **Ms. Barbara McGaw**, HFJ, JCTC, HCC
12:30-1:30	**LUNCH**	
1:30-3:00	**Operationalising tools to manage COI and prevent undue influence – CONTINUED** *Moderated group discussion and group work*	Moderators/Facilitators: HCC Team; Dr. Fabio Gomes & Dr. Gloria Giraldo, PAHO; Prof. Jeff Collin, University of Edinburgh

3:00-3:15	**HEALTH/PHYSICAL ACTIVITY BREAK**	
3:15-4:00	**CLOSING OPEN DISCUSSION – REFLECTIONS, WHERE TO NEXT**	**Moderators: HCC Team; Dr. Fabio Gomes & Dr. Gloria Giraldo**, PAHO; **Prof. Jeff Collin**, University of Edinburgh
4:00	**CLOSING**	

Annex 3: Ministers' opening remarks

Official Opening Remarks for Senator Dr. The Most Honourable Jerome Walcott, Minister of Health and Wellness for Regional Meeting on Addressing the Commercial Determinants of NCDs in Caribbean SIDS: Protecting NCD Policymaking from Conflicts of Interest and Undue Influence.

15th October 2025.

Courtyard Marriott Hotel, Barbados.

A pleasant good morning to all distinguished delegates, esteemed colleagues, civil society partners, and friends.

I am extremely pleased to welcome you all to this important Regional Meeting on Addressing the Commercial Determinants of NCDs in Caribbean SIDS: Protecting NCD Policymaking from Conflicts of Interest and Undue Influence. Your presence here this morning reflects our shared understanding of the magnitude of the challenge before us—and our commitment to collective action.

The world is experiencing a profound shift in disease patterns. Non-communicable diseases—cancers, cardiovascular and chronic respiratory diseases, and diabetes—now account for over 40 million deaths annually, representing 74 percent of global mortality. For Barbados and other Small Island Developing States, this burden threatens both health and national development.

Premature deaths from NCDs, particularly among people aged 30 to 69, are mostly preventable. Yet they carry devastating consequences for families and economies. In low- and middle-income countries, where 85 percent of these premature NCD deaths occur, the financial strain from treatment can lead to catastrophic household expenditure and enormous losses in productivity.

For decades, public health approaches have focused mainly on "downstream" interventions—educating individuals to make healthier choices. But while personal responsibility matters, it is shaped by "upstream" determinants—like policies, the markets, and the environments, that frame those choices. Tackling NCDs effectively demands that we address these structural and concomitant forces.

This meeting centers on those structural forces—specifically the Commercial Determinants of Health. These determinants encompass the systems, practices, and pathways through which corporate and market activities affect health and equity. I have been informed that four industries—tobacco, alcohol, ultra-processed foods, and fossil fuels—are responsible for more than a third of global deaths. Their economic and political power rivals that of nations, enabling them to shape policy and public perception while promoting products that have been shown scientifically, to be harmful. This regrettably often results in "policy inertia" and a hesitation to act decisively on health.

These corporate forces operate at both levels: shaping policy and trade agreements upstream, while influencing norms, advertising, and accessibility downstream. Colleagues, our understanding of, and our ability to counter, these forces is essential, if we are to protect public health.

Our focus on conflicts of interest reflects the need to understand and to counter what has been termed the corporate playbook—a sophisticated set of strategies, used to protect profit over public health. Several Corporations continually market unhealthy commodities, often targeting children and low-income populations. In many countries, including in our region, advertising for unhealthy foods and beverages surrounds schools, thereby normalising harmful consumption.

Some industry actors also invest heavily in lobbying, in recruiting former policymakers, and using financial leverage to weaken or delay health regulations. Evidence clearly shows that where such lobbying is strongest, implementation of NCD policies is weakest.

Corporate social responsibility campaigns also distract from harmful practices and delay regulatory action. The WHO Framework Convention on Tobacco Control (FCTC), explicitly states that there is an irreconcilable conflict between the tobacco industry's interests and public health. The same logic must inform our engagement with other industries whose profits depend on products that harm health.

Trade and investment agreements often extend corporate influence beyond borders. Companies often use litigation to challenge or intimidate governments pursuing strong health policies—creating a so-called "regulatory chill." Uruguay's successful defence of its tobacco laws offers a model for resistance, showing that regional and international solidarity can protect health sovereignty.

Colleagues, why do sound public health policies often stall? Because governments face a difficult dilemma—balancing economic growth with population health. Industries producing tobacco, alcohol, and sugary drinks no doubt contribute significantly to GDP and employment. Yet, at the same time their products drive disease and can cause premature death.

As a consequence, while these industries may appear to boost short-term revenue, their long-term impact is devastating. NCDs drain health systems, reduce productivity, and hinder economic development. Indeed, the World Economic Forum estimates that premature NCD deaths in low- and middle-income countries will cost US$7 trillion over 15 years. Clearly, protecting population health is the wiser economic choice.

Increasingly, NCDs are not diseases of affluence, but diseases of poverty—driven by limited food options and predatory marketing. We SIDS must therefore act boldly, recognizing that public health must come before profit.

This meeting represents an opportunity to strengthen governance, coordination, and accountability. We must develop our own Public Health Playbook—one that anticipates and counters corporate tactics with strategic, collective action. Governments and health institutions must establish and enforce strong conflict-of-interest safeguards.

For tobacco, full exclusion from policy processes—as required under Article 5.3 of the WHO FCTC—must remain non-negotiable. For alcohol, given its inherent risks, engagement in policy development should also be limited. As it relates to engagement with the food industry, this will require caution, with transparency and independent oversight, to prevent undue influence.

Fiscal measures such as excise taxes on unhealthy products—tobacco, alcohol, and sugary drinks—

are among the most effective tools available. They reduce consumption while generating revenue for health promotion. Importantly, we should remember that the primary purpose of such taxes must be health, not profit. Dedicating a share of these revenues to NCD prevention and control can strengthen health systems and promote equity.

Health must also be embedded in every sector's agenda. Economic, trade, and agricultural policies should explicitly consider their impact on health. This includes restricting advertising of unhealthy products, ensuring nutritious foods are affordable and accessible, and incentivising the local production of healthier alternatives such as fresh juices and low-sodium foods.

Our Caribbean region is small but powerful when united. We must work through CARICOM, PAHO, civil society coalitions, and academic institutions to share evidence, pool legal and advocacy resources, and defend the integrity of public health policymaking.

These efforts align with the national vision articulated under our transformative "Mission Barbados" initiative; specifically, Mission 4—which addresses Public Health and Public Safety. This mission seeks to achieve a 50 percent reduction in new cases of NCDs and a 50 percent reduction in crime. Mental health is also a core pillar under this mission, with reductions in emergency presentations for crises and suicide attempts serving as key indicators.

Realizing this vision does not only require appropriate policies, but there is also need for continued investment in our foundational primary health infrastructure. Hence, the incipient plan to modernise and expand the capacity and services offered at our polyclinics, through the support of the Saudi Development Fund. Strengthening infrastructure complements our commitment to addressing both the social and commercial determinants of health.

Colleagues, the Commercial Determinants of Health are among the most powerful and complex drivers of disease in our time. If left unchecked, they will continue to erode the health gains we have made. The path forward requires courage, collaboration, and clarity of purpose.

Let us therefore commit today to protecting our public health space from undue influence. Let us pursue policies guided by evidence, not by the weight of corporate interests. And let us be bold enough to enact fiscal, regulatory, and governance measures that place the health of our citizens—especially our most vulnerable—above all else.

Together, we can create a future where Caribbean SIDS not only withstand commercial pressures but also lead globally in advancing health equity, sustainability, and wellness.

I look forward to the discussions and concrete actions that will emerge from this meeting. It is now my distinct honour to declare open the Regional Meeting on Addressing the Commercial Determinants of NCDs in Caribbean SIDS: Protecting NCD Policymaking from Conflicts of Interest and Undue Influence.

Thank you.

Remarks.

Hon. Colin Jordan, Minister of Labour, Social Security, and Third Sector, Barbados.

Addressing the Commercial Determinants of NCDs in the Caribbean SIDs.

October 16th, 2025.

I am really happy for the opportunity to be able to share with you and when I first got the invitation, I wondered why the Ministry of Labour? I will speak to the Third Sector in a minute, but I wondered why I was included, and I didn't ask anybody because I wanted to say a few words and so I didn't want to run the risk of somebody saying it was not meant for you but somebody else. I kept wondering but I accepted the invitation nonetheless. You spoke, Master of Ceremonies, about representation from government and the private sector and from civil society. In the UK in particular, and in some other places, civil society organisations are referred to as the third sector. So, we have the public sector, private sector, and third sector. It was part of Prime Minister's and our government's position, in terms of recognising the importance of the civil society sector. So, for the first time, we actually have a Ministerial portfolio that speaks to the third sector, civil society, which we recognise to be as well-meaning as we are, in the way that all the issues need to be addressed. We cannot do it on our own.

The private sector – and I am going to be careful with words today – but the private sector, and I am speaking about the private sector as one who has only been in the public sector for 7-plus years, so I think I know a little bit about the private sector. The private sector is not set up to address societal issues; it assists, but it is not set-up to address societal issues. The third sector, civil society, is made up of people who are passionate about what they do, not people who are paid to do something or to have particular thoughts; people who are passionate, and so we recognise that passion is very difficult, if not impossible to replicate. What the passion needs is encouragement and facilitation, and that is the purpose of a Ministry designation of the third sector. So, that is the reason why I am happy to be here and to hear that there is the Healthy Caribbean Coalition, a civil society organisation, but also that we have representation here from various components of the society, including those who have the passion to make sure that the NCD crisis is addressed.

I am just using the word addressed; sometimes politicians get accused of using stronger language like reduced, eliminated, but I am not one of those. I say addressed because I am positive about it, but I am not going to be unrealistic about what we have to do and I am clear in my mind that we have to act, and we have to act decisively. Now in Parliament, a few months ago, I do not remember what the debate was about, but I had occasion to say something pretty strong about something I saw in society that I thought was harmful, in particular to our young people, and I called the name of a private sector business and received sometime after that – I am not sure if the company is represented here, but whether or not it is – I received a letter which sought to nicely put me in my place. When I say put me in my place, I was told that I may have been a little too strong or misleading, but what I was speaking about was the fact that I believe that the society was being misled with respect to the sugar content of a particular product; not being lied to, but being misled, and we are talking about the commercial determinants of the NCD crisis. If the crisis is to be effectively addressed, all participants will have to be honest; now, that honesty cannot just

be what is printed somewhere, it has to be honesty of intent, it has to be honesty recognising that we are dealing with people.

Now, I only have 10 minutes and those 10 minutes are probably all gone already. But just let me share a couple of things. I want to recognise Sir Trevor – and I don't know if that is one of the reasons I am here – but Sir Trevor spent a lot of time working on the national workplace – well, what has led to the workplace wellness policy, which he was working on along with Professor Devonish and Mr. Orlando Gabby Scott, to whom we owe a significant debt of gratitude and the Barbados Workers Union which is the organization Gabby Scott represents. Now that policy has become the National Workplace Wellness Policy and we have been having some success, I would say, in terms of communicating the policy and getting, or at least building, awareness. It is always difficult to gauge if change is taking place, but I am absolutely sure that awareness, especially in the workplace setting, is taking place. We work in conjunction with the Ministry of Health because Wellness is located in the Ministry of Health, but we have, through our relationship with that Ministry, taken on the component that relates to our Ministry which is about workers, workplaces, and workspaces.

Now, if I speak more directly to commercial determinants, I've had a number of discussions, the last one last week Thursday night. There is the matter of persons who earn a living, who support themselves and their families through commercial activity that includes selling to people things that may be bad for them. So just let me say that again, people earn a living; people are employed by those organisations; vendors earn a living to send their children to school based on a lot of things. I will use Bajan terms - sweeties, corn curls, Frutees and Pepsi – well, I don't see Pepsi anymore, but you know what I am talking about. People earn their living that way. Now, in my space, with respect to workers and the climate crisis, we've developed the concept of "just transition", meaning moving from a fossil fuel-based economy, to a renewable energy-based economy to ensure that there is some justice for people who will be dislocated, as we transition from the amount of people earning a living through doing bad stuff, which is not new to the world.

There was a time when people like me were enslaved. There could have been a reasonable economic argument to say that emancipation would destroy the economy. I suspect that the argument could have been made, if there were good economists at the time, based on economic modelling to determine the harm for the economy and that people will ultimately suffer. I am of the view that economic success, economic viability, cannot be based on just doing wrong. So, what you have been addressing, yesterday, today, and tomorrow, is really a conundrum; it doesn't appear to be a conundrum, it is a conundrum, because moving in a substantial way will create challenges. So, the people whose health we want to safeguard or improve are some of the same people who are benefiting from the commercial activity that is causing them damage. There is a tension that has to be addressed. I raised the matter of what happened at emancipation only to say that the world has already addressed the idea of damage caused by commercial activity by having to get rid of the model of commercial activity. So, while we are passionate about the NCD crisis, we have to give thought to both supporting, pushing, and forcing commerce to make the transition.

Transitions almost by definition are not instantaneous. Otherwise, what we used to call 'cold

turkey' is not really a transition. Transitions suggested gradual change. But when it comes to the health of people, if our development as a nation is to be human-centered, as it ought to be, then the transition can't be a watered-down, long-time transition either. If it is, then it suggests that there are priorities that are superseding human-beings' well-being. The well-being of humanity, and there can be no sustainable economic development if all of us as humans are not taken into consideration. And so I really wish to say that protection and production are two sides of the same coin. In the Ministry of Labour, we do a lot with respect to legislative work that deals with protecting people. Protecting workers with respect to discrimination in terms of occupation safety and health, in terms of wrongful dismissal, in terms of vacation-leave. All those things constitute protection. Now the other side of that same coin is production. Protection of production is a recipe for those economists here. The firm level, but also for the national level – the macro-level. A recipe for disaster is that we would be a failed state if there was no protection.

Now addressing the matter of NCDs and the crisis - and I am happy that the word crisis is used. We are using it as well for environmental matters because for some people, it is a hoax and for other people they don't really matter too much; for us it is a crisis. The addressing of the NCD crisis is going to take significant focus, significant work, and I compliment HCC and all other partners for taking this on. It is going to take work and we have to be clear that legislative protection and the work areas of protection I spoke to earlier must also go beyond those areas I spoke to and speak directly to the health of workers not just occupational safety and health. Occupational safety and health is on the job or in the world of work; however, human beings, quite unlike machines, exist not just in the world of work, but they go home; we go home, we go to clubs, parties, church; we socialize in the matter of our diet. Then it's an extra work area consideration, but commercial entities must recognise that those who come to work every day must have a safe environment in the workplace or world of work, hopefully after eating something for breakfast. And if it was one of the beverages that one or the other companies sold that is full of sugar, and then at 10:30 am when the van turns up with the patties, there is another sugar rush, and then you are wondering why you don't have a lot of production in the afternoon and just moving. There is a win-win on both sides; there is production and protection, and if we protect the producers, we would have production.

If our workers – and I'm saying this now almost from the perspective of a selfish approach from a business. If I were to assume that, it would make a lot of commercial sense to have healthy people in your workplace, especially in a manufacturing sector; you don't want sleepy persons around machinery or an organisation. I plan not to call names of organisations except in Parliament where I have a certain level of protection, but there is an organisation, a good reference, where there is concern about the number of continuous days without days lost due to working accidents. If all businesses recognise that the engines of their production are their people, then they would all want to have healthy, happy, and alert people working in our organisations.

Barbados is very focused on services, has been for many decades. Services are about people helping and facilitating people, and happy people make happy customers. So, it is not to be seen, from my perspective, as a burden, but as an investment in ensuring that a future Barbados organisation is preserved from a selfish perspective. Our concern as human beings must be that every other human being has the possibility of living their best life. If we are even half-decent, we would want other people to be happy, we would want other people to be healthy. The challenge and tension between making a profit and being sustainable, being able to support oneself and family, and encouraging healthy activity, healthy diets, and a reduction in morbidity and mortality – that tension can be worked through. It has happened before. We were able to adjust business models to eliminate the need for enslaved labour. We have been able to cost increase and for the planters in Barbados and across the world where there was agriculture and slave economy.

If you have workers and you don't have to pay them, and all of a sudden you have to pay them, the cost increases, by significant amounts as well, maybe 100s of percentage, but we work at it and are driven to the fact that we have to do well by people, then we can adjust our business models so that we can remain viable, so that while the school has the nutrition policy, the vendor who is outside can live. But if we are focused on doing well by our people, including our children, then we need to be able to make adjustments that are necessary, recognising that they are not going to be overnight adjustments. I believe that gatherings like these, and honest and transparent sharing of views, opinions, and feelings, will allow us as intelligent human beings to make the appropriate decisions, accommodations, changes, transformations, and transitions that will allow us to reduce morbidity and mortality and general unhealthiness in our population. We have to do better by our people. There are pressures all around, Ministers of Government and Members of Parliament are now receiving emails from organisations who are pushing vaping as an alternative to smoking. I received one such email and I was offended not by the content, but by the feeling that whoever sent it to me must have thought I was a very stupid person. I don't know where that would have made sense, but it is obviously something that has worked. Our responsibility, your responsibility, is to make sure that this kind of discussion permeates through society.

We have to galvanise the enemies of people, those who push a lot of sugar, salt, vaping; enemies of people are out there working hard. Our work just can't be 3 days at Courtyard by Marriott, with juice, water, and healthy stuff to eat. We have to go out and infiltrate, and we have to push the message that people must come before profit, and that people coming before profit does not mean that people and profit are mutually exclusive. If we are able to find that model that allows everybody to earn a living and allows people to be as healthy as possible.

END

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