

Economic and political context of NCD policy making background paper

Summary

1. Economic growth in the Caribbean has continued to slow down since the economic crisis in 2008, with growth outturns weaker than anticipated. The export led development strategy pursued by the region has left a deep political pattern of engagement with lobbyists on behalf of regional private sector interests. In addition, the increasing gross public debt of many countries has constrained fiscal space, leaving governments to turn to the private sector for revenue and employment generation.
2. The rising costs of health care from the growing epidemic of NCDs together with fiscal constraints, threatens the ambition of Caribbean countries to achieve sustainable, universal access to health (UHC) for their populations.
3. Commercial and economic interests are colliding with issues of public health. While tobacco, alcohol and ultra-processed foods provide important benefits to vulnerable small island states with developing economies in the form of revenues and profits, taxes, and the creation of jobs, their consumption also leads to numerous health problems and premature mortality. It is important that potential conflicts of interest between private sector and public health are appropriately managed so that effective action is not compromised.
4. Companies and industry associations acquire privileged opportunities to advance their members' commercial interests through policy advisory. For instance, policies around nutrition, reduction of harmful alcohol use, and tobacco control have been poorly developed in most of the countries of the region.
5. Alcohol, ultra-processed food and sugary beverage industries use similar strategies to the tobacco industry to undermine effective public health policies and programs:
 - a. Avoidance of taxation and regulatory measures by using fear tactics about the negative impact on the economy.
 - b. Emphasis by industry actors regarding self-regulation, voluntary agreements and government partnerships related to marketing and sales.
 - c. Lobbying of politicians and policy makers at the local, regional and global levels.
6. The implementation of the main trading agreements in the region, herald a more liberalized trading environment with all the benefits that come with the free movement of goods, services, and labor. No risk assessment has been undertaken on the impact of the trading agreements on public health. At the same time, the loss of preferential access to traditional export markets poses a significant risk to the region's future prosperity.
7. Current trade agreements do take some account of health and have permitted regional trade-restrictive measures that protect human health. The main challenge facing ultra-processed regional food producers is the specter of the liberalization of their products under current trade negotiations. To date, fruit juices and ice cream for example, have been excluded from

liberalization under the World Trade organization agreement and the CARIFORUM-EU Economic Partnership Agreement.

8. The Caribbean Community endeavors to harmonize legislative and policy actions at the regional level to overcome limited capacity in policy development and legislative drafting as cost effective regional approaches to policymaking. However, the complexity of NCD policy poses new challenges to the existing institutional structures:
 - a. NCD policymaking at the national and regional levels is fractured and spread across institutions, which limits the effective coordination of decision-making processes.
 - b. Civil society groups have often struggled to influence regional and national policymaking.

Options for keeping NCDs on the political agenda

9. UHC can provide an opportunity to accelerate progress on NCD outcomes, inequalities, and the socio-economic impact. Equally, lessons learned from the NCD response can help support pathways to UHC. These include a focus on health promotion and prevention, multisectoral approaches, and addressing the social determinants of health.
10. PAHO's Strategy for Universal Access to Health and Universal Health Coverage sets out a series of actions to strengthen health services that can have an impact on NCDs. These actions include: organization of services and the model of care, strengthening primary level of care; strengthening stewardship and governance for the development of public policies in sectors such as education, agriculture, transportation, trade, and urban planning, which are required to create the physical and social environments amenable to healthy choices; and the elimination of direct payment at the point of care, to increase financial protection.
11. NCD prevention and control should be grounded in a life-course approach, given the fetal and early childhood origins of some NCDs. Children and youth are a particularly important focus for preventive interventions, with the growing impact of risk factors such as childhood obesity and high prevalence of smoking among youth in the region.
12. Public regulation and market intervention are evidence-based mechanisms to prevent harm caused by alcohol, tobacco and ultra-processed food industries:
 - a. Full implementation of the Framework Convention on Tobacco Control (FCTC) is essential to prevent illnesses and premature deaths.
 - b. A ban on alcohol advertising, limited hours of retail sale, and increased taxation are evidence-based interventions that work.
13. NCDs require a multisectorial approach and national leaders must give these issues the attention and resources they deserve.