Regional and International Policy
Responses and Lessons Learnt
John Kirton
Presentation to the POSDEVAL Workshop,
Port of Spain, February 24-25, 2016

This presentation focuses on international institutions and does so in two ways – first, how they helped CARICOM members implement their Port of Spain Summit (POSS) commitments, and second, how POSS in turn shaped the global governance of non-communicable diseases (NCDs) at the UN. It argues, first, that international institutions importantly helped CARICOM members implement their POSS commitments, although more action is needed on nutrition and even on the successful Caribbean Wellness Day (CWD). It argues, second, that POSS significantly catalysed the 2011 United Nations High Level Meeting on Non-communicable Diseases (UNHLM), but POSS influence then faded and implementation of the UN commitments was slow. Thus, new impetus from the Caribbean is now needed, especially through regular CARICOM summit review of its POSS and UN commitments, stronger multisectoral synergies and raising revenue in support.

1. International Institutional Assistance in POSS Implementation

First, how much and how did international institutions help CARICOM members implement their POSS commitments and which institutions helped the most? In short, the institutions played a central part, directly and indirectly, in leading and supporting members, with the Pan American Health Organization (PAHO), the Healthy Caribbean Coalition (HCC) and later the Caribbean Public Health Agency (CARPHA) standing out. But others must now act to finish the job.

Methods and Evidence. These key findings emerge from a) an overall analysis of whether specific POSS commitments had higher implementation when international institutions were involved and their indicator was specific; b) an assessment of the strengths, weaknesses and opportunities of institutional involvement; and c) detailed case studies of seven Caribbean institutions, PAHO and the experience of CWD.

Relevant Institutions. These analyses first show that international institutions were available to assist POSS implementation. Of the 27 commitments made at POSS, six identified and two implied specific international institutions (both within and outside the Caribbean) to assist implementation. Several other international institutions had internal mandates to assist and many more were informally involved.
**Institutional Assistance.** These international institutions did help increase implementation. Greater institutional involvement in implementing a commitment led strongly to its higher implementation. Specifically, among the 26 indicators of POSS implementation, 15 were top implementing performers by 2014 and 12 (80%) of them had assistance from regional organizations, mostly PAHO.

**Specificity.** Specificity also helped. Indicators suggesting specific actions (such as CWD and the Global School Health Survey) had higher implementation, especially when, in a winning combination, they had higher institutional assistance too. The majority of high-performing indicators had specific roadmaps, models or blueprints, such as the Framework Convention on Tobacco Control (FCTC) backed by the World Health Organization, CWD supported by PAHO and CARICOM, and risk factor surveys supported by CARPHA and the US Centers for Disease Control and Prevention. The bottom 10 performing indicators lacked both institutional assistance and specificity, notably those involving programs for communications, schools and nutrition.

**Nutrition.** Above all, there has been little progress on the three indicators directly related to improving the macro determinants of nutrition. This is linked to relatively low levels of national food production, a reliance on food imports and the influence of economic and social globalization, including the region-wide activities of transnational food and beverage firms. Stronger regional cooperation is required, particularly among CARICOM bodies, including the Office of Trade Negotiations (OTN), Caribbean Regional Organisation for Standards and Quality (CROSQ) and CARICOM’s Council for Trade and Economic Development (COTED). Some also note weakening support for nutrition after the Caribbean Food and Nutrition Institute (CFNI) was subsumed into CARPHA.

**Caribbean Wellness Day.** CWD has been one of the most successfully implemented POSS indicators, due in large part to its institutional support from the HCC, nongovernmental organizations (NGOs) and the private sector. It has been observed in 19 of 20 CARICOM countries, with more than half celebrating it every year. Thanks to the HCC, civil society and, at times, the private sector have been successfully involved, fostering an all-of-society response to NCDs. Strengthening this success now needs four steps: CWD focal points’ access to an annually updated tool kit to guide their activities; a survey of CWD’s impact on the general public, to help take the wellness message to previously unreached groups; a formal framework for monitoring and evaluating CWD’s efficacy; and greater regionally facilitated collaboration and improved networking between member states.
2. POSS Influence on UN NCD Governance

Looking upward from the Caribbean to the world as a whole, we now ask how POSS shaped the global governance of NCDs at the UN. In short, POSS significantly catalysed and crafted the 2011 UNHLM, but POSS influence then faded and implementation of the UN commitments was slow.

More specifically, POSS importantly spurred the holding and shaped the agenda of the UNHLM. This was due to the long-term regional-to-global ambition of those promoting the summit, supportive Caribbean leaders, financial support from outside the region for POSS and its implementation and skilled diplomacy toward and at the UN, including WHO and civil society in support. As a result, the UN outcome document began with a tribute to POSS. And 16 of the 27 POSS commitments were reflected in at least one of the 205 UN commitments. However, compliance with the UN commitments was low and slow, in part because the tobacco and alcohol industries protected their interests, trade dominated health, and there were no additional resources and robust monitoring mechanisms for implementation.

Methods and Evidence. These conclusions arise a) from the published literature, official documentation and ongoing interviews on the process of producing POSS, the UNHLM and its aftermath; b) by applying the University of Toronto’s G7 Research Group framework on summit performance to match the commitments of POSS, the 2011 UNHLM and the 2014 UNHLM Review; and c) by using it to assess the compliance of western hemisphere members with selected commitments made in 2011.

Producing POSS. The process of producing POSS began with the 2001 CARICOM Nassau Summit declaration — “The health of the region is the wealth of the region” — and its call for a task force “to propel health to the centre of the development process.” The task force, called the Caribbean Commission on Health and Development (CCHD), was chaired by Sir George Alleyne and composed of public health professionals, economists, and representatives of key regional organizations. It told CARICOM cabinets and then many others that NCDs and obesity represented one of the three major health problems in the Caribbean. Lobbying for a regional NCD meeting based on a multisectoral approach then began.

The POSS Product. POSS was the world’s first summit dedicated to NCDs. It was held on September 15, 2007, hosted by Trinidad & Tobago, chaired by Barbadian prime minister and CARICOM chair Owen Arthur, and attended by heads or senior officials from all CARICOM countries. Focused on prevention, it made commitments to curtail smoking, improve physical activity, nutrition
and healthy diets, scale up preventive treatment and education and, innovatively, declare the second Saturday in September as CWD. Alcohol was largely absent, and the one commitment containing it referred to using tax revenues from drink sales to fund NCD programmes and national NCD commissions. Remember, as our workshop proceeds — the leaders of all CARICOM members already promised to do this long ago.

From POSS to the UN
After POSS, CARICOM leaders knew their regional approach should be replicated at the global level. Considerable lobbying was needed to have the UN Secretary-General see the opportunity and support a leaders-level meeting on NCDs. The process involved three parallel streams:

1) the political process initiated by leaders at CARICOM to bring WHO on board;
2) the technical process to have key players understand NCDs and their importance; and
3) the strategic planning process about what the UNHLM would do.

Success was due to five key factors:

1) NCD pioneers having a long-term, regional-to-global ambition,
2) supportive national leaders,
3) supportive plurilateral summits, notably the 2009 Commonwealth Heads of Government Meeting in Port of Spain, attended by 12 CARICOM leaders, and issuing a call for a UN General Assembly Summit on NCDs to be held in September 2011,
4) a vibrant civil society, and
5) a strong evidence and educational base to persuade leaders to act.

From UNHLM 2011 to the SDG Summit 2015
The UNHLM in September 2011 was attended by 33 country leaders and produced 205 commitments. Three years later, in 2014, a UNHLM Review made 105 commitments. The following year, in September 2015, a well-attended UN summit on the 2030 Agenda for Sustainable Development — which launched the Sustainable Development Goals (SDGs) — set a target on NCDs for the first time.

POSS Impact on the UN by 2011
POSS substantially shaped the outcome of the 2011 UNHLM, as follows:
1) **Preambular Praise.** The political declaration of the UNHLM opened by thanking various regional initiatives, starting with the POSS Declaration titled “Uniting to stop the epidemic of chronic non-communicable diseases.”

2) **Majority Commitment Match.** Over half (56%) of the UNHLM commitments matched at least POSS one. Reciprocally, 59% of the POSS commitments were reflected at least once in the UNHLM ones.

3) **Frequent Commitment Match.** Four POSS commitments matched many UN ones: strengthening the regional response to NCDs, screening and managing NCD risk factors, increasing physical activity, and research and surveillance for risk factors. Four matched some, seven few and 11 none.

**CARICOM Compliance with UNHLM Commitments**

Preliminary results suggest POSS may have kick-started CARICOM members’ compliance with their matched UN commitments in the first year after the summit (although more work is needed to support a confident claim).

- The first UNHLM 2011 commitment assessed for compliance (2011-68), on accelerating implementation of the FCTC, substantially matched a similar POSS one, had very high first-year compliance among CARICOM members, but less among the other western hemisphere ones.
- The second UN commitment (2011-43), on multisectoral interventions through education, civil society and communities, strongly matched POSS ones, secured 61% first-year compliance among CARICOM members and much less among other hemispheric ones.

**POSS Impact on the UN by 2015**

POSS influence faded after 2012. Only a minority of the 105 commitments made at the Review UNHLM in 2014 had a POSS precursor. And although the SDG Summit included an NCD target for the first time, it was only one of 169 such targets and its few links to the other targets limited the UN’s whole-of-global governance approach.

**Additional Caribbean Contributions to Global NCD Governance**

The Caribbean has also innovatively contributed to global NCD governance in other ways. They include:

1) The **NCD Minimum Data Set**, developed in the Caribbean, piloted in 2006 and now involving PAHO and WHO.
2) **Caribbean Wellness Day and Week**, invented by POSS and now inspiring PAHO and the World Economic Forum’s Wellness Week.
3) **NCD-like commissions**, begun by Bermuda in 2005, followed by Barbados in 2007, mandated by POSS and recommended by WHO for all its members in 2014.

Other Caribbean contributions, on **oceans**, the **environment**, and **small island states**, prove the region can contribute to global NCD governance in a wider, **whole-of-government** way.

**Conclusion and Possible Actions**

Based on these results, six candidates for consideration as immediate initiatives stand out:

1) Regular CARICOM **summit sessions** on NCDs, held at CARICOM Heads of Government meetings every three years and aligned with UN reporting, such as WHO’s 2025 global NCD targets and 2030 SDGs.

2) Interministerial **council meetings**, held perhaps every two years, to review and improve implementation of the various regional and international summits’ commitments.

3) Initiatives to **link the SDG target on NCDs** more directly and synergistically with more of the other ones, now that the critical phase of implementing the SDGs has begun.

4) A single, **streamlined NCD monitoring** mechanism that efficiently meets the needs of all key actors,

5) Continuous comprehensive **compliance assessments** with NCD-related commitments, extended to explore fiscal, economic and other co-benefits.

6) **Raising revenue** through increases in tobacco, alcohol and sugary beverage **taxes**, to help implement these recommendations and other priority Caribbean goals.