

Trade and investment agreements and health and wellbeing:

A civil society perspective on research and development priorities for the reduction of non-communicable diseases in Caribbean Small Island Developing States

INTRODUCTION

1. This position paper (PP), submitted at the invitation of [PETRA](#), aims to identify and justify research and development (R&D) priorities related to the impact of trade and investment agreements on the prevention and control of non-communicable diseases (NCDs) in the Caribbean. The PP argues that government, civil society, and the private sector have significant roles to play in mitigating the negative impact of these agreements on priority health issues, exemplified by NCDs. It further suggests that civil society organisations (CSOs) such as the Healthy Caribbean Coalition ([HCC](#)), a regional NCD alliance, can play a pre-eminent role in addressing the R&D priorities.

2. The PP examines the main principles and practices recommended by the World Health Organization ([WHO](#)), other international organisations, such as the World Trade Organization ([WTO](#)), and the main political integration entity in the region, the Caribbean Community ([CARICOM](#)); references interactions between trade and health in other areas, such as climate change and the WHO Framework Convention on Tobacco Control ([FCTC](#)); and outlines lessons from international experiences on trade and health, including from Small Island Developing States ([SIDS](#)) in other regions. Finally, the PP suggests areas for R&D to fill gaps in knowledge of the impact of trade and investment agreements on NCD prevention and control in the Caribbean; to develop strategies for a positive impact; and to enhance the contribution that civil society can make. The R&D priorities advanced, though provided from a Caribbean perspective, are relevant to other SIDS, and to middle- and lower-income countries.

BACKGROUND

3. NCDs are the main causes of death and illness globally, and in the Caribbean.¹ The four major NCDs—cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases²—cause 78% of all deaths in the Caribbean region, 38% of which are premature, occurring in persons aged 30-70 years of age.³ The four main NCD risk factors—tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol—are also prevalent in the region, with worrying

¹ World Health Organization. Fact sheet: Non-communicable diseases, 1 June 2018. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.

² World Health Organization. Global action plan for the prevention and control of NCDs 2013-2020. Geneva: WHO; 2013. <https://bit.ly/33Q8lgw>.

³ Hennis, A. The burden and mandate to address NCDs in the Caribbean. Presentation at High-Level Meeting on the Use of Law to tackle NCDs, March 2018, Trinidad and Tobago. https://www.paho.org/spc-crb/index.php?option=com_docman&view=download&alias=163-the-burden-and-mandate-to-address-ncds-in-the-caribbean&category_slug=high-level-meeting-on-the-use-of-law-to-tackle-noncommunicable-diseases&Itemid=490.

increases in obesity, especially childhood obesity.^{4, 5} With its impact on health, society, and productivity, the NCD burden also extracts a high economic cost,^{4, 5} aggravated by the burden of mental health and neurological conditions, which are also recognised as priorities for attention globally and regionally.^{6, 7}

4. The coronavirus disease of 2019 (COVID-19) pandemic has further highlighted the vulnerabilities of Caribbean SIDS, already recognised as particularly susceptible to the impact of climate change,⁸ and exacerbated inequities, especially related to persons living with NCDs,^{9, 10} poor people, indigenous people, afro-descendants, women, and other groups in conditions of vulnerability.¹¹ The pandemic has also resulted in, or aggravated, mental health conditions, underscoring the need for concurrent action in that arena.¹²

5. An effective NCD response is imperative for countries to achieve the Sustainable Development Goals (SDGs) of the [2030 Agenda for Sustainable Development](#), especially [SDG 3](#), the goal most directly related to health, as well as other SDGs, including [SDG 1](#) (poverty), [SDG 2](#) (hunger), [SDG 5](#) (gender equality), [SDG 10](#) (reduction of inequalities), [SDG 13](#) (climate change), and [SDG 17](#) (global partnership for sustainable development), leaving no one behind.

6. The influence of social, economic, commercial, and other determinants of health on the occurrence and impact of NCDs mandates multisectoral, whole-of-government (WoG), whole-of-society (WoS), health-in-all-policies ([HiAP](#)) approaches for their reduction. Such approaches are needed for an equitable, enabling environment that “makes the healthy choice the easy choice”. The characterization of COVID-19 and NCDs as a syndemic,^{9, 10} posits that efforts to address the

⁴ Caribbean Public Health Agency. Plan of action for promoting healthy weights in the Caribbean: Prevention and control of childhood obesity 2014- 2019. Port of Spain, Trinidad and Tobago: CARPHA, 2014. <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>.

⁵ Healthy Caribbean Coalition. NCDs and trade policy in the Caribbean. Bridgetown: HCC; 2017. https://www.healthycaribbean.org/wp-content/uploads/2017/11/Trade-Brief_web.pdf.

⁶ World Health Organization. Mental Health Action Plan 2013-2020. Geneva: WHO; 2013. https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf;jsessionid=93476B888ED3EBC1661CD4D232D1EBAE?sequence=1.

⁷ Abel W, Baboolal N, and Gibson R. The epidemiology of mental health issues in the Caribbean. In PAHO. Mental health and psychological support in disaster situations in the Caribbean: Core knowledge for emergency preparedness and response (Chapter 5). Washington, D.C.: PAHO, 2012. [https://www.paho.org/disasters/index.php?option=com_docman&view=download&category_slug=books&alias=1973-mental-health-and-psychosocial-support-in-disaster-situations-in-the-caribbean-chapter-5&Itemid=1179&lang=en#:~:text=Suicide%20is%20associated%20with%20a,dad%20and%20Tobago%20\(19\).](https://www.paho.org/disasters/index.php?option=com_docman&view=download&category_slug=books&alias=1973-mental-health-and-psychosocial-support-in-disaster-situations-in-the-caribbean-chapter-5&Itemid=1179&lang=en#:~:text=Suicide%20is%20associated%20with%20a,dad%20and%20Tobago%20(19).)

⁸ Wilson Edmonds K. [Climate Change And The Caribbean – What Do We Need To Know?](#) Caribbean Community Climate Change Centre.

⁹ Bambra C, Riordan I, Ford J, et al. The COVID-19 pandemic and health inequalities. J Epidemiol Community Health 2020; 0:1–5. doi:10.1136/jech-2020-214401. <https://jech.bmj.com/content/jech/early/2020/06/13/jech-2020-214401.full.pdf>.

¹⁰ Editorial. COVID-19: a new lens for non-communicable diseases. Lancet 2020; 396:649, September 5, 2020. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31856-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31856-0.pdf).

¹¹ Bukhman G, Mocumbi AO, Atun R, et al. The Lancet NCDI (NCDs and Injuries) Poverty Commission: bridging a gap in universal health coverage for the poorest billion. Lancet 2020. Published online September 14, 2020. [https://doi.org/10.1016/S0140-6736\(20\)31907-3](https://doi.org/10.1016/S0140-6736(20)31907-3).

¹² United Nations Policy Brief: COVID-19 and the need for action on mental health, 13 May 2020. <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>.

common underlying causes simultaneously can result in win-win situations, efficiency, and reduction of inequities, as obtains for other syndemics.^{13, 14}

GLOBAL AND REGIONAL RESPONSES TO NCDs

7. International technical cooperation agencies such as WHO and its Regional Office for the Americas, the Pan American Health Organization (PAHO), have developed numerous frameworks and guidance for NCD prevention and control. These include the [WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020](#); the [2016 Report of the WHO Commission on Ending Childhood Obesity](#); the [PAHO Strategy for the Prevention and Control of NCDs 2012-2025](#); and the widely-promoted [WHO Best Buys \(BBs\) and Other Recommended Interventions \(ORIs\)](#).

8. The Caribbean region also has no shortage of frameworks to address NCDs, including the ground-breaking [2007 Declaration of Port of Spain on NCDs](#) (POSD) by CARICOM Heads of State and Government; the [2007 Declaration of St. Ann: Implementing Agriculture and Food Policies to Prevent Obesity and NCDs in the CARICOM](#); the [2010 Regional Food and Nutrition Security Policy](#); and the [HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean](#).

9. Despite the global and regional frameworks, and the development of complementary national NCD plans, a 2016 POSD evaluation¹⁵ found an implementation deficit and made recommendations for accelerated action. These included: *supportive politics and governance*, with national leadership for multisectoral action on NCDs, and *supportive environments*, including for food and nutrition security (FNS), with relevant policy on agriculture and trade, and exploring options under the WTO “to protect the local market from subsidised, cheap, high-calorie, nutritionally poor foods.”¹⁵

10. WHO noted several challenges to national implementation of the WHO BBs and ORIs, including limited or no capacity to establish cross-sectoral partnerships for NCD prevention and control or to manage their complexity during implementation, and limited interest in pursuing evidence-based policy coherence that connects the multilateral trading system under the WTO with NCD prevention and control.¹⁶

¹³ Swinburn B, Kraak VI, Allender S, et al. The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report. *Lancet* 2019; 393:791-846. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2932822-8>.

¹⁴ Friel S, Bowen K, Campbell-Lendrum D, et al. Climate change, noncommunicable diseases, and development: the relationships and common policy opportunities. *Annu Rev Public Health* 2011; 32:133-47. <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-071910-140612>.

¹⁵ Port of Spain Declaration Evaluation Research Group. Accelerating Action on NCDs: Evaluation of the 2007 CARICOM Heads of Government Port of Spain Declaration. <https://onecaribbeanhealth.org/wp-content/uploads/2016/10/ACCELERATING-ACTION-ON-NCDS-POSDEVAL-Report-1.pdf>.

¹⁶ World Health Organization. Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in September 2018: Report by the Director-General. Document A71/14, 19 April 2018. Geneva: WHO; 2018. https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf.

GLOBAL AND REGIONAL EXPERIENCES WITH TRADE AND HEALTH AGREEMENTS

11. Unhealthy commodity industries, especially the tobacco, alcohol, and food and beverage industries, are frequently relied on to “responsibly market” their health-harming products, and countries targeted by these multinationals often lack evidence-based legislative, fiscal, and other policies for effective risk factor reduction.¹⁶ These industries negatively influence health policy aimed at reducing these risk factors,¹⁷ such as WHO-recommended levels of taxation on tobacco products, alcoholic beverages, and sugar-sweetened beverages.

12. FNS is closely linked with trade and investment agreements, brokered and managed through regional and international agreements. The latter include WTO agreements relevant to public health, such as the [Agreement on Trade-Related Aspects of Intellectual Property Rights](#) (TRIPS); [General Agreement on Tariffs and Trade](#) (GATT); and [General Agreement on Trade in Services](#) (GATS), which, respectively, govern investor protection of intellectual property, including trademarks; trade in goods; and trade in services. The [Technical Barriers to Trade Agreement](#) (TBT) commits WTO members to regulate foreign and domestic goods similarly, and to refrain from putting in place government regulations that restrict trade more than necessary to achieve desired objectives. However, there are exceptions allowed to the WTO agreements on the grounds that they are necessary to protect public health or human life, as noted in [GATT Article XX\(b\)](#), [GATS Article XIV\(a\)](#), and [TRIPS Article 8:1](#).

13. The main regional agreements are enshrined in the [Revised Treaty of Chaguaramas 2001](#) that established the [Caribbean Single Market and Economy](#) (CSME), and the [Caribbean Forum/European Union Economic Partnership Agreement](#) (EPA) 2008. They are aligned with the WTO Agreements, enabling adjustments that support public health, provided that these measures are *evidence-based*; *necessary* (less trade-restrictive measures are not reasonably available); *proportional* (not more trade-restrictive than required); *rationally applied*; and *effective*.

14. Human rights principles also support the primacy of public health, and the United Nations (UN) has highlighted the urgent need to remedy policy incoherence among the right to health, trade rules, and public health goals.¹⁸ A July 2020 [Statement by the UN Special Rapporteur on the right to health on the adoption of front-of-package warning labelling to tackle NCDs](#) underscored the obligation of governments—the main duty-bearers—to take actions that contribute to the reduction of NCDs and progressive realisation of the right to health.

15. The COVID-19 pandemic has accelerated concerns about regional FNS, already forecast to be affected by both the ecological and social effects of climate change.¹⁹ Almost all Caribbean countries import more than 60% of the food they consume, much of which comprises products high in fats, salt, and sugar, linked to the epidemic of overweight and obesity in the region,²⁰ and

¹⁷ Collin J, Ralston R, Hill SE, et al. Signalling virtue, promoting harm: unhealthy commodity industries and COVID-19. NCD Alliance and SPECTRUM Research Consortium, September 2020. https://ncdalliance.org/sites/default/files/resource_files/Signalling%20Virtue%2C%20Promoting%20Harm_Sept2020_FINALv.pdf.

¹⁸ United Nations (UN). Report of the United Nations Secretary General’s High-level Panel on Access to Medicines. New York: UN; September 2016. <http://www.unsgaccessmeds.org/final-report>.

¹⁹ Lenderking HL, Robinson S, and Carlson G. Climate change and food security in Caribbean small island developing states: challenges and strategies, *Int Journal of Sustainable Dev & World Ecology*. Published online 11 August 2020. <https://doi.org/10.1080/13504509.2020.180447>.

²⁰ Food and Agricultural Organization (FAO). State of food insecurity in the CARICOM Caribbean—Meeting the 2015 hunger target: taking stock of uneven progress. Bridgetown: FAO; 2015. <http://www.fao.org/3/a-i5131e.pdf>.

fast-food restaurants are ubiquitous.^{21, 22} In February 2020, CARICOM announced its commitment to reduce the region's food import bill by at least 25% over the next five years, and the development of a [CARICOM COVID-19 Response Agri-Food Plan](#).

16. The trade and health intersections evident in FNS emphasise the importance of the involvement of health officials in trade negotiations that affect health, so as to avoid agreements that may favour trade, but which have a deleterious effect on health. Also of critical importance is civil society's high-level and grassroots advocacy for healthy public policy across sectors, and its participation in efforts to counter Industry interference. Successful advocacy by the Jamaica Coalition for Tobacco Control²³ and the recent decision of the WTO to uphold Australia's right to apply plain packaging on tobacco products²⁴ are reminders of the principle that trade need not trump health, reinforced by experiences in SIDS in other regions.⁵

17. Experience with the implementation of the FCTC has demonstrated the value of binding agreements and guidance to countries on their implementation, and stakeholders have raised the possibility of such an agreement related to FNS. Strengthened multisectoral action and enhanced use of policy and fiscal measures are urgently needed to address NCDs in the Caribbean, with greater analysis of the trade-health nexus to more effectively address the commercial determinants of health, and issues such as FNS.

RESEARCH AND DEVELOPMENT PRIORITIES AND QUESTIONS

18. All stakeholders—government, civil society, and the private sector—are crucial for NCD prevention and control, and the overall premise of the PP is that the R&D priorities identified will build on regional and national efforts already made, or in train, and address gaps, with an enhanced role for CSOs.

- *Government* legislation and regulations are critical, as Industry self-regulation and public-private partnerships cannot be relied on to reduce relevant risk factors; public regulation and market intervention are the only evidence-based mechanisms to prevent harm caused by the unhealthy commodity industries.²⁵
- *Civil society's* advocacy and "watchdog" roles are crucial, as is its contribution to policy development, exemplified by [HCC's childhood obesity prevention \(COP\) programme](#).

²¹ Ewing-Chow D. The globalization of fast food: public health and why we should have an eye on Jamaica. Article in Forbes, April 18, 2019.

<https://www.forbes.com/sites/daphneewingchow/2019/04/18/the-globalisation-of-fast-food-public-health-and-why-we-should-have-our-eye-on-jamaica/#120af95d5351>.

²² Rogers M. Caribbean fast food: where to stop for food on the go. Article in USA Today, April 13, 2016. <https://www.usatoday.com/story/travel/experience/caribbean/2016/04/12/caribbean-fast-food-island-options/82911522/>.

²³ Healthy Caribbean Coalition (HCC). Civil society-led tobacco control advocacy in the Caribbean: experiences from the Jamaica Coalition for Tobacco Control. HCC: Bridgetown; 2016. <http://www.healthycaribbean.org/wp-content/uploads/2016/12/Civil-Society-Led-Tobacco-Control-Advocacy-in-the-Caribbean-Dec-2016.pdf>.

²⁴ <https://www.who.int/fctc/mediacentre/press-release/wto-landmark-legal-victory-tobacco-plain-packaging/en/>.

²⁵ Moodie R, Stuckler D, Monteiro C, et al. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. Lancet 2013. Published online February 12, 2013. [http://dx.doi.org/10.1016/S0140-6736\(12\)62089-3](http://dx.doi.org/10.1016/S0140-6736(12)62089-3).

- *The private sector*—specifically *healthy commodity industries*—can be an exemplar, with the [creation of shared values](#) that demonstrate the [social impact business model](#). The *unhealthy commodity industries* need to observe legislation, regulations, and other measures for health, catalysed by government incentives and sanctions.

19. The World Bank's concept of *problem-driven political economy analysis* (PEA)²⁶ offers an approach to R&D that enables trade and investment agreements to positively impact NCDs, and suggests three steps:

- 1) Identify a specific development challenge, often where technical analysis and engagement on their own have failed to gain operational traction;
- 2) Analyse why the observed dysfunctional patterns are present—that is, the political economy drivers, including structural factors that influence stakeholder positions, existing institutions, and stakeholder interests, constellations, and power; and
- 3) Identify ways forward, including how to initiate change, pinpointing potential entry points and ways to engage, as well as risks and unintended consequences.

20. The **six main research questions** proposed for inclusion in the PETRA R&D priorities framework are:

- 1) How can PEA facilitate effective and sustained multisectoral, HiAP, WoG, WoS approaches to NCD prevention and control in the Caribbean? What elements of the political economy should public health advocates focus on, especially with regard to trade and NCD reduction?
- 2) How can PEA enable the implementation of the WHO BBs and ORIs, adapted to suit Caribbean realities?
- 3) How can Caribbean governments, civil society, and private sector collaborate to ensure that international and regional trade and investment agreements serve public health, observing and taking advantage of allowed exceptions? What are the enabling and obstructing factors?
- 4) What factors are essential for greater collaboration between the CARICOM Council for Health and Social Development (COHSOD) and the Council for Trade and Economic Development (COTED) to ensure that trade and investment negotiations and agreements always consider health impacts, and include mechanisms to mitigate health threats, especially to persons in conditions of vulnerability?
- 5) What are the critical links among climate change, trade and production patterns, and FNS in Caribbean SIDS, to enable the development and implementation of climate adaptation policies and plans that enable integrated, rights-, and equity-based responses?
- 6) How has the COVID-19 pandemic affected multilateral and bilateral trade and investment agreements that impact health? What policy changes may be required for Caribbean SIDS to improve their resilience to emerging health challenges such as the COVID-19 and NCDs syndemic, within the framework of these agreements?

²⁶ Fritz V and Levy B. Problem-driven political economy in action: overview and synthesis of the case studies. In: Fritz V, Levy B, and Ort R (Eds.). Problem-driven political economy analysis: the World Bank's experience. Washington, D.C.: The World Bank; 2014.
<https://openknowledge.worldbank.org/bitstream/handle/10986/16389/9781464801211.pdf?sequence=1&isAllowed=y>.

21. **Supplementary research questions** include:

- Are policymakers across ministries aware of health-supporting exceptions embedded in trade and investment agreements, and their implications? How best can policymakers' awareness and capacity to act be improved?
- How can the role and functioning of CSOs and multisectoral National NCD Commissions in the Caribbean be strengthened to mitigate the negative impact of trade and investment agreements on NCD reduction?
- How can the private sector be persuaded to contribute to NCD reduction for mutual benefit, using FNS as a priority issue? What are the win-win strategies? How can Industry interference be effectively countered, given the close-knit societies and economic vulnerabilities of Caribbean countries?
- Why is it often cheaper and easier to import "junk food" into Caribbean countries than to access healthy local foods? How best can government and civil society collaborate to develop policies that offer healthier, affordable options to consumers, with the support of healthy commodity industries?
- What types of messages, and for whom, are needed to improve relevant knowledge, awareness, and—crucially—behaviour?
- How can the public be engaged in strategies to ensure that trade and investment agreements promote and support NCD reduction and improve health?

CONCLUSION

22. Caribbean countries are at a disadvantage in the globalised environment. It is critical that they take a strategic, multisectoral approach to addressing their burden of NCDs, integrating appropriate, evidence-based responses with other issues such as the climate crisis and the COVID-19 pandemic. Research and development on the formulation and implementation of effective, integrated, multisectoral, health-in-all policies, whole-of-government, whole-of-society approaches to NCD prevention and control will contribute significantly to national and regional sustainable development.