



Global Health Diplomacy Program

2007 Port of Spain Summit Compliance: Tobacco and Alcohol Revenue

Alissa Wang, October 25, 2015

This report assesses compliance with the commitment below from the 2007 Port of Spain Declaration based on actions taken by the Caribbean countries between 15 September 2007 and 15 September 2008.

Commitment

2007-9: [we declare] That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions;

Compliance

Member	No compliance	Partial compliance	Full compliance
Anguilla	No references		
Antigua and Barbuda	-1		
Bahamas	-1		
Barbados		0	
Belize		0	
Bermuda		0	
British Virgin Islands	No references		
Cayman Islands	No references		
Dominica		0	
Grenada	-1		
Guyana		0	
Haiti	No references		
Jamaica			+1
Montserrat	No references		
Saint Kitts and Nevis		0	
Saint Lucia		0	
Saint Vincent and the Grenadines		0	
Suriname		0	
Trinidad and Tobago		0	
Turks and Caicos	No references		
Average	-0.14		

Background

On 15 September 2007, the heads of government of the Caribbean Community (CARICOM) attended a summit at Port of Spain, Trinidad and Tobago, focusing on the theme of “Uniting to stop the epidemic of chronic NCDs.” Recognizing that the Caribbean region is one of the worst affected regions by non-communicable diseases (NCDs) in the Americas, the leaders took on the challenge of preventing and controlling the NCDs of heart disease, stroke, diabetes, hypertension, obesity and cancer by addressing the causal risk factors: lack of physical activity, tobacco use, alcohol abuse and unhealthy diets.¹ Commitments from 2007-02 to 2007-08 cover tobacco use.

Heads of government gave full support to pursuing a legislative agenda in line with the World Health Organization’s (WHO) Framework Convention on Tobacco Control (FCTC).² The FCTC is the world’s first global health treaty developed in response to the globalized tobacco epidemic. The convention consists of 38 articles divided into the following sections: objectives and guiding principles; demand side reduction measures; supply side reduction measures; protection of the environment; liability; cooperation and communication; institutional arrangements and financial resources; settlement of disputes; development of the convention; and statutory measures.³

Commitment number 2007-09 aims at preventing NCDs and promoting health by funding health promotion projects and commissions through tobacco and alcohol revenue. According to a WHO paper on tobacco taxation, excise taxes are “an effective tool for generating higher revenues” and that “an increasing number of governments have used tobacco tax increases in order to reduce the health and economic burden of tobacco use.”⁴ In addition, excise taxes have been proven to be the most effective way of reducing consumption. The same logic applies to alcohol taxation. Increasing taxes thus serves the purpose of minimizing risk factors and in turn promoting health. Raising excise taxes on tobacco and alcohol is therefore an effective way of indirectly preventing NCDs and promoting health.

Commitment Features

There are three parts to this commitment:

Part one is the generation of revenue from tobacco and alcohol taxation. As shown by WHO research, there is a link between excise tax and health promotion. Raising excise taxes on tobacco and alcohol indirectly promotes health by lowering general consumption and lowering underage tobacco and alcohol use. Therefore, the first stage to complying with this commitment requires an adequately high excise tax on tobacco and alcohol, or actions that increase tax on tobacco or alcohol. Any action to reduce taxes or any relative reduction in taxes on alcohol or tobacco automatically constitutes a lack of compliance.

In terms of tobacco tax, the FCTC called for the implementation of “tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at

¹ COMMUNIQUE ISSUED AT THE CONCLUSION OF THE REGIONAL SUMMIT OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (CARICOM) ON CHRONIC NON-COMMUNICABLE DISEASES (NCDs), 15 September 2007, Caribbean Community Secretariat. Date accessed: 6 August 2015.

² COMMUNIQUE ISSUED AT THE CONCLUSION OF THE REGIONAL SUMMIT OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (CARICOM) ON CHRONIC NON-COMMUNICABLE DISEASES (NCDs), 15 September 2007, Caribbean Community Secretariat. Date accessed: 6 August 2015.

³ The WHO Framework Convention on Tobacco Control: an overview, WHO.

⁴ The political economy of tobacco taxation, WHO Publications
http://www.who.int/fctc/WHO_FCTC_summary_January2015.pdf?ua=1

⁴ The political economy of tobacco taxation, WHO Publications
http://www.who.int/tobacco/publications/en_tfi_tob_tax_chapter4.pdf

reducing tobacco consumption.”⁵ This is monitored by PAHO, and progress of taxation is divided into five categories (from commitment 2007-08):

- less than 75% of retail price of 20-cigarette pack is tax
- 51–75% of retail price of 20-cigarette pack is tax
- 26–50% of retail price of 20-cigarette pack is tax
- 25% or more of retail price of 20-cigarette pack is tax
- data not reported

In the Americas, the average percentage of price composed of tax is 46%.⁶ Based on this regional average, a percentage higher than 46% counts toward compliance; a percentage lower than 46% but equal or greater to 25% counts toward partial compliance; a percentage lower than 25% shows a lack of compliance. Any reported measures taken to increase taxes also count toward compliance in this part.

Alcohol tax rate is not monitored by any intentional organization as precisely as tobacco tax (because of the FCTC). WHO, under the monitored topic of the Management of Substance Abuse, produced country reports in 2011 (covering the compliance period) on excise taxes on beer, wine and spirits. The existence of excise tax on all three types of alcohol count toward compliance; excise tax in one or more but not all counts toward partial compliance; and no excise tax on all three counts as lack of compliance. A reported increase in alcohol tax also counts toward compliance in this part.

For the first part of the commitment, full compliance with both tobacco and alcohol tax constitutes full compliance. Partial compliance in both or a combination of progress with both tobacco and alcohol tax counts toward partial compliance. Lack of compliance with both taxes count toward an overall lack of compliance.

Part two concerns the work of national health or NCD prevention commissions and the general task of NCD prevention and health promotion. The work of commissions refers to the previous commitment in which members pledged to “strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs.”⁷ In order for alcohol and tobacco revenue to be directed toward the work of these commissions, these commissions must first exist in the country. WHO monitors whether countries have branches or departments within the ministry of health on NCDs, and whether government funding is available to promote and prevent NCDs. This information is published in the WHO country profiles on NCDs. Two sets of reports were published in 2014 and 2011. The 2011 set has been used for this compliance report for data coverage of the years preceding 2011, which comes closest to the compliance period. For this part of the commitment, an indication of the existence of national bodies on NCDs count toward compliance, and a lack of data or an indication of no such bodies count toward a lack of compliance.

Part three links alcohol and tobacco revenue to public health promotion, NCD prevention or the work of national NCD commissions. Compliance depends on compliance in both parts one and two.

⁵ FCTC, WHO Framework on Tobacco Control <http://whqlibdoc.who.int/publications/2003/9241591013.pdf?ua=1>

⁶ PAHO, Bahamas Tobacco Control Report. Date accessed, June 21, 2015.
http://www2.paho.org/hq/dmdocuments/2010/Bahamas_CR.pdf

⁷ COMMUNIQUE ISSUED AT THE CONCLUSION OF THE REGIONAL SUMMIT OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (CARICOM) ON CHRONIC NON-COMMUNICABLE DISEASES (NCDs), 15 September 2007, Caribbean Community Secretariat. Date accessed: 6 August 2015.
http://www.caricom.org/jsp/communications/communiques/chronic_non_communicable_diseases.jsp

Part three can only be assessed if the country has complied with the first two parts. A country that has complied in both parts one and two must also show a direct relation between alcohol and tobacco tax revenues and the work of national bodies on NCDs, health promotion or NCD prevention. This link can be shown through press releases, news, public statements, and so on.

Overall full compliance with this commitment requires the completion of all three parts.

Scoring Rubric

-1	Lack of compliance with part one: the country lowered either tobacco or alcohol tax, or has a reported tax rate lower than regional average AND lack of compliance with part two: the country has no existing national commissions for NCDs or funding available for NCD prevention, treatment, control and health promotion.
0	Compliance or partial compliance with part one: the country raised taxes on tobacco or alcohol during the compliance period or has reported tax rates above regional average and/or has excise taxes on some or all types of alcohol OR compliance with part two: the country has existing national commissions for NCDs and funding available for NCD prevention, treatment, control and health promotion OR compliance with both parts one and two but failure to link alcohol and tobacco tax revenue specifically to the work of NCD commissions or the promotion of public health.
+1	Compliance with part one: the country raised taxes on tobacco or alcohol during the compliance period or has reported tax rates above the regional average AND compliance with part two: the country has existing national commissions for NCDs and funding available for NCD prevention, treatment, control and health promotion AND compliance with part three: there is a direct link established in allocating tobacco and alcohol taxes to the development of national commissions on NCDs or public health in general.

Anguilla

No references.

Antigua and Barbuda: -1

Antigua and Barbuda did not comply its their commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Antigua and Barbuda did not comply with part one of the commitment on alcohol and tobacco tax.

According to the Antigua and Barbuda Tobacco Control Report, as of 2008 the country’s price and tax measures to reduce the demand for tobacco fall under the category of “26–50% of retail price of 20-cigarette pack is tax.” Specifically, the percentage of the price composed of taxes is 31%, which is below the regional average.⁸

⁸ PAHO, Antigua and Barbuda Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/AntiguaandBarbuda_CR.pdf

According to WHO's alcohol and management of substance abuse country reports, Antigua and Barbuda has no available information regarding alcohol policy or the existence of excise tax on alcohol products.⁹

Antigua and Barbuda has no information regarding part two of the commitment.

According to the Antigua and Barbuda Country Report on NCDs, there is no data on whether there is a unit/branch/department in the ministry of health with responsibility for NCDs, funding and topic-specific policy.¹⁰

Thus, Antigua and Barbuda has been assigned a score of -1 for lack of compliance.

Bahamas: -1

The Bahamas did not comply with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

The Bahamas did not comply with part one of the commitment on alcohol and tobacco tax.

According to the Bahamas Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "≤25% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 25%, which is below the region's average.¹¹

According to WHO's alcohol and management of substance abuse country reports, the Bahamas has an excise tax on beer and spirits, but no tax on wines.¹²

On the second part of the commitment, according to the Bahamas Country Report on NCDs, there is no data on whether there is a unit/branch/department in the ministry of health with responsibility for NCDs, funding and topic-specific policy.¹³

Thus, the Bahamas has been assigned a score of -1 for lack of compliance.

Barbados: 0

Barbados partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Barbados fully complied with part one of the commitment on alcohol and tobacco tax.

According to the Barbados Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 49%, which is above the region's average.¹⁴

⁹ Antigua and Barbuda Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/atg.pdf?ua=1

¹⁰ Antigua and Barbuda Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/atg_en.pdf?ua=1

¹¹ PAHO, Bahamas Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/Bahamas_CR.pdf

¹² Bahamas Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/bhs.pdf?ua=1

¹³ Bahamas Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/bhs_en.pdf?ua=1

¹⁴ PAHO, Barbados Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2011/Barbados_CR.pdf

According to WHO's alcohol and management of substance abuse country reports, Barbados has an excise tax on beer, wine and spirits.¹⁵

Barbados fully complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Barbados country report on NCDs, as of 2010 (with data compiled the years preceding 2010) Barbados has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, funding is available for NCD treatment and control, NCD prevention and health promotion, NCD surveillance, monitoring and evaluation, and an integrated or topic-specific policy, program or action plan operational for most NCDs.¹⁶

On part three on directing tax revenue to NCD commissions and health promotion, according to an overview of chronic disease policy in Barbados published on 18 November 2013, the National NCD Commission was established in 2007 to provide a multisectoral approach to NCD prevention and health promotion. Funding for the commission is provided in the budget of the Health Promotion Unit of the Ministry of Health. There is no specific mention of using alcohol and tobacco tax revenues to fund this national commission.¹⁷

Thus, Barbados has been assigned a score of 0 for partial compliance.

Belize: 0

Belize partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Belize did not comply with part one of the commitment on alcohol and tobacco tax.

According to the Belize Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 35%, which is below the region's average.¹⁸

According to the alcohol and management of substance abuse country reports, there is no available information on whether or not Belize has an excise tax on alcohol products.¹⁹

Belize complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Belize country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Belize has a unit/branch/department in the Ministry of Health with responsibility for NCDs.

¹⁵ Barbados Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/brb.pdf?ua=1

¹⁶ Barbados Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/brb_en.pdf?ua=1

¹⁷ Chronic Disease Policy in Barbados: analysis and evaluation of policy initiatives, National NCD Commission Barbados, 18 November 2013.

https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0CEEQFjAGahUKEwiv-emG48HHAhUHXR4KHVzND94&url=http%3A%2F%2Fsitesresources.worldbank.org%2FEXTLACREGTOPHEANUTPOP%2FResources%2FChronic_Disease_Policy_in_Barbados_FINAL_18_NOV_2013.pptx&ei=PRXbVe_mIYe6edyav_AN&usg=AFQjCNFSCumldAihFJoMyQC_iDxATph0JQ&sig2=r67FMOh3RGXigYQEoOP-7w

¹⁸ PAHO, Belize Tobacco Control Report. Date accessed: 21 June 2015.

http://www2.paho.org/hq/dmdocuments/2010/Belize_CR.pdf

¹⁹ Belize Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/blz.pdf?ua=1

Also, funding is available for NCD treatment and control, NCD prevention and health promotion, and NCD surveillance, monitoring and evaluation.²⁰

Thus, Belize has been assigned a score of 0 for partial compliance.

Bermuda: 0

Bermuda partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Bermuda partially complied with part one of the commitment on alcohol and tobacco tax.

In 2008 April, Bermuda implemented the Bermuda Tobacco Control Action Plan to increase tax on cigarettes so that a pack of 20 cigarettes cost \$8.00.²¹ This is above the region's average.²²

Bermuda is not monitored by WHO's global alcohol report for excise tax information on alcohol products. It is also not monitored by WHO's 2010 report on NCDs.

Thus, Bermuda has been assigned a score of 0 for partial compliance.

British Virgin Islands

No references.

Cayman Islands

No references.

Dominica: 0

Dominica complied with part one of the commitment on alcohol and tobacco tax.

According to the Dominica Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 49%, which is above the region's average.²³

According to the WHO's alcohol and management of substance abuse country reports, Dominica has an excise tax on beer, wine and spirits.²⁴

Dominica complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

²⁰ Belize Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/blz_en.pdf?ua=1

²¹ Bermuda Government Portal, Press Release: Ministry of Health Plans Smoking Cessation Programme for Bermuda, 2 October 2008. Date accessed: 21 June 2015. http://webcache.googleusercontent.com/search?q=cache:-i3DZqBsRgJ:www.gov.bm/portal/server.pt/gateway/PTARGS_0_2_13031_267_1750_43/http%253B/ptpublisher.gov.bm%253B7087/publishedcontent/publish/ministry_of_health_and_family_services/ministry_of_health_press_releases/ministry_of_health_plans_smoking_cessation_programme_for_bermuda_0.doc+&cd=1&hl=en&ct=clnk&gl=us

²² Though the exact numbers for base cigarette prices were not given, an \$8.00/20 cigarette carton makes its cigarette prices one of the highest in the region, according to the list of cigarette prices as recorded by the PAHO on countries across the Americas. PAHO, Belize Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/Belize_CR.pdf

²³ PAHO, Dominica Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/Dominica_CR.pdf

²⁴ Dominica Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/dma.pdf?ua=1

According to the Dominica country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Dominica has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, there is funding available for NCD treatment and control, NCD prevention and health promotion.²⁵

There is no information from public sources on a direct link between alcohol and tobacco tax and supporting the work of national commissions, preventing NCDs and promoting health.

Thus, Dominica has been assigned a score of 0 for partial compliance.

Grenada: -1

Grenada did not comply with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Grenada did not comply with part one of the commitment on alcohol and tobacco tax.

According to the Grenada Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 30%, which is below the region's average.²⁶

According to WHO's alcohol and management of substance abuse country reports, Grenada has no available information regarding alcohol policy or the existence of excise tax on alcohol products.²⁷

According to the Grenada Country Report on NCDs, there is no data on whether there is a unit/branch/department in the ministry of health with responsibility for NCDs, funding and topic-specific policy.²⁸

Thus, Grenada has been assigned a score of -1 for lack of compliance.

Guyana: 0

Guyana partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Guyana partially complied with part one of the commitment on alcohol and tobacco tax. There are excise taxes on all types of alcoholic beverages but tobacco tax is below the region's average.

According to the Guyana Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 27%, which is below the region's average.²⁹

²⁵ Dominica Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/dma_en.pdf

²⁶ PAHO, Grenada Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/Grenada_CR.pdf

²⁷ Grenada Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/grd.pdf?ua=1

²⁸ Grenada Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/grd_en.pdf

²⁹ PAHO, Guyana Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/Guyana_CR.pdf

According to WHO's alcohol and management of substance abuse country reports, Guyana has an excise tax on beer, wine and spirits, but no information on tax rates.³⁰

Guyana complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Guyana country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Guyana has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, funding is available for NCD treatment and control, NCD prevention and health promotion and NCD surveillance, monitoring and evaluation.³¹

Thus, Guyana has been assigned a score of 0 for partial compliance.

Haiti

No references.

Jamaica: +1

Jamaica fully complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Jamaica fully complied with part one of the commitment on alcohol and tobacco tax. There are excise taxes on all types of alcoholic beverages but tobacco taxes are below the region's average.

According to the Jamaica Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 45%, which is below the region's average.³²

On 5 June 2008, Jamaica's Health Minister Rudyard Spencer announced that Jamaica will continue to increase taxation on tobacco products.³³

According to WHO's alcohol and management of substance abuse country reports, Jamaica has an excise tax on beer, wine and spirits.³⁴

Jamaica complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Jamaica country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Jamaica has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, there is funding available for NCD treatment and control, NCD prevention and health promotion.³⁵

³⁰ Guyana Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/guy.pdf?ua=1

³¹ Guyana Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/guy_en.pdf

³² PAHO, Jamaica Tobacco Control Report. Date accessed: 21 June 2015.
http://www2.paho.org/hq/dmdocuments/2010/Jamaica_CR.pdf

³³ Tobacco Control Legislation Coming — Minister of Health, Jamaica Government Website, 5 June 2008.
<http://jis.gov.jm/tobacco-control-legislation-coming-minister-of-health/>

³⁴ Jamaica Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/jam.pdf?ua=1

³⁵ Jamaica Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/jam_en.pdf

On 5 June 2008, Spencer announced that Jamaica will establish tobacco control legislation to reflect the FCTC, including banning tobacco advertising, sponsorship, promotion, establishing smoke-free environments, prohibiting the sale of tobacco to minors and continuing to increase tobacco taxation. Spencer also connected tobacco control to spending on chronic diseases. He said that US\$170 million would be spent on chronic diseases. He also pledged that the ministry will maintain health promotion activities to “attain the highest possible level of health care for all Jamaicans.”³⁶ A link thus was made from taxation efforts to efforts for the promotion health and prevention of NCDs.

Thus, Jamaica has been assigned a score of +1 for full compliance.

Montserrat

No references.

Saint Kitts and Nevis: 0

Saint Kitts and Nevis partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Saint Kitts and Nevis did not comply with part one of the commitment on alcohol and tobacco tax.

According to the Saint Lucia Tobacco Control Report, as of 2008 the country’s price and tax measures to reduce the demand for tobacco fall under the category of “26–50% of retail price of 20-cigarette pack is tax.” Specifically, the percentage of the price composed of taxes is 30%, which is below the region’s average.³⁷

According to the alcohol and management of substance abuse country reports, Saint Kitts and Nevis has no available information regarding alcohol policy or the existence of excise tax on alcohol products.³⁸

Saints Kitts and Nevis complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Saint Kitts and Nevis country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Saint Kitts and Nevis has a unit/branch/department in the Ministry of Health with responsibility for NCDs. However, there is no funding available for NCD treatment and control, NCD prevention and health promotion.³⁹

Thus, Saint Kitts and Nevis has been assigned a score of 0 for partial compliance.

Saint Lucia: 0

Saint Lucia partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Saint Lucia did not comply with part one of the commitment on alcohol and tobacco tax.

According to the Saint Lucia Tobacco Control Report, as of 2008 the country’s price and tax measures to reduce the demand for tobacco fall under the category of “≤25% of retail price of 20-

³⁶ Health Promotion Efforts to Continue - Spencer, Jamaica Government Website, 5 June 2008.

<http://jis.gov.jm/health-promotion-efforts-to-continue-spencer/>

³⁷ PAHO, Saint Kitts and Nevis Tobacco Control Report. Date accessed: 21 June 2015.

http://www2.paho.org/hq/dmdocuments/2011/StKittsandNevis_CR.pdf

³⁸ Saint Kitts and Nevis Global Alcohol Report, WHO Management of Substance Abuse, 2011

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/kna.pdf?ua=1

³⁹ Saint Kitts and Nevis Country Report, WHO Non-communicable diseases and mental health

http://www.who.int/nmh/countries/2011/kna_en.pdf

cigarette pack is tax.” Specifically, the percentage of the price composed of taxes is 14%, which is below the region’s average.⁴⁰

According to the alcohol and management of substance abuse country reports, Saint Lucia has no available information regarding alcohol policy or the existence of excise tax on alcohol products.⁴¹

Saint Lucia complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Saint Lucia country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Saint Lucia has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, funding is available for NCD treatment and control, NCD prevention and health promotion.⁴²

Thus, Saint Lucia has been assigned a score of 0 for partial compliance.

Saint Vincent and the Grenadines: 0

Saint Vincent and the Grenadines partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Saint Vincent and the Grenadines partially complied with part one of the commitment on alcohol and tobacco tax. There are excise taxes on all kinds of alcoholic beverages but tobacco tax is below the region’s average.

According to the Saint Vincent and the Grenadines Tobacco Control Report, as of 2008 the country’s price and tax measures to reduce the demand for tobacco fall under the category of “26–50% of retail price of 20-cigarette pack is tax.”⁴³ Specifically, the percentage of the price composed of taxes is 29%, which is below the region’s average.⁴⁴

According to WHO’s alcohol and management of substance abuse country reports, Saint Vincent and the Grenadines has an excise tax on beer, wine and spirits, but no information on tax rates.⁴⁵

According to the Saint Vincent and the Grenadines Country Report on NCDs, there is no data on whether or not there is a unit/branch/department in the ministry of health with responsibility for NCDs, funding and topic-specific policy.⁴⁶

Thus, Saint Vincent and the Grenadines has been assigned a score of 0 for partial compliance.

⁴⁰ PAHO Saint Lucia Tobacco Control Report. Date accessed: 21 June 2015.

http://www2.paho.org/hq/dmdocuments/2011/SaintLucia_CR.pdf

⁴¹ Saint Lucia Global Alcohol Report, WHO Management of Substance Abuse, 2011

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/lca.pdf?ua=1

⁴² Saint Lucia Country Report, WHO Non-communicable diseases and mental health

http://www.who.int/nmh/countries/2011/lca_en.pdf

⁴³ The report indicates “≤25% of retail price of 20-cigarette pack is tax”, but the actual number reported is 29%. PAHO, Saint Vincent and the Grenadines Tobacco Control Report. Date accessed: 21 June 2015.

http://www2.paho.org/hq/dmdocuments/2011/SaintVinandtheGrenadines_CR.pdf

⁴⁴ PAHO, Saint Vincent and the Grenadines Tobacco Control Report. Date accessed: 21 June 2015.

http://www2.paho.org/hq/dmdocuments/2011/SaintVinandtheGrenadines_CR.pdf

⁴⁵ Saint Vincent and the Grenadines Global Alcohol Report, WHO Management of Substance Abuse, 2011

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/vct.pdf?ua=1

⁴⁶ Saint Vincent and the Grenadines, Country Report, WHO Non-communicable diseases and mental health

http://www.who.int/nmh/countries/2011/vct_en.pdf

Suriname: 0

Suriname partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Suriname partially complied with part one of this comment. There are excise taxes on all kinds of alcoholic beverages but tobacco taxes are below the region's average.

According to the Suriname Tobacco Control Report, as of 2008 the country's price and tax measures to reduce the demand for tobacco fall under the category of "26–50% of retail price of 20-cigarette pack is tax." Specifically, the percentage of the price composed of taxes is 42%, which is below the region's average.⁴⁷

According to WHO's alcohol and management of substance abuse country reports, Suriname has an excise tax on beer, wine and spirits.⁴⁸

Suriname complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Suriname country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Suriname has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, there is funding available for NCD treatment and control, NCD prevention and health promotion.⁴⁹

Thus, Suriname has been assigned a score of 0 for partial compliance.

Trinidad and Tobago: 0

Trinidad and Tobago partially complied with its commitment to direct public revenue from tobacco and alcohol to prevent chronic NCDs, promote health and support NCD commissions.

Trinidad and Tobago did not comply with part one of the compliance. Even though there exists an excise tax on all kinds of alcohol, the relative decrease in tobacco taxes during the compliance period counts towards a lack of compliance.

On 29 September 2009, Trinidad and Tobago trade minister Mariano Browne spoke to the press about the country's taxes on alcohol and tobacco. Browne stated that since 2007, even though prices of alcohol and tobacco had risen, the amount of tax stayed the same, signifying a proportional decrease in tax rates. This proportional decrease from 2007 to 2009 created revenue losses for the treasury and helped reduce the relative prices of alcohol and tobacco, leading to more under-aged drinkers and smokers, imposing higher costs on public health.⁵⁰ This showed that from 2007 to 2009, the relative decrease in tax rates on tobacco and alcohol imposed costs on public health, rather than promote health or prevent NCDs. Trinidad and Tobago thus did not comply with its commitment during the compliance period.

⁴⁷ PAHO, Suriname Tobacco Control Report. Date accessed: 21 June 2015.

http://www2.paho.org/hq/dmdocuments/2011/Suriname_CR.pdf

⁴⁸ Suriname Global Alcohol Report, WHO Management of Substance Abuse, 2011

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/sur.pdf?ua=1

⁴⁹ Suriname Country Report, WHO Non-communicable diseases and mental health

http://www.who.int/nmh/countries/2011/sur_en.pdf

⁵⁰ Mariano defends hike in 'sin' taxes, Trinidad and Tobago Newsday, 29 September 2009.

<http://www.newsday.co.tt/politics/0,108186.html>

According to WHO's alcohol and management of substance abuse country reports, Trinidad and Tobago has an excise tax on beer, wine and spirits, but no information on tax rates.⁵¹

Trinidad and Tobago complied part two of this commitment on national NCD commissions, NCD prevention and health promotion.

According to the Trinidad and Tobago country report on NCDs, as of 2010 (with data compiled the years preceding 2010), Trinidad and Tobago has a unit/branch/department in the Ministry of Health with responsibility for NCDs. Also, there is funding available for NCD treatment and control, NCD prevention and health promotion.⁵²

Thus, Trinidad and Tobago has been assigned a score of 0 for partial compliance.

Turks and Caicos

No references.

⁵¹ Trinidad and Tobago Global Alcohol Report, WHO Management of Substance Abuse, 2011
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/2011/tto.pdf?ua=1

⁵² Trinidad and Tobago Country Report, WHO Non-communicable diseases and mental health
http://www.who.int/nmh/countries/2011/tto_en.pdf