

Front-of-Pack Labelling in the Caribbean Community: Power and Policy in Regional Standard Setting

by

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A thesis

presented to the University of Waterloo

in fulfillment of the

thesis requirement for the degree of

Doctor of Philosophy

in

Global Governance

Waterloo, Ontario, Canada, 2022

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Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Statement of Contributions

The research for this thesis was conducted with funding from a Social Sciences and Humanities Research Council of Canada (SSHRC) Doctoral Fellowship, from the Balsillie School of International Affairs (BSIA), and from the International Development Research Centre (IDRC) of Canada.

All work for the dissertation has been my own. A version of Chapter 6 was peer-reviewed and published as sole-author article in early 2022. It was revised for the dissertation. The details for this publication are:

Hinton, L. (2022). Discursive Power: Trade Over Health in CARICOM Food Labelling Policy. *Frontiers in Communication*, 6, 796425. <https://doi.org/10.3389/fcomm.2021.796425>

Abstract

The Caribbean Community (CARICOM) identified FOP labelling as a promising policy tool to slow the region's growing rates of diet-related non-communicable diseases (NCDs). These diseases are associated with the region's high levels of importation of processed and ultra-processed foods. FOP labels aim to curb the sales and consumption of such foods. Despite emanating from directly within CARICOM's regional governance architecture for health and progressing through CARICOM's regional structures for implementing policy, CARICOM failed to adopt a regional and uniform FOP label. This thesis asks why this was the case.

Using a combination of policy document analysis and participant interviews, this thesis examines the role and power of different actor groups in developing the policy and their efforts to implement it. It finds several reasons for CARICOM's failure to adopt a regionally standardized FOP label. First, FOP labelling policy was moved from the realm of public health governance in CARICOM to a regional standard-setting venue to be adopted by individual states. The origins of FOP labelling as a regional public health policy were obscured when it was moved into the regional standard-setting process for implementation. Second, the process of standard setting privileged corporate interests and those with existing knowledge of the process, which meant that industry actors were able to successfully delay, weaken, and circumvent the policy's adoption and implementation. Ultimately, the aim of FOP labelling, as a health policy instrument, is to curb consumption (and therefore sales) of highly processed foods. This goal put it at odds with the commercial interests of most of the corporate actors who were frequent food labelling standards participants at multiple levels of governance.

Because most standard-setting organizations and processes are situated within the international trade regime, where industry actors have more knowledge around the processes, culture, and norms of operating, these actors successfully reframed FOP labelling as anti-trade, ignoring the public health rationale and the policy's origins as part of the regional political agenda. At the same time, public health actors lacked the authority and the power inside the standard-setting venue to ensure the passage of the policy.

The thesis draws lessons from the CARICOM FOP labelling case that can help inform the ways that food systems policies are developed, adopted, and implemented. First, and most importantly, the choice of process matters. Actors who originally had agenda-setting power cannot or do not always maintain authority and power. Second, those with knowledge around the processes, culture and norms of the chosen venue will have a strategic advantage in their approach to resistance. Third, regional governance provides an especially challenging setting for implementing policies that conflict with commercial interests, since more intervention points become more accessible to corporate resistance. The thesis finds that when a food systems policy is contingent on the consensus of actors in different communities, the actors' familiarity with the process and overarching regime can have a major impact on the ways that power is operationalized and ultimately, the success of the policy's adoption and implementation.

Acknowledgements

I owe more gratitude to more people than I could possibly express in this small section of the thesis. First and foremost, I thank the participants who gave their time and knowledge to be a part of this study. To the many that responded to my emails and phone calls with: “Why do you care about *this*?” but answered my questions graciously and carefully, thank you. Many of you helped me to understand the layered ways that the islands of the Caribbean are small, and in keeping with the confidentiality approach in the following pages, I will not name you. But I thank you for your knowledge and your generosity. I hope you see your stories and our conversations on these pages. This work is as much yours as it is mine.

Without my supervisor, Professor Jennifer Clapp, this thesis simply could not have come to fruition. You suggested I embark on a PhD, you helped me take a leap with IDRC, and you guided me through this journey with patience and support. I am in constant awe of all that you do and have learned more than I can say from you. Thank you for your well-timed guidance, your feedback on many drafts, and your uncanny ability to help shape my ramblings into insightful arguments. Since reading *Merchants of Grain* in an undergraduate class you have inspired me to be curious about power in food systems. Thank you.

To both Dr. Andrea Collins and Dr. Sharon Kirkpatrick, thank you for being steadfast in your belief that I could finish this thesis and that the findings were worthwhile and interesting. Your comments helped make the thesis what it is. Dr. Collins’ probing questions helped me to remember the intellectual curiosity I started this project with. Dr. Kirkpatrick helped me to think of ways that others will see this research, and how to make it useful to those health experts I so frequently refer to in the thesis itself. I also appreciated the chance to guest lecture in Dr. Kirkpatrick’s class, weaving together power and health systems for new audiences. Dr. Bruce Frayne, thank you for bringing this full circle for me, having inspired so many of my questions and reminding me of some of the earliest discussions of inequality in international relations. Finally, thank you to Dr. Matias Margulis for offering your time and external eye to the thesis. I have always read and admired your work, and I am so appreciative of your excellent questions and challenges for future work.

To my family at the Centre for Teaching Excellence – thank you. Especially to Dr. Svitlana Taraban-Gordon, Dr. Kristin Brown and the indefatigable Monika Soczewinski: you helped me more than you could know. You helped me find my voice in ways that I didn’t know I needed, and you kept me connected to the University in the strange new world of COVID-19. I am convinced that I would not be where I am today without your constant belief in me, your trust in me, and your positive and constructive feedback. I have learned about teaching from the three of you, but I have learned about so much more as well. To my fellow GEDs and TAWFs at the Centre, thank you for your patience, your collegiality, and your camaraderie.

Without Elise Vist at the University of Waterloo Writing Centre I may have never finished revisions, and my writing would have certainly been more inscrutable. Thank you for your insights, your positive attitude, your support and your Monday morning patience. To Phil Melitic at the Centre for

Career Action: I did not know that I did not know how to write bullet points until an appointment with you. You not only helped improve my writing and vastly improved my understanding of the job market, but you gave me confidence to move on in this journey.

At the International Development Research Centre of Canada, I owe such deep gratitude to the Food, Environment, and Health Team. Thank you to Beth Timmers for bringing me into their orbit. First and foremost, to Zee Leung, thank you for your patience, your shared enthusiasm, and your focus on equity in development work. You helped to connect me to participants, and you helped me stay centered on power in more ways than is obvious in these pages. Thank you. To Greg Hallen and Francine Sinzinkayo, your expertise and your thoughtfulness was always so appreciated. As part of FEH, I felt my curiosity would always be supported and trusted. To Madiha, Natacha, Roberto, Sam and Andre: your thoughtful feedback at early stages helped define the project.

Danya, Oyin, and Shaila helped me to feel at home in Ottawa and will be friends for life. I am so glad to have found you at IDRC, shared meals and giggles with you, and learned from you. Thank you for your brilliant brains, your excellent stories, and your forgiveness for my poor text response times.

At the University of Waterloo and the Balsillie School, I was lucky enough to share this journey with Caitlin Scott, Phoebe Stephens, Amy Janzwood and Sophie Sanniti. I have leaned on all of you, and I thank you so much for being there to be leaned on. I could not have done this without you.

My family has been here for me in so many ways since I began on this journey. Thank you for believing I could do this. To my parents and their partners, thank you for being patient with me and working with my schedules. Thank you for reading early chapter drafts and putting up with deep dives into conversations about the research. My sisters have always been a part of this journey. I think you both saw this in me far before I saw it in me. Thank you especially for hopping on Zoom calls and doing last minute read-throughs. I love you all.

Finally, my partner Matt has been both instigator and facilitator of this thesis. Without his encouragement I would not have started the PhD, continued the research, and certainly would not have finished the writing. Your belief in my abilities is unshakeable, and for that, I thank you. Our COVID-19 life has not been easy, and your resilience in the wake of a pandemic layoff and a pandemic puppy is astounding. Throughout it all you put me and this thesis first, and for that I owe you endless gratitude. You have been a rock and I thank you.

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List of Abbreviations

BSJ	Bureau of Standards Jamaica
BNSI	Barbados National Standards Institute
CARICOM	Caribbean Community
CARPHA	CARICOM Public Health Agency
CROSQ	CARICOM Regional Organisation for Standards and Quality
FAO	Food and Agriculture Organization
FOP	Front-of-Pack
GATT	General Agreement on Tariffs and Trade
HCC	Healthy Caribbean Coalition
IEC	International Electrotechnical Commission
IMF	International Monetary Fund
ISO	International Organisation for Standardization
NCD	Non-Communicable Disease
NSB	National Standards Bureau
PAHO	Pan-American Health Organization
RTC	Regional Technical Committee
RMC	Regional Management Committee
SAP	Structural Adjustment Programme
TBT	Technical Barriers to Trade
VCSS	Voluntary Consensus Standard Setting
WHO	World Health Organization
WTO	World Trade Organization

Chapter 1

Introduction

In recent years, governments around the world have been implementing new forms of food labelling in response to the diverse malnutrition issues in today's global food system (HLPE, 2017). Front-of-Package labels (FOP) are one of several policy approaches that governments have used in to drive healthier food choices at the population-level (WCRF, 2019). Healthier food consumption is a key public health goal, since unhealthy diets are major drivers of non-communicable diseases (NCDs), including heart disease, diabetes, and some cancers (PAHO, 2019a). In the Caribbean, NCDs are the leading cause of death (CARPHA, 2021), compelling policy action to improve diets in the region.

In the last two decades, the Caribbean Community (CARICOM) made a series of regional political commitments to reduce and prevent NCDs (Samuels et al., 2014). In 2017, the Caribbean Public Health Agency (CARPHA) recommended FOP labelling as a concrete policy action to improve consumer food choices with the intention of reducing and preventing NCDs in the region (CARPHA, 2017). This thesis examines the journey that this public health and food systems policy made through the stages of the policy cycle, where CARICOM attempted, but failed, to adopt a regionally standardized FOP label after it was recommended by CARICOM's own public health organization.

Public policies that shape consumer food choices can be extremely challenging and controversial to create and implement. Public health advocates sometimes call for policy measures like strict regulation, taxing, or even banning high-risk foods, which critics see as major government overreach (Wirtz, 2019). Where neoliberal paradigms encourage low government intervention, policies like FOP labelling are seen by some as limiting both consumer choice and free market enterprise. As a result, food systems policies and their negotiations can become highly politicized, often pitting one set of stakeholders against another (Duncan, 2015; McKeon, 2014). The case examined in this thesis was similarly fraught, and it pays close attention to the tensions between different communities of stakeholders, their experiences of the process and their competing strategies that aimed to achieve their preferences.

When CARICOM began moving towards implementing a FOP label, it delegated the task to the CARICOM Regional Organisation for Standards and Quality (CROSQ), a regional organization with

existing capacity and experience in facilitating regionally standardized food labels. This decision was made for several reasons. First, since CARICOM, a regional inter-governmental organization, has no supranational health organization that can impose health policy across the region, implementing FOP labels through a public health governance architecture was simply not possible at the regional level. Second, the regional standard-setting process has frequently facilitated interactions between member states at the national and regional level since 2002. CROSQ was, therefore, experienced in navigating the tensions between different member-state interests. Finally, since food labelling is already managed through international standard-setting processes, both the regional and national standard-setting bodies in CARICOM already had experience with approaches to standardized food labelling. That familiarity meant that both public actors facilitating the process, and private actors active in it, already had a good sense of the landscape of food labels in standard setting. Choosing to implement FOP labels through the regional standard setting process, and CROSQ's facilitation of it, was reasonable, bureaucratic, and largely uncontroversial at the time.

However, despite CROSQ's dual expertise in food labelling and experience facilitating regional adoption of standards, CARICOM failed to adopt the desired FOP labels through this process.¹ When FOP labels were delegated into the regional standard-setting process, they were inserted into an existing standard² rather than being implemented as a standalone regional public policy. FOP labels had been developed by public health experts in regional public governance spaces as a regional public health policy recommendation. But the origins of the FOP labels as a regionally endorsed public health policy were largely obscured when the policy was shifted into standard setting. Instead, industry actors, reframed FOP labelling as a trade issue.

Based on interviews with participants during the standard-setting process, and document analysis of the agenda-setting and formulation phases of the policy, this thesis tells a story of multiple opposing tensions: tensions between public health and commercial food actors, tensions between national and regional governance, and tensions between policymaking and standard setting. While

¹ While there is still potential that FOP labels could be adopted by individual member-states, CARICOM has not approved the regional standard, and no individual country has moved to adopt FOP labels outside of the process. As of May 2022, the process was in the same stalled position as when fieldwork ended in 2019 (personal communication with committee participant, May 7, 2022).

² FOP labelling was included in CARICOM Regional Draft Standard (CRS) 5: Pre-Packaged Food Labelling. CRS 5 is discussed in more detail in later chapters.

standard setting can be used for policymaking, this case showed that the two processes can prioritize different interests that can conflict. In this study, where the priorities of the dominant actor groups of each process were opposed, the actors with the most intimate knowledge of the process ultimately prevailed in influencing it. Deep knowledge of standard-setting processes and norms meant that private actors from industry could strategically exert power since the process was already dominated and had been shaped by corporate interests. Theoretically, this thesis engages with debates around public and private governance – debates over how venues for decision-making are chosen, debates over who has legitimate authority to shape these decisions, and debates over how different actors exert power to achieve their preferences.

Debates around who makes decisions in food governance, and their legitimacy to do so, have been increasing. The recent United Nations (UN) Food Systems Summit in September 2021, intended to drive action on food systems transformation, was heavily criticized for being co-opted by corporate interests (Canfield et al., 2021; Clapp et al., 2021). Indeed, as multistakeholder approaches to food governance are becoming more common (Brouwer et al., 2016; Duncan, 2015), the Food Systems Summit was not only “strategically silent” on corporate power, it also gave corporations prominent seats at the table (Clapp et al., 2021). Who makes decisions around the direction of future food systems is also becoming even more urgent: food systems are now responsible for between 21-37% of annual greenhouse gas emissions (IPCC, 2020), up to 811 million people went hungry in 2020 (FAO et al., 2021), and yet diet-related diseases associated with ‘overnutrition’ such as heart disease and diabetes now account for 71% of deaths worldwide (FAO, 2020). Food systems transformation is both urgent and necessary, making it more relevant than ever to examine how food systems policies are made and who influences them in the process. “Private Sector Priorities” were provided an exclusive platform at the UN Food Systems Summit (Clapp et al., 2021), and yet research demonstrates these actors are often less invested in the transformational change required and more invested in maintaining existing business models (Nestle, 2007). This thesis explores how private sector interests – those of food manufacturers, exporters, and importers – were able to halt a public health policy that could have changed the existing food environment in the Caribbean.

Concerns around influence in public health and food systems governance cut across academic disciplines. Scholars in public health and governance have long paid attention to conflicts of interest in health policy making, suggesting that governance should be kept at an arm’s length from any industry influence (George, 2018; Mialon, 2016). Researchers have even pointed to the role of

corporations in trying to shape international criteria for FOP labels to suit their own interests over those of public health concern (Thow et al., 2019). Public health governance researchers also use concepts common in political science and international political economy, applying power as an analytical concept to illustrate the undue influence they find in nutrition policymaking and public health more generally (Baker et al., 2017; Friel, 2020; Milsom et al., 2020; Moon, 2019; Nisbett et al., 2022).

Though public health governance research does not frequently address the role of standard setting around food (Thow et al., 2019 is a major exception), international political economy (IPE) scholarship has a long history of characterizing the many different and overlapping types of rule-making processes in governance. Some scholars have described standard setting as situations of private authority (Cutler, 1999; Green, 2013; R. B. Hall & Biersteker, 2002) – usually spaces where private actors, such as firms or non-governmental organizations (NGOs), have developed self-regulating regimes to suit their needs and interests (Cashore, 2002a; Grabs et al., 2020; Vogel, 2008a). This type of private regulation often coincides with a type of labelling, third party certification and labelling schemes, like those by the Forest Stewardship Council, “bird friendly” or fair-trade coffee, or Marine Stewardship Council (Cashore, 2002b; Grabs et al., 2020). Certifications can range from being developed directly by non-government organizations (NGOs) or public bodies, in tandem with companies, or even directly by companies on their own (Auld, 2014; Cashore, 2019).

In contrast, standard setting can also have a more public veneer, such as when standards are formulated by committees of national delegations in international processes (Codex, 2020; ISO, n.d.-a; C. N. Murphy & Yates, 2009) – though these national delegations are not limited to “public” actors and also often include relevant private actors.³ In standard setting, scholars who work on food labelling standards are especially concerned with finding a balance of corporate influence, precautionary approaches to health, consumer protection, and harmonizing for trade (Albert, 2010; Bartlett & Friedmann, 2017; Randall, 2010; Smythe, 2009). Clapp (1998) contends that these standard-setting spaces are hybrid public-private regimes, and are particularly worth examining since private actors can be involved in setting rules that then carry weight in public governance bodies, and therefore raising questions of political legitimacy in governance.

³ See Section 3.2.1. for a discussion on the make-up of national delegations at the 2019 Codex meeting on Food Labelling.

Overall, the analysis in this thesis speaks to these debates on legitimacy in rulemaking and governance processes, the role of public and private interests, and how processes are chosen and used for policymaking and governance. Through a case study approach, the thesis empirically investigates the mechanics of power and influence inside the regional standard-setting process, as it was used for a food systems policy in the Caribbean, while also drawing attention to the underlying structural and governance factors that led to the choice of standard setting for public health policy adoption in the first place.

1.1 Research Motivation

In line with decolonizing and feminist methodologies around community-driven research (Hesse-Biber, 2013; Leavy & Harris, 2019; Smith, 2021; C. Taylor et al., 2020), the idea for this study arose out of collaboration with health policymakers in CARICOM. During my research fellowship at the International Development Research Centre (IDRC) of Canada, health experts in CARICOM registered their interest in a research project that would help track (and keep governments accountable to) the region's progress in implementing FOP labels. It quickly became clear, however, that the actual implementation of FOP labels was much further away than health advocates hoped. We concluded that an illustration of the standard-setting process in the region, as it fit into the wider efforts of policymaking and implementation, would be a useful tool. Since the standard-setting process proved incredibly inaccessible to those not already involved in it, any depiction of the rules and implications of using standard setting for public health policy were expected to improve consultation in these situations in the future. As such, I aimed to conduct a study that would encompass both an illustration of the mechanics of standard setting for policy implementation and the potential barriers to FOP labelling implementation through the use of this process.

During my fieldwork, it became clear that this project could contribute significantly to scholarship in IPE as well. Standard setting is deeply embedded in the rules of the international trade regime, and while research in IPE has long pointed to the role of standard setting in creating ceilings for progressive domestic policies (Clapp, 1998), it seemed that leaders in the Caribbean were trying to do something entirely different. In CARICOM, the proposed FOP labels could actually push the international ceiling for progressive labelling standards up (whether leaders were consciously aware of this implication or not). CARICOM was trying to adopt a very strict FOP label, adapted from Chile's successful version of this type of policy. But CARICOM was using standard setting to ensure

it would be viable on a regional scale, whereas Chile had adopted the labels through a national legislative process, alongside a suite of other food environment policy measures. Furthermore, if a CARICOM standard were considered an ‘international standard,’ there is some potential that this could impact international food labelling processes in important ways (see Chapter 8 for more details).

Since the political context of regional and national tensions in CARICOM was very different from that of Chile, the environment further complicated notions of public and private authority in rulemaking for the public good. The case therefore presented an exciting opportunity to contribute to IPE by examining how standard setting was used in a regional governance environment for a food systems and public health policy.

1.2 Research Puzzle:

CARICOM’s food environment is dominated by cheap, often imported, and processed foods (FAO, 2015). Overconsumption of these food products, linked to diet-related NCDs such as heart disease and diabetes, is a major public health concern in CARICOM (CARPHA, 2017). Recommended as a response to these concerns by CARICOM’s Public Health Agency (CARPHA), FOP labelling schemes use an informative approach to nudge consumers into making healthier food choices (Scrinis & Parker, 2016), and, logically, away from less healthy food choices. Yet, despite its origins as a CARICOM regional public health and food systems policy developed from inside the CARICOM governance architecture, FOP labelling policy in CARICOM has stalled to the point of failure (Chung, 2021). Throughout the thesis, I refer to FOP labelling as a public health policy, and it is therefore useful to briefly review how FOP labelling, CARICOM’s regional public governance architecture, and regional standard setting work together.


While different versions of policy processes exist, in recent years, many policy scholars have used to the cycle outlined by Howlett and Ramesh (2003). This iterative cycle (usually depicted as a circle) is posited as five stages, beginning with agenda-setting, policy formulation, and decision making, followed by policy implementation, and ending with policy evaluation,⁴ before the cycle repeats

⁴ Since FOP labels failed to be adopted in CARICOM, the policy has not been implemented and not evaluated. As such, this study does not examine the evaluation stage of the cycle.

(Howlett & Ramesh, 2003). In the case examined here, agenda-setting is relatively clear: public health advocates and experts succeeded in putting NCDs on the regional agenda, helping to set these priorities for policymaking. Then, the Caribbean Public Health Agency recommended concrete policies, including FOP labels. At this point, the case diverges from the idealized version of a policy cycle. Standard setting is an iterative process that facilitates interactions between regional and national. The standard-setting process is embedded in the international trade regime and subject to international trade rules, which shifts the operating norms and accepted authority considerably. Paradoxically, many of the food corporations that make the types of unhealthy food products regulated by FOP labels, are common participants in standard-setting processes.



The formulation,⁵ decision making, and implementation stages are therefore bound up in the tensions of regional- and state-level governance. When FOP labelling was transferred into standard setting, public health advocates perceived that FOP labelling was at the implementation stage. In Figure 1, the transfer is represented in the formulation stage since it was still susceptible to changes in format. The reality, however, was that the transfer of FOP labels into standard setting should be considered somewhere between the formulation stage and extended time in the decision-making stage,⁶ where extensive interactions between the national and regional levels complicate this phase. See Figure 1 for an outline of the process. While normally depicted as a circle, here I have outlined the cycle in a linear way, highlighting only those stages that this thesis examines.

Figure 1: Regional Standard Setting in the Policy Cycle of FOP Labelling

	Regional-level Actions
Agenda-Setting	Public health experts are successful at putting NCD prevention on the regional political agenda.
	

⁵ Formulation is also more complicated when considering standard setting as part of policymaking in the region. There are opportunities for states to adapt standards both before and after the standard itself has been finalized. See Chapter 6 for a fuller treatment of committee discussions on different formulations of FOP labels.

⁶ If standard setting is considered a prolonged decision-making stage in the policy cycle, there is additional complication to since standard setting actually allows for (re)formulation during and after this stage. During the standards process, it is possible for states to request changes to the formulation of a standard. However, even after a Regional Standard has been approved through CARICOM governance structures, states retain the right to legislate using that standard, and/or adapting it in some ways. This is discussed in further detail in Chapter ...

Formulation	Together, CROSQ, PAHO and other relevant actors adapt Chile’s FOP labelling for use in CARICOM.	
<p><i>FOP labelling is attached to CRS 5: Pre-Packaged Food Labelling in the regional standard-setting process</i></p> 		
	Regional-Level Actions	National-Level Actions
Decision-Making 	1) CROSQ adds FOP labels to standard and sends standard to National Committees for comment. 3) CROSQ facilitates a regional-level committee that considers national comments. Standard is then returned to national committees for final review. 5) Once approved by national committees, CROSQ submits standard to CARICOM ⁷ for approval.	2) National committees discuss standard (with FOP labels) and submit comments back to CROSQ. 4) National committees have a final opportunity to review the standard. ADOPTION 6) Once approved by CARICOM, member-states are expected – but do not always – adopt the standard through legislative means.
Implementation		Individual firms comply with the labelling standard, and enforcement through inspection and testing takes place.

It is useful here to place the study in context of the policy cycle. While public health actors may have expected implementation to quickly follow FOP labelling’s entry into standard setting, throughout the thesis I refer to the failure to *adopt* FOP labels. Once it became part of standard, FOP labelling could not be implemented until it was adopted as a standard, both at the regional and then national levels. So, while “adoption” does not fall specifically inside the traditional policy cycle (Howlett, 2013), I see adoption as the final hurdle in standard setting – or the final hurdle in the decision making stage – before implementation. Whereas significant research has examined the role of corporate actors influencing public health policy efforts, this study looks at situation where the policy was instead transferred into a process that was dominated by empowered corporate actors.

⁷ The Council for Trade and Economic Development (COTED) is the body at the CARICOM level that officially approves of standards once they are recommended by CROSQ.

1.3 Research Objectives

The three objectives that guided this research project are listed below with a short examination of the literatures to which they will speak. While the objectives themselves are overlapping and mutually reinforcing, they are also deeply connected to the research questions outlined in the next section. This research deals with fundamentally messy concepts, such as power and authority, and the lines between public and private governance. As such, the research questions and objectives are intimately connected. See the Table in Section 1.4. for an attempt to delineate the connections between the objectives, questions, and underlying conceptual framework. I now turn to the research objectives:

- 1) Examine food policymaking in CARICOM's regional governance architecture.

Given the urgent need for food systems transformation around the world, it is crucial that policymakers understand the policy mechanisms that are available to them. In CARICOM, where NCDs are increasingly problematic and governments have agreed to act, this research seeks to understand how commitments to public health and food systems policies play out in the context of regional and national governance architecture. In Chapter 4 especially, I aim to document the pathway that FOP labelling took from the public health governance architecture in CARICOM, into standard setting, through document collection and the support of existing scholarship from the region. Throughout the rest of the thesis, I aim to unravel the impacts of this transfer.

In line with community interests, my first objective is to contribute to public knowledge on the process of food policymaking at the regional level and to document how standard setting is used for making public health policy in regional-level governance. Scholars in the Caribbean have often tackled aspects of regionalization (Griffin, 2020; K. Hall & Chuck-A-Sang, 2008; Payne, 2008; Robinson, 2020), with special attention paid to political discourse and declarations around sovereignty and regionalization. However, few studies have unpacked the pathways that CARICOM has available for regional policymaking, especially food policymaking, and the power that operates in those pathways. Standard setting, like other forms of trade governance (Hannah et al., 2016), is largely inaccessible to outsiders, leading to this sense of a 'black box' for those who are new to it. In summary, the first objective of the thesis is to examine how actors in the regional and national governance architecture in CARICOM pursued a public health and food systems policy, in the ways that were available to them.

- 2) Explore the way that power is exercised in the regional standard-setting process.

The second objective of the thesis is to explore and illustrate the different ways that power is exercised throughout the process, which primarily occurs in Chapters 5 and 6, using participant interview data. I explore the three overlapping and reinforcing facets of power (structural, instrumental, and discursive) outlined in Clapp and Fuchs's (2009) framework. While the first objective intends to build an understanding of how food policymaking can or does work in CARICOM's regional architecture, and in this second objective, I aim to understand how power is exercised in the process that played out. As attention turns towards food systems transformation, especially through multistakeholder governance contexts (Brouwer et al., 2016), power is increasingly recognized and considered. This thesis joins those analyses of power in food systems governance.

Significant scholarly work has criticized the role of food companies in influencing policymaking related to nutrition and public health at multiple levels (Labonté et al., 2019; Mialon, 2016; Mialon, Gaitan Charry, et al., 2020; Thow et al., 2019). This research considers strategic corporate messaging and arguments as ways that industry influences food systems policies, sometimes explicitly (Labonté, 2019; Mialon, Crosbie, et al., 2020; Mialon et al., 2015) and sometimes implicitly. At the same time, IPE and global governance literature have a longstanding and strong history of analyzing the role of non-state actors to shape global and other multistakeholder policy and governance outcomes (Clapp & Fuchs, 2009; Cooley & Ron, 2002; Fuchs, 2007; Fuentes-George, 2016; Keck & Sikkink, 1998; Sell & Prakash, 2004; Strange, 1996). Taking its cue from this literature, this thesis aims to uncover and understand the ways that power is operationalized throughout the regional food and public health policymaking process.

- 3) Locate authority and legitimacy in regional policymaking for food labelling.

This thesis documents the unique challenges faced by shifting a food systems and public health policy from public governance architecture into standard-setting architecture – a hybrid public-private regime (Clapp, 1998). I am therefore interested in tracing how authority over the policy shifts between public and private actors, and from one expert community to another. The most relevant

literature are IPE studies on venue or forum shopping. However, these studies usually focus on situations where actors choose decision-making environments that are most amenable to their desired outcomes – thereby shifting venues or forums (Guiraudon, 2000; Keck & Sikkink, 1998). This study differs, in that the shift into standard setting put FOP labels into a corporate-friendly venue, yet it seems to have been propelled by public actors to that point. Industry actors that I interviewed did not know about FOP labelling until they saw it in the standard-setting process.

FOP labels, as is often the case with public health measures, were created directly within public governance architecture for health, though in this case it happened at the regional level. Scholars in the region have used regional political declarations to track change in policy agendas and evaluate implementation of public health commitments in the past (Alleyne, 2008b; Samuels et al., 2014). Public health commitments and measures are functions of regional public authority. This thesis therefore seeks to trace how authority and legitimacy are shaped and used within the communities involved in this process. While I touch on these issues throughout the thesis, I draw heavily on existing literature in Chapter 7 to deepen my analysis on the impacts of a transfer into standard setting for FOP labels. Tracing authority and legitimacy throughout the process contributes to wider lessons for food systems transformation. Where public and private interests seem to be at odds, whether public or private authority is operating is key to understanding policy outcomes.

1.4 Research Questions

Examining the way that CARICOM tried to adopt this food policy helps to uncover how power was exercised over the it. Furthermore, the investigation enables an analysis of authority and legitimacy in the overarching political process. The research is therefore guided by the following overarching research question and sub-question:

Why did CARICOM fail to follow through on a public health and food systems policy it developed itself?

- *Why was FOP labelling transferred into a process for implementation at the regional level that was dominated by contradictory interests?*

1.5 Summary of Findings

The simple answer to the overarching research question is that two expert communities (health and industry) were unable to reach a consensus. When FOP labelling was transferred to regional standard

setting and away from the purview of public health experts, the rules, norms, and authority to move the policy forward also changed. Consensus, or a lack of sustained dissent, is required to move forward in standard setting. FOP labelling, with its potential to curb sales of some food products, inevitably represents a threat to the profit source for many food businesses, industry, and trade actors. These actors were largely opposed to the policy recommended by public health actors, which led to an impasse in the process and the failure of CARICOM to adopt and implement FOP labels across the region.

Analytically, the two expert communities could not see eye-to-eye at least partially because they value different norms, principles, expertise, and authority, and exist in different international regimes. At its most essential level, the two communities did not even share a conceptual grounding as to whether FOP labelling was a public ‘policy’ or a ‘standard’. The groups had very different ideas about which norms, principles, expertise, and authority were legitimate and should be applied. In each case, study participants expressed surprise that the other group was even involved in the process, indicating that these two groups did not and would not recognize each other’s authority over the subject matter, let alone their interests. In the thesis, I argue that while public health advocates had expert authority over FOP labelling as a policy measure, this authority did not translate into the standard-setting process. On the other hand, I argue, food industry members of the standard-setting committees had authority inside the standard-setting process, deriving some level of power and authority from the international trade regime, where standard-setting processes are embedded.

There is also simply no obvious alternative: there is no bureaucratic mechanism as part of CARICOM’s public governance architecture that can impose a supranational health policy that would be uniform across the region. I argue that in addition to the structural power and authority the food industry derives inside the standard setting process from the international trade regime, CARICOM’s governance structure itself evolved to prioritize trade and industry interests over health. I argue that international trade has always been implicitly prioritized over other concerns, like public health, because of the difficulty in navigating historical tensions between region and nation in building a regional governance architecture. This implicit prioritization of trade led to the reality where there is no supranational implementation partner for health policy and, yet there is one for standard setting. The structural power of the food industry then is compounded, layered, and reinforced by the transfer of a public health policy being moved into the standard-setting arena, even as health advocates try to improve the food environment in the region.

Table 1: Conceptual Framings, Findings and Locations of Thesis

Guiding Research Question			
Why did CARICOM fail to follow through on a public health and food systems policy it developed itself?			
Relevant Research Objectives	Location in the Thesis	Findings and Conclusions	Conceptual Framing
(1) Examine food policy making in CARICOM's regional governance architecture	Chapter 4	Traces FOP labelling from public health experts to entry into standard setting.	Policy cycle, expert authority
	Chapter 5	History of standard setting for food in countries relates to level of industry knowledge of process and power.	Process knowledge, instrumental power, and discursive power
	Chapter 6	Process knowledge contributes to industry ability to reframe conversations.	Discursive power
	Chapter 7	Public health actors do not have much influence in standard setting.	Power, authority, governance
(2) Explore the ways that power is exercised in the regional standard-setting process.	Chapter 5	Evidence of industry actors' significant knowledge of process and resulting power to influence outcomes.	Process knowledge, instrumental power, and discursive power
	Chapter 6	Evidence of industry actors' power to reframe FOP labelling as a trade issue.	Discursive power
	Chapter 7	Evidence that public health actors tried (but were unsuccessful) in influencing standard setting process.	Process knowledge, power
(3) Locate authority and legitimacy in regional policymaking for food labelling.	Chapter 4	Authority shifted from public to private actors because CARICOM's governance structure has no supranational health actor with implementing power.	Policy cycle, expert authority
	Chapter 7	Public health actors lost expert authority to make policy. Discussion of public and private authority and legitimacy for policymaking.	Power, authority, governance

1.6 Positionality and Assumptions

Describing my own positionality, worldview and philosophical assumptions before proceeding are important for working through both the conscious and unconscious choices that I made throughout this study design and analysis. Researchers will always have biases, whether known or not, that develop over time based on their disciplinary orientations, research communities and mentors, and based on their general philosophical orientations (Creswell & Creswell, 2017). To this sentiment, I also add that lived experience matters for the way that we see and understand the world.

My own lived experience is that of a white, cisgender woman. I am a Canadian born to British parents, living and working on the traditional territory of the Neutral, Anishinaabeg and Haudenosaunee peoples. My privileges means that I am unlikely to accurately see the structural barriers others experience. I therefore try but am humbly aware and reflexive around the relationship between lived privilege and the legacies of British colonialism and imperialism. I am deeply motivated by decolonial research (Darder, 2019) and try to integrate approaches that are inspired by such work throughout this study. I recognize that even with this motivation, I am very much a student and learning in these spaces – particularly in my reliance on the work of both Anglophone and Eurocentric scholars.

As described earlier, this project developed in communication with Caribbean community members. Health researchers from the Caribbean wanted to know how FOP labelling would be implemented, and this project was conceptualized in response. I have thought deeply about what it means to do research inspired by decolonizing, while pursuing a degree that will serve me as an individual. My work here is evidence of both my efforts and failures to balance these. During my time at IDRC, I benefitted directly from the expertise of the Food, Environment and Health team at the Centre, while also developing independent relationships with researchers in the Caribbean. Since it became clear early in the project that standard setting was not proving to be a quick or easy path to a standardized FOP label implementation, I turned instead towards understanding why it was not moving forward and identifying the points of friction in the process. Throughout the project, I have tried to merge a decolonial and community-engaged research approach with a political economy approach to understanding power and authority in the global political economy.

My epistemological assumption is that knowledge is constructed and social, and that the data I have collected here is subject to both its conditions and its context (Charmaz, 2006). This implies two more

assumptions: that my own interpretations of who benefits comes from the influence of my lived experiences, but also that the respondents in this study construct knowledge based on their own experiences as well. Indeed, reckoning with these ideas informed an important thread of the thesis: that actors who come from specific communities carry specific knowledges, especially around authority and process, and that these are important characteristics to understand the outcome of this case. I therefore approach research with an emphasis on the importance of history to help explain contemporary phenomena with respect for and informed by the long and structural patterns of power in history.

1.7 Research Design and Methods

This research study is both a *within-case* and a *cross-case* study (Gerring, 2006). It is predominantly a case study of one process in one region (within-case: standard setting in CARICOM), but with individual country research as well (cross-case: focusing on Jamaica, Barbados, and St Kitts and Nevis). The research uses process tracing to track the journey of FOP labels from idea to development within the CARICOM governance structure, drawing on the history of the food system in the Caribbean and the policymaking process that led to FOP labelling, to help identify elements that influenced it. The research was designed to grasp both historical elements and the contemporary actions of actors involved in the process.

I used two main research methods to achieve this balance: (1) process-tracing through document and historical analysis of policy and policy-related documents, including a review of the scholarly literature on CARICOM integration and relevant trade, standard-setting, and regional health policy documents, and (2) interviews of participants in three CARICOM states (Jamaica, Barbados and St Kitts and Nevis). I analyzed the interview data in Nvivo using a mixture of Qualitative Content Analysis (QCA) and grounded theory. Before outlining these methods in more depth, however, I turn to the justification for the chosen cases.

1.7.1 Case Justification

As a starting point, Caribbean countries occupy an interesting intersection in global politics, since they are mostly relatively wealthy countries, yet are considered part of the Global South and face

significant development challenges. CARICOM countries are generally upper-middle to high-income countries (with Haiti as a major outlier). Income levels, of course, do not tell the entire story. Both food insecurity and non-communicable diseases remain problematic in the Caribbean (FAO, 2015). Food issues in the Caribbean are also comparable to other small island states, such as the Pacific Islands, which have related histories of colonial agricultural extraction and contemporary importation of processed foods (Barry et al., 2020; Wilk & Marisa, 2013; Wilson & McLennan, 2019).

I focused on three states in CARICOM for interviews: Jamaica, Barbados and St Kitts and Nevis. I selected these states because: 1) they were among the possible 11 CARICOM Member States that were considered “active” in the standard-setting process for FOP labelling; 2) they cover a range of food manufacturing levels and population sizes; 3) they cover a range of civil society engagement on health policy matters; 4) they cover a range of familiarity with the standard-setting process; and 5) they all use English as a working language. Community members suggested early on that the level of local food manufacturing would be especially important to consider, since stronger industry presence (like in Jamaica or Trinidad) would likely result in stronger resistance on the committees. I chose the three case study countries since, together, they captured the important features that differentiate states in CARICOM food systems.

Interviewees repeatedly suggested that Jamaica was a leading regional power, confirming it was important to include. Since Jamaica and Trinidad both have significant food manufacturing bases, and export quite significant across the region, most people in the Caribbean felt that if these two states were not supporting of FOP labels, the policy would fail (see p.127), making it important to include at least one (both were out of scope). Barbados was a unique (and convenient) choice because of the presence of the Healthy Caribbean Coalition, a health NGO that was extremely engaged in the process. Additionally, CROSQ, the regional standard-setting organization, is located in Barbados. Barbados served as a good case because its population size (around 300,000) and manufacturing capacity are not extreme in either direction. On the other hand, St Kitts and Nevis has a very small population (50,000) and little to no food manufacturing. Participants perceived it as mostly powerless in regional politics. It also lacked a history and familiarity with the standard-setting process, which, in combination with being such a small country, meant it had very low engagement from civil society on health policy matters. Taken together, these three countries were ideal choices because they provided a range of viewpoints to focus in on the national sub-processes for developing and implementing FOP

labels at the regional level. More relevant details around industry participation in each case study country can be found in Appendix B and the beginning of Chapter 5.

1.7.2 Data Collection - Documents

I collected documents before and after interviews, especially driven by the need to fill remaining research gaps. The documents I collected were mostly publicly available (with some confidential documents passed on by participant) and fell into two major categories: documents that helped illuminate rules and processes of standard setting, and documents that helped explain the agenda-setting portion of the policy cycle. These latter documents included the political declarations, commitments and bureaucratic processes that led CARICOM to select standard setting for FOP labels to be adopted.⁸ To further examine and document some of the rules and processes of standard setting, I collected additional online publicly available documents from the World Trade Organization, particularly around the Agreement on Technical Barriers to Trade and the Code of Good Practice, but also through the International Organisation for Standardization (ISO), CROSQ and the Codex Alimentarius. I also collected some confidential documents directly from study participants, including, for example, the CARICOM Regional Draft Standard 5 (CRS 5) on labelling of pre-packaged food; the terms of reference for national committees to achieve CRS 5, and the agreement for CROSQ to undertake work on CRS 5.

I also used publicly available documents related to CARICOM's health and governance priorities, PAHO's priorities, policies, and programs, and CARPHA's policies and programs. Due to my work at IDRC, I was also able to access some internal (confidential) technical reports based on a project funded by the Centre. For example, the Port-Of-Spain Evaluation project (POSDEval) was conducted to track government action towards the Port-of-Spain Declaration on NCD prevention. A Letter of Agreement between CROSQ and the Caribbean Institute for Health and Research (UWI-CAIHR & CROSQ, 2018) was especially useful in helping me trace the sequence of events in CARICOM standard-setting processes and build an understanding as to how CROSQ was empowered to take on the work. Documents were not collected systematically, but rather driven by participant sharing or a

⁸ These are also referred to in the Timeline in Appendix A, where the research gaps become more clear. In the timeline, I show where information came from participant interviews, and where I needed to go back into the public archive to determine where and how policy decisions had been made leading up to FOP labelling's transfer into standard setting.

need to fill conceptual gaps in the research. Appendix C includes a table with the list of documents and collection method.

1.7.3 Data Collection – Interviews

I interviewed participants to illuminate the claims, arguments and strategies put forward by different actor groups and examine the reasons some participants were more, or less, persuaded by these different claims. I conducted 32 semi-structured interviews (31 unique participants) primarily with national committee members, as the core method of data collection for this study. As demonstrated in Figure 1 (p.10), the national committees were the sites of major debate around FOP labels that served as part of the decision-making stage of the policy process. Because standard setting in CARICOM is contingent on the back-and-forth between the national and regional levels, consensus at national committee must be achieved to eventually approve and adopt a regional standard across CARICOM. National committee members' perspectives on their respective committee's procedures, discussions, and debates were therefore crucial to tracing both the progress of FOP labelling and authority over it.

I received complete lists of national committee participants from the Technical Officers from each of the case study countries' national standards bureaus (see Appendix B for lists with names removed). Lists included back up representatives. Where backups were listed, I interviewed only one participant from each organization and considered them to represent one member of the committee. For example, if two representatives were listed on the Committee Member list, I considered both representatives as one member of the committee. Using this metric, I interviewed 58% of the Jamaican national committee, 69% of the Barbadian national committee, and 44% of the committee in St Kitts and Nevis (See Appendix F). These numbers, however, are not necessarily a good indicator of whether a variety of views were represented in the study. Since the standards committee in St Kitts was much newer than in the other two case study countries, participants on this committee were less familiar, less engaged, and generally less invested in standard setting. This committee is therefore in an early iteration of its membership, and I interviewed all members who had regularly attended meetings. So, while the percentage is low at first glance (44%), I interviewed 100% of "engaged" committee members in St Kitts.

I interviewed 69% of the committee in Barbados, which was a good representation across the committee stakeholders. In Jamaica, where I interviewed 58% of the committee members, the proportion is lower than ideal and can mostly be accounted for by the lower ratio of industry and neutral participants interviewed versus the number of total members on the committee. Yet, it is useful to note that Jamaica had the highest number of active industry participants⁹ on the committee, which was a high proportion of the overall committee and became a problem later in the FOP labelling process. In sum, while I would have preferred to interview more participants, particularly in Jamaica, this sample represents a diversity of views across the case study committees.

The interview guide (see Appendix E) was developed ahead of fieldwork and should truly be seen as a guide. I developed questions that were related to the standard-setting process, asked participants about their understanding of FOP labelling's journey before it arrived in the process, and asked about the interactions that happened during committee meetings. After starting interviews, it became clear quickly that very few participants had any understanding of FOP labels as a public health policy, and so the first two questions in the interview guide rarely yielded any response, but also gave rise to a major theme in the thesis around conceptually understanding FOP labels as a public health policy versus a standard. Several colleagues at the International Development Research Centre (IDRC) reviewed the pilot interview guide, and I made some changes around language after these discussions. Depending on the interviewee, their knowledge of the process, and the direction of the interview, I chose different questions to ask.

Between July and November 2019, I interviewed participants who were involved (i.e., went to committee meetings) in the standard-setting portion of the FOP labelling policy process. I have had some follow-up communications with some participants to keep current on FOP labelling events. All participants were informed of the research details and signed consent forms. As per the ethics reviews at the University of Waterloo, the University of the West Indies Mona Campus (Jamaica), the University of the West Indies Cave Hill Campus (Barbados) and the Chief Medical Officer of St Kitts and Nevis, confidentiality agreements varied by participant preference. The options available to

⁹ While Jamaica and St Kitts had the same number, the industry participants on the St Kitts committee were not directly affected in the same way. For example, St Kitts 'industry' members included a local caterer, a duty-free operator, and an agroprocessor. On the other hand, Jamaica's included several big food manufacturers, including those of oils and sugar-sweetened beverages, which would be impacted by FOP labelling.

participants were to enable the use of quotes with names attached, enable the use of anonymized quotes or to refuse quoted material altogether.

Many participants agreed to the use of names and quotes; however, since groups were quite small, at times identifying one individual by name or position will unintentionally identify another, by process of elimination. I have therefore been extremely cautious in my approach to naming participants, in deference to the community. In the table below, I describe the ways that I have approached each scenario, but with the caveat that these are general rules and at times I have taken extra precaution to protect identities.

Table 2: Confidentiality and Labelling of Participants

Names and quotes approved	Name and official position sometimes given
Anonymized quotes approved	General category give, e.g. health, industry, civil society
No quotes approved	Paraphrased responses and general categories associated

Where I have not disclosed the identity of a participant, I have instead assigned them to one of the categories described in the table in Appendix F. I have also assigned participant interviews numbers, and mostly refer to them in this way. However, due to the small sample size, using the same number for each reference to a given participant also made some participants identifiable. I have therefore sometimes used multiple numbers for one participant, which can give the impression that there were more participants in the study than there were (e.g., numbers go up to 50, but only 32 interviews were conducted). These additional numbers have been added so that participant responses are traceable with the participant key if the need arises. A table with participants and their associated numbers is available for replicability but is not included in the thesis. In rare circumstances, I have simply cited “participant interview”.

Some of the groups I have used to categorize participants overlap. For example, when I use ‘health’ actors, this refers to participants themselves who self-identified as such. Self-identified ‘health’ actors included representatives of ministries of health, national health NGOs and the Healthy Caribbean Coalition (HCC). However, some of these actors also overlap with the ‘civil society actors’ category. I consider both HCC and other national health NGOs as ‘civil society actors’, whereas national ministries of health are not. Importantly, I interviewed some ‘neutral’ participants, who did not self-

identify as ‘industry’ or ‘health’ and proved important bellwethers to assess which arguments proved persuasive to those participants without a pre-determined interest.

In this thesis, I also often refer to ‘industry’. Participants I consider part of this group include supermarket managers, industry association representatives (chambers of commerce, lobby groups), food manufacturers, and business development organizations. When I refer to ‘industry’, this is a more expansive group than the specific ‘importers/distributors’ group. ‘Importers/distributors’ refers to those industry members who are concerned with the importation or distribution of food products from outside their state. This differentiation proved necessary because there were notable differences in between some ‘industry’ participants, (particularly one local manufacturer in Barbados who was in favour of FOP labels) and industry participants who primarily relied on imported food products for their businesses. Importers and distributors were those who bring in food products from international suppliers and distribute them domestically. Importers, distributors, and exporters were most representative of international ‘trade’ interests, while local food manufacturers and businesses without international connections were less concerned about the cross-border repercussions of FOP labels.

I also conducted three informal interviews with experts who had been involved in FOP labelling advocacy before it passed into standard setting. These interviews were for background information only, and were not transcribed or coded, though I do cite some of their interviews in referencing dates or events that happened before the standard-setting process began. I consider these interviewees as part of the regional standard-setting infrastructure or part of the loose coalition of health advocates. Note that the numbers in the table in Appendix F do not add up cleanly because the groups overlap.

1.7.4 Data Analysis

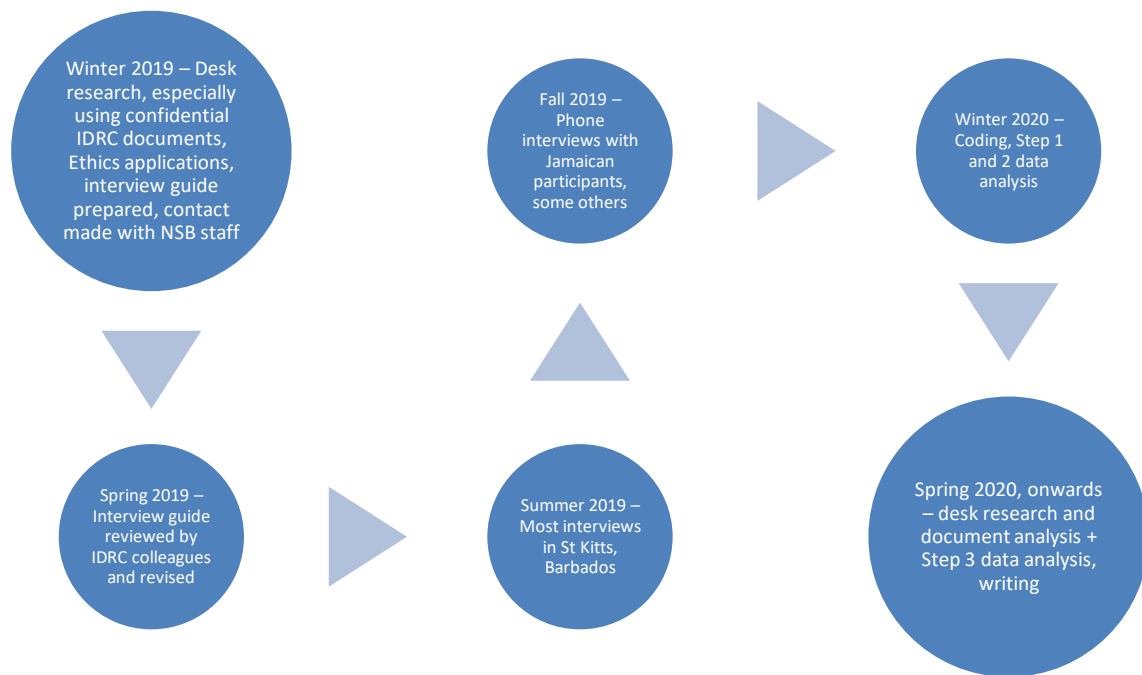
The analysis of interview data in this thesis can be described through three distinct steps: first, an exploratory step, using grounded theory to identify initial themes that emerged directly from participant responses. Next, applying a more replicable analytical approach, I used Qualitative Content Analysis (QCA) to ensure a consistent and unbiased application of codes. Third, I used frame analysis to further categorize the strategies that had emerged in the coded data, delineating types of power and specific strategies within those facets of power. Finally, I also used policy documents process-trace the policy cycle, simply pulling out relevant commitments and dates, to fill in the

remaining gaps in my understanding of standard setting's place in the FOP labelling policy cycle. This section explores these steps in further detail.

QCA is an approach to qualitative data analysis intended to describe meaning in a systematic way (Krippendorff, 2004; Schreier, 2012), whereas grounded theory lets the patterns emerge from the data itself (Bowen, 2006; Charmaz, 2006; Glaser & Strauss, 1967; Morse & Field, 1995). To me, grounded theory has a decolonial strength that QCA does not, in that it allows the stories of participants (the data) to point the researcher towards the findings. It was in my first reading of the transcribed data that I came to realize that a lens of corporate power would help explain the confidence and knowledge of industry actors, as well as the lack of confidence and process knowledge for public health actors. On the other hand, QCA's strength is in enhancing methodological rigour by ensuring a replicability of codes. I found QCA's focus on prior framing to be antithetical to a decolonial approach that aims to let participant themes lead the way, and I therefore chose to use a combination.

I began building an initial coding frame based on the patterns and ideas that had emerged during the interview and transcription process, though I also used some codes I had imagined when I made the interview guide. This approach is more in line with grounded theory; in QCA the coding frame would have been built ahead of time around the research question. In my case, I developed the codes that were very specific only after the pilot code of grounded theory themes, to better capture what the community was telling me. In Appendix D, the initial themed codes that came from my interpretation of emerging themes and patterns are listed. In line with Schreier's (2012) approach to QCA, I then coded a portion of the data as a pilot with my initial coding frame, adapted it for better fit with the data by making more specific sub-codes and adding some more, and then coded the entire data set. The data set was then coded by a secondary coder, (an MA research assistant, employed by me) who used the same revised coding frame. Together, we compared where codes had been applied differently, and rectified the differences to validate the codes. This approach, common in QCA, is intended to reduce researcher bias in the way the coding frame is being applied.

Figure 2: Study Timeline



During the first phase of QCA coding, developing the pilot frame, it became clear I needed to undertake further historical analysis to understand the policy foundations of FOP labelling and identify the actors responsible for putting it on CARICOM’s agenda, prompting me to collect further policy documents to process trace the events that led to FOP labelling’s entry into standard setting. Rather than focusing my efforts strictly on the causal mechanisms (Beach, 2016; Beach & Pedersen, 2013; Collier, 2011), I used process tracing to build a timeline of events that led to FOP labelling’s shift into standard setting, beginning with the 2007 Port of Spain Declaration (see timeline in Appendix A). Beginning with high-level communications and announcements from CARICOM, I identified the 2007 Port of Spain Declaration as the first stage for public health action on NCDs and that this agreement was followed by more concrete policies from different public health experts (see Chapter 4). I triangulated the events, meetings, and information found in these documents with participant interviews, helping to build a concrete understanding of CARICOM FOP labels’ life as a public health policy before being transferred into standard setting.

When I categorized claims and arguments into strategies used by actors during the national and regional standards processes, I became aware of three major and interconnected themes emerging from participants’ responses. These three discursive strategies form the basis of Chapter 6, while I

also outline some smaller-scale strategies that were used in Chapter 5. To give structure to these ideas, I have borrowed and applied frame analysis from communication studies (Entman, 1993; Vliegthart & van Zoonen, 2011). I use frame analysis to simply organize the arguments put forward by different actors as they fit into different conceptual ‘frames.’ Communications scholars might see the consequence of these framing strategies, which I call a ‘reframing’, as a ‘frame-shift.’

As with most social sciences research, in this study, I aimed to collect what participants and documents say and find where data coalesces. Interviewees confirmed each other’s accounts of committee proceedings, providing a sense of saturation from interview data. As in the third objective of the research project (Section 1.2), I am especially interested in understanding the role authority played in enabling actors to influence the process. Exploring how authority over FOP labelling materialized over time is a major contribution of this research, but the ideas that I use in this thesis – including structural power, discursive power, and authority – are examples of meaning-making in social sciences research and were rarely (if ever) explicitly discussed by participants.

1.8 Study Limitations

Like all research, this study has limitations. In this section, I outline the limitations and the measures that I took to mitigate them. Based on time and financial scope, I necessarily limited the choice of case study countries to three, though I aimed to capture perspectives from countries with a range of characteristics, including population size and food manufacturing capacity. While most CARICOM countries are English-speaking, as former British colonial states, there are some exceptions, including Suriname (a former Dutch colony). I chose not to include Suriname because I could not effectively interview participants and did not have the funding available for a translator. So, while I expect this is not a significant limitation of the research, the different cultural contexts of non-English (as a working language) states will not be adequately captured in this thesis.

More importantly, since I did not go to Suriname, (and therefore did not interview participants in country), I was unable to discuss the sequence of events that precipitated Suriname’s proposal to revise CRS 5, the standard under consideration in the study. However, because I was able to interview the regional standard setting staff (who are all located in Barbados), I believe this limitation has mostly been mitigated. Standard-setting staff revealed that Suriname’s proposal to revise CRS 5 was more bureaucratic than an independent action. Even though CARICOM had already engaged CROSQ

to add FOP labelling into CRS 5, CROSQ's operating procedures require items to be put forward by member-states, and Suriname volunteered. After this point, Suriname did not play an outsized role in regional negotiations.

While interviewees were mostly very generous with their time and their wisdom, I was unable to interview all participants in the process. Usually, the participants I was unable to reach did not return or answer email requests or phone calls, but in two cases, I spoke to industry participants who ultimately decided not to participate in the study. In situations where participants were unresponsive, I sought advice from the national Technical Officers regarding their participation and found that these committee members were also generally less engaged with the committees' work than those who agreed to interviews. In these cases, when committee members were unresponsive, I assumed they were uninterested in participating after five unanswered phone calls or emails. Though this project was imagined with the help of health experts in the region, none of these experts was directly involved in the standard-setting process and therefore did not have an impact on the findings. For the most part, I had excellent access to both health and non-health participants of national committees, including significant access to industry actors in all states involved (see Appendix F for specific breakdown of numbers).

In Chapter 4, I describe the ways that a South-South Cooperation project between Chile and CARICOM led to the (attempted) adoption of a Chilean-style Warning Label FOP label in CARICOM. Chile has implemented a ground breaking and successful range of food environment policy measures (Jacobs, 2018). Public health researchers in Chile have also been important actors in monitoring changes instigated by the new food laws, and there is significant literature on the effects of these policies published in English (Carriedo et al., 2020; Correa et al., 2019; Corvalán et al., 2019; Dillman Carpentier et al., 2020; Dorlach & Mertenskötter, 2020; Durán Agüero et al., 2019; Kanter et al., 2018). However, a major limitation of this study is its comparative coverage of the Chilean experience. Because most documents related to the rollout through Chilean legislation are written in Spanish, I have been unable to determine the role standard setting may or may not have played in that case. However, in attempting to mitigate this limitation as well as possible, I reached out directly to English-speaking Chilean researchers on this topic. Through this action, I was assured that Chilean FOP labels relied on the regulatory role of the national government rather than using a standard-setting route.

Like all studies, this research project has faced limitations, particularly those stemming from lack of time and financial cost of interviewing committee members from all states involved, and language limitations. Notwithstanding these limitations, the conclusions are drawn directly from participant responses, including an often-surprising number and frankness from industry, and supported by document analysis, which I am confident have led to a good balance of perspectives and honest analysis.

1.9 Organization of Thesis/Summary of Chapters

Chapter 2 outlines the historical context for this case, using existing scholarly literature. I show how decisions in plantation economies during British imperialism and colonialism set the stage for a post-independence food system dominated by foreign corporate interests and low domestic food production in a highly liberalized trade environment. I argue that the legacies of great power are important to keep in mind, particularly as the contemporary (Commonwealth) Caribbean imports so much food directly from its former colonial metropolises, and a diversified local agricultural system was never prioritized.

In Chapter 3, I show how the international trade regime, and the theory of international regimes, can be useful for understanding the ways that power and authority are operationalized in the case study, providing the conceptual grounding for the thesis. In this chapter, by drawing on existing scholarship, I explain the theories of corporate power that I use to explore the policy process for FOP labels. To do this, I first show how corporate actors have been both responsible for, and now derive structural power from, standard setting in the international trade regime. I then argue that expert authority is intimately related to structural power in regimes and knowledge of the standard-setting process. These concepts lay the groundwork for the thesis itself.

In Chapter 4, I trace the initial policy stages of FOP labelling. Using both private and publicly available collected documents, I trace the evolution of FOP labels from an idea in the hands of public health experts embedded in CARICOM's governance structure, to an actionable policy ready for implementation, to becoming part of the CRS 5 standard and having its public health origins obscured. With this empirical baseline, I then draw deeply on existing scholarship to show that the shift of FOP labelling into standard setting can be significantly attributed to the governance structure of CARICOM. This structure itself be at least partially attributed to colonial and commercial legacies

in the region explored in Chapter 2. I show how development of regional governance architecture always focused on trade and economic integration over other ‘softer’ cooperation areas, such as health. This legacy means that CARICOM, intentionally or not, prioritizes economic integration over health, leading FOP labelling into a process that is dominated by private sector interests.

In Chapter 5, I begin by demonstrating how institutionalization of standard setting and the strength and size of corporate food actors in each case study seems to influence their knowledge of the process of standard setting. This process knowledge, I then argue, is integral to understanding how corporations in different countries impacted the standard setting (or not). The remainder of the chapter gives empirical detail to the ways that these differing levels of process knowledge shaped the exercise of corporate power in each country. Importantly, this chapter shows that Jamaican industry actors, in a major demonstration of instrumental power (lobbying), circumvented the standard setting enterprise entirely when it no longer seemed to be representing their interests. In this chapter I also show that, regionally, industry actors delayed the standard indefinitely, and aimed to weaken the standard wherever possible. While results in Chapter 5 and Chapter 6 are drawn from participant interviews, I have integrated some insights from existing scholarship to deepen the analysis.

In Chapter 6, I give empirical detail to discursive power. I show three overarching arguments that demonstrate the ways that the food industry reframed FOP labelling as a trade concern rather than a public health policy. When FOP labelling transferred into a forum amenable to trade interests, the ‘neutral’ participants in the process were already normalized to trade issues and rules, making this discursive power especially effective since neutral participants were primed to hear these types of arguments, based on their own understanding of the norms and priorities in standard setting. This discursive power then also rests on industry actors’ process knowledge – by knowing what types of arguments will be persuasive and relying on trade governance’s “common sense” (Wilkinson, 2016), industry actors could target their interventions strategically.

In Chapter 7, I return to public health authorities and advocates. I describe the different groups as a loose coalition of public health actors, drawing on participant interviews and the documents collected throughout the research study. In a similar vein to the first empirical chapter, this chapter also draws heavily on existing scholarship to make sense of authority in regional public policymaking. This chapter aims to illustrate the struggle of public health actors to maintain momentum on a public health policy that had been decades in the making. In this chapter I demonstrate both the internal

struggles of some coalition members as well as the impacts of their own lack of process knowledge. The tensions between state and region are ever present in CARICOM governance structures, and while industry actors with process knowledge on standard setting were largely able to navigate these tensions, public health actors did not have the same process knowledge to fall back on, leaving them consistently behind in the struggle to achieve FOP labels. This chapter ends with a discussion on public and private authority that draws heavily on governance scholarship to derive insights in public health policymaking in CARICOM.

Finally, in Chapter 8, I describe the overall findings of the study through the themes of power, governance, and knowledge of process. I summarize the thesis's contributions and end with some final reflections about the thesis itself and future work.

Chapter 2

Front-of-Pack Labels: A Response to – and a Product of – the Global Corporate Food Regime

FOP labels, like any other public policy, are created in response to one or more policy problems. Kingdon (1984) argued that policy problems are the result of political constructions, while Stone (1989) described policy problems as “*continuously structured and restructured by ideas and discussion*” (in Radaelli, 1995). In this case study, FOP labelling was recommended as a policy solution to an NCD problem. However, in this chapter I argue that FOP labelling as a policy solution is both a response to, and a product of, what some researchers have called the corporate food regime (McMichael, 2013a), where corporate actors have major power in food provisioning and rule-setting.

Ameliorating diets is the central feature of this policy solution. FOP labels are “intended to help reduce the incidence of nutrition-related non-communicable diseases through an improvement in diet quality” (Egnell et al., 2019). In the Caribbean, the problem that FOP labelling is ultimately trying to solve – quality of consumer diets – is inseparable from the regional history of states as former colonies, organized around plantation economies. From the British colonial period onwards, the first sections of this chapter tease out the relevant historical dynamics of global food systems, using Food Regimes as a heuristic to explore the temporal periods, and demonstrating how the structures of the policy problem (and solution) can be traced through history. Specifically, I focus on three overlapping themes: the growing imports of shelf-stable, highly processed foods; the lack of policy development for local and diversified food systems; and the emphasis on regional integration around corporate relationships.

In section 2.1.3, I turn to the contemporary food system in the Caribbean, arguing that its domination by processed and packaged foods can, in large part, be traced to the roots of colonial and corporate power in the liberal international trading system. This liberalization, and neoliberal reforms in particular, are also useful for understanding why a policy like FOP labelling, that puts responsibility for dietary change on those who eat foods rather than those who make food, and I explore this idea in Section 2.2. Finally, I show how different FOP labels around the world aim to tackle unhealthy diets in different ways, drawing attention to more and less strict labelling formats.

2.1 Caribbean-British Food System

The period of international relations that was dominated by Great Britain was especially important in shaping Caribbean food systems, because of the region’s long history with British colonization (exceptions are listed in Table 3 on p. 35). Most CARICOM countries are former British colonies. The traces of British political structures and norms endure in many CARICOM nations. While islands in CARICOM were, at different points in history, colonized by England, Spain, France and the Netherlands (Beckford & Rhiney, 2016), most present day CARICOM states are members of the British commonwealth.¹⁰ Britain captured Jamaica from the Spanish in 1655, colonized Barbados in 1627, and warred with France over St Kitts and Nevis between 1623 and 1783, when Britain took possession. Caribbean islands were primarily colonized for their productive capacity, with a special

Figure 3: Estimated Values of Commodities Exported from Barbados, 1665-1701

ESTIMATED VALUES OF COMMODITIES EXPORTED FROM BARBADOS:
AVERAGES FOR SELECTED YEARS, 1665–1701
(IN THOUSANDS OF CURRENT POUNDS STERLING)

	1665–1666	1688, 1690–1691	1699–1701
Muscovado Sugar	205.9	96.9	289.1
Refined Sugar	34.0	0.1	11.7
Molasses	3.8	23.2	36.6
Rum	16.0	42.8	86.1
Total Sugar Products	259.6	163.0	423.5
Indigo	0.1	0	0
Cotton	21.3	3.8	8.0
Ginger	2.1	9.2	8.6
Tobacco	1.2	0	0
Lime Juice	0.1	1.2	0.5
Other	0.1	0.8	2.4
Total Nonsugar Products	24.9	15.0	19.5
Total Value	284.4	178.0	443.0
Values of Sugar Products as Percent of Total	91.2	91.6	95.6

Sources: Calculated from Table 1 and price data discussed in text.

Note: from Eltis, D. (1995). New Estimates of Exports from Barbados and Jamaica, 1665-1701. *The William and Mary Quarterly*, 52(4), 631–648. <https://doi.org/10.2307/2947041>

focus on sugar, though other agricultural commodities like coffee, cocoa, bananas, cotton and even indigo (Eltis, 1995; Mintz, 1986), would also wax and wane in later centuries.

When Great Britain was the world’s superpower, temperate grains and livestock from family farms in independent settler states and the colonial support of tropical export agriculture helped power the industrial revolution (McMichael, 2013b). Friedmann and McMichael (1989) have written about the period from 1870-1930 as the British-centered food regime, where Britain largely controlled global food circuits. Here, I focus on

¹⁰ Commonwealth normally refers to the Commonwealth of Nations, not the Commonwealth *realm*. The Commonwealth of Nations are mostly former colonies and territories, whereas the Commonwealth realm refers to those countries that retain the Sovereign of the United Kingdom as their head of state. For example, Barbados has very recently exited the Commonwealth realm, but remains in Commonwealth of Nations.

the development of tropical colonial monocultures in supporting the metropolises (Timms, 2008), even earlier than Friedmann and McMichael's framing, to tease out the existing inequalities in Caribbean food systems.

In the very early years after conquest, while Spanish sugar production in the region proceeded in fits and starts, British and French production on smaller islands like Barbados and Martinique began to grow steadily, especially after about 1650 (Mintz, 1986, p. 36). Though very difficult to estimate amounts with any accuracy, other very early colonial exports included rum, tobacco, indigo, and cotton (see Figure 3) (Eltis, 1995). Much later, other agricultural commodities like bananas, coffee, and cocoa were also important (C. L. Beckford & Campbell, 2013). While indentured servants from England and France laboured on plantations on 'sugar islands', they were soon joined by African and Indian enslaved peoples, at which point slavery became the preferred form of labour (Mintz, 1986, p. 53).

Even after the abolition of slavery in 1834, newly freed people on British island colonies continued to work on largely unchanged plantations to support the metropolises' needs for imported tropical commodities (Timms, 2008). A system of apprenticeship mandated that formerly enslaved people continue to work on plantations for four years after the abolition of slavery (Boa, 2001). Barry et al. (2020, p.107) wrote that: "...the plantation became a total institution in the Caribbean, which was built, operated, and managed by colonisers who felt justified in dispossessing, disappearing, and enslaving 'Others' as they saw fit." In the latter half of the century, while Britain no longer used formal servitude on plantations, it still controlled Caribbean food trade through mercantilist policies by preventing trade agreements between colonial governments and other countries (Carrington, 1988). The Caribbean food system was governed through a total focus on agriculture for export, which was underwritten by extreme inequality.

There are contemporary impacts of the patterns of power, capital, labour, and production that developed in the colonial era (Barry et al., 2020; Timms, 2008). In criticizing existing development theory in the Caribbean, Timms wrote that the focus on agriculture for export, and later industrialization, was encouraged in the region "at the expense of agricultural production for the domestic market, maintaining the colonial legacy of a plantation economy" (2008, p. 101). This neglect of domestic agriculture, he wrote, left the Caribbean as a net food importer with increased

food insecurity. Local food systems were not encouraged to develop in support of local populations, since the needs of the metropole were still the priority.

A peasant sector of farming in the region, outside of plantations, did not truly emerge until well after emancipation (Beckford, 1975; Levitt & Best, 1975; Mintz, 1985). Even then, it only coevolved alongside increasing imported foodstuffs (Timms, 2008). Of course, domestic agriculture has always existed on some level, whether on as small parts of bigger plantations (Timms, 2008) or as an important source of culture and to supplement imported foods (Timmers, 2020). But aside from a forced short period of self-sufficiency during World War II (Taitt, 2007; Jesse, 1994; Axline, 1984), agriculture in the Caribbean has been focused on export markets for commodities that powered metropole industrialization.

At the same time, the history of colonial conquest in the region impacted the development of governance architecture in the region (O'Brien, 2011). Plantations were tied primarily to joint-stock trading companies, and had little to no interaction with other plantations on the same island, let alone other nearby islands (Payne, 2008). From a governance perspective then, there was little sense of individual island identities, but rather a focus on the relationship directly between companies from the metropole and individual plantations. The late Prime Minister of Trinidad, Eric Williams, wrote that the British administrative strategy spurred a combination of inter-colonial rivalry and isolationist outlook that was “almost a disease” (Williams, 1984). Williams wrote about rivalrous attitudes amongst Caribbean islands as far back as the 1660s, especially of Barbados towards the other British islands, and noted that resulting competitive West Indian attitudes in the 20th century were “among the most difficult to eradicate” (Williams, 1984, p. 116).

Grouped, regrouped, and grouped again over many decades, Payne (2008, p.xvi) wrote that: “It was as if a succession of tidy minds, brooding over a map of the West Indies on some wall in Whitehall, could not resist devising plans for amalgamating these irritatingly dispersed islands into neat and manageable groups.” The result of this fraught history of regional administration is a longstanding dualism between region and island, internalized amongst Caribbean people even today, and a subsequent doubt as to whether the appropriate unit of political and economic action is the region or island (Payne, 2008). Administrative links were always stronger with metropole companies than they ever were amongst islands – if they were not actively discouraged. Payne (2008, p. xiv) wrote that

“the history of intra-regional relations in the Commonwealth Caribbean has come to acquire a schizophrenic character, exhibiting simultaneously the stamp of integration and fragmentation.”

This period of British power was especially relevant in the Caribbean for several reasons. First, extractive, plantation-style agriculture served the mouths and pockets of the metropole, but not the development of domestic food systems, a pattern that would continue long after independence (see Timmers, 2020 for a similar argument regarding Jamaica specifically). Second, the ordering of agriculture and production trade links prioritized relationships with the metropole through mercantile corporations, rather than through a policy and governance-oriented administration. Finally, the constant grouping and regrouping of islands for administrative purposes during this period created a longstanding rivalry between colonies at the time, a sentiment that has given rise to the governance tensions between state and region, and strong relationships with companies, that are a reoccurring theme in this thesis.

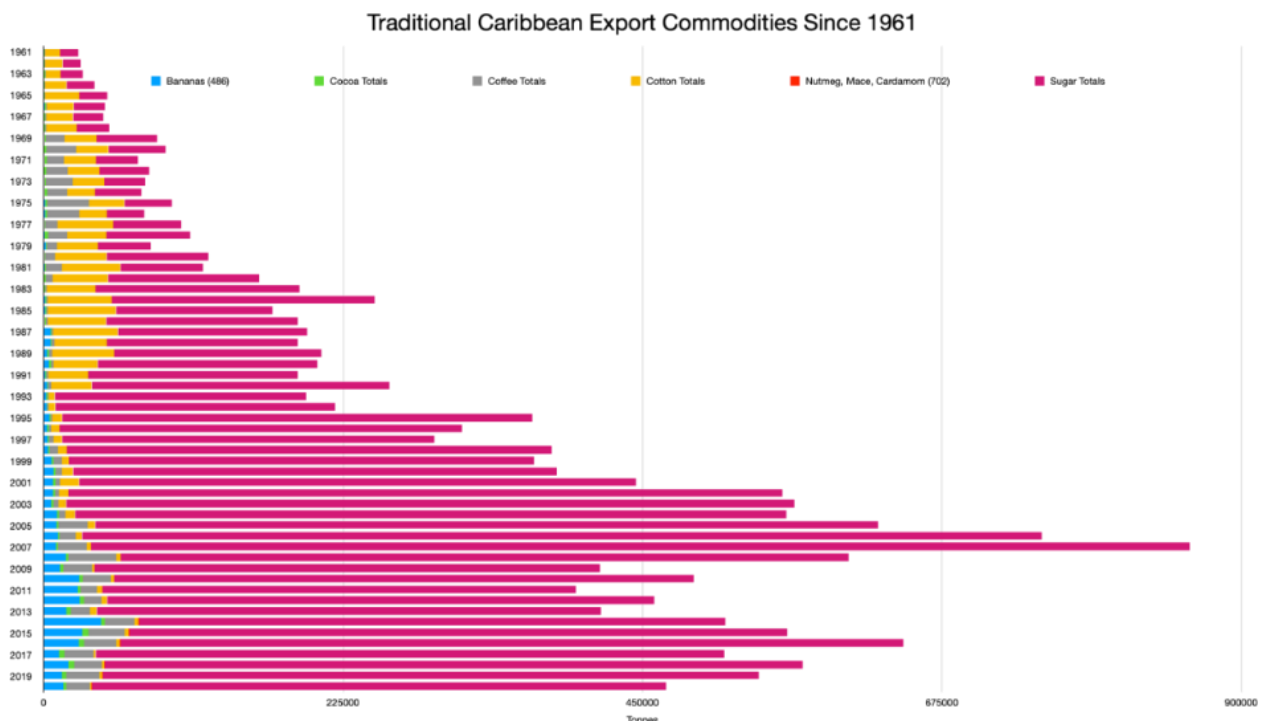
2.2 Post-World War II Caribbean

Beginning in the post-war period until the early 1980s, most contemporary CARICOM states pursued independence movements away from former colonial powers. Jamaica led independence movements with its own in 1962 (Payne, 2008). Of the case study countries, Barbados followed next, breaking away from the United Kingdom in 1966, while St Kitts and Nevis was the most recent CARICOM state to become independent in 1983 (see Table 2 for a list of all relevant Caribbean nations’ independence dates and former colonizers). To give a sense of how food systems in the Caribbean developed during this period, I have used a wide reading of both Caribbean and world history, sometimes extrapolating between the two to link patterns in the global political economy to Caribbean food systems development. Primarily, I suggest that what is known as the US-centered food regime¹¹ (McMichael, 2013b) largely affected the Caribbean through its major increases in food exporting, during a time where Caribbean states were grappling with questions of sovereignty and governance.

¹¹ McMichael (2013) suggested that the second, US-centered food regime spanned from the 1950s to the 1970s. This section of the thesis mostly maps on to that, but I have extended it slightly to cover the early 1980s and last independence movements in the Caribbean.

In the immediate post-war era, strong connections between the metropolises and colonies largely remained, in part due to preferential trade agreements secured by the metropolises (Segal, 1991). Globally, though, the post-war period brought about a new international trade regime. In 1947 the General Agreement on Tariffs and Trade (GATT) was signed, forming the basis of this new regime. Several rounds of trade negotiations took place thereafter, solidifying the new rules-based international trade regime (Clapp, 2006a; Margulis, 2017; Winham, 1990). Caribbean nations, not yet fully independent, were not participants in the early rounds of trade negotiations, and so, like other colonies, did not meaningfully contribute to this early shaping of international trade rules. While food security was a recurring theme in trade negotiations (Margulis, 2017), agricultural products became a hot button topic only in the 1990s (Clapp, 2006b).

During this period, US hegemony characterized the global food system. A mix of factors, including price support subsidies from the Depression era, resulted in surplus food supplies that were then often directed to strategic postcolonial states on the perimeters of the Cold War (McMichael, 2013b). These



Note: Source data from FAOSTAT. FAOSTAT includes the following countries in 'Caribbean' data: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Netherlands Antilles, Puerto Rico, St Barthelemy, St Kitts and Nevis, St Lucia, Saint Vincent and the Grenadines, Saint-Martin, Sint Maarten, Trinidad and Tobago, Turks and Caicos, US Virgin Islands.

surplus foodstuffs were integrated into the US food aid program, focused mostly on concessional sales to developing countries. Long-term loans that were considered ‘food aid’ were provided so that developing countries could buy surplus US grains (usually wheat and maize), relieving the US and other donor countries of the cost of food storage and downward pressure on domestic food prices (Clapp, 2015). Eventually, these same grain-based food surpluses would form the development of new ingredients that helped to drive the revolution in processed and ultra-processed foods (Otero, 2021; Winson, 2013) (see Figure 3). The production of high-fructose corn syrup, a key ingredient in ultra-processed foods and derived from the surpluses of American corn, was perfected by the 1970s (Pollan, 2007). Advances in processing during this period also led to food products that were more shelf-stable and more transportable (Hammond et al., 2015; Knorr & Watzke, 2019), important characteristics that would make importing in the Caribbean even more enticing in later years.

During the independence era in the Caribbean, British hegemony was slowly eroding. As American hegemony grew in the global food system over this period, American power also came to make its mark on the region politically. The Caribbean straddled a unique position as periphery to two cores, coming out of British colonialism but moving into an American sphere of influence (Payne & Sutton, 2001). Post-war, Caribbean nations were grappling with independent futures, opening towards influences other than those of former metropolises. The post-war period through to independence was therefore preoccupied with Caribbean development and diversifying away from a dependence on export agriculture – the “traditional Caribbean problem” – to make plans for an independent future (Payne & Sutton, 2001, p. 2).

Pre-independence, the vision of an independent future was a West Indies Federation – a regional political unit that would become independent from Britain as one – but the movement largely fell apart with Jamaican independence (see Table 3 for other Caribbean independence dates). The failure of the West Indies Federation demonstrated the difficulty of uniting islands that had previously been so disassociated from each other under colonial rule (Payne, 2008). However, the regional discussions during the pre-independence period did provide a stage for a somewhat harmonized development policy in the region. Led by the St Lucian economist W. Arthur Lewis, different islands in the region mostly used an industrial development approach. Lewis was convinced that agriculture was already producing insufficiently for the growing population in the region and would not be improved until industrial development improved, and so the focus turned instead towards attracting foreign investment and manufacturing (Lewis, 1958; Payne and Sutton, 2008).

Table 3: Chronological List for Independence of Caribbean States

State	Date of Independence	(Most recent) Previous Colony Of	CARICOM Member Status
Haiti	01 January 1804	France	Full
Dominican Republic	27 February 1844	Haiti	N/A
Cuba	20 May 1902	Spain	N/A
Jamaica	06 August 1962	United Kingdom	Full
Trinidad and Tobago	31 August 1962	United Kingdom	Full
Guyana	26 May 1966	United Kingdom	Full
Barbados	30 November 1966	United Kingdom	Full
The Bahamas	10 July 1973	United Kingdom	Full
St Vincent and the Grenadines	27 October 1979	United Kingdom	Full
Grenada	07 February 1974	United Kingdom	Full
Suriname	25 November 1975	Netherlands	Full
Dominica	03 November 1978	United Kingdom	Full
St Lucia	22 February 1979	United Kingdom	Full
Belize	21 September 1981	United Kingdom	Full
Antigua and Barbuda	01 November 1981	United Kingdom	Full
St Kitts and Nevis	19 September 1983	United Kingdom	Full
Montserrat	N/A	British Overseas Territory	Full
Anguilla	N/A	British Overseas Territory	Associate
Bermuda	N/A	British Overseas Territory	Associate
British Virgin Islands	N/A	British Overseas Territory	Associate
Cayman Islands	N/A	British Overseas Territory	Associate
Turks and Caicos	N/A	British Overseas Territory	Associate
Puerto Rico	N/A	US Overseas Territory	N/A
US Virgin Islands	N/A	US Overseas Territory	N/A
Guadeloupe	N/A	French Overseas Department	N/A
Martinique	N/A	French Overseas Collectivity	N/A
St Martin	N/A	French Overseas Collectivity	N/A
St Barthélemy	N/A	French Overseas Collectivity	N/A
Curaçao	N/A	Netherlands Constituent Country	N/A
Aruba	N/A	Netherlands Constituent Country	N/A
Sint Maarten	N/A	Netherlands Constituent Country	N/A

Caribbean Netherlands	N/A	Netherlands Overseas Region	N/A
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During this period, administrators in the region consciously tried to move development away from the plantation-style export agriculture that had been its bread and butter for centuries but in turn, did not build strong domestic food systems. Focusing on industrial development over agriculture, Lewis believed that agricultural development would happen only if preceded by industrial development: “The farmers’ position is much more hopeful if development begins outside agriculture ... This in turn generates an increase in demand for agricultural products, and so development spreads from sector to sector” (Lewis, 1958: 28). Lewis wrote that states must “woo” foreign investors, capitalists, and corporations (Lewis, 1949, p. 38), and this approach seemed initially positive as new entrants to industry appeared and several territories experienced growth of around five percent (Payne & Sutton, 2001). In hindsight, however, the differentiating levels of economic success engendered further competition between islands (Payne & Sutton, 2001), leading to a belief amongst stronger economic states, like Jamaica and Trinidad, that they would be held back in a federation of islands. Jamaica declared independence before the West Indies Federation officially took shape, followed by Trinidad a year later, and resulting in the dissolution of any further attempts at federation (Payne, 2008).

Industrial development policy in the Caribbean did achieve some expanded manufacturing capacity, as well as an expansion of tourism. However, the ‘industrialisation by invitation’ was ultimately unsuccessful in achieving significant economic growth and development. Critics argued that local resources were ignored, and foreign manufacturers often brought the raw materials required for manufacturing into the region from elsewhere (Demas, 1965). At the time, the overarching belief was that the Caribbean was simply too small to provide manufacturers with enough resources, requiring external raw resources to support the foreign-funded (but domestically subsidized) factories. At the same time, the very high standards of accommodation required by affluent North Americans and Europeans in the tourism sector also relied on foreign imports (especially food) and foreign capital (Payne & Sutton, 2001), further reinforcing the existing patterns of importing to support manufacturing and other economic sectors.

Caribbean independence-era industrialization policies therefore resulted in this “wooing” of foreign investment, but also maintained the existing vacuum of support for domestic agriculture and other sectors (Timms, 2008). Where sources of capital had once been British or otherwise colonial, they

were now more diffuse but still Northern, coming from Europe and North America (Payne & Sutton, 2001). Unintentionally, the industrialization policy during this period mimicked that of the colonial era, by continuing to extract value from newly or almost independent Caribbean states, transferring value instead to Northern states. Caribbean states were forced to continue to rely on traditional exports (Mintz, 1986; Timms, 2008) as industrialization failed to take hold, even as commodity prices became less and less stable (see sugar as an example, in Figure 5). At the same time, foreign manufacturers’ operations were highly subsidized but little profit was returning to the islands themselves.

Alongside the failure of these initial post-war industrialization policies, the smallness of land and population in the Caribbean were seen as constant constraints on development (Demas, 1965). In the 1960s, the popular view was that regional economic integration was the only way forward to compete on the global market. After the failure of the West Indies Federation, in favour of autonomous individual states in the region, the Caribbean Free Trade Association (CARIFTA) was established instead in 1968. All territories of the Commonwealth Caribbean at the time joined, and in later years CARIFTA would transition directly into CARICOM (see more details in Chapter 4). Appetite for a regional organization focused on economic integration was clearly significant, but it was also clearly

Figure 5: World Sugar Prices 1784-2017



Note: Taken from Winton, 2022.

far greater than any appetite for regional public administration and governance. Limiting regionalization to economic integration was not surprising given the region’s history of competition and ongoing battles for independence, and yet it did still leave the Caribbean in a state of tension, balancing regional and national governance in nuanced ways.

The post-World War II era in the Caribbean was therefore especially important in considering the development of the food system. As states fought for independence, a good deal of political attention was paid to whether regional or national configurations of economic policy made more sense. The lack of focus on developing domestic agriculture had combined with a heightened focus on foreign companies’ role in propelling domestic economies in the region. Payne and Sutton (2001) wrote that companies therefore had “...a

growing role in the Caribbean economy since the end of the Second World War, serv[ing] just as effectively to integrate the region into the metropolitan economic system as had the joint-stock trading companies of a former era” (Payne & Sutton, 2001, referencing Best and Levitt, 1969). Klak (1998) succinctly summarized the continuing impact of Northern powers during this era:

“The Caribbean’s historical global integration, modernization, and industrialization underlie the region’s abject dependency, which continues to the present. The Caribbean region is now largely independent from Europe politically but is still reeling under the historical legacies of dependency on outside authorities, suppliers, markets, and geopolitical agendas. Now that the entire world has entered the present era of (US dominated) globalization, the Caribbean offers a chronicle of the impact produced by exposure to many rounds of transformations of global capitalism (p. 6).”

At the same time, processed food trade was growing around the world, primarily coming from high-income countries (Pemberton et al., 2000). Caribbean nations were relying more and more heavily on food imports to sustain both domestic populations and growth in the tourism industry. Around the world, the epidemiological pattern called the nutrition transition, where diets shifted towards a more “Westernized” style high in salt, sugar, and fat, was taking hold. (Popkin & Gordon-Larsen, 2004). Explaining the roots of the nutrition transition in the Caribbean, Foster et al. (2018, p. 2) noted that it “result[ed] from a complex interplay among recent and rapid globalization, changing social and cultural norms, colonial histories, and poverty, and is reflected in significant levels of imported, highly processed foods in these countries.”

Between the 1950s and 1980s, public rule in (what is now) CARICOM changed over from British to newly autonomous states. Private companies, having been initially empowered during the colonial period, remained incredibly important in development policies, leading integration with global markets. Industrialization by invitation opened the region to foreign investment, shifting dependency in the region from an explicit relationship with colonial powers to implicit relationships with Northern powers, but also forgoing an opportunity for any domestic agricultural development policy. This era in Caribbean history can be characterized by its political preoccupation on regionalization and independence politics, the growing levels of food imports (at least partially a result of artificially cheap foods in the North and elsewhere), and the vacuum of any domestic approaches to food production or agrarian development. At the same time, this and the previous era’s reliance on

company-led integration in the global markets would set the stage for the contemporary, corporate food regime.

2.3 Liberalizing the Caribbean Food System

Some scholars have argued that the global food system is now in a phase whereby corporations are dominant rule-makers (McMichael, 2013a; Plahe et al., 2013). McMichael (2013) argues that this ‘corporate food regime’ expressed a new moment in the political history of capital, which he called the neoliberal “globalization project” (McMichael, 1996, 2013a). Rather than states managing markets, states now served markets (McMichael, 2013a). Deeply linked to the liberalizing trade regime in the 1970s onwards and the debt crises in the Global South in the 1980s and 1990s, the corporate food regime “has projected corporate hegemony backed by international finance and multilateral rules” (McMichael, 2013a, p. 60). Further, McMichael (2013, p.60) wrote that:

“Under the corporate food regime, cheap food depends on the union of North Atlantic grains and southern fruits, vegetables and seafood in an international division of agricultural labor coordinated by transnational corporate supply chains, with trade relations governed International Financial Institution (IFI) structural adjustment policies and WTO protocols.”

Using the context outlined above by McMichael, this section characterizes the food system in the Caribbean from the late 1970s and early 1980s to the contemporary period. I show how the legacies of British and American hegemony that were outlined in the previous two sections, roughly aligned with what Friedmann and McMichael called the British and American food regimes (1989), can still be found in a more corporatized form in the food system today. I argue that this corporate power, emanating from the North, was enabled through the rules of the international trade regime.

After failed experiments with more ‘radical’ socialist or Marxist approaches to governance in states like Jamaica, Guyana and Grenada in the 1970s, which had aimed to move away from dependence on capitalist cores in the global economy, Caribbean states were already turning towards liberalizing approaches to economic development that were widely accepted at the time (Payne & Sutton, 2001). Under the Lomé Convention, signed in 1975, goods from Africa, the Caribbean and the Pacific States were already admitted to Europe duty-free in unlimited quantities (CVCE EU, 2017). In further accepting liberal approaches to economic development, in the 1980s, countries in the Caribbean

signed more preferential trade agreements. Building on the Lomé Convention, the Caribbean Basin Initiative offered unilateral market access from the US, and a similar agreement existed with Canada (Pemberton et al., 2000). The Caribbean Basin Initiative was signed in 1983 as part of the American Caribbean Basin Economic Recovery Act, was expanded in 2000 and is scheduled to end in 2030 (U.S. Trade Representative, 2021). It is notable that joining US free trade agreements has been linked to detrimental changes in dietary consumption and increasing risks of population NCDs (Cowling et al., 2020).

Figure 6: Example Value Changes in Exports, 1998-1999

	World total			Developing countries			Developed countries		
	1998	1999	% change	1998	1999	% change	1998	1999	% change
Beverage crops	18.0	12.4	-31.2	16.7	12.4	-25.8	1.3	-	-
Cocoa	3.2	2.2	-31.2	2.8	2.2	-22.0	0.4	-	-
Coffee	11.6	7.4	-36.4	11.1	7.4	-33.1	0.6	-	-
Tea	3.2	2.8	-12.6	2.8	2.8	-1.3	0.4	-	-
Sugar	10.2	7.3	-27.8	6.4	5.0	-21.2	3.8	2.3	-39.2
Bananas	3.5	3.0	-15.0	3.3	2.8	-15.0	0.2	0.2	-14.8
Citrus	5.0	4.6	-6.7	2.6	2.4	-5.8	2.4	2.2	-7.7
Cereals	34.3	30.4	-11.3	12.3	10.7	-13.2	22.0	19.8	-10.2
Wheat	14.7	13.5	-8.1	2.1	2.0	-6.0	12.6	11.5	-8.5
Rice	9.2	7.4	-19.3	7.4	6.0	-19.7	1.8	1.5	-17.4
Coarse grains	10.4	9.5	-8.8	2.7	2.7	-1.1	7.7	6.8	-11.5
Cassava	0.6	0.7	22.4	0.6	0.7	15.6	0.0	0.0	-
Meat	24.9	25.0	0.3	6.5	6.1	-6.7	18.4	18.5	0.7
Bovine meat	10.0	11.5	14.2	2.6	2.5	-3.0	7.5	8.5	13.4
Ovine meat	1.4	1.4	-2.2	0.1	0.1	-8.0	1.3	1.3	-1.8
Pigmeat	6.3	5.9	-5.8	1.0	0.8	-19.9	5.3	5.1	-2.8
Poultry meat	6.4	5.4	-15.0	2.5	2.4	-4.6	3.9	3.1	-19.2
Other meat	0.7	0.7	0.7	0.2	0.2	-11.0	0.5	0.5	8.4
Milk and milk products	12.8	11.2	-12.6	1.3	1.2	-4.3	11.6	10.0	-13.5
Butter	1.6	1.2	-23.7	0.1	0.1	-16.4	1.5	1.1	-24.3
Cheese	4.0	3.1	-22.1	0.2	0.2	-5.2	3.8	2.9	-23.1
Powder & other products	7.3	6.9	-5.1	0.9	0.9	-2.5	6.3	6.0	-5.4
Oils, oilseeds and meals	42.5	36.8	-13.2	23.8	20.8	-12.5	18.6	16.0	-14.2
Oilseeds	13.3	12.4	-6.8	4.8	4.2	-12.0	8.5	8.2	-3.9
Oils and fats	21.8	18.9	-13.1	14.0	12.7	-9.3	7.8	6.3	-19.8
Cakes and meals	7.4	5.5	-25.3	5.1	4.0	-21.8	2.3	1.6	-32.7
Agricultural raw materials	15.9	14.7	-7.2	6.8	6.0	-12.3	9.1	8.5	-6.9
Cotton	8.3	7.5	-10.5	2.3	2.4	4.4	6.0	5.0	-16.2
Jute	0.1	0.1	-13.0	0.1	0.1	-15.5	0.0	0.0	-
Hard fibres	0.4	0.4	3.2	0.3	0.4	4.3	0.0	0.0	-10.8
Natural rubber	3.6	3.0	-17.3	3.5	2.7	-24.8	0.1	-	-
Hides and skins	3.5	3.8	10.1	0.5	0.5	-11.7	3.0	3.4	13.9
Total of the above	167.6	146.2	-12.8	80.2	68.1	-15.1	87.4	77.4	-11.4
All agricultural products ¹	308.6	...	...	132.5	...	...	176.1	...	...
Forestry products	132.3	139.5	5.0	19.9	21.0	5.6	109.5	115.0	5.0
Fishery products	48.9	...	...	...	...	...	...	...	...

Note: Export values for 1999 are preliminary estimates, derived on the basis of estimated changes in trade volumes from 1998 and in world market prices. 1998 trade data are from FAOSTAT, except for hard fibres and cassava. The value of exports for developed countries and the world exclude intra-trade of the EC. Oils and fats exclude butter and fish oil. Meals and cakes exclude fishmeal. Wheat includes flour in wheat equivalent. Beverage crops, cotton and rubber in 1999 do not include re-exports. Hides and skins in 1999 do not exclude intra-EU exports. Hard fibres values are FAO estimates and include processed products. Cassava values are FAO estimates. Export values are FOB.

¹ These include all agricultural products reported in FAOSTAT (the trade data are not available for 1999; for 1997 the corresponding values were: \$332 billion for the world, \$143 billion for developing, and \$189 billion for developed countries).

Note: Taken from FAO. (2000). *Commodity Market Review 1999-2000*. Commodities and Trade Division Food and Agriculture Organization of the United Nations. <https://www.fao.org/3/x7470e/x7470e02.htm>

In the 1980s, the optimism of the 1960s independence movements in the Caribbean had largely disappeared. Among other factors, the oil crises of the 1970s and rising inflation in the North meant that the loans taken on by developing countries in the optimistic independence years were now

costing increasingly and intolerably more to carry. The resulting debt restructuring, prescribed by international financial institutions, caused significant instability in economies all over the Global South (McMichael, 2013a). Structural adjustment programs and programs of trade liberalization were stipulated to Caribbean states as they were in other Global South countries (Steckley, 2016), while at the same time agricultural exports, such as sugar and bananas¹² (see Figure 6 for more examples of agricultural exports in the 1990s) – the mainstay of many Caribbean economies – were declining in value (Barker, 2012). US food, especially cereals, flooded local markets (C. L. Beckford & Campbell, 2013).

Throughout the 1980s and 1990s and under the supervision of the International Monetary Fund (IMF) and the World Bank, most Caribbean states moved through economic stabilization policies towards Structural Adjustment Programmes (SAPs), to receive the concessionary loans required to avoid defaulting. SAPs required countries to undertake major trade liberalization, in addition to tax reform, privatization, reduced government involvement in the economy and a reduction in budgetary support for social services and infrastructure (Wedderburn, 2006). As part of these measures, Caribbean states began signing onto multilateral trade agreements, something which Wedderburn (2006) noted led to a restriction in available policy options for states in the region.

Trade liberalization took a major toll on the Caribbean's already weakening domestic and export food production. Barker noted that Jamaican agricultural production never returned to its 1996 peak after a major drought in 1997, the result, he wrote, of combined shocks from weather and the after-effects of SAPs. In 2007, Weis wrote that the longstanding surplus of agro-exports over imports in the Caribbean turned into a dramatic deficit in the 1990s (Weis, 2007). At the same time, efforts to liberalize developing country economies were further intensified at the Uruguay Round of trade negotiations under the GATT, amidst growing trade liberalization as part of neoliberal reforms more generally.

¹² The sugar industry has slowly closed in the Caribbean. In 2005 St Kitts and Nevis officially closed its sugar industry, whereas Trinidad and Tobago shut theirs in 2007 (Barker, 2012). Bananas have a different story, since, under the Lomé Convention in 1975, the Caribbean had preferential access to the UK market. The WTO agreements of the 1990s began dismantling this preferential market access though, and the banana industry saw huge declines during this period. In 1994, there were about 23,100 banana farmers in the Windward Islands, but by 2007 only 4,000 remained (Barker, 2012).

The Uruguay Round (1986-1994) introduced agriculture into the negotiations (Margulis, 2017; S. Murphy, 2005). Until that point, food trade had been largely exempt under the GATT, with the exception that food surplus and food aid was an ever-present issue (Margulis, 2017). After the Uruguay Round, the global agriculture sector remained highly distorted, leaving developing countries especially disadvantaged. Developed countries largely retained (or even increased) protectionist trade structures (subsidies) under various technical additions to the agreement, while all countries were subject to reductions in tariffs (Clapp, 2006a; S. Murphy, 2005). The imbalance meant that developing countries, including in the Caribbean, reduced tariffs that had been protecting nascent agricultural industries. Countries were simultaneously exposed to the artificially cheap foods emanating from the Global North, where subsidies had largely been maintained (Rendleman, 2011). Agricultural ‘dumping’, where global agribusiness companies from the EU and the US sell foodstuffs at less than their cost of production (Murphy et al., 2005), further hindered small-scale domestic agriculture in the Caribbean.

During this era, as the rules of the international trade regime developed and Caribbean countries were further integrated into that regime, the region’s longstanding export surplus of agricultural commodities turned towards a deficit. Weis (2007, p. 111) wrote:

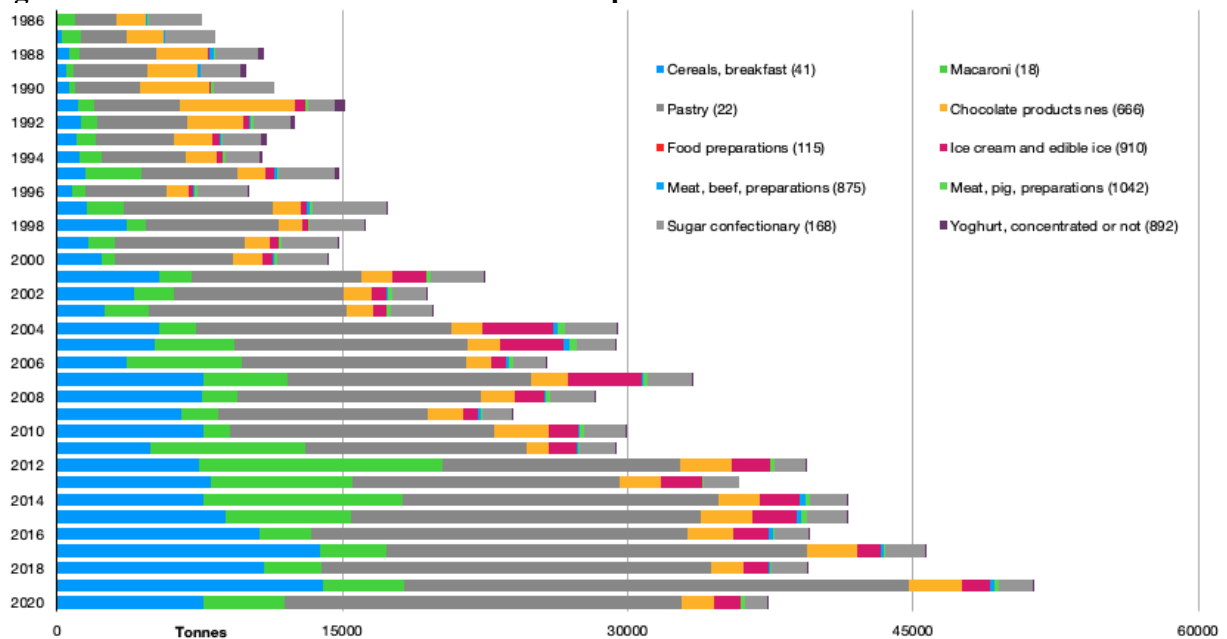
“The historic struggles of Caribbean small farmers have been magnified by the liberalisation of domestic markets and rising imports from the industrial grain and livestock complexes of the world three great agro-exporting regions, North America, Europe and the southern cone of South America...In short, global pressures are giving renewed urgency to rethinking the old plantation-peasant model of agricultural development.”

Any hopes for post-independence domestic growth in agriculture were dashed with the continued inflow of cheap foods. The US Department of Agriculture called the Caribbean the world’s most food import-dependent region (Weis, 2007). Agricultural commodity prices, including sugar, had already declined to record lows, hitting prices far below production costs (MacDonald & Demetrius, 1986). Prices slid downwards dramatically in the 1980s, partially due to strong production¹³ in traditional importing countries (like Australia, Europe, China and India) and the growing substitution of high fructose corn sweeteners in the USA (MacDonald & Demetrius, 1986).

¹³ Including from sugar beets.

This last point is particularly relevant to this thesis: during this era, new uses for subsidized US commodity crops meant that food products were changing as producers took advantage of innovative and newly formulated ingredients. Highly processed food products became normalized and cheap, since their component parts were so heavily supported by US government subsidy programs (Pollan, 2007). The overall result in the Caribbean was a simultaneous plummeting of sugar prices (see Figure 4) and an increase in cheap, imported, and processed foods. While the Caribbean economies had long been premised on plantation agro-exports and the importation of basic foodstuffs (Weis, 2007), in the 1990s this economic equation was no longer in balance. Cheap cereal foods, and foods that were processed or ultra-processed, were more and more common in the Caribbean food economy (see Figure 6 and 7), since these foods tend to be more shelf-stable and stand up to both the significant transportation needs of the region and the extreme climate.

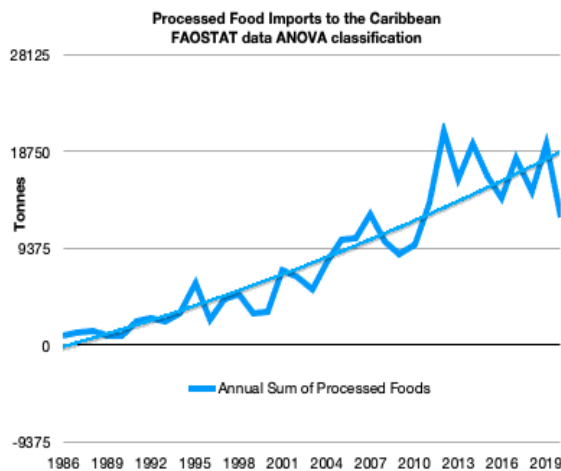
Figure 7: Processed and Ultra-Processed Food Imports from World to Caribbean



Note: Source data from FAOSTAT, representing imports from 'World' to 'Caribbean' (see Figure 3 for explanation of FAOSTAT Caribbean countries). Processed and Ultra-processed Foods determined through use of ANOVA classification. Numbers not revised to take population gains into consideration.

Whereas the post-War period in the Caribbean was focused on questions of independence and regionalization, the increasingly ubiquitous liberalizing trade policies undertaken to fit into the international trade regime were a dominant focus in the last quarter of the 20th century. The trends and reform principles in the global economy, under the auspices of the GATT (and later the WTO) and the international financial institutions, were changing the face of the food system dynamics in the Caribbean. Whereas Caribbean food systems were built on legacies of exporting agricultural plantation commodities to international markets and in return importing basic food stuffs (Weis, 2007); the combination of trade liberalization, the existing focus on importing other food, and the artificially cheap foods coming from elsewhere meant that food systems in the Caribbean were increasingly dominated by cheap and increasingly processed foods (see Figure 7 and 8). Though trade

Figure 8: Sum of Processed Food Imports (World to Caribbean)



Note: Source data from FAOSTAT, representing imports from 'World' to 'Caribbean' (see Figure 3 for explanation of FAOSTAT Caribbean countries). Processed and Ultra-processed Foods determined through use of ANOVA classification. Numbers not revised to consider population gains.

liberalization was largely driven by state-state negotiating in the GATT and WTO Rounds, corporate (and especially US) actors benefitted (McMichael, 2005), driving food trade through value chain production (Tozlani, 2004) and the ability to sell and buy without spatial limitations (Winson, 2013). This power became especially in apparent developing countries, where SAPs had greatly diminished the role of the state. Barry et al., (2020, p.106) go so far as to say that “[i]n short, the current foodscape of the Caribbean is one marked by both colonial power and neoliberal distortion.”

2.4 The Contemporary Caribbean Food System and FOP Labelling as a Policy Response

The patterns and legacies of British, American, and the corporate power built more recently, live on in the contemporary period, shaping the modern Caribbean food system. Scholars increasingly point to the public health impacts of liberalizing international trade and foreign direct investment (Friel, Gleeson, et al., 2013; Friel, Hattersley, et al., 2013; Rayner et al., 2006; Thow & Hawkes, 2009). As the availability of imported foods increases through trade agreements and liberalization (Thow & Hawkes, 2009), contemporary food trade, led by food corporations, produced remarkably similar patterns of power to previous regimes, where the South produces and consumes only so far as it benefits the North.

In one especially egregious example, the industrial slaughtering and processing of turkeys in the US, and US consumers' distaste for the fatty offcut turkey tails, left them widely available on the international market (Singer, 2014). The surplus led to the development of new markets for the nutritionally deficient meat products in the Pacific islands (Singer, 2014), where turkey tails displaced other cheaper meats like chicken, sausage or mutton (Thow et al., 2017). Similar patterns exist for the trade of mutton flaps, the fatty underbelly of sheep (Errington & Gewertz, 2008). These inequitable patterns of trade led to a sense of unhealthy 'second class' (Fiji Times, 1995) foods being used for emerging markets. For all the high expectations, increasing trade liberalization has continued and reinforced, rather than disrupted, existing patterns of global inequality in food trade and the resulting diets.

Imported foods are sometimes also considered desirable because of their association with hegemonic powers. Several studies have pointed to the ways that so-called 'traditional' foods become less appealing when compared to 'Western' foods (Barry et al., 2020; Steckley, 2016; Wilson & McLennan, 2019). While this appeal sometimes stems from times when animal proteins were scarce, studies demonstrate that people in postcolonial states have a history of associating imported and processed foods as being high status, while 'traditional', 'farm' or 'slave foods' are considered low status (Beckford, 1972; Errington & Gewertz, 2008; Miller, 1998; Pollock, 1995; Steckley, 2016; Wilk, 2006; Wilk & Marisa, 2013; Wilson & McLennan, 2019). Valuations of different types of foods, set during the colonial period and reinforced in new iterations of food production, only serve to exacerbate this cultural inequality of food desirability. Imported and highly processed foods become

both desired and the norm in postcolonial, and particularly remote island and former plantation economy states, such as Jamaica, Barbados, and St Kitts and Nevis, through multiple, overlapping and reinforcing patterns of power in the global economy.

As these foods, produced in factories rather than fields, dominate plates in the Caribbean, the pattern is not so different from elsewhere in the world. The epidemiological pattern of moving from more so-called ‘traditional’ diets to diets akin to Western trends – those high in sugar, salt, fat, and overall calories – is known as the nutrition transition. Popularized by Barry Popkin, an American epidemiologist, in the 1990s, it emerged from large-scale, longitudinal surveys that look at body composition all over the world, starting when the number of people living with overweight and obesity began to outnumber the people living with hunger in the 1980s (Popkin, 2007). The nutrition transition, based on observable survey data, began as the idea that body composition followed epidemiological trends of weight gain while physical activity decreased as incomes rose (Popkin, 1993). This pattern was couched in two other historic processes: the demographic transition (shifting from high fertility and high mortality to low fertility and low mortality) and the epidemiological transition of high prevalence of infectious diseases linked to malnutrition, periodic famine and poor sanitation to “a pattern of high prevalence of chronic and degenerative diseases associated with urban-industrial lifestyles” (Popkin, 1993, p. 138).

These changing dietary patterns are not simply the result of a natural pattern over time, but can be tied to the increasing economic liberalization that allows food products to be traded with such ease (Hawkes, 2006; Thow & Hawkes, 2009). Food products that are traded are also increasingly processed (see Figure 8), food processing having been propelled by the same government supports (Pollan, 2007) that were negotiated to remain for Northern countries under trade negotiations (Clapp, 2006a). The fact that the nutrition transition can be linked to growing food trade, but particularly the food trade of processed foods emanating from countries who have always been powerful in the global economy, matters specifically because it continues to reinforce these legacies of power. Developing country populations are increasingly paying a health price that often profit corporations in the Global North.

In fact, 80% of chronic disease occurs in lower- and middle-income countries (WHO, 2005). Diet-related non-communicable diseases are rising globally, and according to the most recent *State of Food Security and Nutrition in the World Report* (FAO et al., 2021), no countries in the Caribbean are on

track to reduce the prevalence of child overweight to less than three percent (p.45),¹⁴ spurring on further action around healthy eating policies. At the same time, the number of people unable to afford healthy diets increased in the Caribbean between 2017 and 2019, since costs have risen over six percent during this period (FAO et al., 2021). Increases in moderate and severe food insecurity were the sharpest in the world between 2019 and 2020 in Latin America and the Caribbean region, up nine percent. Understood as the multiple burdens of malnutrition by public health experts, these parallel rises in over- and under-nourishment are signals of an unhealthy and unequitable food supply. Contemporary food consumption patterns in the Caribbean have led to increasing rates of non-communicable diseases (Samuels et al., 2014), and FOP labelling became the policy of choice to help curb these rising rates of disease.

2.4.1 FOP labelling as a Policy Solution

FOP labels, as a policy response, shifts responsibility for the nutrition transition away from larger, structural forces like trade liberalization and cheap, processed foods, and instead relies on consumers to act based on information they have about products. There are several useful concepts that help explain why this policy is preferred over other, heavier handed approaches. First, the focus on consumers' responsibility to act has strong antecedents in the fields of public health and health promotion. A longstanding view (which is now being challenged) of the 'obesity epidemic' placed responsibility squarely on the shoulders of the individual for their choices (Brownell et al., 2010). The suggestion is that consumers should eat foods that do not make them fat, and if they are fat, the underlying assumption is that they lack the moral fibre of better people (de Brauw, 2017; Gard & Wright, 2005; Guthman, 2011). The personal responsibility argument also inherently relies on access to knowledge. Consumers are supposed to know what makes them fat and how to act based on this information. The personal responsibility approach assumes that consumers have access to and can understand information about the healthfulness of foods. These types of assumptions inform FOP labelling as a policy solution, since providing consumers with more information should then logically help them to make better decisions.

¹⁴ While many scholars and actors have stopped using overweight and obesity as measures of health, they are still frequently inferred as indicators for NCD goals, particularly in the Caribbean. In the region, childhood obesity especially is a rallying point for public health policies (see, for example, Henry, 2016; Sobers and Samuels, 2019; Foster 2020).

The underlying assumptions around consumers' knowledge are related to classical economics paradigms around rational consumers. Economics, as a discipline, often uses models based on the rational consumer, or 'homo economicus': an individual who makes choices out of self-interest (Persky, 1995). To make economic models work, the assumption is that the rational consumer has access to 'perfect information', something inherently difficult to achieve in a food system where production choices are so distant from consumer experiences (Clapp, 2014), and nutritional literacy is challenging (Malloy-Weir & Cooper, 2017). Relatedly, the idea of 'consumer sovereignty' sets out that "consumers are the best judges of their own welfare and that their economic choices are effective in advancing their self-interests" (Redmond, 2000, p.177). Ideas about how individuals make choices in the food system evolved from these economics ideas about consumers and food as a commodity (Gunderson, 2014; Jackson et al., 2021; Magdoff, 2012; Vivero-Pol, 2017, 2017; Zerbe, 2019), consumers' ability to act in their own self-interest, and their access to information to make these choices.

FOP labelling, as a public health policy solution, therefore, intends to correct the information problem by providing consumers easier access to information that is also easier to interpret. It is intended to help improve consumer decisions about what to consume, without limiting the sovereignty and autonomy of the consumer. Importantly though, FOP labels also do not limit the sovereignty or the autonomy of the corporations that produce the products. FOP labels do not create radical or seismic shifts in the food system or its construction, as they might if they regulated further upstream. FOP labels, like other labelling action, therefore also side step any political action required of governments (Maniates, 2002) that might limit corporate production and distribution in any way.

FOP labelling does not attempt to solve the unhealthy food environment, dominated by processed and ultra-processed foods, that produce corporate profits for mostly Northern companies and continue to reinforce global patterns of inequality. Instead, FOP labelling attempts incremental corrections around the *consumption* of these foods,¹⁵ FOP labelling, as a policy solution, is thus preferred specifically because of the neoliberal environment that also created the problem in the first place: rather than states managing markets, states now serve markets (McMichael, 2013a). Food environments are now dominated by the artificially cheap, ultra-processed foods that make

¹⁵ Sometimes, policymakers also use FOP labels to encourage reformulating food products to be healthier (Croker et al., 2020; WHO Regional Office for Europe, 2020).

corporations money, but the only viable policy solution in a global trade environment that empowers corporations is to ask consumers to stop eating those foods.

2.4.2 Front-of-Pack Labelling in Context: Around the World and in History

Food labelling exists in many forms and for many reasons. Much of it is standardized. For example, Figure 9 shows the Government of Canada’s adapted Nutrition Facts Panel, also known as the ‘Back Panel’, which is based off the international standard set by the Codex Alimentarius. In this section, I show how FOP labels differ around the world.

Figure 9: Government of Canada Nutrition Facts Panel

Nutrition Facts	
Valeur nutritive	
Per 1 cup (250 mL) pour 1 tasse (250 mL)	
Calories 110	% Daily Value*
	% valeur quotidienne*
Fat / Lipides 0 g	0 %
Saturated / saturés 0 g	0 %
+ Trans / trans 0 g	
Carbohydrate / Glucides 26 g	
Fibre / Fibres 0 g	0 %
Sugars / Sucres 22 g	22 %
Protein / Protéines 2 g	
Cholesterol / Cholestérol 0 mg	
Sodium 0 mg	0 %
Potassium 450 mg	10 %
Calcium 30 mg	2 %
Iron / Fer 0 mg	0 %
*5% or less is a little , 15% or more is a lot	
*5% ou moins c'est peu , 15% ou plus c'est beaucoup	

Note: Government of Canada, C. F. I. A. (2017, August 14). Mandatory Information—Information within the Nutrition Facts table [Reference material]. <https://inspection.canada.ca/food-label-requirements/labelling/industry/nutrition-labelling/nutrition-facts-table>

Since research shows that consumers tend to have difficulty interpreting nutritional information (Malloy-Weir & Cooper, 2017; M. K. Taylor et al., 2019), different groups (including industry groups, governments, and NGOs) have experimented with putting labels on the front of a package, expecting that if consumers are directly faced the information they need to make decisions, they will make better ones. These labels are implicitly related to processed and ultra-processed (and therefore packaged) foods, since fresh foods often do not have packaging or labels. At the same time, policymakers and other actors have made different endeavours aimed at simplifying information provision, often with different goals in mind. Here, I consider two major schools of ‘public’ (government led) FOP labels: ‘interpretive systems’ (where there are symbols, colour codes and/or graphic representations to help consumers interpret the information) and ‘informative’ or ‘non-interpretive systems’ (where there is a transfer of some or all the information from

the nutrition facts (back) panel, with no interpretation).¹⁶ It is most useful to look at existing FOP

¹⁶ These categories are taken from the Government of Costa Rica’s presentation at the Electronic Working Group for Consideration of Issues Regarding Front-of-Pack Nutrition Labelling: Electronic Working Group, chaired by Costa Rica and Co-chaired by New Zealand as part of the Codex Committee for Food Labelling. While other ways of categorizing FOP labels are available, this was chosen to maintain consistency with the

labelling systems on a continuum between these two approaches, and here I highlight four examples to illustrate the different approaches that different governments have used. It is important to note that even when government led, FOP labels are not necessarily mandatory. A discussion regarding the mandatory and voluntary nature of labelling follows this section. I consider these systems all derived from public governance (rather than private governance¹⁷). A survey from 2017 suggested that there were 16 different FOP labelling systems implemented in 23 countries at the time, six of which were considered informative and 10 of which were considered interpretive. Additionally, there were 10 proposed systems at the time.

The strictest interpretive labelling system so far was created in Chile (see Figure 10), led by a senator who was also a medical doctor (Jacobs, 2018). Adopted in 2016 as part of the 2012 food Law 20.606,¹⁸ the Chilean labelling system regulates processed food products by mandating up to four octagonal (or ‘stop sign’) black labels known as ‘high-in’ warning labels. These labels are based on nutrient thresholds for total energy, saturated fat, sugar and sodium (Smith Taillie et al., 2020). There is a high level of interpretation done through the labels, requiring less cognitive processing for consumers (Mansfield et al., 2020). Peru, Uruguay and Israel have all adopted a similar style FOP label in recent years (Jacobs, 2020). CROSQ, in CARICOM, proposed to add a FOP label based on the Chilean format to the existing pre-packaged food labelling standard. Should it be adopted, all food

Figure 10: Chilean Front-of-Pack Labels



later discussion on food labelling and standards. In this case, the group excluded FOP labels that were based on the presence/absence/reduction/ fortification of foods, such as ‘dairy free’ or ‘gluten free’.

¹⁷ In International Political Economy literature there is significant coverage on privately led certifications and labels which often crosses over into wider discussions of private governance for food (see, for example, work by Fuchs, Kalfagianni, Arentsen, Taylor, and Auld) and sustainability (see, for example, work by Auld, Cashore, Bernstein, Grabs, Lawson, and Renckens).

¹⁸ Nutrition experts have called this legislative suite of policies the “most ambitious measures to remake a food culture” (Jacobs, 2018). This demonstrates the way the Chilean legislation aimed to change the fundamental structure of the food environment to enable healthier choices to be easier choices for consumers.

products that pass the nutrient thresholds (including imported products) would need to have the labels. Mexico has very recently adopted the Chilean format as a result of research indicating the success of these labels (see, for example Correa et al., 2019). Brazil adopted a similar approach (FAO, 2020) but uses a magnifying glass rather than octagons¹⁹ and focuses only on sugar, salt and saturated fat (Michail, 2019). These formats are all considered interpretive *warning* labels since they

Figure 11: Nutri-Score Label

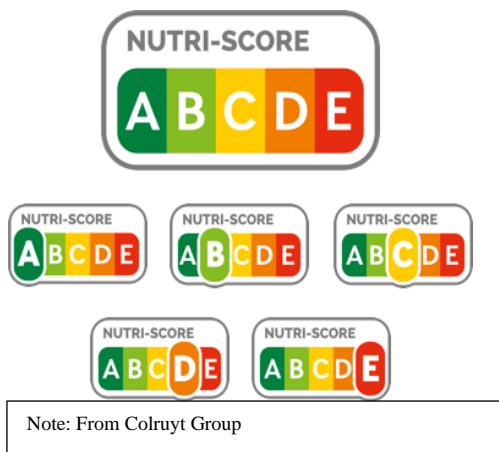


Figure 12: Health Star Rating



¹⁹Also similar to the proposed approach by Health Canada (Health Canada, 2018).

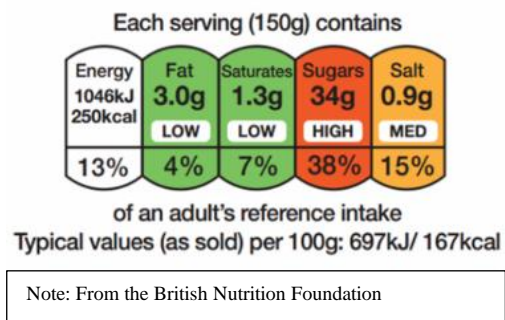
²⁰ While Nutri-Score is used by multiple EU countries, it is not mandated throughout the European Union. Germany is currently considering adopting a FOP label, and public health researchers are filling the knowledge gap by conducting studies on effective schemes for the specific population (Egnell et al., 2019). Importantly, this fact highlights the significance of the present study. Even the EU has not adopted a regional and uniform (standardized) FOP label – the exact effort this study seeks to understand in CARICOM. Nutri-Score was developed in France in 2017, after an initial proposal in 2013, and is partially derived from the same nutrient profiling system the UK system uses (Chantal & Hercberg, 2017). It was adopted unilaterally by the French Ministry of Health (Chantal & Hercberg, 2017), adopted in Belgium in 2019 (Vandevijvere, 2020), announced in 2018 (Michail, 2018) and rolled out in 2021 (Southey, 2021) in Spain, and with a similar timeline in Portugal (Graça et al., 2018).

1) use colours and symbols as heuristics to help consumers interpret nutritional information, and 2) alert consumers to high levels of *undesirable* components.

Considered somewhat less strict than a warning label of ‘high-in’ based on nutrient thresholds, are the Nutri-Score and Health Star systems. France, Belgium, Spain and Portugal²⁰ have implemented the Nutri-Score format that is based on a system of colours and letters (Julia et al., 2018) (see Figure 11) – making it quite interpretive; while Australia and New Zealand have adopted the Health Star format (see Figure 12). The Health Star Rating has an overall interpretation, alongside exact numbers transferred from the back panel. In May 2020, the European Commission announced it would harmonize and mandate an FOP labels by the end of 2022, and in the meantime, more

European states have adopted Nutri-Score (IARC, 2021), yet currently, FOP labels are not standardized across the EU.

Figure 13: Multiple Traffic Lights



On the far end of the spectrum is the UK's 'Traffic Light' format (see Figure 13). This format provides the most information but simplifies information the least simply (of the examples highlighted here). Critics argue that Traffic Light labels do not serve consumers as well as other formats because they still put a lot of interpretation on the shoulders of consumers, making them especially difficult for populations with low literacy (Muinelo in Michail, 2019). For example, how should a green category be weighted against a red category? Consumers making decisions based on traffic light symbols still have to weigh different types of information and make decisions based on their own understanding. The UK Multiple Traffic Light format was one of the original Front-of-Pack Labelling systems, first introduced in 2006. While the current format was implemented in 2013, the Prime Minister's recent experience with Covid-19 and his assessment of the co-morbidities of his personal weight have spurred on a review of this system, suggesting there might be a change in the future for the UK format (Lalou, 2020).

The existing UK Multiple Traffic Light format is perhaps the most in line with the neoliberal thinking on FOP labels (Scrini & Parker, 2016), since it interferes the least in corporate action in the economy. This format provides a significant amount of information but with the least interpretation. Consumers are expected to weigh the colours and interpretations of low, medium, and high in the specific nutrients to make decisions that are best for their personal health. The Chilean format, on the other hand, provides the most interpretation for consumers. In a recent study from Chile, children were especially attuned to the labels and encouraged their parents to make purchase choices based on these labels, because of the visibility of the labels, the easy correlation between seeing a label and what it means, and because of the labels were also included in school environment policies (Correa et al., 2019).

2.5 Conclusions

This chapter has outlined the historical context of the Caribbean that led to a need for a policy solution like FOP labels: the extractive agricultural patterns led by the British colonial government that prioritized agro-commodity exports over the development of local food systems, that later meant the Caribbean was susceptible to the subsidized food imports from elsewhere in the world. The increasing neoliberal reforms of the international trade regime further opened developing economies to these types of imports, and the legacies of corporate power were only strengthened during this time.

The result, not only in the Caribbean, has been that the increasingly processed food environment has been linked to a rise in NCDs. Yet putting a label on the front of a packaged food seems to be a more viable option in a neoliberal environment that encourages minimal market intervention, rather than large-scale systemic or structural changes to the supply or retail side of the food system. Governments around the world have aimed to incrementally improve the food environment through FOP labelling formats that range from least interpretive (multiple traffic lights) to most interpretive (Warning Labels). In the next chapter, I show how food labels are governed in the international liberal trade regime and explore the theoretical concepts I have found useful in examining this case.

Chapter 3

Communities and Corporate Power in Standard Setting for Food Labels

Food labels and their governance are embedded in multiple, overlapping, and reinforcing systems of power. Food systems around the world, including the Caribbean, have been historically shaped by British- and US-centered power, and yet many scholars now point to the exceptional power of corporations to shape food systems. Among other factors, corporations have derived power in the global food system through increasing financialization and the “neoliberal advocacy of market rule” beginning in the 1980s (McMichael, 2013b, p. 41). In this chapter, I argue that the structuring of the international trade regime during this neoliberal period helps to explain why corporate actors were empowered in the regional standard-setting process for adopting FOP labels in the Caribbean.

Though FOP labelling was conceived of as a health policy by experts inside of CARICOM’s own governance structure, CARICOM shifted FOP labelling into standard setting in an attempt to achieve a uniform label that would eventually be implemented across the region. This chapter begins by briefly discussing why and how food labels are standardized and how standards and public policy intersect. I outline the ways that standard setting developed around prioritizing private business interests and creating communities that reinforce cultural norms around those interests. Finally, I turn to the literature from global governance and international political economy on business and corporate power, to help explain why corporations involved in standard setting have historically, and continue, to exert power in these systems.

3.1 Governing Food Labels Now and Then: Why Are Food Labels Standardized?

The FOP labels described in Chapter 2 were all derived from public governance structures at the national level (even Nutri-Score started at the national level before spreading to other countries one at a time, making it fundamentally different from the approach pursued in CARICOM). The labels exemplified above are all examples of public policy. Yet, food labels are also generally subject to the

rules of international standardization. In this section, I show why food labels are subject to international standard setting, arguing that the way food labels are developed in the global economy are the result of an interplay of standard setting and public policymaking, and how the processes of standard setting actually evolved around the needs of business and industry actors.

3.1.1 Food Labels in International Standard Setting

During the increasing liberalization of international trade in the 1990s, an intergovernmental body called the Codex Alimentarius (often referred to simply as Codex) became extremely important for global rules around food labelling. Food labelling was seen as a potential barrier to trade if it was not harmonized across trading partners. For example, if a state wanted to protect its domestic producers, it could require a specific labelling requirement that only its local producers would meet, thereby creating a barrier for external food producers trading into the region. This hypothetical scenario motivated member states of the WTO to empower international standards for food labelling in the 1990s. The Codex Alimentarius is jointly facilitated by the UN Food and Agriculture Organization (FAO) and World Health Organization (WHO). Initially established in 1963, Codex went through a low period of “apathy and inaction” in the 1980s (Victor, 1997, p.133, cited in Bütthe and Harris, 2011), but was reinvigorated through the reference to it in the 1994 WTO Agreement on Technical Barriers to Trade. The same round of trade negotiations that liberalized agriculture and food trade (Uruguay, 1986-1994) (Margulis, 2017) also introduced the agreement that would define and empower standards in food trade.

Standards that are set by Codex, which are consensus-derived agreed specifications, are not legally binding. However, because Article 2.4 in the Agreement on Technical Barriers to Trade (TBT) under the WTO states that member-states *should* use international standards if they exist, it makes the standards set by Codex *de facto* rules in the global economy. Since Codex deals with food labels and food safety, it has become the default international standard setter in these areas.

Article 2.5 suggests that standards that are based on “international standards” (like Codex’s) are not considered a Technical Barrier to Trade. This means that states who use international standards from Codex to create their own rules around food labels will be protected from challenges at the WTO. For example, see again Figure 8. Canada’s ‘back panel’ nutrition facts is based on a Codex standard. Standardization in general reduces barriers to trading, since producers and manufacturers need to meet the same standardized requirements across the international economy.

In the case examined by this thesis, Codex’s guidelines standard on Pre-Packaged Food Labelling were most relevant. The Caribbean Regional Organisation on Standards and Quality (CROSQ) had adopted a standard²¹ years earlier that was in line with this international standard set by Codex on pre-packaged food. CROSQ suggested that all CARICOM member states adopt CARICOM Regional Standard (CRS) 5. Adopting harmonized food labelling standards in CARICOM is expected to help facilitate food trade across the region, since it reduces the friction of many different labelling requirements.

While few member states had adopted CRS 5 at the time of fieldwork, adopting a close version of the international standard generally protects CARICOM member states from challenge under WTO, demonstrating how important the international standards around food labelling can be. There is currently no international standard on FOP labels, though the Codex Committee on Food Labelling is now working towards a Front-of-Package Nutritional Labelling Guideline, making this very progressive FOP label a potential test case for a wider international standard.

3.1.2 Intersections of International Standards and Public Policy: Voluntary Vs. Mandatory Labels

At this point, it is worthwhile to note that language around trade and trade rules is very specific and esoteric (Trommer, 2016). I view standard setting, embedded as it is through the international trade regime, as similarly difficult to untangle. This section clarifies the language I will use throughout the thesis and where I have conceptualized the very blurred lines between public governance and policymaking, private governance and standard setting, and mandatory and voluntary labelling.

The Technical Barriers to Trade (TBT) Agreement refers to “international standards” (WTO, 1994). Under the agreement, these international standards are expected to be used by governments when they make policy. By using an internationally agreed standard, the policies (e.g., legislation, rules) developed by individual countries will not create (technical) barriers to trade (TBTs). Standards from the International Organisation for Standardisation (ISO) or the International Electrotechnical Commission (IEC) are generally accepted as “international standards”, as are the standards on food

²¹ CARICOM Regional Standard (CRS) 5 – Pre-Packaged Food Labelling.

labelling laid out by Codex. While “international standards” are not defined within the agreement, making the enterprise much more complex, a “standard” is defined as a:

“Document approved by a recognized body, that provides, for common and repeated use, rules, guidelines or characteristics for products or related processes and production methods, with which compliance is not mandatory. It may also include or deal exclusively with terminology, symbols, packaging, marking or labelling requirements as they apply to a product, process or production method (WTO, 1994, p. 132).”

Because “international standards” are generally considered voluntary, they are sometimes called “voluntary standards,”²² to differentiate them from standards that are imposed through legal means. However, scholars have often argued that international standards are not *so* voluntary, and instead become *de facto* rules in the global economy, as well as ceilings (Clapp, 1998; Thow et al., 2019). Throughout the thesis, I refer to standards from Codex or other “recognized bodies²³” as “international standards” rather than voluntary standards to avoid confusion. For example, the CARICOM Regional Standard (CRS) 5 on Pre-Packaged Food Labelling is based off the *international standard* from Codex (General Standard for the Labelling of Prepackaged Foods Codex Stan 1-1985). So far, CARICOM Regional Standards do not seem to carry the same weight or protection as international standards (see also footnote 62 for a more nuanced discussion around the potential for regional standards to be considered ‘international standards’), and so it has (so far) been advantageous for the region to use standards that are very close to the international ones to keep in line with international suppliers and traders.

The interactions between international standards and making public policy are complex and made more so by CARICOM as a regional governance structure instead of a national one. When

²² Or even “public standards” (see [Bain et al., 2005](#)). I purposefully do not use this language to avoid the conflation of public policy with standard setting, which I see as fundamentally different.

²³ Determining a ‘recognized’ body is also challenging. It seems that bodies who abide by the TBT Agreement’s Code of Good Practice are considered ‘standardizing bodies’, though the language is inconsistent in the Agreement. Therefore, in this thesis, I further differentiate by discussing “international standardizing (or standard-setting)” bodies versus “domestic” and “regional standard-setting bodies”, which I assume all use the Code of Good Practice. This discussion becomes more difficult when NGO standards are created and used, since the Agreement indicates that NGOs must be able to legally enforce for its work to be considered “international standards.”

CARICOM adopts either an international standard or a regional standard,²⁴ it remains voluntary for firms to comply with. Only after a member state inside CARICOM legally adopts the standard does it become mandatory. In contrast, the TBT Agreement, calls a policy, legislation or rule that is made domestically but does *not* use an international standard a ‘technical regulation’²⁵ (WTO, 1994). In the case of adoption in-country, companies that label foods in that country, or companies who export foods to a country where it has been legally adopted, must comply with CRS 5. In most CARICOM countries however, CRS 5 is still considered voluntary. Therefore, most food companies in CARICOM or exporting from other countries to CARICOM, do not currently have to comply with CRS 5.

This discussion raises further questions about how standards can be used for public policy. Generally, technical regulations can be considered public policy, since the act of mandating means that a national government has prescribed a course of action. The same is true when governments mandate an international standard. I argue, therefore, that on their own, international standards are not public policy themselves, but they *can become public policy* once they are legislated or mandated by governments. This discussion also helps explain why regional standard setting seemed a valid place for FOP labels to be implemented – it provided a ready-made venue for discussions around uniform and regional food labelling.

3.2 Trade Rules and Standard Setting in the Global Economy

To help illuminate the pathways of power in regional food labeling standard setting, I now turn to the evolution of standard setting, and with specific reference to the international trade system. The Voluntary Consensus Standard-Setting system (the VCSS system) (C. N. Murphy & Yates, 2009), what I refer to as the standard-setting regime, is directly embedded within the broader international trade regime and its rules. International regimes are the “principles, norms, rules, and decision-

²⁴ I use “regional standard” to refer to those put forward by CROSQ. In most cases, these are international standards or international standards with very slight variations specific to CARICOM’s context and negotiated in CROSQ’s consultation processes.

²⁵ See Kim (2018) for an excellent history tracing the textual definitions of standards and technical regulations from GATT negotiation rounds to the TBT Agreement. Kim (2018) noted that the definitions of standards rest on being voluntary, whereas technical regulations are mandatory, and the two lack a sufficiently clear definition to differentiate, further causing regulatory uncertainty.

making procedures around which actor expectations converge in a given issue-area” (Krasner, 1983, p. 1).

Regime theory was developed by international relations scholars in the 1970s as a response to criticisms that realist and state-centric approaches were not accounting for a reduction in state power. Krasner argued that “[t]he formal trappings of sovereignty remained, but states could no longer effectively exercise their power because they could not control international economic movements, at least not at acceptable costs” (p.vii). Scholars were responding to a reduction in space available to governments to make decisions around governance under international regimes like international trade. For example, while countries technically maintain sovereignty, the policy space available for public health has shrunk under international trade rules (Friel, Gleeson, et al., 2013; Koivusalo et al., 2009; Labonté et al., 2019).

International regimes can be implicit or explicit. Rather than a set of interests or strategies acted on by a particular government and therefore changing with each shift in power or interests, regimes are longer lasting, and so institutions become important in the maintenance of regimes (Krasner, 1983). Institutions can help to fortify or maintain a regime’s rules or norms by formulating, communicating, administering, enforcing, interpreting, legitimating, and adapting them (Bull, 2002). Alter and Raustiala (2018) described regimes as simply the international rules and agreements that dictate a given issue area. In reaction to even more expansion of institutional density in the international system, scholars developed a theory of regime complexes. Using regime complexes helped to convey the “array of partially overlapping and non-hierarchical institutions governing a particular issue-area” (Raustiala & Victor, 2004, pp. 278–279) that emerged in world politics. Here, using the concept of regime complexes give weight to the ways that the international trade and standard-setting regimes work in tandem, reinforcing each other, as well as giving weight to the unwritten rules and norms that prescribe behaviour and language in these settings.

The institutions of the international trade regime, those that propel its principles, norms, rules and decision-making procedures, can be traced to the post-World War II Bretton Woods conference. The conference is known as the beginning of embedded liberalism, where liberal multilateral economic institutions and principles were intended to be compatible with domestic intervention (Helleiner, 2014a, 2014b, 2019; Ruggie, 1982). One of these institutions, the General Agreement on Tariffs and Trade (GATT), was called a “curious hybrid” set of trading rules and was established “as a surrogate

for the ill-fated International Trade Organization” (Winham, 1990, p. 796) to tide states over until negotiated tariff reductions could come into force.

The GATT, which would eventually become the World Trade Organization (WTO) in 1995, evolved out of a set of processes and policies, rather than careful institutional planning. Winham noted that the GATT’s accidental evolution was one reason it put so much emphasis on “process over structure, on policy rather than institution, and on pragmatism at the expense of idealism” (Winham, 1990, p. 796). The GATT was founded on the two principles of non-discrimination and reciprocity found in trade treaties prior to World War II, on the basis that this would form a “durable foundation for postwar trade liberalization” (Winham, 1990, p. 797). These principles indeed became enduring principles of the trade regime itself, as it continued to evolve. At the same time, until the 1990s food was largely exempt from the GATT (Margulis, 2017).

Over the next decades, rounds of negotiated trade rules evolved this system. The overarching (if somewhat amorphous) principles, norms, rules, and operating procedures of the liberal international trade regime can be traced through the advancing trade rounds, which shifted as the international system itself shifted. Postcolonial states began joining trade negotiations, as further liberalization took hold in the 1980s and 1990s, particularly given the rise of more neoliberal economic principles of low government intervention, deregulation, and privatization – the same principles that would be enveloped in Structural Adjustment Programs (SAPs). The principles and norms of the international trade regime began to shift, especially as the GATT was replaced with the WTO in the 1990s. Just as Winham ascribed central importance to the GATT in the 1990 international trade regime, I view the WTO as the central authority of the contemporary, highly liberalized, international trade regime.²⁶ Indeed, the WTO’s Agreement on Technical Barriers to Trade directly empowered standards just as food trade was brought into this highly liberalized system, making standards and standard-setting incredibly powerful in trade rules.

While international regimes, like international trade, are often conceptualized as sets of rules and norms alongside principles and institutions, individuals also play an important part in perpetuating

²⁶ However, I also recognize the complementary and sometimes contradicting regimes that form a regime complex alongside the WTO’s set of rules and norms, particularly around what counts as an ‘international standard’. See, for example, the literature on transnational regulatory systems (Franck, 1990), non-state market driven governance systems (Bernstein & Cashore, 2007b; Cashore, 2002a, 2019), and civil regulation (Vogel, 2006, 2008b), amongst others.

ideas and norms within those institutions and regimes. Research has pointed to staff before as the missing link in successfully shifting the ideas and culture that dominate in international institutions (Momani, 2007). Individuals in international regimes and institutions cling to ideas around what normal operations are. Wilkinson (2016) wrote that trade experts have their own version of “common sense”, one that is predicated on a shared set of “stylized historical accounts” of trade liberalization (p.21). When this type of historical logic becomes accepted as fact and common sense, forms of behaviour that are consistent with this status quo are encouraged, while the common sense logic is also protected from critical scrutiny (Wilkinson, 2016, p. 22). One reason that developing expertise around trade governance is so challenging and complex (Hannah et al., 2016), is that individuals integrated into this regime have developed knowledges and discourses that are supported by stylized history and simplified metaphors, insulating the ideas from critique (Wilkinson, 2016) and further entrenching the status quo.

The 1994 Agreement on Technical Barriers to Trade (TBT) institutionalized standard setting as an embedded regime inside the wider international trade regime, adding a further layer to understanding the principles, norms, rules, and decision-making procedures governing the international economy. These regimes developed alongside each other: just as food trade was liberalized through the international trade regime, standards were brought into to help assess the non-trade barriers that could be associated with them. Scholars such as Murphy and Yates (2009) and Higgins (2005) tracked the evolution of international standard setting to well before its institutionalization in the TBT Agreement. The cultural norms developed then still matter greatly for contemporary standard setting, demonstrating the strength of the international standard-setting regime and its communities.

3.2.1 The Evolution of an International Standard Setting Regime

International standard setting, at the heart of the wider international liberal trade regime, began over a century ago with efforts to calibrate and standardize measurements across jurisdictions, known as “nuts and bolts” issues (Murphy and Yates, 2009, p.3). Early standardization was propelled by national bodies or smaller associations of “evangelical engineers” (Higgins, 2005) who had a righteous belief in the work to not only reduce inefficiencies at the transitions in emerging global value chains, but for these smoothed out transactions to contribute to world peace. Soon after,

businesspeople were also brought into deliberations on standards that would affect their products (Murphy, 2009, p.15).

This early participation from private business actors was foundational to the system and the culture of standard setting that developed over time: global industry's needs for harmonized trade references have often driven standard-setting processes. National standards bodies then developed to represent those interests. Some theorists (Kerin et al., 1992, Bütte and Mattli, 2010) have suggested that there is significant power in either adopting a standard first or having a domestic standard adopted as the international one, compelling national standards bodies to act on the international stage in favour of domestic industry. Because an international standard is often adopted across global value chains, states that have had little to no involvement in its development are still often subject to it.

There are two lessons here: the first is that although its cultural context is geared towards objectivity and neutrality, standard setting is often much more political than it is objective, given that businesses have such strong interests in having their standards or standards that benefit them adopted. The second is that the international trade regime can reinforce existing patterns of power in the international trade regime and standard-setting bodies themselves: since states that have the power and resources to dictate standards often also benefit from those standards. This fact is especially true at Codex: both industry and Northern states are well represented and able to influence standards (Bütte & Harris, 2011).

Non-public specialized food standard-setters, like the committees of the International Dairy Federation (an industry association), were subsumed within Codex early on, integrating private-sector interests as an important factor for consideration in standards (Kay, 1976). Codex, like most other standard setting bodies, evolved to act with the interests of trade and business as central concerns, influencing the principles, norms, and rules that would guide it. When food labelling was relatively uncontroversial and food safety was the main focus at Codex, this was likely less problematic. But, as noted earlier, the 1994 empowerment of Codex through the TBT Agreement changed altered the significance of the body. As a result, both the prominence and the politics at Codex changed:

“Codex standards therefore now govern the behaviour of agricultural producers and the choices available to consumers in many countries. As a consequence, material stakes and political conflicts over representation and participation are never far below the surface in Codex standard-setting, which is supposedly guided only by scientific methods and expertise.” (Bütte and Harris, 2011, p. 219)

While Codex claims to be a ‘floor’ for food safety and labelling standards, the application of the Agreement on TBT often renders them as more of a ‘ceiling’, making the participants who design Codex standards extremely important. For a state to move beyond the ceiling, it must satisfy Article 2.5. To do so, the technical regulation must be “designed to achieve a legitimate objective” (Thow et al., 2019). According to Article 2.9, the state must then notify other members and provide time for comment. In Mexico, transnational food and beverage companies have argued that the new, more stringent FOP labels will constitute an obstacle to trade, therefore raise the specter of a WTO challenge (Crosbie et al., 2020). WTO challenges are extremely costly and lengthy, and the threat alone can serve to delay or weaken domestic public health regulations (Thow et al., 2020). The onus of justifying a technical regulation is placed on the member-state itself, further disincentivizing states from pursuing regulations that go above international standards (Thow et al., 2019), and reinforcing the power of those who are able to participate in international standardization.

The culture in standard-setting processes generally evolved around the priorities of Northern states and private industry (C. N. Murphy & Yates, 2009). States who are not involved in the development of international standards are still expected to use them, based on the rules of the international trade regime. States are further disincentivized from pursuing domestic technical regulations, whether policy or legislation, that may go beyond international standards due to the threat of costly and lengthy challenges in the WTO system. While 30 countries already have regulations on graphic or symbolic nutritional labelling (WCRF, 2019), Codex only recently (2017) began the development of FOP labelling guidelines. Public health actors are emphasizing the need for broad guidelines that are “non-prescriptive” (Thow et al., 2019, p.6) and would allow states to pursue regulations that best suit the specific domestic context.

Furthermore, there is a strong lineage of power of corporations in standard setting. Even given its intergovernmental foundation, the subsuming of private sector standard-setting bodies like the International Dairy Federation showcase the intertwining of public and private interests at Codex. At the May 2019 meeting of the Codex sub-Committee meeting on labelling, Coca-Cola was represented by nine different individuals, including five embedded directly in national delegations (Codex Committee on Food Labelling, 2019). Codex, like other standard-setting bodies, walks a blurred line to balance facilitating trade and business, and the public good envisioned by earlier “evangelical engineers”. In Clapp’s 1998 work and subsequent work by others (Friel, Hattersley, et al., 2013; Koivusalo et al., 2009), standard setting has been shown to limit the potential of progressive domestic

rules by creating ceilings – limiting policy space – since domestic policymakers are disincentivized to risk a WTO challenge. Where private interests contradict the interests of the public good, the dominance of an existing culture and authority in standard-setting can become problematic.

Given that standards published by international standard setting bodies are often considered “public standards” (Bain et al., 2005), it is important to examine how the norms and rules of international standard setting were shaped over time. This section has argued that private sector interests and Northern interests have played a major role. There is surprisingly little published on the actual rules and operating norms of standard setting committees and organizations, considering their “invisible influence over most aspects of how we live” (Mazower, 2012, Ch.4 para. 19, referring specifically to the ISO). While the Code of Good Practice, found in Annex 3 of the TBT Agreement, is often referred to as guiding standardization practice, it is just over two pages in length and is scant on operating details. Instead, the Code of Good Practice refers to the relationship between international standards, international standard setting bodies, and the international trade regime through the WTO. The internal principles, norms, rules, and culture of standard setting bodies and committees remain difficult to know without experience on a committee itself.

3.2.2 Communities of Standard Setters and Perceptions of Expert Authority

General standard-setting processes and principles developed over time, initially to harmonize expectations in the emerging global economy, and eventually as a space where business would exert their preferences and states would fight for their national standards to be adopted. Like communities of trade experts more generally (Trommer, 2016), those who were involved in international standard setting came to develop a shared set of expectations around the regime – as well as the principles, norms, rules and decision-making procedures that guide it. However, as previously noted, the Code of Good Practice that governs international standard setting as it relates to Technical Barriers to Trade (TBT) is not particularly detailed. Given the layered regimes of “public” national, international (and, in this thesis, regional) standard-setting bodies, their daily efforts to harmonize expectations amongst stakeholders, and the significance placed on the committee work inside these bodies, it is surprising that so little is codified around the actual operation of committees.

Exploring the historical evolution of standard setting provides a place to start. Murphy and Yates (2009) and Higgins (2005) make clear that early standard setters had extremely strong ideas about the

impact of their work, understanding it to contribute to progress, peace, and general public good in the world. At the same time, the regime complex around international trade is organized around overarching principles of non-discrimination and reciprocity, and increasingly, neoliberal principles of reducing government intervention and liberalizing trade. Early standard setters developed their rules and decision-making procedures that became intertwined around these principles, cultivating a culture and community with a shared set of norms and expectations, built around similar goals and knowledge bases.

While general standard setting participants all come from different stakeholder groups, by virtue of their participation in standard setting, they also belong to a distinct community of standard setters. Haas (1992) first suggested that what he calls epistemic communities are identifiable by the existence of a shared knowledge base and policy objectives. Very early on, standard-setting communities were built around the experience of engineers – with shared knowledge bases of their technical expertise. These expert communities then became recognized as authorities in the issue area. Over time, however, standard setting entered less technical spaces and invited more business interests to the table (C. N. Murphy & Yates, 2009), while national standardizing bodies were expected to promote the interests of domestic business (Büthe & Mattli, 2011). The expertise associated with standard setting that forms the shared knowledge base of the community is therefore not always a technical subject matter expertise, but instead is now often around the rules of standard setting and operations of international trade itself.

“Experts possess an authoritative claim on knowledge, and the ability to shape the terms of debate and construct narratives that define what is both conceivable and inconceivable in trade negotiations.” (Hannah et al, 2016, p.2)

The existing committees, and participants who are active in standard-setting bodies, form very specific communities with shared rules and shared knowledge bases, which helps to define what is appropriate in the debates or not. They frequently share policy objectives, though they might disagree with the ways to achieve them, ultimately coalescing around their own specific forms of historicized logic (Wilkinson, 2016).

The shared knowledge base can help to identify a community, but it also helps to explain some of the ways in which communities view certain principles, norms, and rules. For example, the sociological concept of “cognitive legitimacy” describes the “taken-for-grantedness” that individuals

experience around the appropriateness of an organization fulfilling a role (Suchman, 1995). When groups, like standard setting committees, are made up of coherent communities who agree on shared knowledges (Haas, 1992), principles, norms and the decision-making procedures, alternatives to the norm can become unthinkable (Suchman, 1995). In fact, trade experts, with their highly specialized language (Trommer, 2016) and shared historicized logic (Wilkinson, 2016) can fulfil a gatekeeping function that serves to maintain community coherence.

The strength of community cohesion also helps to explain why incoherent communities face challenges coming to consensus (Bernstein, 2011). Research shows that outsiders to expert communities in trade governance face an especially difficult and uphill challenge in convincing those communities of possible alternatives or in criticizing accepted norms and principles (Trommer, 2016). The dynamic of insiders and outsiders in these communities is not only understood through, but also exacerbated by, outsiders' inability to speak in the language favoured by trade experts (Trommer, 2016) and accept their historicized logic (Wilkinson, 2016).

What insights does this discussion offer this case on national and regional standard-setting communities? First, it shows that the evolution of standard setting matters when assessing its norms and principles. The communities of standard setters, their norms, principles, and culture, all developed over the last century and a half by prioritizing the technical needs of industry, business interests, and later on, national (and mostly Northern) domestic interests. Over time, the interests of these actors have informed the knowledge bases and decision-making procedures that are used in standard setting. Especially given the lack of codified committee-level procedures in the Code of Good Practice, these norms have largely built up around the communities rather than being dictated from above.

Second, it is important to note what kind of expertise is accepted and respected. Epistemic communities possess expert authority. But while most epistemic communities are built around their subject matter expertise, in this case, industry actors on committees are only sometimes technical experts, and often experts on the business or the standard-setting process itself. Industry's longstanding familiarity with standard-setting processes and the wider rules of the international trade regime has made them experts in the organizational culture, norms, and rules in standard-setting committees and the regimes they are embedded in.

I argue that it is helpful to understand standard-setting committees as communities that have developed a specific culture. This culture includes norms and principles that are based on the norms and rules of the international regimes they are embedded in, such as trade principles of non-discrimination and reciprocity, and that these organizational cultures then reaffirm the types of outputs that support the regime. One major component of that culture relates directly to the power of the international trade regime itself. Gwynn (2019) argued that the institutional context of a regime complex affects actors' preferences, causing actors to conform to the regime itself, further insulating who is inside and who is outside the community. This self-reinforcing loop appears in standard setting: the voluntary standard-setting system was created to achieve the interests of industry, and then the trade regime (e.g., the TBT Agreement) evolved around the standard-setting system, further empowering standards created by industry as all-important. Those that participated in standard-setting committees take the rules and norms of the regime for granted, reinforcing the regime's legitimacy and the power of its structure in the global economy, but also further reinforcing the power of those community members who participate in creating the rules and standards themselves.

3.3 Structural and Corporate Power Embedded in International Regimes

In the 1990s, when the WTO and TBT agreement were established and trade liberalization and international standards took hold, corporate actors in the global political economy were generally becoming more powerful. As a result, scholarly attention and analysis turned to non-state actors in setting rules in the global economy (e.g. Cutler, 1999; Keck & Sikkink, 1998; Strange, 1996). In this section, I provide a brief overview of the facets of corporate power, with reference to international regimes and standard setting communities. I argue that in standard setting, corporations have power that both emanates from and then reinforces the rules and norms of the international trade regime. Though I frame FOP labelling as a public health policy, it aims to regulate food environments, and implicitly regulates the interests of those who produce and sell food. In line with Clapp and Fuchs, 2009, this thesis aims to “go deeper to uncover the different political facets of corporate power and its sources” (Clapp & Fuchs, 2009, p. 7) to understand the ways that corporate power has shaped the standard setting process for FOP labelling in CARICOM.

Clapp and Fuchs argued that their multifaceted approach reveals the many ways that corporate power is employed in food governance (p.7), but also that each facet overlaps and reinforces each

other in complex ways.²⁷ In this thesis, this multifaceted corporate power approach helps to illuminate the strategies that were enabled and exercised by specific communities during the regional standard-setting process for FOP labelling.

Lukes (2005, p. 11) wrote that the structural dimension of power “prevent[s] people, to whatever degree, from having grievances by shaping their perceptions, cognitions and preferences in such a way that they accept their role in the existing order of things.” In this case, power is not necessarily exercised intentionally, and can create both overt and covert conflicts (Gwynn, 2019). Power can go unnoticed. Lukes (2005, p. 1) wrote that “indeed, power is at its most effective when least observable.” Historian Mark Mazower (2012) wrote that standards are so powerful because of their invisible ubiquity, suggesting those who make standards have an incredible amount of largely obscured power. While standards themselves shape the world around us, previous discussions have pointed to an inequality in who is empowered to create standards, and those standards are inevitably a space of political contestation.

In exploring a structuralist perspective of power, Clapp and Fuchs (2009) drew attention to the input side of the political process, highlighting that corporate actors can have a broader influence over agendas and proposals, because of their material position within states and the global economy. Even more so though, corporate actors can be directly empowered to make governance decisions themselves – as they do in private standard setting and ‘quasi-private regimes’ like those of the International Organisation for Standardization (ISO). When corporate actors are significantly empowered to “determine the focus and content of rules” (p.9) – and then those rules are adopted through public regulation functions, it structurally affects the input side of the political process (Clapp & Fuchs, 2009). The structural perspective on power helps to explain why communities of corporate actors and communities of public health actors had such different experiences in the regional standard-setting process, and ultimately helps explain the failure of FOP labelling to be adopted in CARICOM.

²⁷ Clapp and Fuchs (2009) explicitly argue for the need to consider further sources of power in addition to market power, including “access to information and the policy process, or the perceived political legitimacy of corporate actors” (p.8). Knowledge of the policy process and perceived expertise were emergent themes in the data I collected, and I have reflected them in this framework.

Extending Gwynn's (2009) arguments on structural power and international regimes, I argue that the culture of standard-setting communities – including their shared knowledge bases, principles, and norms (that grew out of standard setting's original focus on industrial and business interests) – is a mechanism through which structural power operates. While IPE scholars suggest that structures in the global economy are created by actors with resources and capabilities, Gwynn adds that actors can also derive power from the structures (Gwynn, 2019). That is, that actors can both create structural power through the structuring of institutions and rules, but then actors can also use those institutions and rules to their advantage. In this case, I argue that the fact that business and industry actors were the original proponents of standard setting and its norms and principles, means that the structure of those processes have largely evolved to protect private sector interests. Essentially, it is logical that the preferences of the standard-setting system would be geared towards business and private sector interests (rather than, for example, public health goals), but actors can then use these rules and processes to their advantage.

As an example of structural power, Gwynn showed that the UN Security Council's institutional context makes it so that non-permanent members will shape their behaviour towards the preference of permanent members. In other words, permanent members derive power from the structure, though they do not have to use it overtly. In this way, I argue that communities of standard setters also generally derive power from the structure of standard setting in the international trade regime. The norms, rules, language, and overall culture of standard setting were originally established by representatives of commercial interests. In the case of food governance in particular, standard setting was empowered through the TBT Agreement at the same time that agriculture was brought into the international trade regime. Using Gwynne's version of structural power, this institutional context serves to reinforce the preferences of the regime itself – which, in this case, include the liberalization of international trade. Those actors whose preference match with the regime, for example, those that benefit from freer trading and less government intervention, derive structural power from the structure itself.

This version of structural power can also help to explain why outsiders have had difficulty proposing alternatives inside the trade regime. Research has shown that by contradicting the stylized “common sense” logic of trade governance, actors have been seen as outsiders in these types of spaces (Wilkinson, 2016). Scholarly work on the logic and language of trade governance tie into the case at the heart of this study: if the ways of speaking and norms inside trade and standard-setting

regimes are what help communities determine who are “in” and who are “out” (e.g., the stylized logics of trade and adherence to the “evangelical engineer” motivations for standardization), and if who are “in” are drawn into reaffirming the preferences of the regime, then it is unsurprising that standard setting should largely support the interests of neoliberalism, industry, business, and often Northern interests.

Furthermore, this structural power seems to be, at least partially, operationalized through the culture, norms, and rules associated with the process, which means that structural power is inherently related to the shared knowledge base of the communities and the processes. In Gwynn’s example, non-permanent members act in ways that match the preferences of the permanent members *because they know the rules and norms of the venue*. In the case examined in this thesis, that would mean that there is some relationship between structural power and being familiar with the culture, rules, and norms of standard setting. In that case, agreement over shared knowledge can help identify who has structural power, while those who disagree with that knowledge base or lack the knowledge in the first place, show themselves to be outside the regime and its preferences. In the case examined in this thesis, interviewees were all standard-setting participants, making trade logic *the* logic, the authority of the WTO *the* authority, and expertise on these topics are then authoritative inside the community. Where power is coercive, authority is consensual on some level, and therefore reinforces the significance of the community and the regime it belongs to. Those inside the community that accept standard setting could be expected to also accept knowledge of it as expert authority, whereas those who are outside the community might not.

When viewing structural power in this way, Gwynn suggested that actors who mostly align with existing practices or who can easily adapt to them will continue to accrue power (Gwynn, 2019). Actors who aligned their actions and “modus operandi with the structure of international law and international institutions [might be expected to] generally perceive a higher sense of legitimate behaviour and experience less resistance than [they] would otherwise encounter” (Gwynn, 2019, p. 205). Community coherence is, therefore, crucial for achieving consensus on policy questions. Theoretically, those who benefit from the structural power of the regime would be more likely to accept the processes and outcomes of the regime as legitimate than those who do not, and those who do not accept the processes and outcomes as legitimate would be perceived as outsiders in the first place. Alternative proposals would be unlikely to gain any traction when this form of structural power is in play, since the proposal would not match the preferences of the regime, the “insider” actors’

preferences, nor their sense of what acceptable knowledge is. In the case this thesis examines, the coherence of the committee, must therefore be considered when examining how structural power operates. It can, however, also reinforce the power of community members to further “determine the focus and content of rules” (Clapp & Fuchs, 2009, p. 9). In this way, structural power can exhibit as expert authority, since community members are able to treat their shared knowledge as authoritative and congruent with the preferences of the regime.

To this point, I have argued that it is useful to see that industry and businesses can derive some level of structural power because of their congruence with the preferences of the international trade and standard-setting regimes, for two major reasons: 1) because their interests helped to shape the regime itself in the first place, and 2) they now often also match up with the preferences of the regime. In describing the structural dimension of corporate power in the agri-food system, Clapp and Fuchs (2009) attribute evolving material structures to corporate actors’ abilities to make governance decisions themselves, particularly through standard setting. In these cases, corporations are both “principal agent and architect” (Drache, 2001, p. 6). These nuanced views of structural power differ then only in how explicit or implicit they are. I argue that corporate actors whose general interests are the same as the general interests of standard settings’ norms, rules, and procedures, therefore have structural power when they operate inside these regimes. However, structural power is only one facet of corporate power more generally.

Clapp and Fuchs’s framework aims to examine “the political role that corporations play in efforts to govern the global food system” (2009, p.2). I now turn to the other facets of this view on corporate power, with an overview of instrumental and then discursive power, and the ways that I use these to explore the case at hand. It is useful here though to briefly summarize the conceptual framing for the thesis presented so far. Food labels are governed through the rules of the international trade regime, which specifically empowers standardizing bodies like the Codex Alimentarius through the TBT Agreement. This set of rules, principles and norms contribute to a regime complex, which generally suits industry, business, or private sector members of the standard setting community, since those actors formed the original rules, principles, and norms of standard-setting. A structuralist perspective on power, suggests that when corporate actors operate *inside* this regime, they can use this congruence between their own preferences and the preferences of the regime to their advantage, determining the focus and content of rules in a way that can reinforce their existing power. Furthermore, this structural power can manifest as a sense of authority, since the accepted knowledge

and logic in the community matches what these actors view as important and correct. I argue that structural power is the key to understanding the more observable forms of power that are empirically delineated in the thesis (particularly Chapter 5 and 6).

Theoretically, instrumentalist approaches to power emphasize an actor's actions (Dahl, 1957). Traced from Machiavelli's realist notions of power, scholars interested in power use an instrumentalist lens to illuminate actors' strategic choices in the pursuit and maintenance of power (Fuchs, 2007). Instrumental power is useful when tracing causality, since it can trace an actor's interests through a political output, especially based on that actor's resources (Fuchs, 2007). However, as many authors note, solely focusing on this instrumental approach can limit our overall understanding of power since it frequently hinges on observable conflicts of interest (Dahl, 1957). As such, in this study, I focus on instrumental version of power as simply one aspect of corporate power (see Chapter 5), acknowledging that the facets of power are all overlapping and mutually reinforcing. Instrumentalist assessments of corporate power in global governance largely focus on the power they can exert in policy processes through direct government lobbying or campaign financing (Clapp & Fuchs, 2009).

Rather than assessing power and the exercise of it on the global stage, in this thesis, I primarily analyze corporate power as actors use it strategically inside a specific process. The participants of this process are often corporate, industry or business actors, though there are also often more neutral participants. In this case, because a public health policy was brought into the process, there are also public health actors. These communities rely on different sets of knowledge for their expertise, as argued above. I also argued previously that private sector actors who are frequent actors in this process can develop a type of expert knowledge and authority around the process itself. The two communities therefore source their knowledge and expert authority from fundamentally different sets of knowledge and belief systems. One is a general orientation towards products for sale that are also often traded, while the other is towards public action for population wellbeing.

Instrumental power, lobbying or otherwise, is the most observable form of power in Clapp and Fuchs's framework. The step before the observable action relies, however, on the knowledge of individuals. In this case, corporate actors generally have more knowledge around the process and the authority to use it, because of their long-time participation in standard setting, and their structural power of being integrated into the regime. The overlapping faces of power here also then interact with

knowledge and authority in interesting ways. I conclude that, particularly when communities are not coherent, the observable power of A over B is contingent on A's knowledge of where such actions are strategically aligned with the regime it operates in. Further, it might also be contingent on B's lack of knowledge around strategic actions, exacerbating the ability of A to take major actions.

In many cases, assessing the overall power of businesses and corporations requires a specific examination of these actors' discursive power (Clapp & Fuchs, 2009; Fuchs, 2007). In some sociological research, scholars often understand power as exercised through discourse, communicative practices, and cultural norms (Koller, 1991). Using this as a starting point, the diffusion of ideas has become an important way to understand discursive power in the field of international relations (Beland & Cox, 2010; Blyth, 2003; Sell & Prakash, 2004). At the same time, scholars in communications studies use issue framing to understand political outcomes, particularly in policy processes, though not necessarily through the lens of power (Dobson & Knezevic, 2018; Francesco & Guaschino, 2019). In this thesis, I use frame analysis to build a picture of discursive power (see Chapter 6).

Strategic framing is one way that discursive power is operationalized, but similarly, ideas and norms can be perpetuated through expert language (Trommer, 2016). The communities that developed around standard setting over time created shared sets of knowledge that are maintained through shared language, and shared understanding of norms and rules. Discursive power can therefore be used to shift the construction of policy problems and policy ideas, changing in turn the ways that rules are formulated to tackle problems.

Again though, these facets of power are not mutually exclusive. Discursive power is inherently persuasive. When analysis focuses on the presentation of arguments, as this thesis does in Chapters 5 and 6 especially, then the successful persuasion of some actors (using specific arguments and frames) by other actors becomes almost observable. In this case then, A had discursive power when A could persuade B of A's correctness.

Like the discussion above on instrumental power, the focus on discursive power as persuasion is also influenced by a community's underlying structural power and knowledge of process. Frame analysis helps to delineate the arguments used that are persuasive, but part of the reason frames are persuasive is because of the pre-existing coherence of the community itself. Those with significant knowledge of standard-setting and trade rules use expert language around trade, framing themselves

as insiders with the expert authority to make such claims. Not only does the knowledge of process help to narrow what types of arguments and language will be persuasive to others inside the community, but it also helps to differentiate who are outsiders to the community. In this case, if an actor is unable to speak the language and does not know the rules, they are marked outsiders – making proposals by the actors in these communities unacceptable. When distilled down, the exercise of discursive power, or lack thereof, is similar to an assessment of structural power: if a community's preferences are not congruent with that of the regime's, their proposal is unlikely to gain any traction.

Together, structural, instrumental, and discursive power are analytical facets of the same thing. Corporate power is especially relevant in an environment where the preferences of the regime are usually congruent with corporate actors. While overlapping then, these facets of power are useful for exploring the ways that industry actors exercised power, and how they have perceived and acted on FOP labelling. FOP labelling began as a public health policy but entered into an environment where the community of corporate actors had much more structural power and knowledge, which further enabled instrumental and discursive power. Using this framework of power but connecting it to the existing rules and structure of the trade and standard-setting regimes, helps to illuminate the ways that this food systems policy failed to take hold in CARICOM. Though a standalone case, these insights can help to draw broader lessons about the overwhelming power of the trade regime and its rules to entrench existing patterns of power in the global food economy.

3.4 Conclusions

This chapter presented concepts from scholarship in international political economy, global governance, and sociology to suggest that specific communities have formed in standard setting for food labelling over time. These communities, evolving as they did around the interests of industry and business, prioritize these interests, which are further embedded in today's neoliberal international trade regime. Within these communities, specific knowledge bases inform who is in them and who is outside of them. Similarly, the context of the regime itself matters in defining the norms, principles, and rules that community members accept and even take for granted. Since community incoherence can challenge consensus, it is perhaps unsurprising that in this thesis, sparring communities of industry and health could not reach consensus.

In the case this thesis examined, it is useful to apply the multifaceted corporate power concept to further elucidate the ways in which industry members in CARICOM captured what was intended to be a regional and uniform public health policy. Since there are two such distinct communities, with two such different bases of shared knowledge, it is useful to view the two communities through the lenses discussed in this chapter. That is, that one community helped to establish standard setting, and continues to share its preferences around trade liberalization. The other community is entirely new to standard setting, and does not share these preferences. In addition, the community of public health actors also perceives authority differently: while these actors might consider the authority of the WTO and WTO rules, they also put store in the authority of the WHO, and of national and regional governance organizations to make policies that are for the public good.

Moving forward, I use these concepts to help make meaning of the interview and document analysis, to show that public health activists actually had authority when FOP labels were in the public domain, and lost this authority when the norms and shared knowledge also changed upon transfer into standard setting. Finally, the overlapping and reinforcing notions of corporate power are important to help elucidate how industry actors exerted power throughout the process, often in seemingly effortless ways, through arguments that were simply compelling to others on the committees. However, when viewed through a lens of structural and discursive power, it is clear that industry actors can use the preferences of the regime in ways that are compelling to other participants, unlike public health participants who cannot use these tactics. These discussions are especially useful for pulling apart the elements that contribute to different orientations of communities and their openness to each other but may also have broader applicability for investigating the entrenchment of status quo power in food systems that make food systems transformation so challenging.

Chapter 4

From a Public Health Policy to a Standard: Tracing Shifts in Authority and Power over FOP Labelling in CARICOM

This chapter traces the journey of FOP labelling from the public to a more private sphere – as a CARICOM public policy and into standard setting – based on the analysis of the documents collected and described in Section 1.6.3, to answer the question: Why was FOP labelling transferred into a process at the regional level that was dominated by contradictory interests? In this chapter, I argue that the political dynamics of regionalization in CARICOM inadvertently prevent the possibility of implementing a policy like FOP labelling through public governance for health. The Caribbean Community developed in a way that meant supranational governance in areas like health did not develop in the same way or with the same level of importance as they did for trade and economic integration. While public health communities had influence in the initial phases of the policy cycle (e.g. agenda-setting power and original formulation), the Community's governance structure means that public health communities ultimately lost influence over FOP labelling as adoption was on the table.

In Section 4.2, I illustrate the cultural context of standard setting that FOP labelling became subject to. I then show why the national committees matter as venues of decision making, since they are intervention points that are accessible to different actors. The chapter concludes with a discussion of the ways health actors needed to change when FOP labelling moved from regional public health governance to national standards committees, and the way authority shifted through this period. Essentially, this chapter argues that FOP labelling began as a public policy under public authority, went through a bureaucratic transition, and ended up in a much more private-oriented process that allocated authority to more private actors.

4.1 Actioning Public Policy in CARICOM: From Ideas to Implementation

4.1.1 Evolution of Political and Economic Integration in CARICOM: Setting the Stage for Regional Integration

The question of governance has been a constant source of tension in the Caribbean since the colonial era. These tensions continue to inform current efforts to govern in the region. While “smallness” is often thought of as being “powerless” (Sanders, 2005, p. 38), the fight for independence and longstanding competition between islands meant that efforts to build a Caribbean governance architecture have remained fraught. In the Commonwealth Caribbean, regionalization proceeded in fits and starts (Payne, 2008, pp. xii–xiv). This section briefly outlines the historical development of the (mostly formerly British) Caribbean Community (CARICOM), emphasizing the priorities of these efforts to help explain later public policy developments.

In the colonial era, the British government tried different groupings of the Leeward and Windward Islands, although integration between islands was not considered particularly necessary (Payne, 2008). Ahead of independence, Caribbean islands were considered simply too small to be ‘viable’ as sovereign states, propelling talks of a federated union (Payne, 2008, p. xxv). Following the short-lived West Indian Federation of the 1960s, new organizational movements towards integration emerged in the region, but they were focused on economic development and integration over political or public administration. The Caribbean Free Trade Association was officially agreed in Barbados in 1967, replacing the supranational vision of a federation with a more modest attempt at economic integration (Alleyne, 2008a). The Caribbean Free Trade Association was always intended as a foundation for a Caribbean Common Market, and thus a Regional Secretariat and the Caribbean Development Bank evolved alongside it in 1968 and 1969 respectively. These organizational developments set the stage for the Caribbean Free Trade Association to evolve into the Caribbean Community (CARICOM) in 1973 (CE, 2021). CARICOM, therefore, was less a unified political vision and more the by-product of economic and trade priorities driving integration.

CARICOM continued to evolve, moving past a simple free trade association or solely a common market, structuring itself around three ‘coequal pillars’ of 1) economic development, 2) foreign policy and 3) functional cooperation (Alleyne, 2008a). “Functional Cooperation” was developed as a way to think about non-economic regional integration in CARICOM. It became especially relevant in the mid-2000s when discussions around strengthening regional integration peaked. Functional

cooperation, as an idea, is mirrored in some other pooled sovereignty-style regional governance structures, such as ASEAN (Girvan, 2008), but is different from the more supranationally governed structure of the EU (Grenade, 2008). CARICOM's functional cooperation is intended to distribute the benefits of an integrated community while not infringing on national sovereignty. It concentrates on health as one of the most important areas for collaboration (Girvan, 2008). After centuries of colonial rule, it is unsurprising that Caribbean nations feel strongly about independence, making governance arrangements that risked diminishing hard-won sovereignty very controversial.

Functional cooperation has traditionally been treated as less important than economic integration and foreign policy: in 2006, the Heads of Government²⁸ were called to address functional cooperation in parallel to trade and economic developments. It is meant to structure 'purposeful, collaborative, coordinated actions' between governments that would 'permeate the work of every council and institution' and ultimately lift all members up together (CARICOM, 2007). Functional cooperation can be thought of as the technical coordination and collaboration on policy initiatives among CARICOM member-states.

Since the breakdown of the West Indian Federation, economic integration has been the driving force behind regionalization in the Caribbean – first as the Caribbean Free Trade Association and then becoming CARICOM to support the Caribbean single market. The structure of the Community has always been primarily focused on integrating economically first, and politically second. Though other sectors are considered in functional cooperation, only economic development and integration has continuously been prioritized above all others. One way this was exemplified was through the creation of 'Regional Quality Infrastructure,' which includes standard setting, (Girvan, 2008), and coincided with wider global developments in trade liberalization.

Standard setting was, therefore, a fundamental part of fulfilling CARICOM integration for economic and trade development, as well as fulfilling the region's obligations to the international trade regime. Since most states have standards bodies that either participate in international standard setting or, at minimum, communicate existing international standards to relevant domestic stakeholders, regional standard setting was established to channel interactions between CARICOM

²⁸ This is the most important 'organ' of CARICOM's governance structure, where heads of state from each individual member-state meet and making overarching political decisions and commitments.

member-states and the WTO and standards regimes. This architecture was seen as “an essential process for gaining access to foreign markets and securing strategic advantages in international trade” (Girvan, 2008, p. 39). Both international and intra-regional trade (the single market) is expected to be smoother when members agree on regional standards. The development of the coordinator of regional standards, the CARICOM Regional Organisation for Standards and Quality (CROSQ), was therefore key to these economic and trade development efforts.

CROSQ liaises with national standards bodies in the region and while the organization must respect national sovereignty because of CARICOM’s pooled sovereignty structure (versus a supranational structure), national standards bureaus often defer to the regional authority because of the benefits of regional standardization (and the lack of capacity to work on standards in some member states). Achieving a ‘community for all’ requires some political integration as well, and so functional cooperation emerged to provide technical coordination and collaboration amongst non-economic (and non-foreign) policy initiatives in the region. This is secondary (or tertiary) to the main goal of economic integration, showcased by the fact that where regional authorities do exist in these other domains, their respective national bodies have far less integration.

4.1.2 Regional Public Health Policy in Functional Cooperation: Agenda-Setting

FOP labelling is a public policy solution to an increasingly dire public health problem. In this thesis, I use ‘policy’ as a shorthand for ‘public policy’. I use Pal’s definition that public policy is a “course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems” (Pal, 2014, p. 2). Kingdon (1984) argued that policy problems are the result of political constructions, while Stone (1989) described policy problems as “*continuously structured and restructured by ideas and discussion*” (in Radaelli, 1995). In this section, I explain how the idea of FOP labelling as a policy was constructed over time in response to the way the problem of diet-related NCDs was conceptualized by public health actors. I show FOP labelling was just one of several solutions to the overall public health problem that originated in communities of public health experts, who were originally empowered through the public governance architecture of CARICOM.

Public health experts have long advocated for addressing alarming rates of diet-related non-communicable diseases in CARICOM (Hospedales et al., 2011; Samuels et al., 2014). There is a strong association with dietary patterns and the longstanding reliance on imported and processed

foods (FAO, 2015). As far back as 1986, NCDs were listed as a priority concern of the Caribbean Cooperation in Health Initiative (CARICOM, 2011), a partnership aiming to improve coordination amongst health policy units in different member states. This initiative was both an example of functional cooperation in action, and a demonstration of public health actors' agenda-setting power in CARICOM.

In 2001, the Heads of Government made non-communicable diseases a CARICOM regional political priority by identifying them (among other health concerns) in the Nassau Declaration (Hospedales et al., 2011). In 2005, the Caribbean Commission on Health and Development declared non-communicable diseases a “super priority” (PAHO et al., 2011). As a key component of functional cooperation, these declarations and initiatives show some of the mechanisms that exist for health in the region, as well as the success of a loose coalition of public health actors at getting non-communicable diseases on the regional political agenda. It also signals that public health expertise was recognized, respected, and embedded in the functional cooperation pillar of CARICOM governance.

Public health advocates, especially individuals from the University of the West Indies and organizations such as the Pan-American Health Organization (PAHO), were integral to pushing the public health NCD agenda ever forward. Individuals were also important. Sir George Alleyne (former PAHO Director) and Sir Trevor Hassell were described as “movers and shakers” (Civil Society Participant 3), or policy champions, for regional NCD action. These individuals might be considered policy entrepreneurs in the non-communicable diseases space. Policy entrepreneurs are “highly skills actors who invest their own resources, such as their time, expertise and reputation, and perform important functions in the policy process, including defining problems, mobilizing public opinion, and formulating policy solutions” (Giambartolomei et al., 2021, p. 2). Importantly, individuals like this must strike a balance between their role as public health experts and public health advocates. Experts make policy recommendations based on their expertise, and yet if done so outside of the specific public administration architecture, these same recommendations can be seen as advocacy instead (Industry Participant 5). In the early 2000s, the recommendations of policy entrepreneurs were heeded directly through CARICOM public governance. CARICOM Heads of Government made a strong political commitment to reducing non-communicable diseases through the Port of Spain Declaration in 2007, a direct result of the work by public health advocates, both individuals and organizations alike (Alleyne, 2008a).

In the following years, both CARICOM and member-state governments committed to additional NCD-related policy actions, including Caribbean Wellness Days, a new Strategic Plan of Action for the Prevention and Control of Non-Communicable Diseases (endorsed in 2010 - (PAHO et al., 2011) and national NCD focal points. Focal points were responsible for reviewing plans with PAHO and the Inter-American Development Bank, beginning in 2010 and 2011 to evaluate compliance with the Port of Spain Declaration (Samuels et al., 2014). Taken together, these events and commitments signaled the success of public health advocates in getting NCDs on the regional political agenda, the significant level of support for that agenda, and that steps were being taken to turn the agenda into specific, concrete and actionable policy items across the region. It is also worth noting here that PAHO's relationship is almost indistinguishable with functional cooperation for health in the region, having been a major actor in proposing, funding, and providing technical expertise for the agenda and its programming.

At the same time, some CARICOM state actors were also taking leadership on NCDs (Organization of American States, 2009; Ramsammy, 2008), demonstrating this high level of commitment to the agenda and endorsement of its principles. Public health advocates saw CARICOM's raising of NCDs all the way to a High-Level Meeting of the UN as both a signal of true commitment and a way to further secure their leaders' continued action on NCD reduction (Related Expert Participant 33, personal communication). This strategy, often called a "boomerang" (Keck & Sikkink, 1998), reached a high point at the 2011 UN High-Level Meeting on Non-Communicable Disease Prevention and Control in New York, as a direct result of the joint advocacy by CARICOM, Brazil and the World Health Organization (Samuels et al., 2014). Public health actors in the region had signaled strength and influence in getting NCDs on the regional agenda through both international and regional commitments, setting the stage for more specific policy action like FOP labelling.

While health advocates in the region showed that they had significant agenda-setting power in the regional governance architecture of CARICOM, the sequence of events also highlights that there is an absence of an operational, regional mechanism for implementing health policy. All these indicators of progress, so far, have focused on political commitments and declarations. Public health advocates considered the Port of Spain Declaration a ground-breaking commitment, but it was still only a commitment. Public health advocates were reliant on multiple layers of CARICOM political actors at both regional and national levels to act on the declared intent – in essence, as functional cooperation

in health. CARICOM had no mechanism for implementing health policy on a regional scale – in stark contrast to the way a body like the CARICOM Regional Organisation for Standards and Quality (CROSQ) exists for direct trade and standards harmonization in the region.

At the time of the Port of Spain Declaration, regional health infrastructure in CARICOM was made up of five existing Caribbean Regional Health Institutes, none of whom were responsible for actually implementing regional policy. The institutes were involved in regional policy and programs, but only so far as informing national initiatives. Essentially, they can try to coordinate uniform policy approaches, but they cannot *impose* a uniform approach (Alleyne, 2008b). The Caribbean Public Health Agency (CARPHA), established in 2013 as an amalgamation of the existing research institutes, is the closest CARICOM comes to a regional (supranational) health body. Amongst its objectives, the CARICOM Public Health Agency exists to:

- “provide strategic direction, in analysing, defining and responding to public health priorities of the Caribbean Community;
- promote and develop measures for the prevention of disease in the Caribbean;
- support solidarity in health, as one of the principal pillars of functional cooperation in the Caribbean Community;
- support the relevant objectives of the Caribbean Cooperation in Health (CCH).”

The third objective shows CARPHA’s role in the formulation stage of the policy cycle, while the fourth shows the organization tries to offer assistance on some level to member states. These objectives highlight that CARPHA is a key organization inside of CARICOM governance structure and within the paradigm of pooled sovereignty, but they also show that CARPHA lacks any authority to implement or enforce policy. While there are regional public health recommendations for national policymaking, there is no regional health policy. CARPHA has expert authority then, but not regional political authority.

While CARPHA does not execute the regional health policy it suggests, CROSQ exists with the specific intent to regionalize uniform approaches that will be supranational. It both facilitates intra-regional trade and acts as a single point of reference to international trade. These are subtly different. While CARPHA simply supports national approaches and offers overarching recommendations, CROSQ supports a fundamentally regional approach, evolved from CARICOM’s priorities in economic integration and always geared towards a harmonized approach across the region. The

motivation for this harmonization is also clear: in trade, harmonization is both desirable to smooth out transition points and to be consistent with international trade rules, while in public health, there is no real incentive to have a regional organization that would standardized approaches to public health policies.

Public health policy in CARICOM instead exists as recommendations. In 2017, ten years after the ground-breaking Port of Spain Declaration, CARPHA published a Technical Brief intended to inform national approaches to health policy. In a normal policy cycle (see Section 1.2), this Brief might be considered the “formulation” stage, although I would argue that it is not detailed enough for this and is still only putting a policy recommendation on the agenda. Instead, this Brief is the closest CARPHA gets to directing regional policy and was linked as a direct outcome of the Port of Spain Declaration.

Known colloquially as the Six Point Policy, the *Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action* (CARPHA, 2017) report gave strategic policy direction to the commitments of the Port of Spain Declaration. The development of both CARPHA and its Six Point Policy are good examples of public health advocates’ agenda-setting power in the region. The loose coalition of actors successfully kept NCDs on the regional political agenda over the course of more than a decade and managed to have the agenda turned into policy recommendations (though further formulation was still required for them to be actionable). Public health researchers in the region also tracked government commitments on non-communicable diseases (Samuels et al., 2014), aiming to keep the Heads of Governments’ promises visible and accountable.

The six policy actions outlined by CARPHA in the Technical Brief were geared towards the regional commitments made over a decade earlier. The first policy recommendation was on Food Labelling, with sub-point 1.2 directed at interpretive FOP labelling in the region (see Figure 14).

Figure 14: Recommendation 1.2 on FOP Labels

1.2 Standardize, interpretive/graphical nutrition labels on all packaged retail grocery foods and beverages, for use in conjunction with nutrition facts panels.

Recommendations:

- Conduct qualitative consumer research to identify the best type of interpretative label for use in the Caribbean.
- Regional consultation, sensitization with private sector food manufacturers and distributors.

Objectives:

- To enable consumers to make informed food choices and to prevent misleading claims about nutrition and health benefits.

Rationale:

- Strong rationale for government regulation: Evidence that multiple formats is confusing for consumers⁴ and that industry self-regulation has limited compliance⁵.
- Some consumers find nutrition facts panels confusing and difficult to use. Use and understanding is lower among lower literacy and lower socioeconomic groups, and older adults⁶.

Evidence of effectiveness:

- Consistent evidence from systematic reviews: Simple, interpretative labels, with low density of information and incorporating text and colour, are the format most consistently preferred and understood by consumers and improve purchasing and consumption behaviours⁷.
- Stimulates reformulation of less healthy foods⁸.
- A highly cost-effective public health measure^{9,10}.

Implementation:

- Textual warnings: Chile¹¹.
- Text and color coded: UK, Ecuador.
- Facts-based (nutrient or food group) (e.g. Guideline Daily Amount (GDAs), do not provide interpretation): Mexico¹², Peru, Australia and NZ,¹³ EU, USA, and Canada.

Note: Taken from CARPHA. (2017). *Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action* (Technical Brief High Level Meeting to Develop a Roadmap on Multi-Sectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security). CARICOM Technical Brief. https://carpha.org/Portals/0/Documents/CARPHA_6_Point_Policy_for_Healthier_Food_Environments.pdf

FOP labelling was recommended as a health policy for the entire region, coming directly from what regional public governance architecture for health exists and endorsed through previous commitments. As Figure 14 demonstrates, CARPHA introduced FOP labels in a way that still provided room for more detailed formulation. At this stage then, CARPHA would expect implementing bodies to take on the full formulation. In most cases, CARPHA recommendations would be taken on by national health ministries, yet in this case, there was already a body at the regional level with expertise on food labelling. FOP labelling was delegated to CROSQ so that it could be regionally coordinated, with the assumption that states would honour their regional health commitments and implement it through a legislative adoption.

CARPHA had provided several examples of different types of FOP labels. At around the same time that the Six Point Policy was published, PAHO, the regional unit of the World Health Organization, funded a South-South Cooperation project that would enable information sharing on FOP labelling between Chile and CARICOM. This project followed Chile's success at implementing a range of policies targeting the food environment (PAHO, 2017) and a visit by the Chilean Prime Minister to CARICOM (CROSQ Participant 1).

PAHO is a major actor in regional health matters. In many ways, it seems to form a part of CARICOM's functional cooperation for health structure. PAHO has buy-in from national health ministries and departments, who receive significant technical support from the organization. While PAHO is technically outside of the CARICOM governance structure, it works so closely with CARICOM bodies and national health ministries and departments that many policy documents refer to the organizations' commitments interchangeably. PAHO's mandate is set by member states, meaning the organization's priorities are derived directly from the goals of the governments it supports. Yet, it is also must balance tensions and disagreements both between and within member states. Even though member states direct PAHO's priorities, PAHO still must contend with the political dynamics of being outside the official governance architecture. PAHO is very well-respected by health actors in the Latin America and Caribbean region and is seen as an integral part of building both technical and political progress on public health issues by health advocates.²⁹

²⁹ However, because of its existence *outside* of the CARICOM governance architecture, the action PAHO takes to propel CARICOM initiatives is viewed with skepticism by some. This is explored in much greater detail in Chapter 7.

It is also worth noting here that all members of the loose coalition of health actors, including PAHO, belong to an epistemic community which values the science of public health (Dunlop, 2009; Haas, 1992, 1997; Pouliot, 2020). Members of the coalition were experts in this field – whether researchers and academics, NGO officers, technocrats at PAHO or national health ministries. Sources of knowledge in this sphere are agreed on, as in any epistemic community (Haas, 1992). The coalition’s authority to set the agenda shows that there is a relationship between the public governance architecture and public health experts. Since FOP labelling is identifiable as a public policy recommendation, and using the definition introduced earlier in this section that public policy is a “course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems” (Pal, 2014, p. 2). Even though they are not all directly integrated into its political infrastructure, these advocates and experts managed to put NCDs on the agenda in the region, organize action on it, and propel FOP labelling into an adoption phase, acting as public authority for health in CARICOM.

4.1.3 Shifting FOP Labelling: The Complex of Actors, Events and Processes Required to Action CARICOM’s Commitments on NCDs

Using a public policy lens helps to trace FOP labelling and the use of standard setting for policy adoption. Multiple health organizations and experts coalesced around the same policy priorities and worked together to achieve them. For example, in addition to CARPHA’s Six Point Policy and CARICOM’s NCD commitments, PAHO’s organizational commitment in 2014 to prevent childhood obesity included standards and regulations around FOP labelling, signaling that PAHO also saw standard setting as process for achieving public health goals. CARPHA, PAHO and CARICOM all had strong mandates for moving the needle toward FOP labelling.

However, it is important not to underestimate the CARICOM Regional Organisation for Standards and Quality’s (CROSQ) own mandate. While not explicitly expected to carry out CARICOM policy objectives, CROSQ’s mandate includes: “Promote consumer welfare and safety” and “Provide guidance to Community Organs and Bodies regarding matters within its competence” (CROSQ, 2014). At a 2018 meeting to discuss the use of CARICOM law to “accelerate progress” on NCDs, the CROSQ CEO was a panelist where key discussion points included challenges and lessons from the implementation of CARICOM health warning standards for tobacco, the lack of policy coherence in

different government departments (especially health and trade), and industry interference (PAHO et al., 2018). Policymakers at the regional level were, therefore, clearly aware of potential industry resistance. During interviews, an industry representative from Jamaica suggested that this focus on the regional level had (purposefully or not) hidden the FOP labelling initiative from the view of industry for some time:

“I think I found out about [FOP labelling] through a CROSQ initiative... in Jamaica, there was a national food industry task force, which was established about three years ago, which had subcommittees for labeling, marketing, product reformulation and advocacy. The National Committee never really got off the ground effectively. The leadership was somewhat weak in the in the establishment of foundational strategies and procedures around establishing guidelines for each subcommittee, establishing just basic, taking of minutes and action items and follow ups... were very weak.

So, the effectiveness of that subcommittee, and that overall committee in terms of influencing some of these things that CROSQ ended up taking on were, made it more of a regional CARICOM issue before it became a Jamaican issue. And that approach, which I think was, from my read on the situation was led by some private influences as well as PAHO. Kind of pushed into CROSQ the standard development for [FOP labelling]. And then from there, it spans back to the member countries for these countries to assess.”

(Industry Participant 5)

The National Committee that the participant referred to is also called the Industry Taskforce. Established to work in a multistakeholder approach to governance by bringing nutrition professionals and industry together, the group did not make much progress. The quote shows this industry actor believed that FOP labels were ‘pushed’ into CROSQ’s purview from outside, since their company had not seen it coming through national pathways.

The report from PAHO on CROSQ’s potential for NCD action also concluded that it was the “view of the panel that community law supersedes national law” (PAHO et al., 2018, p. 2), suggesting that pursuing FOP labelling on the regional level would ultimately have a stronger chance of being upheld than multiple national (and potentially incoherent) laws. And finally, in discussing an update on the process during a public forum, a CROSQ representative stated that the Warning Label was “the most suitable system to be used to achieve the policy objectives of CARICOM...” (St. Prix, 2019),

suggesting that CROSQ plays a dual role in facilitating standards adoption and in carrying out the policy objectives of CARICOM. Indeed, in an interview with a CROSQ official, it seems a bureaucratic process could be directly triggered:

“All that was done was it was taken to the Technical Management Committee, indicated that CARPHA had it as an action item, and PAHO had it as an action item under the obesity reduction for children...The decision was there to suggest or to recommend the Council to include that work item on the work program of the TMC, Technical Management Committee.”

(CROSQ Technical Officer)

The quote above shows that CROSQ was invested in achieving the public policy objectives of CARICOM. Similarly, a national standards bureau staff member explained that CARICOM can issue directives directly to CROSQ:

“Okay, in this case, the CRS 5 in particular, this directive or this discussion started at a CARICOM Heads of Government level. So, the Heads of Government for the different CARICOM countries met, I think it was in July 2016. And they discussed strategies to be employed to back childhood obesity, as well as the incidences of NCDs. And from that meeting, [it] was decided that there was a need for mandatory nutritional labeling, as well as the current labelling standard within the region to be undertaken, a revision to be undertaken for the labelling standard and is supposed to be led by Jamaica and Suriname. So, the decision in this case was taken at that level.”

(National Standards Bureau Staff Participant 26)

The following is a summary of the sequence of traceable events that led to the shift into standard setting, derived from document collection and process-tracing for this study. The shift was viewed as the utilitarian and bureaucratic choice, and CROSQ itself was already treated by the public governance architecture as a mechanism to achieve Community objectives.

In 2017, the Chilean Prime Minister met with CARICOM Heads of Government on a diplomatic mission to strengthen ties between Chile and CARICOM. As part of the diplomatic activities, PAHO approved a project with that would facilitate knowledge sharing between the Government of Chile

and CARICOM around health policies and programs.³⁰ The “*Advancing public health policies to address overweight and obesity in Chile and the Caribbean Community*” project aimed to facilitate the exchange between a state with significant success in changing the food environment (Chile) (Correa et al., 2019; Corvalán et al., 2019; Dillman Carpentier et al., 2020) and a regional governance structure (CARICOM) aiming to do the same.

In August 2017, a delegation from the Caribbean – including representatives from key CARICOM institutions such as the CARICOM Regional Organisation for Standards and Quality (CROSQ), a law centre, the University of the West Indies; a regional health NGO (the Healthy Caribbean Coalition); and representatives from Jamaica and Suriname – all travelled to Chile ahead of an international conference on regulations for healthier food environments. The delegation met with Chilean counterparts to:

“...foster multi-sectoral engagement; share Chilean and regional experiences with developing and implementing healthy food environments, promote South-south [sic] cooperation, and to discuss legislative challenges and generate commitments” (PAHO, 2017).

CROSQ took control of the policy adoption process at this point. No study participants from national committees overlapped with those involved during these early stages of the FOP labelling policy’s life, making precision around this decision extremely difficult. Two experts were at the visit to Chile described above, and when asked about who made the decision to move FOP labelling into standard setting, neither could say, although both suggested it was uncontroversial and bureaucratic (CROSQ Participant 1 and Expert Participant 33). Health experts and advocates were not alarmed by the decision and viewed it as necessary to achieve the uniform regional approach that everyone was looking for (Health Participant 23).

A puzzle around the governance mechanisms in use is raised here: If there is a pillar for functional cooperation that includes health, why not simply leave national health ministries to coordinate the process? The insights from the panel discussion described above hint at the reasons. Leaving FOP labelling implementation to national ministries would require a Herculean effort, and one that would be unlikely to result in a label that was truly standardized across the region, since each state would be

³⁰ This knowledge sharing project was about more than just FOP labels, and instead included the many initiatives that Chile implemented to improve food environments alongside FOP labels.

likely to individualize it. Whereas health policy can likely be both coordinated *and* individualized in other areas, such as school food policies or vaccination requirements, food labels are uniquely consequential to trade (and therefore harmonization) as well as health. Leaving potential individualization up to national health ministries would likely lead to an untenable trade situation, highlighting again the underlying tension between trade and health in the region. The panel suggested incoherence between departments in different countries and in between different departments in the same country, especially between health and trade, as well as significant interference by industry (PAHO et al., 2018, p.). Finally, it seems that CROSQ was ready and willing to take on this policy objective and is integrated into the same regional policy conversations that other health organizations were having at the time.

The visit to Chile with CARICOM stakeholders was not simply to share information, but to transfer policy. To do that, the stakeholders needed to identify a pathway to implement policy. At that point then, the options to action FOP labelling would have been to (a) pursue fifteen³¹ parallel strategies for each national government to adopt FOP labels through health ministries or a different regulatory agency (Chile's FOP labels were adopted through an act of legislation), or (b) identify an alternative mechanism to implement the policy in a way that ensured regional uniformity. Regional uniformity was expressed repeatedly as the single most important aspect of FOP labels.

CROSQ was also an appropriate agency in many ways, given its experience facilitating regional standards for food labelling. International standard setting already facilitates the 'back panel' and other forms of food labelling, and the existing regional standard on pre-packaged food labelling (CARICOM Regional Standard 5 – CRS 5) was well past the five years 'best practice' time frame, making CROSQ actively invested in revising it. CROSQ also received funding from PAHO to help facilitate and accelerate the FOP labelling project.

At that point then, the venue CARICOM used to achieve FOP label adoption shifted. The sphere of public health authority and public health expertise lost control and influence over FOP labelling. Instead, bureaucratic processes delegated a public health policy into regional standard setting – a sphere that is uniquely public-private in its facilitation of business interests. The group of CARICOM and public health actors who were part of the delegation understood this to be the most efficient, if

³¹ The number of CARICOM states.

not the *only*, path forward to implementation of a regional uniform FOP labelling in the Caribbean. While the decision was clearly strategic in its intention to be regionally harmonized, the lack of an identifiable decision-maker underlines the way the bureaucratic channels funnelled the health policy into a trade-oriented mechanism.

The CROSQ officer believed the implementation of FOP labelling would be relatively straightforward since the existing labelling standard had already been revised more than once (CROSQ Participant 1). The institutional culture of standard setting that prioritizes technical harmonization as both facilitating trade and serving the public good (C. N. Murphy & Yates, 2009) was born out here. CROSQ did not expect it to take exceptionally long, nor be an extreme burden for commercial operators, since the standard had already been adopted at the regional level (and most national governments had not mandated it, making it a voluntary standard anyways).

The sequence of events presented here also highlights the public-private nature of standard setting in the region. Though standard setting largely exists to facilitate the interests of trade and business, it can also clearly be used on the directive of the regional public governance architecture, to implement public (in this case, health) policies.

An important note here is that CROSQ's rationale that this would be relatively straightforward was, in part, because CARICOM standards are not legally binding (CROSQ Participant 1). Regional standards still rely on national legislation before they can be implemented. The voluntary consensus standard-setting system usually claims this line of thinking, that all standards developed within the system are voluntary.³² Standards (in general) were initially developed with the view that they would increase efficiency and trade harmonization, but were not intended to be legislated as it was thought this may slow down the speed at which standards could be updated and developed to match innovating and new industries³³ (C. N. Murphy & Yates, 2009).

Most states simply reference international standards in legislation to allow for the standards to be revised in their own processes and avoid delays associated with political legislative intervention. This norm in standard setting clearly influenced the perception of the level of possible resistance. Since

³² See more in Chapter 3 for why these statements obfuscate the power of standards in global governance.

³³ For more on this topic, see the writing regarding standards in new technology industries and internet governance, especially (Jakobs, 2019).

states maintained the right to mandate CRS 5 through legislation (and, in fact, many CARICOM states had not mandated the existing CRS 5), CROSQ viewed its role as simply coordinating national standards bureaus on a regional reference standard and complying with regional health policy. The ultimate decision would always stay with each individual country, remaining in line with historical regional and national tensions. Yet the hope and driving force behind international standard setting is that states will adopt it as is. Unlike CARPHA, CROSQ operates as a regional-level institution that facilitates national implementation of, what is expected to be, a specific and uniform initiative, which carries extra weight because of the way it fits into the international trade regime. It is an “inter-governmental organization ... to facilitate the development of regional standards...” with an aim to “support international competitiveness for the enhancement of social and economic development of the region” (CROSQ, 2014).

In summary, CARICOM’s political arm had long since committed to acting on NCDs, as a result of urging by a loose coalition of public health actors who acted as the public authority in setting the agenda and helping make public health policies. The public health part of the regional governance architecture, CARPHA, created a policy package that directed regional action on non-communicable disease prevention. Using Chile as an example, CROSQ expected to carry out this policy initiative, by adding FOP labels to the existing regional standard on Pre-Packaged Food Labelling (CRS 5). The fact that this public health policy needed to be carried out in a process aimed at facilitating trade, demonstrates the underlying priority towards trade over health in the regional governance architecture that stems from its evolution of economic and functional cooperation pillars. Having already demonstrated how industry actors are on the receiving end (and continue to reinforce) structural power from the international trade regime in Chapter 3, I now turn to the specific pathways that FOP labelling took once integrated into regional standard setting to identify the intervention points available to actors.

4.2 The Culture of Standard Setting in Action

Even though standard setting bodies are frequently considered public bodies, and can work to implement public policy, their motivating mission is supposed to be to find the best technical standard to operate with. Recalling the ‘evangelical engineers’ of early standardizing (C. N. Murphy & Yates, 2009) and the culture of standard-setting communities discussed in Section 3,2 individuals in

standards bodies still argue that their goals are to 1) find the optimal technical solution and 2) to achieve consensus amongst industry partners³⁴ – all with an underlying belief that doing so ultimately contributes to human progress. A characteristic of the ‘public’ side of these bodies then, is that they are often public in their facilitation (transparency is a major principle in standard setting) and yet private in their motivation. The achievement of the best standard has traditionally been the one that is the most efficient or best at harmonizing across jurisdictions: it is the best at prioritizing the needs of the companies participating in the process. When these needs were calibrating measurements, this motivation likely matched the best interest of the public. When standards attempt to regulate the harmful components of the product itself, as they do in this study, the authority of private interests inside the process become a question of conflict between public and private interests.

In this study, participants’ views largely held with that of the “evangelical engineer” – participants were, at times, righteous about the ultimate authority of WTO and standards as law (Participant 5, Participant 8, Participant 18, Participant 29). Those inside the community of standard setting reflected the preferences of the regime perfectly. Relatedly, participants who had been involved in standard setting for a long time were also deeply committed to objectivity. In an hour-long interview, the Chair of a national committee described the opinions and nuances of other participants’ perspectives and their quest for consensus without once giving an indication of their personal view (Participant 21). Only “off the record” did the participant feel comfortable sharing whether they personally supported FOP labelling or not.

This type of strong commitment to objectivity was certainly espoused, and mostly abided, by the staff in the regional standard setting regime. Technical officers were very careful to keep their personal views outside of discussions. Committee Chairs are also normally supposed to have the same level of objectivity, though this can be difficult since the Chair is normally a volunteer from within the national committee (St Kitts was an exception, see Chapter 5 for details). Objectivity in facilitation is meant to let consensus happen organically during the committee meetings, and so it is important for the bureau staff and Chairs of committees to be seen as neutral.

³⁴ While there is significant literature exploring the first mover advantage and ways that companies can ‘win’ in standards negotiations, there is not scope within this paper to cover it. Please see especially Bütthe and Mattli, 2011 and Hall and Biersteker, 2002 for more.

The internal composition of a committee for standard setting is expected to reflect the diversity of stakeholders who may have an interest in the standard. Evidently, this culture means that stakeholders from different communities are sometimes expected to come to a consensus as they consult on a standard, as was the case in CARICOM’s pursuit of FOP labelling. Importantly, it also means that once FOP labelling was integrated into a standard, it was presented in an objective way to a new group of stakeholders at the national level, all of whom had different experiences, different sets of knowledge and expertise, and different “interests” (see Appendix B for details about committee membership).

4.2.1 Intervention Points in Iterative Regional Standard-Setting

Once FOP labelling had shifted into standard setting, the conceptual understanding of the policy also changed. While FOP labelling had been considered a public health policy, after the shift it was absorbed into the wider culture and process of CROSQ’s operations. At this juncture, participants who were introduced to FOP labelling post venue-shift considered it a *standard*. When looking at the text of CRS 5, FOP labelling makes up only a very small addition. Participants who were on committees prior to this exercise viewed their role as consulting on *standards* – not public policy. Conversely, those who had been involved in FOP labelling’s inception in the public health sphere continued to refer to it as a public health *policy*. The distinction changes whose authority matters, whose knowledge matters, and whose rules matter. A neutral committee member in Barbados emphasized this ideational shift by suggesting that businesses have a role in consulting on standards:

“... after all Front of Package labeling, as a standard, in my opinion, is still within the whole body of standards discussion and is relevant to businesses, their enforcement, and the interest of businesses in standards.” (Neutral Participant 20)

As a standard, CRS 5 was subject to an iterative consultative process between national and regional levels. CROSQ’s official role is to coordinate or facilitate the regional process, while its national counterparts (national standards bureaus) are responsible for facilitating at the domestic level.

Facilitation includes organizing meetings, compiling comments, and ‘disposing’³⁵ of rejected ones. When CROSQ receives a request to work on a technical standard, it usually begins by assessing Member States’ interest in participating in the process, convenes a Regional Technical Committee to draft a new standard (or revise an existing standard) and once the Draft CARICOM Regional Standard is written, it is sent to Member States for consultation. This work is done frequently and on a range of issues; food labelling is only one. FOP labelling was simply folded into the work already being done to revise CRS 5.

National Standards Bureaus of participating states are normally expected to organize at least one face-to-face meeting,³⁶ and provide at least 60 days for submission of comments on the draft standard nationally. CRS 5 is largely in line with accepted international pre-packaged food labels, except for the addition of FOP labels. Comments and meeting notes were then discussed by National Mirror Committees – either a general or specialized (depending on Member State capacity) body of stakeholders specific to each country that is responsible for creating a “national position”. National positions (often an extensive document – in this study, made up of comments received at the national level that were not disposed of) are then transferred back to CROSQ, where they are normally compiled and transferred to a hired consultant with technical and trade expertise.

Table 4: Alternative Names and Participants of Regional and National Standard-Setting Bodies

Regional Standard Setting Process – CROSQ + Regional Technical Committee						
	Jamaica		Barbados		St Kitts and Nevis	
Staff	National Standards Bureau	Bureau of Standards Jamaica (BSJ)	National Standards Bureau	Barbados National Standards Institute (BNSI)	National Standards Bureau	N/A

³⁵ Disposing is the official standard-setting term. Comments are ‘disposed’ when they are deemed irrelevant to the standard-setting process (e.g., many industry members complained at not having questions around implementation timelines answered – because those types of questions can only be answered by the relevant government agency, they are deemed ‘irrelevant’ and disposed of).

³⁶ The number of face-to-face meetings usually depends on the newness of the standard in question, the level of interest and the level of controversy. In the case of CRS 5 revision, more than one face-to-face meeting was held in all three study countries.

Stakeholders	National Mirror Committee	Food Labelling Committee	National Mirror Committee	Food Standards Committee	National Mirror Committee	N/A
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The consultant, working with a (regional) Technical Management Committee (TMC), would produce a Final Draft CARICOM Regional Standard (FDCRS)⁴ based on the submitted national positions. However, in this case, given the controversial nature of FOP labelling, deadline extensions were given multiple times to national standards bureaus, expanding the original timeframe well past the original deadline of December 2018 to March 2019. National positions were then also transferred to the Regional Technical Committee for further disposal instead of a consultant. The Regional Technical Committee had at least three face-to-face meetings³⁷ in addition to many online meetings to dispose of all comments, which also pushed the process past original deadlines, into the summer of 2019 before all comments had finally been disposed.

As long as major changes have not been made to the original draft standard, the standard normally sits for another short period (6-8 weeks) for comment nationally, and eventually goes to a Member State Council. CRS 5 did not follow this trajectory. Instead, a member state³⁸ suggested moving FOP labelling into a future Nutrition Guidelines (back panel) standard. A back panel standard had been suggested previously to CROSQ as a new work item through the same CARPHA policy brief (meaning CROSQ would complete a completely new standard development) but at the time of study, the Nutrition Guidelines standard had yet to be drafted. Estimates of a delay of at least two years were given should FOP labelling be transferred. Part of the controversy here was that the back panel had actually been removed from the original CRS 5 when FOP labelling was added.

There does not seem to be a precedent for this type of redirection of a component part of a standard.³⁹ The regional technical officer on the file elected to use majority rule, based on national

³⁷ This was confirmed during the study period. After the study period ended it is possible more meetings took place.

³⁸ This information is protected, but was not any of the case study countries.

³⁹ CARICOM often adopts international standards. So, it is possible that adding a distinctive component to a regular standard, as the FOP labels are added to CRS 5, is not common practice. This is especially plausible

mirror committee positions, to decide whether FOP labelling should be moved into a future standard. This event shows how unique regional standard-setting processes can be. National standard-setting processes would not be faced with balancing other member states interests, and international standard setting processes have existing procedures to determine the best standard (or new standard) ahead of the consultation process. Eventually, the decision was made to move the FOP labels into an annex of the original CRS 5 and redistribute it to national standards bureaus for another round of comments, since enough changes had been made to warrant it.

Once a regional standard has met a support threshold, it is normally put forward for final approval to the CARICOM Council for Trade and Economic Development (COTED). While CROSQ's technical officer was optimistic about CRS 5's progress through the process, it became clear that the standard including FOP labelling was going to miss the expected timelines. When CRS 5 was originally drafted in the summer of 2018, it was expected to be approved at the COTED Spring meeting in 2019. However, the standard faced significant backlash from industry: there were three extended deadlines at the national level (finally submitted March 2019), followed by extended regional meetings (finally finished end of Summer 2019) and a return of the standard to national committees in the Fall of 2019 for more consultation after the FOP labels were officially shifted into the annex. It is clear that CROSQ did not anticipate the industry resistance to the standard. Results from the second round of national consultations had not been received in 2020 at the onset of the Covid-19 pandemic, which has since halted the process moving forward even more. In September 2021, the Government of Jamaica publicly rejected any adoption of FOP labelling (Chung, 2021) and at the time of writing, CRS 5 with FOP labelling had not been officially published (June 2022).

The regional standard-setting process is clearly iterative. In the case of CRS 5 especially, the standard went through many rounds of consultation at both the national and regional levels, it was especially contentious. Since the standard is only achieved (and implemented) once it is passed at the regional level, it must first achieve consensus at the national levels. It is for this reason that I focus on the consultations on CRS 5 at the national level, because this represents the point at which actors can intervene. Finally, it is also at this point that the culture of standard setting become especially relevant, since committees at the national levels had varying levels of adherence to these cultures

given that CRS 5 is modelled from an international standard, but that FOP labelling is not currently subject to an international standard (although it is currently under review at the Codex Alimentarius Commission).

based on the length of experience in-country with standard setting (see Chapter 5) and this would significantly impact the proceedings.

The venue-shift into standard setting exposed the public health policy to new interests and ultimately resulted in the failure to be implemented as intended. Standard setting, embedded as it is in the international trade regime, is a venue where private industry actors have significant structural power, based on their fit within the regime and their knowledge of the process. This structural power further contributes to authority inside the process, and an assuredness that standard setting rules are the most important rules. The situation is similar to other trade governance spaces where some actors are unable to offer constructive criticism or alternative opinions (Trommer, 2016; Wilkinson, 2016), since their inability to accept the norms of the system make them outsiders that cannot have valuable input. Industry actors are insiders in the process, while public health actors are outsiders.

4.3 Trade over Health in Action: The Loss of Public Health Expertise and Authority over FOP Labelling

4.3.1 A Loose Coalition: Representing Public (Health) Authority

CARICOM's governance structure meant that trade is implicitly prioritized over health. This chapter has so far argued that public health actors had significant agenda-setting power as part of the regional governance architecture, and that they successfully put NCDs on the regional health agenda. Public health experts, when dealing with their own epistemic community, and with their role as part of the public governance structure, were able to act as policy entrepreneurs and their advocacy efforts were not perceived as conflicting with their roles as experts. Though the functional cooperation pillar of CARICOM's governance architecture meant there was no supranational authority to implement FOP labelling, the policy still made its way into an implementation pathway through the regional standard-setting process.

Yet, standard setting is dominated by private sector interests who have expert knowledge on the process itself, including the intervention points and potential arguments, opening FOP labelling up to a whole other set of interests and expertise. FOP labelling is a good demonstration of how CARICOM's governance structure, set up as it was to prioritize economic integration and trade, has failed to provide a venue that would prioritize public health policy over economic interests. In the

next chapters, I provide empirical detail on the exercise of corporate power in standard setting. Here, however, I focus on the ways that the perception of expertise and authority over FOP labels changed when it shifted into standard setting.

Following the concrete development of putting FOP labelling into what they thought was an implementation pathway through standard setting, some public health actors who had, up until this point, played a major role in propelling FOP labelling, stepped away from publicly supporting it. Public health actors perceived their advocacy role of agenda-setting as over when it moved into this implementation phase, or, what policy scholars might call the adoption and implementation stages of the policy cycle (Howlett et al., 2016; Lasswell, 1956). Some of the initial public health policy champions of FOP labelling, such as PAHO, CARPHA and public health academics would not normally be involved in policy stages of adoption and implementation in national governments, and thus stepped back at this point.

The role of supporting FOP labels in standard setting passed to national public health actors who would represent the health ‘interest’ on national mirror committees. Since national standards bureaus are tasked with creating committees of stakeholders who represent different interests, national mirror committee in each study country had a cohort of participants who represented the health ‘interest’ (see Appendix B). Already, the representation of public health actors changed. No longer acting as public authority, public health actors were simply an equal participant on the committee.⁴⁰ While initially considered public health experts, the standard setting process was a fresh start, and health actors were another ‘interest’ on the committee (Industry Participant 5).

In Jamaica, the health interest was made up of the Ministry of Health representative, the Jamaica Heart Foundation (of the Heart and Stroke Foundation) and the Diabetes Association. In St Kitts and Nevis, the health interest was represented by the Ministry of Health representative and Lake Health and Wellness, a local non-government organization. In Barbados, this interest was represented by the Ministry of Health and the Healthy Caribbean Coalition. In each case, there is a shift away from the traditional international relations categorization of state versus non-state actors, as the informal

⁴⁰ ‘Equal’ is subject to further examination. While standard-setting culture is focused on representing all ‘interests’ and being objective, the reality of committee makeup was that the health ‘interest’ was much less represented than industry actors. This is not surprising given the history of the committees’ work but raises questions as to who gets to participate in standard setting – especially when the standard is attempting to ultimately implement a *public* policy.

collaboration between government actors (ministries of health) and non-government actors (health NGOs) was shaped into informal coalitions. The resulting national, informal public health advocacy coalitions were sometimes supported by some of the regional health actors like PAHO and the Healthy Caribbean Coalition, though the support by these two regional actors varied considerably, and PAHO especially aimed to stay largely out of the public eye (see Chapter 7).

The Healthy Caribbean Coalition played the most significant role in strategically representing a public health perspective throughout the process to adopt FOP labels. It wore multiple hats to achieve its central role, making it the target of significant resistance by actors who were more familiar – the insiders – of the standard setting regime. First, the Healthy Caribbean Coalition represented a national health perspective. The Healthy Caribbean Coalition sits on the national mirror committee in Barbados. This caused some tensions inside the Barbadian public health advocacy group: there were some questions as to whether a regional organization should influence a national-level process (Health Participant 36). Additionally, though the Healthy Caribbean Coalition requested to be part of the process, it was absent from the first meeting discussing FOP labels because the Barbados standards bureau had not approved their membership on the committee at that time, initially citing concerns of meeting room size (Staff Participant 30). In the end, the Healthy Caribbean Coalition agreed to represent all other health organizations in the country (e.g., the Diabetes Association) to take up a seat on the committee (Health Participant 23). In this sense then, the Healthy Caribbean Coalition was like any other national ‘interest’ on the committee.

The second hat the Healthy Caribbean Coalition wore was in organizing its network. The Healthy Caribbean Coalition is a registered NGO that describes itself as a civil society network – with only a few full- and part-time staff members in Barbados. The Healthy Caribbean Coalition works primarily through the infrastructure of the global Non-Communicable Disease Alliance (NCD Alliance) – another network of NGOs active in the international non-communicable diseases policy space (Participant 23). The Healthy Caribbean Coalition facilitates NCD Alliance activities in the Caribbean with over 100-member sub-organizations. When the Healthy Caribbean Coalition staff understood the decentralization of the regional standard-setting process, that is, that national committees would play such a major role in its likelihood of implementation, the group alerted its member-organizations in CARICOM member-states. These organizations included those I have described as part of the loose coalition of public health actors – the Heart Foundation and the Diabetes Association in Jamaica, and Lake Health and Wellness in St Kitts and Nevis. Consequently, the Healthy Caribbean Coalition

balanced dual roles of offering comments in a national space while operating as a (regional) transnational advocacy network.

The Healthy Caribbean Coalition's organization of members caused tension within the standard-setting process (Participant 47 Interview). At this point though, it is worth noting that the Healthy Caribbean Coalition was not viewed by other members on the committee as subject matter experts. The NGO was viewed as an advocacy organization over subject matter experts (Staff and Industry Participant Interviews), an interesting distinction that shows how epistemic communities matter. Furthermore, their role in organizing members to attend committee meetings in other countries was perceived by other members as organizing in an activist way, something that was unwelcome in the so-called neutral and objective culture of standard-setting (Participant 47 Interview). The underlying disapproval amongst committee members for the Healthy Caribbean Coalition's organizing tactics is in line with the insider/outsider dynamic Wilkinson (2016) wrote about. While these tactics of organizing were, in fact, like the Chamber of Commerce's (see Chapter 6), because the Healthy Caribbean Coalition was perceived as an outsider, its actions were viewed with a very different lens.

While the Healthy Caribbean Coalition took a public-facing approach to organizing member-organizations to be active in the national mirror committees, PAHO also contributed to the public health advocacy coalition, though in less visible ways. PAHO provided funding to the Healthy Caribbean Coalition to support their advocacy work in the region. PAHO additionally provided funding to CROSQ to 'fast track' the CRS 5 revision (CROSQ Participant 1 Interview). Neither of these funding arrangements was widely known publicly: PAHO was painted as an 'external actor' who had no legitimacy in the standards process (see Chapter 6), making any public acknowledgement of their influence useful for supporting this portrayal as a foreign or external interference. As such, PAHO remained a mostly invisible supporter of the public health advocacy coalition and rarely provided subject matter expertise once FOP labelling was integrated into the regional standards process (Health Participant 46 Interview).

Ministries of Health served as the final component of the loose coalition of public health actors and walked a different line in terms of advocacy versus expertise (Participant 4, 9, 12, 19 Interviews). In each study country, at least one representative from the national Ministry of Health sat on the committee and contributed to the consultations on behalf of their ministry. The range of expertise and

participation varied widely. In St Kitts,⁴¹ only two civil servants make up the nutrition department of the Ministry of Health and only one has formal nutrition training. This official also does clinical visits, showing how few resources the Ministry has to participate in policy development processes of any kind, let alone one what is outside the norm (for health).

In Barbados, on the other hand, the Ministry of Health had begun its own FOP labelling policy development process before finding out about the regional adoption process. The Ministry of Health in Barbados was extremely engaged in the standard-setting process, even hiring a consultant from the National Nutrition Centre to work part-time solely on this file. While the Healthy Caribbean Coalition and the Ministry of Health in Barbados did not officially work together, and at times expressed frustration with each other's tactics, the two groups are firmly on the same side of the battle for FOP labelling in Barbados and were seen as such by private-sector actors on the committee.

I characterize Ministry of Health officials as part of only a loose coalition because of the ways they portrayed their own participation. Most Ministry of Health officials, in each study country, saw themselves primarily as subject matter experts who were being asked by the national mirror committees for guidance from a nutrition standpoint. Officials were largely unaware of FOP labelling fitting into any sort of bigger policy commitment by the region, indicating that the regional political commitment to FOP labelling had not been transmitted through national policy chains. As such, they were not committed to advocating for FOP labelling as a policy priority on behalf of the government, only as a scientifically evidenced best practice. The exception was Barbados, because of their existing commitment to pursue FOP labelling as a national policy.

Authority over FOP labelling, which was originally a public health policy aiming to solve a public health problem, was delegated into a process dominated by private interests. Public health actors re-organized as a loose coalition, rather than the role they'd previously embodied as public authority. The coalition was primarily made up of the Healthy Caribbean Coalition in their coordinating capacity, the member-organizations who used their guidance and advocated for public health, the Ministry of Health officials who saw themselves as part of the coalition only in terms of subject

⁴¹ There is a separate health department for the island of Nevis. From my research it seems that the official from the Nevis health department attended one of the initial meetings on CRS 5 but none thereafter. Most participants in St Kitts and Nevis did not perceive any relevance of the CRS 5 revision to their official work, and this is likely the reason for the lack of committee participation from government players in Nevis.

matter expertise but not in terms of advocacy, and the underlying support from PAHO in terms of funding and subject matter expertise. This loose coalition of public health actors changed from having authority over directing FOP labelling when it was recommended by CARPHA, PAHO and part of the regional political governance architecture, to becoming an advocacy group (Dellmuth & Bloodgood, 2019) when FOP labelling was delegated into the standard setting process.⁴² Public health authority then, by virtue of the lack of supranational health policy implementation body in functional cooperation and the prioritization of trade and economic needs in the region, was superseded by the expert authority of private (trade) interests inside the standard setting process. The process delegated responsibility for a public health measure away from public authority and directly into the authority of those who had the process knowledge and expert authority to stall it indefinitely.

4.3.2 The Loss of Policy Context by Venue-Shifting

The immediate impact of delegating authority over FOP labelling to a body dominated by private sector interests was that it was no longer conceptualized as a policy, let alone a politically endorsed policy as part of a wider regional health agenda. At national committee meetings, there was no presentation of the regional public policy process and agenda (Participant Interviews). As described above, FOP labelling was a health policy created by health experts, with the intention of protecting CARICOM population health. FOP labelling was an idea that became a regional policy endeavor through the formal processes of regional CARICOM political architecture. In tracing its movement from the NCD prevention agenda, into CARPHA's six-point policy package and finally through the policy transfer project, public health actors never lost sight of FOP labelling as a regional health policy (Participant Interviews).

⁴² I use the following terminology to differentiate: When I use 'coalition,' 'loose coalition' or I refer to that group of public health advocates that is made up of the Healthy Caribbean Coalition, their national member-organizations on committees, Ministry of Health officials and PAHO. When I use 'network', I am referring to the NCD Alliance network that the Healthy Caribbean Coalition facilitates and therefore has more formalized processes and information sharing. Finally, on occasion when I use health 'side', this terminology comes directly from the participants themselves and refers to a very loose understanding of who is 'supportive' of FOP labels (usually this suggests those actors in the coalition but may also refer to individual supportive members on the committee and may not refer to PAHO's underlying financial support since this was largely invisible to national committee participants).

When FOP labelling was integrated into CRS 5, it was sent to national standards bureaus in individual study countries as a small component part of an overall standard – not as a health policy, and not as an element of a comprehensive regional health agenda. While the technical officers at the bureaus, those who facilitated the consensus building process, had some understanding of FOP labelling as a health policy and as part of a regional health agenda (Staff Participant Interviews), this information was not transmitted to national mirror committee participants (Industry, Health, and Neutral Participant Interviews). No committee participant, except for health actors, in any of the three case study countries, understood that FOP labelling had been added to CRS 5 as a direct result of recommendations by regional health experts and endorsed as part of an NCD prevention agenda by CARICOM governance architecture.⁴³ Importantly, because of the strong culture of objectivity inside the standard-setting process, technical officers were also reluctant to describe it in this way since they view their role is highly technocratic (Participants 17, 30, 26, 21). Technical officers perceived a presentation of FOP labels as a legitimate contribution to population health as providing an advantage to one ‘side’ (Staff Participant Interviews). The culture of international standard setting demands facilitators be neutral to the point where they were not elucidating the roots of FOP labelling as part of public governance. Because different ‘interests’ were assigned on the committee, staff had to be very careful to not be seen as taking one side or another. When health is assigned as simply another interest on the committee, and the public authority of these health actors is lost, it means that presenting that interest’s ‘side’ is seen as not neutral.

The result was that participants in the standard setting process did not view FOP labelling as a health policy, nor as a component of a regional health agenda, committed to by CARICOM leaders. Participants, also largely familiar in international standard setting practice as neutral and objective, understood FOP labelling as simply a new element of an existing standard, opening it up to the same types of questions and issues that all other standards would be subject to (Neutral and Industry Participant Interviews). FOP labelling as a ‘public policy’ solution, for the public good, had disappeared from the conversation. The political construction of the NCD problem did not simply

⁴³ No participants involved in national mirror committees could identify FOP labelling as part of a regional health agenda, with the exception of Ministry of Health officials and the members of the loose health coalition mentioned above. Notably, St Kitts integration into standard setting activities is so new that even the Ministry of Health official participating was unaware of this regional commitment: that person supported the measure but without knowledge of the political environment.

change, it was entirely erased from the conversation. The idea of FOP labelling as a solution to a problem was no longer the overarching perspective, instead, FOP labelling became the problem itself.

4.4 Conclusions

This chapter began with an overview of CARICOM's governance structure, demonstrating that although public health actors had significant agenda-setting power within the structure, the lack of a supranational health body with implementing power meant FOP labelling had to be shifted into standard setting. The shift into standard setting, and its consequent change in whose expertise counts and whose authority matters, suggests a concrete way that CARICOM's governance structure has prioritized economic integration and trade over health. In fact, CARICOM evolved directly out of a regional free trade agreement, making this fact unsurprising.

Once FOP labelling made the shift into standard setting, the perception around public health experts changed significantly. For the most part, they went from being seen as experts, and as the public authority directing the trajectory of FOP labelling as a policy, to being advocates for the policy. This advocacy marked public health experts right away as outsiders in the standard-setting process. Their shared knowledge did not match the shared knowledge of those involved in standard setting, and when the policy context of FOP labelling was also erased after the shift, it meant that anyone with an 'interest' in health was viewed with the suspicion of advocacy and impartiality. The obfuscation of the regional political commitment, and the regional policy agenda, that FOP labelling was part of, further erased any authority health actors might have had over FOP labelling once it entered into standard setting. The obfuscation also shows that using standard-setting for public health policy might not be as straightforward as initially anticipated.

I now turn to an exploration of the level of familiarity and structural power of industry inside the standard setting process in each case study country, to show how this power was strategically used in ways that public health experts, lacking such structural power and process knowledge, were not capable.

Chapter 5

Corporate Power in Domestic Standard Setting: Attempts to Delay, Weaken, or Circumvent

FOP labels shifted ideationally as the policy moved bureaucratically into standard setting and had a parallel shift of authority. Until that point, FOP labelling was a public health policy that was part of a public health agenda in the region. Once in standard setting, FOP labelling was simply a small component of a bigger standard (CRS 5) on pre-packaged food labelling, entering into a much more private-oriented sphere. In Chapter 2, I argued that FOP labelling is an inherently neoliberal solution to an inherently neoliberal problem: states tiptoe around the makers of unhealthy food products that have increased significantly alongside technological innovations and trade liberalization. FOP labels are often the preferred option for two reasons: first, they aim to discourage consumers from buying ultra-processed, often imported, corporate foods (and therefore consuming it); and second, they do not force corporate action on the foods themselves (rather the burden falls on consumers). Instead, FOP labelling is a (supposedly) politically viable workaround that aims to shape the food environment without taking potentially divisive action on corporations who profit from these types of foods.

However, as previous chapters have demonstrated, FOP labelling shifted into a process that evolved to help pursue the interests of industry and business, whether that be for the original technical optimization of standards, or for later efforts to shape the economic environment to businesses' interests. As public-private hybrid regimes (Clapp, 1998), international standard setting runs on the principles, norms, and rules developed over time to suit the needs of those using it, further shaped over recent decades of neoliberal reform. Since the standard-setting regime itself developed to represent industry and business interests, it is unsurprising that its principles, norms, and rules, do not effectively advocate for public health. In this chapter, I use a lens of corporate power that draws on participant interview data to show how these characteristics in standard setting have been used by industry participants to their advantage.

First, I describe the institutional context of standard setting in each case study country. I then delineate three overarching ways that industry tried (sometimes successfully, sometimes not) to use power in the regional standard setting process to achieve their interests. While enabled by structural

power and their integration into the international trade and standard-setting regimes, I see actions described here as I argue that the level of knowledge industry actors have about the standard setting process is related to the history of standard setting in case study countries, and that this knowledge on process further helps industry to use corporate power effectively to achieve their interests.

5.1 Conditions for Developing Knowledge on Standard Setting

Jamaica, Barbados and St Kitts and Nevis have differing histories with standard-setting institutions and have been differently integrated into the international standard-setting regime. These factors led to varying levels of knowledge and therefore power amongst private sector actors in each country. As described in Chapter 1, the three case study countries were chosen based on their differential characteristics, enabling broad lessons around how national dynamics played out on the regional stage, given different conditions and characteristics. Here, I briefly outline the historical institutional contexts of standard setting in each state, connecting the differing levels of corporate power and coherence among resistance strategies.

Out of the three case study countries, Jamaica has the longest history of engagement with international standard-setting, as well as the largest population and significant manufacturing capacity action. The Bureau of Standards Jamaica – Jamaica’s national standards bureau – was established in 1969, but its portfolio includes ensuring compliance with the even older Processed Foods Act (1959) (BSJ, 2021), showing integration with international standard setting even before independence. Jamaican standard setting not only has the longest history in-country, but it also had the largest physical presence in-country, with an entire building full of staff dedicated to its work. Jamaica has multiple specialized committees that contribute to the work of the bureau, including a Food Standards Committee and a Food Labelling Committee (Staff Participant 26 Interview).

The existence of these longstanding and specialized committees means that participants on the committees have developed significant knowledge around the process – they or their organizations have been integrated into standard-setting practices for many years. There was a strong commitment to, and knowledge of, the rules and norms of standard setting in Jamaica amongst industry

participants (Participant 5, 10, 25, 29 Interviews), neutral participants⁴⁴ (Participant 28, Participant 21 Interviews) and even health (Participant 31 Interview). Over time, the Food Labelling Committee developed a strong and shared knowledge of standard setting. The committee uses the language of standard setting coherently and completely. At the same time, since Jamaica has the largest food manufacturing presence amongst the three case study countries, there was additional incentive for industry members who export their products around the world to be knowledgeable about these principles, norms, and rules, to better assess and strategize around global trade rules and the impacts on their businesses.

As a group, the Jamaican committee demonstrated the highest level of knowledge on standard setting amongst all participants that I interviewed (except for standard-setting staff, who were knowledgeable in each country). Industry participants on the committee had a high level of knowledge, paired with a strong business interest. In concrete terms then, Jamaica's food industry had significant expertise in trade rules and in standard setting process. While all committee members in Jamaica had a high level of understanding of standards, industry was especially motivated to use this knowledge, and felt comfortable in the standard setting process (Participants 5, 10, 25, 2, 29).

Each industry member I interviewed in Jamaica expressed resistance to FOP labelling,⁴⁵ and all reports indicate unanimous opposition. Listed Jamaican industry representatives on the national committee included the Jamaica Manufacturers and Exporters Association (JMEA), Seprod (manufacturer and importer/distributor), Wisynco (manufacturer and importer/distributor), Nestle (transnational with local manufacturing), Virginia Dare (manufacturer) and Grace Kennedy (manufacturer and distributor/exporter) (see Appendix B for full committee breakdown).

On the opposite end of the spectrum, St Kitts and Nevis only very recently started engaging with international standard-setting. The country has a very small population and little-to-no food manufacturing or export activity (Staff Participant 17 Interview), making the stakes around food labelling much lower than in Jamaica. The national standards bureau in St Kitts was established in 1999, but only started to engage with international standard-setting ahead of the CARICOM Single

⁴⁴ See page 33, but as a reminder to the reader, these are participants who neither fell into the 'industry' nor the 'health' sides of the process.

⁴⁵ Industry interviews often made the caveat that they are opposed to *this version* of FOP labels, and repeatedly argued that another form of FOP labelling could be acceptable.

Market and Economy's establishment in 2006 (St. Kitts and Nevis Bureau of Standards, 2021). At the time of fieldwork (summer 2019), the standards bureau in St Kitts had not legally adopted any standards and only employed two full-time staff on standards (Staff Participant 17 Interview), compared with the entire building of staff in Jamaica. In fact, there was such a low level of interest in standards that the Technical Officer of the bureau had to serve as the Chair of the national committee – something which should generally be done by a committee member, but no one was willing to take this position on (Staff Participant 17 Interview).

The historically low level of participation in standard setting from an institutional setting corresponds to a low level of participation and familiarity amongst committee participants. Most participants on the St Kitts committee were not specialized or even directly impacted by food labelling and so most had little interest or motivation in the specifics of the process. One health participant reported that there were very low levels of engagement amongst the committee in St Kitts (Participant 7), and most non-health interviewees in St Kitts (5/7) were unaware of FOP labelling at all. Some participants (Participant 11, Participant 16) indicated some surface-level interest in the broader strokes of CRS 5 (Pre-Packaged Labelling), but were unaware of the specifics of the FOP labelling section.

Because standard setting was so new to St Kitts, the committee lacked the built-in interest that existed in Jamaica, and the committee ended up pulling stakeholders from, for example, a local catering business and a local bottling company where the participant had formerly worked on some labelling issues in another country (Industry Participant 27 Interview), in addition to Carib Brewery and local supermarkets/distributors. Most participants in St Kitts were very unfamiliar with the language and rules of standard setting. Altogether, this low level of interest, motivation and process knowledge corresponded with low levels of both action and resistance in St Kitts and Nevis.

It is worthwhile to note that one exception was strong criticism of FOP labelling by both some distributors and the Chamber of Commerce when I spoke to them, but these actors had either not noticed FOP labelling as part of the standard, or had not been to the committee meetings (Industry Participant 18, 8 Interviews). Both were unaware that FOP labelling was in CRS 5 until their interviews for this study. The short history of standard setting in St Kitts meant that low interest, knowledge, and power was consistent across all members of the committee, including industry (the Chamber of Commerce was highly fluent in trade rules, but not engaged at all in the St Kitts process).

Additionally, because St Kitts has so little domestic interest in the standard, St Kitts also intervened in the regional process less than the other countries in this study.

Barbados again demonstrated a good middle ground example, with a comparable length of history in standard setting to Jamaica. Barbados has less manufacturing and commercial activity than Jamaica. Official industry representatives on the Barbados committee included HIPAC (local manufacturer), Chamber of Commerce and Industry, the Small Business Association, and the Barbados Investment and Development Corporation. Committee members in Barbados were generally interested in standard setting but did not express the same levels of opposition as the Jamaican committee. The Barbados National Institute of Standards (BNSI) has a strong operational history, but it does not operate on nearly the same scale as Jamaica's national standards bureau. Jamaica's population is close to three million, while Barbados's is only about 500,000 people. The scale of institutionalization (and motivation to participate) seems to correlate.

In Barbados, there is strong standard setting infrastructure and culture, but there was a smaller number of specialized committee members than in Jamaica. Participants were deeply engaged in Barbados, but there was less tension between them (Barbados Participant Interviews). Participants generally agreed for the need for FOP labelling, with the exception of the Chamber of Commerce. There was significantly more engagement and motivation from committee participants in Barbados than in St Kitts and Nevis.

In summary, there are three major conditions that seem to help explain the level of knowledge around standard setting and the committees' acceptance of the regimes' principles, norms, and rules. The first is the length of time standard setting has been established in country. In both Jamaica and Barbados, standard setting was established nearly since or before independence, lending significant time for all participants, but especially those with business or trade incentives, to become familiar with, and indoctrinated into, standard-setting culture. The second condition is population size. Jamaica was the only state with a committee specific to food labelling that existed prior to revising CRS 5. There simply are enough people in a state of three million people to fill a committee with stakeholders who are motivated to consult on food labelling. On the other extreme, in St Kitts, with only 50,000 people, very few people have enough of an interest or motivation in standards generally, let alone food labelling more specifically. Finally, the third condition that matters is the level of manufacturing and commercial (food) activity. In Jamaica, significant food manufacturing, export,

and import, motivated a high level of interest in trade-related rules like standards. In Barbados, there was less prevalent interest around norms and rules of trade, and in St Kitts, this interest was nearly non-existent. Historical institutionalization of standards, population size, and level of industry are all characteristics that affected committees' levels of knowledge, interest, and strategic engagement with this case.

In Chapter 3, I argued that communities that are integrated into the international trade regime are likely to reproduce the preferences associated with that regime. In standard setting, the norms and rules developed over time have aimed to support industry and business development, building a culture over time that is geared towards reproducing these preferences. In this case, all participants interviewed on Jamaica's committee had a very high level of understanding of trade and standard-setting rules and norms. The arguments and actions resisting FOP labelling in Jamaica, were, therefore, very sophisticated and very compelling to other participants, since even neutral and health participants were well-versed and accepted the rules and norms of the regime (Jamaica Participant 21, 22, 31, 28 Interviews). Industry actors in Jamaica were very strong in their admonishment of FOP labelling and frequently coordinated in their language (Industry Participant 2, 5, 10 Interviews, Neutral Participant 25 Interview). Non-industry committee participants were frequently persuaded by the resistance of industry members, since resistance was structured around the rules and norms of the already accepted, taken-for-granted, authority of the standard-setting regime itself.

On the other hand, in St Kitts, the very low levels of familiarity with trade and standard setting rules meant that arguments around trade were generally less sophisticated, but also simply less prevalent. Industry members in St Kitts did not have knowledge around the process, but also had less reason to use it. There were also simply not that many of them (three supermarket owners were listed as part of the committee, but only one sent a representative sporadically to committee meetings). In Barbados, the middle ground scenario plays out once again. Standard setting's long history in this country laid the foundation for a strong organizational culture, but without the significant manufacturing and commercial activity, less industry participants in Barbados had incentive to resist FOP labelling. They were also more fragmented in their approaches than their Jamaican colleagues (Industry Participant 14 Interview).

While Jamaica's food industry actors were united in their opposition to FOP labelling in CRS 5, in Barbados, there were contradictory outlooks amongst industry actors. There was significant and loud

opposition from the Barbados Chamber of Commerce (Health Participant 4 Interview), but HIPAC, a local manufacturer of processed meat products, supported FOP labelling and even had an employee serve as Chair of the regional committee, signaling a surprisingly high level of interest and involvement. Similarly, the Barbados Investment and Development Corporation (BIDC), a government agency that represents other small manufacturers, was also supportive of FOP labelling. Both organizations indicated an appetite among local populations for NCD reduction strategies as motivating factors and supported FOP labelling as a concrete action. Additionally, both seemed to invoke first-mover advantage, by suggesting that there would be an advantage for their organizations in moving quickly (Participant 15, Participant 14). Even where there was support for FOP labelling from industry interests, it remained an opportunity that was calculated based on knowledge of process. If FOP labelling did serve as a barrier for foreign firms to enter the CARICOM market, as many industry members feared (Industry Participant 18, 5 Interviews), locally manufactured food items that already complied with the label would actually have an advantage.

This section outlined the ways in which three conditions – history with standard setting, population size, and level of manufacturing and commercial activity – impacted the three case study countries’ national committees relevant to FOP labels, the power available through this knowledge, and the coherence of the private sector to make compelling and sophisticated arguments and actions. In Jamaica, the full committee felt embedded in the standard setting community, could speak the language of trade, and understood the rules. The result was resistance that was tailored to the needs of the standard-setting and international trade regimes and is explored in the following sections. Resistance was also consistent across industry actors, in that all interviewed industry members were resistant to FOP labelling in CRS 5. In Barbados, each condition appeared smaller or weaker, leading to a more fragmented Barbadian private sector approach to FOP labelling.⁴⁶ Finally, in St Kitts and Nevis, there is such a small population, such a short history of standard setting, and such a low level of food manufacturing and commercial activity, that there was little organized or sophisticated opposition to FOP labelling.

In the next sections, I describe how actors exercised power in attempts to exert their will in the process, and how these exertions differed across the three case study countries. I mostly focus on the

⁴⁶ This fragmented private sector approach was also countered with a very strong public health coalition, see Chapter 7.

claims and arguments put forward by industry actors – the discursive facet of corporate power – to show how deep knowledge of the process and regime affected strategic output. However, I also describe the instrumental facet of corporate power enabled by industry’s deep knowledge of standard setting, and the ways in which these elements of power helped to indefinitely delay any adoption of FOP labels in CARICOM.

5.2 Strategy 1: Delay (or Stall to the Point of Failure)

Across the region, industry actors used superior knowledge of the standard-setting regime to delay the FOP labelling standard in two major and instrumental ways: first, by continually opposing FOP labelling throughout the process, and second, by procedurally delaying FOP labelling and attempting to shift it into a new, and so far, undeveloped, standard. Since standard setting recognizes consensus has been reached when there is an absence of ‘sustained dissent’, the Chairs of committees recognize consensus as being achieved when all comments registered by participants have been ‘disposed of’ (CROSQ Participant 1 Interview). That is, once all comments have been dealt with or deemed irrelevant, the committee can say it has reached a consensus and can move forward. By contributing an exceptional number and sometimes repetitive comments to the process, actors can ensure a significantly delayed adoption, as was the case with CRS 5.

Bodies that set standards adhere to certain principles, norms, and rules, but they are complicated for outsiders to identify. As per the TBT Agreement, standard-setting bodies are expected to use the Code of Good Practice (WTO, 1994), which differentiates them from bodies that create private standards. However, while the Code of Good Practice suggests that standards should be based on consensus (Article H, and the Definition of Standard), it does not offer any guidance as to a definition of consensus. The ISO/IEC Guide 2:2004 *Standardization and related activities – General Vocabulary* suggests that consensus is “General agreement, characterized by the absence of sustained opposition to substantial issues by any important part of the concerned interests and by a process that involves take [sic] into account the views of all parties concerned and to reconcile any conflicting arguments” (ISO, n.d.-b).

To trigger a delay, an instrumental tactic that forces the committee’s hand, committee participants are required to know that this ISO definition of consensus is in use in standard setting. For those that have been involved in standard setting for a long time, it is not unusual to refer interchangeably to

requirements from WTO, TBT, ISO, etc. (for example, Industry Participants 14, 16, Staff Participants 1, 17). However, new standard-setting participants, such as those pulled into committees specifically for their subject matter expertise in health, are unlikely to know about these definitions or where to find them. One health participant was consistently frustrated by the opacity of rules in standard setting, saying:

“that whole process has not been... it's not been, as what was described should be the process ...” (Health Participant 46)

The opacity of rules meant that health participants were often unsure of what they were able to do or how to strategically impact the process. Another health participant expressed:⁴⁷

“There's nothing you know – because I guess I'm not an expert in the field. So, I'm learning. So, I may have ask people very ridiculous and primitive, simple questions, and maybe they get frustrated [with] you. So, I'm a new member, so [just] explain something...” (Health Participant 39)

After receiving comments from participants (and sometimes the public) at the national committees, technical officers at national standards bureaus collated and forwarded the comments⁴⁸ to the Regional Technical Committee. Normally, the Regional Technical Committee works together to ‘dispose’ of the comments that come in from the National level. Comments are ‘disposed of’ once they have been addressed, by either taking an action, or deeming the comment out of scope. During the revision process of CRS 5, the Regional Technical Committee had 110 pages of comments from the 11-participating member-states to dispose of. This level of engagement was unusually high and took many online meetings and three face-to-face meetings over the course of about six months to finish (CROSQ Participant 1 Interview), indicating the high level of controversy associated with the standard.

At the end of this time frame, the national committee of St Lucia tabled a proposal to move FOP labelling from the existing CRS 5 standard revision. Instead, some member-states suggested that FOP labelling would be better suited to the next standard to be produced in the region – the Nutritional Guidelines standard (a ‘back panel’ or ‘nutrition facts’). Newcomers to the standard setting process

⁴⁷ A further discussion of health participants lack of process knowledge is pursued in Chapter 7.

⁴⁸ What are known as National Positions.

were surprised that this kind of redirection of FOP labelling was possible (Health Participant 23, 7 Interviews). Recalling that from the public policy perspective, FOP labelling had been shifted into standard setting to be ‘implemented’, a potential delay of this scale was perceived as a major blow to public health participants. The prospective shifting of FOP labelling even further down the road highlights the difference in expectations between insiders and outsiders in the process. Where health participants imagined FOP labelling was settled in CRS 5 and simply needed to be consulted on, industry participants saw multiple options for delaying in this decision-making phase, and even preventing FOP labelling altogether.

The Nutritional Guidelines⁴⁹ standard had yet to be drafted and was only in a planning phase at the time. However, the idea gained some traction from a diverse participants (not only industry participants). Some health actors also thought this could be appropriate, since many were surprised the back panel wasn’t already a mandatory standardized label in the region (Participant 7, Participant 23), and because it was also included (and actually ahead of FOP labelling) in CARPHA’s policy brief on NCD action (CARPHA, 2017). As a result of the proposal from St Lucia, all participating member states were required to communicate their preferred outcome to CROSQ: whether to keep FOP labelling in the current standard or move it to the Nutritional Guidelines standard.

Jamaica’s committee could not come to a consensus, given how wedged into the issue both sides were (Industry Participant 2 Interview, Health Participant 31 Interview), and so abstained from contributing⁵⁰ (Staff Participant 26 Interview). The regional standards technical officer explained that in standard setting an abstention is treated as a “positive vote”, creating some surprising inertia in the process. In this case then, Jamaica’s vote was counted in favour of keeping FOP labelling in the existing standard (keeping the process moving forward).

On the other hand, in St Kitts, the ambivalence of the entire committee towards standard setting in general and FOP labelling specifically meant that the Chair of the committee did not take a vote at all, instead submitting a position directly to CROSQ rather than bring the committee together to discuss something they were largely uninterested in. The official St Kitts vote was to delay the FOP labelling

⁴⁹ While the ‘back panel’ is mandatory in Jamaica, it is *not* (currently) a CARICOM regional standard.

⁵⁰ In fact, a vote did take place and the vote outcome was to delay the standard. However, health advocates argued that the overrepresentation of industry actors in the room was not appropriate, and the decision was made by the committee instead to submit an abstention (Participant 31).

into the next standard (Participant 39 Interview). The Chair's own opinion on FOP labelling was shaped by a technical issue: since FOP labels are placed on products whenever the nutrient of concern crosses a threshold that is proportional to the total calories in a product, the result is that some products that are very low in calories (e.g., water) and also contain added sugars (e.g., honey) would cross the threshold and require a label, even though the overall calorie count is still very low (Staff Participant 17 Interview). The Chair of the committee owned a small business selling sweetened bottled teas. The Chair communicated the committee's perspective to CROSQ without holding a vote⁵¹ (committee participant, personal communication). Therefore, even though St Kitts and Nevis had little-to-no food manufacturing and its committee was ambivalent towards the standard, in its own way, the interests of industry prevailed. Through knowledge of the process (and actually having an interest in it), a small scale cottage producer tipped the scales in St Kitts in favour of the industry position.

Barbados produced the only firmly positive response to keeping FOP labelling in CRS 5 in the case study countries. The Barbados national committee voted internally and overwhelmingly in favour of FOP labelling staying in the existing standard. Committee participants suggested that there was a strong support of FOP labelling in Barbados (Health Participant 4, Industry Participant 14). Some possible reasons for this strong support included the committed stance taken by the Ministry of Health, the low level of food manufacturing, the overall population-level awareness of NCDs, or the strong presence of the Healthy Caribbean Coalition.⁵²

The balance of committee participants matters significantly, and in Barbados, there was an extremely strong position from public health advocates, including both government and civil society (Health Participant 23, 4 Interviews), and less resistant participation from local industry (Industry Participant 14). In Jamaica, there was significant resistance. The following section describes the claims that industry in all three countries used to justify the instrumental and procedural delay of FOP labelling into the nutritional guidelines standard (whether successful or not) through their expert knowledge of process. This exploration gives a sense of how the different elements of corporate power – instrumental, structural, and discursive – combine in operationally strategic ways.

⁵¹ Recalling that most committee members in St Kitts were unaware of the addition of FOP labels in general, it is unlikely that holding a vote in St Kitts would have been particularly useful anyways.

⁵² The strength of the public health coalition is further explored in Chapter 7.

Industry actors in each case study country resisted FOP labelling through the claim that CARICOM does not have the lab capacity necessary for the increased requirement if FOP labels became mandatory (Industry Participant 5, Health Participant 19, Neutral Participants 20, 21 and Staff Participant 17). Should CRS 5 be adopted, FOP labels would be required if food items reached the specified nutrient thresholds. Companies would be responsible for having their products tested to determine whether they meet these thresholds or not, and as a result, need labels or not. To produce the data, companies need access to laboratory testing that can be expensive and requires specialized equipment and personnel. Several industry participants explained that these types of labs simply do not exist in most countries in the Caribbean (Industry Participant 5, Neutral Participant 21). While at least one actor in each case study country explained that there was no testing facility in their specific domestic environment, at least one technocrat indicated there was (Participants 17, 29 1). There is certainly limited capacity and a surge in mandatory testing would be problematic for at least some time (Neutral Participant 20). Cottage industry producers would face especially steep challenges in accessing and costing lab testing into their business plans (Industry Participant 16). Altogether, the impacts to small-scale food producers might include the costs of lab testing, the increased labelling costs to comply, and any costs associated with changes in manufacturing needed to ensure consistency with labels (Industry Participant 16, Neutral Participant 3). Costs would be similar for bigger producers and manufacturers but proportionately smaller.

Recalling that the existing regional standard for ‘back panels’ in CARICOM is voluntary, most producers in the region do not currently do lab testing since there is no requirement for nutrient levels to be determined. Producers who export outside of the region, where the back panel is mandatory, are required to test already. Industry actors argued that nutrient testing for FOP labels would pose an arbitrary obstacle to producers if it became mandatory before back panels became mandatory, since back panels would make testing commonplace (Industry Participants 2, 5, 14).

However, health advocates suggested this is a false paradigm. Since the proposed FOP labelling only required testing for four components (sodium, fat, sugar, and total calories), it would actually entail less of a burden on producers and manufacturers than a full back panel would. Back panels require an entire suite of laboratory testing. In this case, some health actors argued that FOP labels might be a *more* logical and appropriate next step in food labelling standards for countries in the Global South, particularly for cottage producers with limited means (Health Participant 23, Expert Participant 33). Rather than jumping to back panels that have been normalized in the North but also

proven not-so-useful to consumers, states in the South might skip this type of standardized approach and instead implement a less-costly, and more effective approach to testing and labelling.

The claim put forward by industry here is notable, since it belies an existing paradigm of how nutritional labelling on food *should* be done within the international standard-setting regime. Claiming that a full back panel is necessary before FOP labelling shows the same kind of historicized logic that builds shared knowledge found in other trade governance arenas (Wilkinson, 2016). In this case, the back panel is familiar to all consumers and all participants, since they are so widely used on products that come from the North. The idea that the back panel *should*, and *must* be first, is built in a couple of ways: first, because participants' daily shopping shows them evidence that a back panel has always come first; and second, that the Northern actors who normally lead in standard setting have done it in one way means that is the way that should be followed. In this case, the development of food labelling in the past is writing the story of what is possible in the future, without critical determination of what could be a better way for public health.

On the other hand, actors who did believe the nutritional guidelines (back panel) should come before FOP labels were not limited to industry. Health actors were generally in favour of a back panel based providing more information to consumers and suggesting their right to this information, though this does not actually negate the logic of FOP labels coming first. Industry advocacy of the back panel coming first were largely motivated by ease of trade (e.g., Participant 5 Interview). There is an implicit recognition, shown in the quote below, that the provision of nutritional information does not necessarily help consumers make their food choices, but its trade benefits seem to outweigh that.

“...we've been pushing as an industry saying we'd like to use the US standard, not because it's necessarily a perfect standard, but because so many of us export to the US. And we have so many products coming into Jamaica that are US based on the nutrition facts panel, that it is well-known visually. I don't know if it's understood by Jamaicans, I can't tell you that, but at least they know what it is. And they know what it's supposed to mean to them. Do they read it? I don't know.” (Industry Participant 5)

Whereas industry largely maintained that they were in favour of FOP labelling, but just not *this* FOP labelling (Industry Participants 2, 5, 25 Interviews), the quote above demonstrates some of the limitations to that support. At the same time, even though health actors were also generally in favour of a back panel being mandated in the region, health actors, technocrats and other stakeholders were

mostly not in favour of shifting FOP labels into a nutritional guidelines standard because it was viewed as an attempt by industry actors to delay the implementation of FOP labelling. In fact, as of May 2022, neither the CRS 5 revision nor the nutritional guidelines standard had progressed (Health Participant, personal communication, May 7, 2022).

CRS 5 proved far more contentious than most participants expected and given this experience, supporters of FOP labelling anticipated that moving it into a new standard would result in at least the same type of delayed timeline they had already experienced. All non-industry participants who commented on shifting the standard expressed exhaustion at the idea (e.g., Health Participant 23, Neutral Participant 3 Interviews), emphasizing that the same comments would likely need to be disposed of all over again. Health actors also suggested the delay tactic would give industry more time to organize around preventing FOP labelling in the region (Health Participant 4, 23 Interviews). On the other hand, industry advocates expressed that any delay would provide time to be more prepared for consultations, (Industry Participant 5, 2 Interviews), suggesting some truth to health advocates' concerns.

FOP labelling was delayed in two overarching and instrumental ways. First, industry members submitted so many comments that they created the “sustained dissent” that prevents consensus in standard setting (Participant 47 Interview). In addition, the suggestion to move FOP labels from CRS 5, the standard for pre-packaged food labelling, into a prospective but as-yet undrafted standard on the nutritional guidelines back panel, played out on the regional level rather than the national level. National committees were expected to take a vote and report their consensus positions to the CROSQ to determine the best way to move forward, highlighting the tensions of governing in a regional pooled sovereignty environment.

Of the 11 active members in the regional standard-setting process, six voted to keep FOP labelling in the current standard (Participant 48 Interview). Industry actors framed the potential shift as a more appropriate place for FOP labelling since testing is required for the back panel anyway. Industry actors made claims that fit within the regime, using their expert process knowledge to instrumentally delay any risk of adoption. They reiterated the suggestion that testing would be too arduous for small-scale producers and cottage industry manufacturers by explaining that these stakeholders currently do not require laboratory testing for their labels (by avoiding making health claims), and so this would represent an arbitrary and large impediment to their business. All participants viewed the back panel

as something that should be adopted and implemented in CARICOM, but the tension lay in the order in which to go about it.

Still, the majority of the 11 active member-states voted to maintain FOP labelling in the current standard and push the process forward. Recent reports from participants (May 2022) suggest that the vote did not achieve any forward momentum, and CROSQ has yet to move forward on adopting either standard. Ultimately, industry actors across the region were incredibly successful in their persuasive efforts to delay the process, using their knowledge around standard setting to make compelling arguments and showcase reasons FOP labelling could not fit inside the normal regime of standardized nutritional labelling. The demonstration of instrumental power in this case was intimately linked with the knowledge that comes from being integrated into the regime, and the power to frame arguments and claims in compelling ways.

5.3 Strategy 2: Weaken

In some ways, efforts to weaken the standard can also be described as industry efforts to delay, since the debates and discussions around weakening the chosen FOP label format did not produce a discernible change in outcome aside from delay. This section then is perhaps best explained as attempts at instrumental and discursive power, rather than actual demonstrations of power. The arguments presented in this section were some of what formed the many pages of comments submitted to national committees. Since the public health goal of FOP labelling is ultimately to diminish consumption of ultra-processed food products, a goal of weakening FOP labelling's impact on business is implicitly also going to weaken the public health impacts of the policy.

As discussed in Chapter 2, the Chilean format of Front-of-Pack Labelling is referred to as a 'Warning Label'. All three of its major characteristics were subject to attempts at weakening by industry actors in the three case study countries.

- The proposed warning labels were black, octagonal shapes that stand out on packaged foods.
- They are based on warning consumers of undesirable nutrients (versus portraying the actual nutrient content).
- The warnings would be required to appear when those undesirable nutrients pass thresholds determined by PAHO.

As such, industry opponents of FOP labels attempted to weaken the impact of them by opposing the 1) colour choice, 2) suggesting alternative labelling formats, and 3) attempting to weaken (lower) the nutrient thresholds in favour of higher ones.

The first way that industry in Jamaica and Barbados tried to weaken the existing version of the labels was by taking issue with the colours. Chilean warning labels are black labels in the shape of stop signs, which would read ‘High in: Sugar’ etc. These labels have been strongly opposed by most industry actors due to the visual impact on food products. However, the visual impact of the labels is, of course, one reason the labels are also effective. Some committee members suggested that industry actors should have the ability to choose the colour of the warning label, allowing it to better coordinate with the packaging (Industry Participant 2, 5 Interviews). Red labels were preferred by some participants (Industry Participant 2, Health Participant 4, 7 Interviews), especially when linked to one of the arguments in the next section regarding alternative labelling. Manufacturers are known

Figure 15: Traffic Light Symbols on Different Colour Backgrounds



Note: Campbell, D. (2014, September 4). Coca-Cola agrees to traffic-light labelling on drinks sold in UK. *The Guardian*. <https://www.theguardian.com/business/2014/sep/05/coca-cola-traffic-light-labelling-drinks-uk-salt-sugar-fat>

to redesign packaging when FOP labelling comes into force to help ‘bad’ labels blend into the background of packaging, as seen in Figure 15, where the red section of the label (meant to signal concern) fades into the packaging. FOP labelling supporters usually preferred the black labels since black packaging is quite rare and therefore

more difficult to diminish the visual impact of the labels.

One industry representative from Jamaica explained that the food industry did not oppose Front-of-Pack Labelling as a whole, and were generally supportive of the idea, but could not rationalize why the labelling scheme of a less important trading partner would be adopted (see Chapter 6 for further details):

“So, the initial responses from us were very much along the lines that we're not against front of panel labeling, we're just, you know, a) we don't love this format. And b) we don't want to conclude around this format, unless we've had far more consultation as to its effectiveness and viability for the long-term future.” (Participant 5)

Instead, industry actors preferred traffic light style UK labels be adopted. They argued that consumers were already familiar with these labels (Industry Participant 5, 2, 18 Interviews, Neutral Participant 25 Interview). Similarly, traffic light-style labels were portrayed as acceptable under the WTO,⁵³ reducing the likelihood of FOP labels being considered a technical barrier to trade (see Chapter 6) (Industry Participant 8). All interviewed suppliers and distributors (Jamaica and St Kitts) preferred traffic light-style labels as international suppliers would not be required to produce new labels for food products imported in the region. Referring to trade rules and norms was automatically compelling to those inside the standard setting process.

Additionally, industry actors used consumers' familiarity with the UK-style labels to frame the Chilean style as a *change* – as if there was an existing label in use and CARICOM was suggesting a *new* label. For example, one industry representative wondered why CARICOM wouldn't use a model already in use in the region, conflating CARICOM citizens' existing familiarity with UK FOP labelling with a CARICOM-specific FOP labelling rule and insinuating that CARICOM was *changing* the rules away from existing ones (Industry Participant 2 Interview). The UK's traffic light system is seen by most public health experts as less effective than the Warning Labels, suggesting that weakening FOP labels into something like the traffic light model would be more palatable for food sellers. At the same time though, one regional standard setting staff member understood these efforts as simply part of a wider strategy to continue dissenting:

“And so that is what the industry is pushing for. To use a different model, but we just know, that is not a real instance, if you [were to use] the different model, [then] they will only come back and get other reasons not to do it.” (CROSQ Participant 1)

⁵³ There is currently no international standard for interpretive FOP labelling, though it is under currently consideration at Codex. Therefore, the Multiple Traffic Lights system is not actually *approved* through WTO/international standard setting, but rather it has existed for many years, giving industry actors in CARICOM the ability to argue that this is an internationally recognized and accepted format.

Suggestions for alternative labelling were dismissed by health actors and some others (Health Participants 4, 23, Neutral Participants 21, 29). As seen in the quote above, the efforts to go with an alternative label were usually viewed as somewhat deceitful. All health actors viewed the argument to switch to a Traffic Light style label as an attempt to weaken what they considered a strict FOP label towards one they considered less strict, less interpretive, and therefore less useful to consumers and less impactful for public health. My close reading on industry representative interviews reveals three main reasons business actors supported a UK traffic light-style FOP label over the Chilean-style warning label.

The first reason is related to suppliers' and distributors' (see page 112-113) reliance on international suppliers of processed foods. Those actors who import food onto the islands believe it is integral to keep international suppliers, particularly in the UK, but also the US, happy (Industry Participant 18). They repeatedly referred to CARICOM's market as simply too small to demand a different labelling format from international suppliers (Participants 18, 2, 5), indicating that indeed, the US and UK have significant structural power to prescribe global labelling norms.

“We do not dictate to North America. They dictate to us.”
(Participant 18)

The second reason business actors usually argued for a UK traffic light-style FOP label over the Chilean format was the way the nutrient thresholds would function. Whereas the traffic light-style labels showcase exact nutrient levels and assign them a colour (green, amber or red) based on whether they surpass a threshold or not, the Chilean warning label model skips the first two steps and simply adds a black warning label to the package if the product surpasses a pre-defined nutrient threshold (for fat, sugar, total calories and sodium). The labels therefore become a short-hand for how 'healthy' a food product is – the more labels it carries, the more times it has surpassed an undesirable nutrient threshold. In effect, this means there is less grey area for a food product in the Chilean FOP labelling scheme than in a UK-style scheme. It is seen as a stricter approach that requires less cognitive processing for consumers (Mansfield et al., 2020).

However, industry actors were concerned that because of the very strict thresholds for nutrient levels (called “ridiculously tight” by one industry representative in an interview), set by PAHO, which are even lower than the Chilean thresholds, all the products in supermarkets would end up

having labels⁵⁴ (Industry Participant 2). Some industry actors argued that thresholds were far too strict to make sense, even suggesting that the labels would become meaningless since all products would have them (Industry Participant 2, 5 Interviews).

Industry actors repeatedly tried to weaken the standard as part of the suite of strategies used to resist a strict FOP labelling scheme in CARICOM. These attempts to weaken the standard are interlinked and build off one another but tended to rely on industry actors' knowledge of standard setting and the trade regime. By suggesting a change from black to red, opponents set the stage to introduce traffic light-style labels as a reasonable alternative, one which already has significant international buy-in, and which therefore feels like a compelling and persuasive argument for those primed to respect the preferences of the standard-setting and trade regimes. Complaining that thresholds set by PAHO on nutrient levels were far too strict also gave strength to the suggesting for traffic light-style labels. While these strategies were intended to weaken a final FOP labelling into a less impactful one (on both sales and public health) they also contributed to the overall goal of sustained dissent against FOP labelling, contributing to the instrumental power of corporate actors inside the process even though the colours and formatting were not changed.

5.4 Strategy 3: Circumvent

In Jamaica, food industry representatives went directly to government to circumvent the standard-setting regime when they were unable to achieve their interests within the regime. As the clearest example of the industry's instrumental power, this action also demonstrated a very clear understanding of viable options inside and outside of the process. While there is no evidence, based on my interviews, of similar events taking place in Barbados or St Kitts and Nevis, there are some reasons this might have been the case. In Barbados, the national committee was largely supportive of FOP labelling. It is possible that the one opponent from the Chamber of Commerce may have used the same lobbying-type strategies, but there was no evidence that this individual went around the committee structure. In St Kitts and Nevis, there was such a low level of engagement (whether

supportive or resistant), that it is unlikely committee members felt strongly enough either way to take such action. Since outside lobbying only happened in Jamaica (out of the three case study countries), it seems that the presence of a very strong, very oppositional, and very knowledgeable food industry is required to achieve this level of process circumvention. The perceived gravity of a potential impact of FOP labels on the business environment in Jamaica warranted the food industry's full efforts to avoid implementation.

As a result of efforts to move FOP labelling into the Nutritional Guidelines standard, all committees had to vote on next steps (as described in Section 5.3). The National Mirror Committee in Jamaica was unable to reach a consensus on moving FOP labelling or keeping it where it was. The impasse between the powerful food industry and very committed health actors meant the committee simply could not reach a compromise, resulting in an abstention at the regional level, and a vote to keep FOP labels in the existing standard. The food industry has significant representation on the national committee, including stakeholders from Nestlé Seprod, Wisynco, Virginia Dare and Grace Kennedy (see Appendix B for more information). Additionally, these companies are also represented on the committee by an industry association: the Jamaica Manufacturers and Exporters Association (JMEA), suggesting a double representation of interests. Originally two separate organizations, JMEA merged several years ago and is the main industry association to represent food and beverage companies in country. One health advocate expressed significant concern that standard setting was supposed to be inclusive and transparent, and yet committees seemed tilted in favour of industry representatives:

“...the whole standards process is so porous, in terms of access from industry.” (Health Participant 23)

Since JMEA also represents companies outside of the food and beverage sector, the organization has a longstanding relationship with the national standards bureau and is in regular contact to communicate new standards to their members. The community ties are very strong, suggesting the evolutionary roots of standard setting as industry- and business-driven have been retained, reinforcing place of power in the process, but also reinforcing the ability to take visible, instrumental action when needed.

Amongst food industry representatives in Jamaica, a sense of frustration with the committee proceedings was apparent. Consulting on FOP labelling meant industry stakeholders perceived the

overall priorities of the committee were shifting (Industry Participant 5, 10 Interviews). Familiar with standard setting as a process to facilitate technical business interactions and trade, FOP labelling clearly seemed at odds with what industry actors were used to dealing with in these processes. Usually, industry stakeholders are accustomed to their business priorities (or even competing business priorities) driving the standard-setting processes and the discussions at committee meetings. In the case of FOP labelling, industry participants perceived a change towards something other than business and trade interests (Industry Participants 28, 5, 2 Interviews). The change was met with real resistance, as industry actors were used to having more control over the direction of committee work (Industry Participant 5). This especially came to a head when industry stakeholders in Jamaica registered their concern with the warning-label style FOP label very early on in the process, and yet it was retained.

“Yes ... that [Chilean model] was what was being proposed in the [original] standard. That is what was being proposed. And so, I'm telling you that ... our representatives were quite vocal that they did not want the stop sign back then! So, they were actually surprised when we got the document in November that still had the same stop sign.” (Jamaican Industry Participant 5)

“It wasn't what they wanted. So, they were again, very adamant that this is not the way it should be. And there was there was then a second meeting, a second regional meeting, whereby that time, they were taken on board to be part of the representation at the regional meeting. And I wasn't at that meeting, but I understand that they made their views known without a great deal of success.” (Jamaican Industry Participant 28)

In Jamaica, the impasse in priorities came to a head at the time of the regional vote to move FOP labels or not. The result of the vote itself was not immediately clear, given an overrepresentation of industry stakeholders present for the vote itself (Jamaican participant interview). When the committee moved to abstain from the regional vote, and in effect, offered a vote in support of FOP labelling moving forward, industry stakeholders in Jamaica moved to circumvent the standard-setting process entirely.

Given that the process had so far failed to live up to achieving their interests, industry stakeholders began organizing meetings directly with government. There were at least two meetings with government officials to discuss FOP labelling outside of national committee meetings (Participant 42 Interview). Whereas national committee meetings had stakeholders representing all interests, these

meetings were limited and had no health stakeholders in attendance (Participant 42 Interview). The second meeting was organized directly by the JMEA. While multiple government departments had been involved in the national committee, in these meetings, industry representatives went directly to the Minister of Foreign Affairs. An industry representative in Jamaica explained that the goal was to get the Minister of Foreign Affairs and argue against the Chilean-style warning model (Jamaican Industry Participant 2 Interview), which industry participants had failed to have removed from CRS 5.

As discussed earlier, FOP labelling would not become enforceable unless the standard is legislated by each individual state. Industry stakeholders in Jamaica, understood this individual adoption requirement because of their deep knowledge around standard setting and long participation in the community. Since they had failed until this point to turn the committee away from the warning style FOP label, the strategy became giving the government a reason to reject FOP labels from that level instead (which would also contribute to the failure of a regional and uniform FOP labels). Since they were unable to prevent FOP labelling from happening at the committee level, industry representatives turned to lobbying. Interestingly, the Minister of Foreign Affairs was targeted rather than the Minister of Industry, suggesting industry representatives targeted their arguments based on trade relationships. One industry representative stated that the request was for a UK-style traffic light label with an FDA specification (Jamaican Participant 2), rather than the stricter Chilean-style warning label.

Trade relationships with the US and the UK have certainly informed food trade in the region. While the Ministry of Industry, Commerce, Agriculture and Fisheries and the Ministry of Health had been involved up until this point through representatives on the committee, the Ministry of Foreign Affairs was only involved when industry stakeholders felt they were going to be unsuccessful in their demands at the committee. It is also possible that the threat of US suppliers withholding from the Jamaican market, whether valid or not, was used to illustrate industry's desire to stay within UK and US style labelling. By bringing the Minister of Foreign Affairs into the conversation, industry could capitalize on the power of these two countries' trading (and potentially wider political) relationships to bring more authority to their own desired outcome. Ultimately, this process seemed successful, as the Jamaican government did indeed unilaterally reject FOP labels in 2021 (Chung, 2021).

Industry's process knowledge gave stakeholders extreme instrumental power in being able to circumvent the standard-setting regime when the outcome looked undesirable. This instrumental

power though is inextricably linked by the structural power of big food corporations in the Jamaican economy, and their discursive power to present these arguments. A backup strategy that directly engaged the Foreign Ministry signals the power of both the food industry and the significance of trading and political relationships with large food companies outside of Jamaica. The influence was tempered by the national standard bureau's commitment to the fulfilling a regional public policy objective through standard setting process, but even this bureaucratic and regulatory outmaneuvering was overpowered in the end by the food industry's direct lobbying to government (Chung, 2021), since they ultimately have the power to legislate or reject FOP labelling and chose the latter.

5.5 Implications of Jamaican Resistance

This chapter has demonstrated that out of all three case study countries, the food industry in Jamaica had the most incentive and the most power to resist FOP labelling. In the end, they seem to have been largely successful, by using their knowledge of the final steps of standard-setting implementation (e.g., government adoption through legislation) to achieve their ends. In comparison, health actors joining the standard-setting regime for the first time struggled to understand where and when standards would become mandatory, making this sort of strategic action inaccessible.

Because of Jamaica's outsized role in CARICOM in terms of population, manufacturing, and export, its adoption (or not) of FOP labelling matters significantly. FOP labelling's shift into standards was pursued with the intention of achieving a uniform and standardized label, and without one of the region's biggest food manufacturers on board (the other is Trinidad and Tobago), most participants argued that other states would simply not bother adopting it either. Essentially, if Jamaica moved to protect its own manufacturers by not adopting FOP labels, no other state would adopt them either. The tensions in a regional governance arrangement have always structured interactions around trade and economic interests, going back to Jamaica's dismissal of the West Indies Federation in 1961.

Finally, since the fieldwork for this thesis took place before the COVID-19 pandemic, it is useful here to provide an update. As of May 2022, CRS 5 remains indefinitely stalled. There is still some discussion about moving FOP labelling into a Nutritional Guidelines standard (personal communication with participant, May 8, 2022), although that standard has now been drafted and does not include FOP labelling (CROSQ, 2021). While industry efforts in the three case study countries

took different shapes and targeted different aspects of the process, none of these strategies would be possible without a deep knowledge of standard setting language, expectations, norms, principles, and intervention points.

5.6 Conclusions

This chapter provided empirical detail to the way that corporate power is instrumentalized through process knowledge in case study countries. Each state's institutional history with standard setting and its level of food manufacturing, imports and exports affects the level of power and types of power available to the food industry. In Jamaica, where there is a strong food industry and a long history of standard setting and knowledge of process, instrumental power is very high. Industry actors were able to significantly impact the process using discursive strategies to instrumentally delay FOP labelling, attempt to weaken the format, and then eventually circumvent the process entirely and lobby the government to reject FOP labels outright, which has stalled the attempt at a regional and uniform FOP label indefinitely. In Barbados, where there was a strong history of standard setting but weaker food industry, there was much less instrumental power exerted by the food industry. And in St Kitts and Nevis, where there was so little institutional history of standard setting and so little food manufacturing, there were few instances of the food industry's outsized power. Yet even a small cottage producer was able to contribute significantly to the delay of regional FOP labelling by being empowered to vote to delay FOP labelling on behalf of the national committee.

In summary, this chapter has demonstrated that corporate power in standard setting is significantly shaped by the level of process knowledge that industry actors have, which they get through years of working in standard-setting processes. In countries where industry is strong and standard setting is old, process knowledge is high, and strategies are targeted, and instrumental power is often successful. In countries where industry is quite weak and standard setting is new, process knowledge can be low. But even then, those that have that knowledge can still exert significant instrumental power in shaping outcomes in their favour.

Chapter 6

Discursive Power Strategies: Shifting the Framing of FOP Labelling from Public Health Solution to Trade Concern

The faces of power (instrumental, structural, and discursive) overlap, as demonstrated in Chapter 5. Corporate actors had structural power derived from the international trade regime that they operationalized through claims and arguments (discursive power) based on their knowledge of the regime, and the discursive power had instrumental effects, such as delaying or lobbying (ultimately preventing adoption). This chapter contributes to the growing examination of corporate power in food governance by further focusing specifically on discursive power and the strategies of framing used by food companies in CARICOM that are specific to trade governance. Scholars of discursive power show that policy decisions are often made as a result of “discursive contests over frames” (Fuchs, 2007) and the ways that actors link designate problems to different categories by associating them with specific fundamental norms and values (Kooiman, 2002).

In this chapter, I describe three major approaches to issue framing that emerged from participant interviews which are all examples of discursive power. These frames were employed by the food industry during the national committee processes to reframe FOP labelling from being a public health policy to being a major concern of trade. The power to reframe FOP labelling in this way is, in many ways, because of the venue it was being negotiated in, and the insider/outsider language and expertise referred to. In the first framing strategy, food industry participants argued that using a Chilean labelling format privileges trade with a partner that is untraditional and largely unwelcome. By arguing that Chile gained a trade advantage, industry actors signaled there was incompatibility with the international trade regime, while simultaneously taking advantage of the region’s cultural preference for products from other trading partners.

In the second discursive strategy, food industry participants argued that the addition of FOP labelling to CARICOM Regional Standard (CRS) 5 directly contravenes the rules of World Trade Organization (WTO) – an argument that was especially compelling because regular standard setting participants place such high significance on the norms and rules of the international trade regime. Finally, in the third discursive strategy, I show how food industry participants used the rules of

standard-setting process itself to frame PAHO as an illegitimate actor – and thereby nullifying any legitimate arguments PAHO and its supporters could make.

In Chapter 3, I argued that the food industry derives structural power from the international trade and standard-setting regimes, because it values the same principles and norms, such as the free market mentality, low government intervention and generally increasing trade amongst countries. In Chapter 5, I showed that deep knowledge of process, developed over many years of involvement with standard setting, contributed to industry actors' ability to shape the process, often discursively, with more instrumental outcomes such as delaying, weakening, and ultimately circumventing. The faces of corporate power are always overlapping, and I argue in this case that corporate actors' power is held up by a structural power derived from the international trade and standard-setting regimes. In this chapter, the three overarching discursive strategies are intimately related to the international trade and embedded standard-setting regimes. While presented as analytically separate, other faces of power are of course present, overlapping, and reinforcing. Industry actors were confident in their perception of the support provided by the regimes' norms and rules (E.g. Industry Participant 2, 5 Interviews). At the same time, these norms and rules are interpreted in as a specific shared knowledge in the community, making the arguments especially compelling to other insiders in the regime (e.g. Neutral Participant 20 Interview).

Discursive power is “the capacity to influence policies and political processes through the shaping of norms and ideas” (Fuchs, 2005; Fuchs & Kalfagianni, 2009, p. 554). It includes the ability to shape perceptions and identities, and to foster the interpretation of situations as one type rather than another (Fuchs & Lederer, 2007). In this case, industry actors were successful in their ability to shape the interpretation of FOP labelling as a concern of trade and trade rules rather than a public health policy. Firms can exercise discursive power by framing issues in certain ways and pushing those frames with the considerable resources available to them (Clapp, 2009). Fuchs and Kalfagianni write that discursive activities of businesses include framing policy issues and framing actors, (Fuchs and Kalfagianni, 2009; Fuchs 2005a, 2005b). I use the tools of frame-analysis, developed in communication studies, to show pathways of discursive power by industry to reframe the policy issue of FOP labelling and reframe actors in the process.

I have argued that when FOP labelling was still in CARICOM's public governance structure, it was ‘framed’ as a public health solution by public health experts and governance actors alike. In this

chapter, I argue that a successful ‘frame-shift’ took place, meaning FOP labelling was reframed as a trade concern, which helped prevent adoption. I use Entman’s definition of framing – that “to frame is to select some aspects of a perceived reality and make them more salient ... in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation” (1993, p. 52). While usually referencing communicating texts, Entman’s definition suggests frames as tools with intention to promote specific versions of reality (Vliegenthart & van Zoonen, 2011, p. 107). Emphasizing intentionality and promotion of a particular viewpoint make framing analytically useful for describing the empirical pathways of discursive power. That is, it helps to answer the question of how discursive power was operationalized by industry actors in the regional standard-setting process.

6.1 Food Industry Framing Strategies

The food industry used three major framing strategies to contribute to an overall reframe of FOP labelling from a public health solution to a trade regime concern. In Chapter 4, I showed that, based on the governance structure of CARICOM, adding FOP labelling to a standard and introducing it to the standard-setting process was the only perceived option to achieve a regional and uniform FOP label. Upon entry into standard setting, FOP labelling lost this context as part of a regional public health policy agenda, and many standard-setting participants were either unaware of or ignored the FOP labelling’s public health roots. With that in mind, this chapter shows the ways that FOP labelling was reframed from a policy solution aimed at solving a public health policy problem, to a major trading concern, once it was exposed the rules, norms, and power embedded in standard setting. The strategies presented here can be thought of as the operationalization of discursive corporate power in standard-setting. In Section 6.2, I discuss problems with these frames, showing that these are ways to refocus attention in ways that benefit industry actor interests.

6.1.1 Framing Strategy 1: Privileged Trading Partners

“... Industry you know, said to us... you are then explicitly saying that we’re going to give preferential treatment to Chilean goods over the goods that we currently import from other places which would then have to be labeled.” (Participant, Barbados Ministry of Health)

Implicit in the quote above, and in all three case study countries, participants on national committees raised a common question: Why should CARICOM member-states privilege Chile as a trading partner? The idea of a trade advantage or privilege is akin to the “first mover advantage” theory common in standard setting literature (Büthe and Mattli, 2011). Since Chilean suppliers had already adopted the “High-In” black octagon format and had therefore adapted to the financial and social costs of this labelling regime, the argument suggests that Chilean exporters have an advantage over other external suppliers who would only now need to take on the social and financial costs to comply.⁵⁵ In other words, they would have an advantage as the “first mover” in the market if CARICOM went with a Chilean-style warning label. Providing a privilege or advantage to one state’s suppliers over another is fundamentally at odds with non-discrimination, a founding principle of the international trade regime.

“... when they said I based on Chilean standard to me, that was, that sounded bizarre. Yeah, it did sound strange that they picked Chile of all countries.” (Industry Participant, Barbados)

Many actors, like the industry representative quoted above, across all three case study countries, regarded the choice of a Chilean-style FOP labels as a strange position to take (Industry Participants 14, 41, 16, 37, 8, Neutral Participant 3). This confusion rested on the idea that Chile is a relatively minor trading partner with CARICOM.

“... this is why I’m skeptical about the Chile one – because we don’t do that much business with Chile.” (Civil Society Participant 3, Barbados)

Even non-industry participants, (e.g. Participant 3 and Neutral participants 20, 25), concurred that Chile was a strange choice to receive a trade advantage from CARICOM. The uneasiness with this perceived trading advantage for Chile was often paired with the perception of CARICOM’s small market size (Neutral Participant 3, Industry Participants 18, 8, 2, 5). Participants believed that CARICOM does not represent a large enough market to dictate rules to bigger trading partners.

⁵⁵ This line of reasoning is a false representation. Food labels the case study states must be in English (this differs in other language-speaking countries in the Caribbean but remains true for this study). This has been a popular concern in recent years in Caribbean media with the increasing number of Asian grocery stores and increasing presence of pre-packaged food with non-English language labels. The result is that Chilean labels would still need to undergo costly changes, since they are currently manufactured in Spanish, negating at least part of the first mover advantage.

“So, we have a strong representation of the industry [on the Jamaican committee], [and] the Jamaican industry and the Trinidad industry are the biggest industry in the CARICOM region. So, their concerns are really that the [Chilean] models [sic] are not the best for a couple reasons. They believe that it would negatively impact trade, since their major trading partners are not in South America but are in the United States and the UK. So, they would prefer to have a model that is closer to the United States or the UK, when we update front of package labelling. They’re also concerned about the cost of making special packaging for the CARICOM region.” (Neutral Participant 12, Jamaica)

The perceived risk was that large-scale international suppliers from the United States and United Kingdom might simply choose to forgo the CARICOM market. Representatives of domestic food distributors (Industry Participants 41, 45) in St Kitts argued that suppliers would simply exit the market rather than comply with new labelling requirements. One industry participant adamantly argued that access to international products would be lost if the Chilean-style label was chosen (Industry Participant 41, St Kitts), but later in our conversations suggested that perhaps international suppliers would stay in the market but would be forced to pass the increased costs of labelling onto the distributors (themselves) and/or consumers. The most extreme framing of this perceived risk of losing overseas suppliers came from one distributor in St Kitts and Nevis. This distributor reframed FOP labelling as a threat to food security by invoking the low levels of food production in most Caribbean islands:

“If this was implemented, then every product imported from the US, Great Britain, or Canada, that does not comply, would automatically have to be exempted or else you would die of starvation.”
(Participant 41, Distributor, St Kitts)

The distributor was adamant that without exempting United States, United Kingdom, and Canadian suppliers’ compliance with FOP labelling, there would simply not be enough food available, again suggesting both that there was 1) no scenario where these suppliers might simply comply with new labelling requirements and 2) that the decades of not prioritizing domestic production on the islands had forced this reliance on foreign imports.

Going without food imports from traditional suppliers seemed especially sensitive because of the English-speaking Caribbean’s historical-cultural association with the United Kingdom and the cultural attraction to the United States. In each study country, committee members explicitly

discussed consumers' desires to eat foods from these two regions over foods that may be imported from Chile or other South American countries, which is described in more detail below (Neutral Participant 3, Industry Participant 15, Health Participant 19). In this case, if a labelling scheme had to be implemented, which, in participants eyes often meant bestowing a trade advantage, it was generally seen as preferable to use a labelling scheme from a more established trade partner.

“And they have to look and see, where do we do our trade business with? Are we doing our trade business with Chile? Are we doing trade business with businesses that subscribe to the Chilean model? Or is our trade partner, our largest trade partner the United States? Where do we get our aid from? Not from Chile.” Participant 41, Distributor, St Kitts

While importers and distributors were the most outspoken about this issue, stressing that FOP labelling would privilege Chilean suppliers, the framing was persuasive to other, non-industry stakeholders on the national committees. These committee members had all been involved on standard-setting committees for a long time prior to the introduction of FOP labelling (E.g., Neutral Participants 3, 20, 24). These non-industry committee members were often unclear on why the “Chilean format” (as it was broadly referred to) had been chosen, demonstrating that FOP labelling had lost its public health origins, as it entered the standard setting process (as described in Section 4.3.2). Without a clear understanding of the public health policy goals for choosing the Chilean format, the decision was perceived by participants as strange, even amongst those who were supportive of FOP labelling in general, because the trade lens for assessing FOP labelling was so strong.

Other committee members, including local manufacturers and cottage industry representatives agreed that a United Kingdom or United States labelling system over Chilean labelling would make the most sense. Participant 29, a neutral committee member, explained that local Jamaican manufacturers did not want to use a form of labelling that was in use in South America, since they exported to the United Kingdom and United States. Manufacturers in Jamaica preferred to use the same label that was used in the United Kingdom (currently, the Multiple Traffic Lights) or the United States (currently no FOP labelling). At the same time, other participants described industry actors' concern about the level of trade done with Chile compared to the United Kingdom and United States:

“Right, so the thing about it is that [industry] said that they're not opposed to a Front of Package labeling system, because there are a

number of labeling systems out there in the world. However, what [they] are opposed to is this particular system that we have selected ... And why was the Chilean model [chosen when] we have low trade with Chile? [When the] principal trading partners outside of the region, [are the] UK, and the US ...?" (CROSQ Participant 1)

One reason this argument made so persuasive with non-industry participants on committees was the appeal to US and UK products. In describing the unique position of the Caribbean in the world, Payne and Sutton (2008, p.1) wrote that the region is “closely linked to the US by geography, language and increasingly culture, yet deeply tied to Europe by history and sentiment.” In Barbados especially, there is a strong connection with UK products and heritage, including an exclusive relationship between Waitrose (a high-end UK grocery retail chain) and Massy’s (a local Barbadian grocery chain). This is seen as an advantage for the tourism economy, which is largely dominated by British tourists.⁵⁶

“... we are regarded [as] Little Britain... Most of our buildings, you know, our way of life, our school system, everything is contoured to the English way of life, because that’s who we mirrored ourselves from. So, ... when the English come here, they feel a [sense] of loyalty to us, because obviously, we are reflective of their culture, reflective of the way of life. And that has [helped] to build our economy over a period of time as well.” (Representative from the Barbados Investment and Development Corporation)

Arguments around which trading partners should be advantaged or not were clearly influenced by more than just the strong trade relationships and were additionally linked to a perception of both quality and cultural preference for products from these states. Foods from the United Kingdom and United States were frequently framed as superior (Industry Participant 18, St Kitts), reinforcing the argument that Chile should not be the recipient of a trade advantage. The appeal of United Kingdom products in Barbados was also intimately tied to a perception of quality and affluence since British products are significantly higher cost than local equivalents:

“... there’s a perception that the quality of the food is different, in terms of the taste and everything else... one may argue, yes, because you’re talking about a developing country versus a developed country, the standards are different in the UK than they are in the

⁵⁶ The fieldwork for this research was done in 2019, before Barbados officially removed Queen Elizabeth II as the Head of State, a movement which gained momentum around the growing conversations of race and justice in 2020. More recently, Jamaica has also moved in a similar direction.

Caribbean. The inputs are different, the way the manufacturing processes are different. So, the final products should differ. And that is what is representative of our psyche. We think that something from a developed country, [is] way more better than something from a less developed country.” (Neutral Participant 15, Barbados)

Products emanating from anglophone countries such as the United Kingdom and the United States, and to a lesser extent, Canada, were generally considered more desirable than products from Chile, making the choice of labelling scheme seem ill-considered to most participants. In St Kitts and Nevis, reported preferences for the two anglophone country suppliers were mixed, while in Jamaica, more committee members expressed concern that US suppliers would be disadvantaged to Chilean producers. The idea that Chilean trading partners would receive an advantage over others proved persuasive to both non-industry and non-distributor stakeholders on all national committees though.

Importantly, this framing strategy, which rejects FOP labelling based on trade preferences, is effective because of the pre-existing norms, rules, and concerns, that operate in standard-setting venues and processes. By framing opposition to FOP labelling around trading preferences, industry actors strategically used both the norms and concerns of standard setting—particularly around non-discrimination; and committee members’ underlying desires for foods associated with different countries, to bolster and legitimize a rejection of strict, Chilean-style FOP labelling. By focusing on the trade concerns of the committees, industry actors were able to completely reframe the conversation away from public health policy goals, and instead as framed it as a bizarrely chosen advantage for an obscure trade partner.

There are two main reasons that the Chilean trade advantage can be considered misleading or false. The first is that it relies on the assessment that Chilean producers benefit from first mover advantage. That is, that they have an advantage by virtue of having already switched over their labels, retooling machines, and absorbing costs. This argument does not consider that Chilean labels are in Spanish and would need to be translated into English for export to most CARICOM countries anyways (Neutral Participants 3, 24, Health Participants 4, 23, 19, 7 Interviews). Second, many of the same manufacturers of food products who used this argument also change their product labels for special occasions, such as holidays and Carnivale, suggesting that the cost of label changes would not be insurmountable (Expert Participant Interview 33, Health Participant 31). One way that labelling might indeed carry a significant cost would be through the laboratory testing required alongside it, but this is further explored in Section 6.1.3.

The Chilean trade advantage was perceived as a legitimate frame by all committee members, not simply the members who had trade backgrounds or were from industry. The perception of legitimacy shows that this frame carried real weight, or authority. Until the summer of 2018, FOP labelling had been considered a public health policy solution aimed at the problem of rising NCDs in CARICOM. By appealing to preferences for United States and United Kingdom products especially—and suggesting a risk of losing access to these products—the Chilean trade advantage framing persuaded many committee members (who were mostly ambivalent about FOP labelling otherwise) that it was an unreasonable advantage.

No longer a solution *to* a problem, FOP labelling was *becoming* the problem. Importantly, the same committee members who were persuaded by these arguments were often unaware that FOP labelling had transferred into standard setting as a public health policy at all and were long-time standard-setting participants. The obfuscation of the public health origins of FOP labels gave the Chilean trade advantage framing its baffling quality, since the policy was ungrounded and seemed in contradiction to the rules participants were used to using and giving authority to.

Given the simplicity of the Chilean trade advantage narrative; the appeal and familiarity with major suppliers' products; and the absence of evidence provided that the chosen “Chilean format” was an effective public health policy tool; it is unsurprising that this framing became the most cited reason for resisting the regional standardization of FOP labelling in CARICOM. The argument also served to reinforce private sector actors' existing expert authority around process knowledge, by showing their command of trade rules and principles. By ignoring, and therefore obscuring, the public health (and public authority) origins of FOP labels, trade concerns were legitimized as the only concerns that should be considered, further reinforcing industry actors' discursive power to frame and instrumental power to shape outcomes through the command of trade rules and norms.

6.1.2 Framing Strategy 2: Technical Barriers to Trade

Industry grasp and command of trade rules was even more reliant on the norms of standard setting in the second framing strategy. This sophisticated framing used the international trade regime's rules to full advantage, but also rested on the ability of other committee participants to perceive them as valid. For those who were regular participants in standard setting, embedded in the culture and preferences of the regime, the rules are authoritative, and therefore compelling. Yet, those who do not work in

trade all the time, such as the ‘neutral’ committee participants (and especially health participants), might only have a surface-level knowledge of the rules. As such, committee members who were neutral but familiar were very compelled by arguments portrayed as trade rules. Committee members on the health side, similar to other outsiders (Trommer, 2016) in trade governance, did not accept the norms of the trade regime with nearly as much ease. Instead, health participants were often critical of accepted norms, and suggested alternative interpretations that were rarely accepted by other committee members.

While the Chilean trade advantage narrative rests on the idea that Chile will have a first mover advantage and other major trading partners will simply forgo the market, the second, more sophisticated narrative also bolstered the legitimacy of trade discourse on FOP labelling in CARICOM. Industry actors argued that FOP labelling would constitute a Technical Barrier to Trade (TBT) (Industry Participant 18, 5, 37, 28 – Jamaica and St Kitts, Health Participant 6 – Jamaica).

Importantly, Chile’s legislation, including FOP labels, was intensely discussed and ultimately survived discussions at the TBT Committee of the World Trade Organization (WTO), suggesting that CARICOM’s FOP labelling would also be unlikely to constitute a TBT.⁵⁷ Like the Chilean trade advantage claim, this framing relies on pre-existing norms around trade in the national committees. WTO rules empower the standard-setting process itself, through the TBT Agreement, providing significant authority and legitimacy to any claims that infer it, as well as providing ‘taken-for-granted’ legitimacy.

All food industry actors who participated in this study suggested that FOP labelling would certainly constitute a TBT, but the Chambers of Commerce in (at least) Barbados and St Kitts and Nevis were especially forceful in their portrayal of FOP labelling as a transgression of the TBT agreement. The claim was also persuasive to all non-industry committee members who were familiar with standard setting and therefore accustomed to the WTO’s authority and rules. Food industry actors argued that

⁵⁷ See Boza et al., 2019 for a detailed examination of the discussion resulting from claims made against Chile’s FOP labels at the TBT Committee. Boza and colleagues expertly explain the concerns of other states against the FOP labels by categorizing them as: “(i) the necessity and restrictiveness of the measure, (ii) the compliance with the principles of: harmonization, non-discrimination and transparency, and (iii) the implementation of the legislation” (p.83). The study describes the ensuing discussion and results and applies other similar cases as examples.

an FOP labelling scheme distinct to CARICOM would constitute a Technical Barrier to Trade and therefore be rejected under WTO rules. Article 2.2 of the Agreement on TBT states that:

“Members shall ensure that technical regulations are not prepared, adopted or applied with a view to or with the effect of creating unnecessary obstacles to international trade. For this purpose, technical regulations shall not be more trade-restrictive than necessary to fulfil a legitimate objective, taking account of the risks of non-fulfilment would create.”

Article 2.2, Preparation, Adoption and Application of Technical Regulations by Central Government Bodies

Under the Agreement on TBT, as described in Chapter 3, standards that are set by relevant international standards bodies as “international standards,” whereas those set by governments, intergovernmental organizations or the UN are considered technical regulations (Boza et al., 2019). Therefore, any variation—in the form of legislation, policy, or rules—from international standards are considered technical regulations (CROSQ Participant 1). Codex Alimentarius, the body jointly facilitated by WHO and FAO, is responsible for phytosanitary and other food safety standards (Henson and Humphrey, 2009). Since it was explicitly recognized by WTO for these standards, Codex is also an approved international standard setter for many food issues, including food labelling standards. The important distinction is that international standards are not considered TBTs, but technical regulations (legislation, policy, or rules) instituted by non-standard setters (e.g., governments) might be.

Including FOP labelling in CRS 5 was framed as a transgression of the TBT agreement by industry and other stakeholders, since it moves CRS 5 further away from the Codex International Standard. Although many private sector actors in the process vocalized this argument, the representatives of the Chambers of Commerce in Barbados and St Kitts stood out in their framing that FOP labelling in the “High-In” Warning Label format would, *unequivocally*, constitute a TBT (see below for an explanation of the counterargument) and therefore be challenged at the WTO. While the Chamber of Commerce was mostly absent from national committee meetings in St Kitts, and therefore did not make any formal comments or complaints in this regard, their representative did not view FOP labelling as a legitimate regulation inside the WTO regime. Similarly, the Chamber of Commerce in Barbados was described by other participants as very vocal in meetings using the same framing (Health Participants 31, 23, Neutral Participant 3). Many committee members framed FOP labels as a

TBT, especially those from the food industry, using the weight of the TBT Agreement inside the standard-setting process to legitimize this claim. At times, industry actors went so far as to claim they were being helpful in protecting countries from having to fight a potential WTO challenge:

“They [industry] go into [the] WTO argument. This, this is a WTO problem and Barbados will get in trouble as a country with WTO - if you go in this direction... we just want to help you. We just want to protect you. Thanks.” Health Participant 36

By portraying these efforts as helpful and given the authority of the WTO and TBT Agreement inside standard setting, industry actors, particularly in Jamaica and St Kitts, successfully portrayed that there was no ambiguity around FOP labels constituting a TBT. Many non-industry committee members also accepted this portrayal. In reality, transgressions are only confirmed through WTO challenges (Foster, 2021), and the evidence of Chilean FOP labels points to a low likelihood that CARICOM FOP labelling would be considered a TBT (Boza et al., 2019). Certainty regarding what is or is not a TBT then, rests with legal experts and ultimately, the results of a WTO challenge. As is described below, the argument put forward by industry has been countered by some legal experts. Since there is no legal consensus as to whether FOP labelling in this format constitutes a TBT, and since ultimate certainty would only result from a WTO challenge, this argument results in a risk calculation of three possible outcomes for implementation in the current format (as a technical regulation):

- It could be challenged, deemed a TBT and then dismantled in response;
- It could be challenged, deemed a legitimate technical regulation and remain standing (see below);
- Or, it might remain unchallenged—leaving it to stand and its TBT status uncertain.

To be clear, the argument from private sector representatives that the “High-In” Warning Label would be a TBT is more ambiguous than industry actors portrayed, and is perhaps even unlikely given Chile’s experience (Boza et al., 2019). At the same time, the framing was compelling to most members of the committees.⁵⁸ Government officials in Barbados and Jamaica (Health Participants 36, 6) also remarked that their trade department colleagues quickly dismissed FOP labelling as a TBT,

⁵⁸ Chile and Uruguay’s FOP labels have so far gone unchallenged. See Boza et al., 2019 for an excellent review of the concerns raised and discussed at the TBT Committee related to Chile’s Food Law.

saying it was both illegal and unnecessary. The lens used by trade colleagues demonstrated the dominant logic associated with the community of trade experts: that there is one set of rules and that these are the most authoritative. Committee participants from government reported their trade colleagues were indifferent to potential health rationale (Health Participants 36, 6, 19), showing that they understood trade rules as inherently more authoritative than public health policies. The argument that the FOP labels in CRS 5 would be a TBT was expressed and considered valid by other non-industry committee members (Neutral Participants 3, 20, 21, 29, Health Participant 6), even those who were supportive of FOP labelling.

Still, while all stakeholders acknowledged some potential validity of the TBT argument, not all were resigned to its purported veto over FOP labelling. In Barbados, the Ministry of Health hired an outside and independent consultant with experience in tobacco labelling issues in Australia⁵⁹ to investigate the TBT argument. Similarly, the Healthy Caribbean Coalition, a health NGO and network in the region, worked with a lawyer and professor based at the University of the West Indies (UWI) Cave Hill. Both came to similar conclusions: the second sentence of Article 2.2 enables governments to create technical regulations that serve legitimate objectives, as long as these are not “more trade restrictive than necessary.” These experts argued that FOP labelling is filling a legitimate objective in the Caribbean (by reducing the incidence of NCDs) and would therefore be allowed under the Agreement on TBT. This counterargument may have come directly from Chile’s experience managing concerns at the TBT Committee meetings at WTO (Boza et al., 2019).

When claiming that FOP labelling is an indisputable TBT, the trade frame nullified any opportunity for FOP labelling in CRS 5 or beyond. The underlying cognitive legitimacy (Cashore, 2002) associated with the WTO and the TBT Agreement—a taken-for-grantedness that trade rules have inherent authority—allowed this discursive strategy to be persuasive with all committee members, even those who were supportive of FOP labels more generally. Advocates who believed FOP labels could win a WTO challenge still viewed TBT as a legitimate line of reasoning and took precautions to prepare for that eventuality, signaling an acceptance of the power of the WTO and its rules. By applying the TBT argument and emphasizing the possibility of a WTO challenge, industry members

⁵⁹ In fact, on behalf of the tobacco companies.

of the national committees were conceptually venue-shifting (Keck and Sikkink, 1998; Baumgartner et al., 2019) by insinuating inevitable consequences if FOP labels moved forward.

6.1.3 Framing Strategy 3: PAHO as an Illegitimate Actor

In the third framing strategy, food industry actors reframed some actors as illegitimate, further reinforcing the authority of the WTO and trade rules and completing the frameshift of FOP labelling away from public health and towards trade. Incoherence in policy communities leads to a lack of consensus (Bernstein, 2011): in this case, public health actors were considered exogenous and illegitimate to the process. Whereas in other spaces, such as the public health policy space where FOP labelling existed in ahead of the shift, the Pan-American Health Organization (PAHO) was a policy champion (PAHO, 2019b) and even integrated into CARICOM's public governance structure, this framing strategy successfully negated PAHO's influence over FOP labelling and CRS 5. The discursive strategy went further than simply erasing the public health origins of FOP labelling, it dismissed any version of expert authority as entirely irrelevant to the process at hand, again underlining the ways that the standard-setting regime eschewed any outsiders from being constructive.

As described earlier, standards bodies are expected to use the Code of Good Practice for the Preparation, Adoption and Application of Standards in Annex 3 of the Agreement on TBT. I use this as a proxy to show which bodies are acceptable in the standard-setting regime and which are not. Since the Code is the basis for all international standards development, not just the current CRS 5 revision or food labelling, familiarity with the process varies between those stakeholders who have taken part in the process before and those who were consulted strictly because of their technical relevance to FOP labels (e.g., health NGOs). As such, stakeholders familiar with the standards process had a different sense of who is or who is not a legitimate actor (or authority) compared with the new participants who were unfamiliar with the process (and also largely supportive of FOP labels) and the organizational culture of standard setting. The illegitimacy of some actors in the CRS 5 revision process was portrayed in two ways:

- Some actors do not have a designated, legitimate role in the process; and/or,
- Some actors do not have the correct jurisdictional designation to participate in the process.

PAHO was the target of the first argument. Committee members who were familiar with standard setting, and particularly familiar with food labelling, were aware of the Code of Good Practice and the processes associated with it. As such, they are accustomed to deferring to the International Organization for Standardization (ISO), or, in the specific case of food and food labelling—Codex.⁶⁰ Industry participants (Participants 2, 5, 8) argued that since Codex is the only international standardizing body related to food directly referred to by WTO, it is the only body that can make international standards that would be accepted under the TBT Agreement.⁶¹ The revision to CRS 5 that contained the FOP labelling format was taken from a separate country (Chile) and the critical nutrient thresholds were designated by PAHO. Together, this revision was portrayed as outside of the usual operating norms.

“And many of us said, “Well, you know, we’re not understanding the logic here, where PAHO is kind of pushing this edit to the standard – PAHO is part of WHO.””

Industry Participant 5, Jamaica

In contrast, participants who were not accustomed to the standards process, such as those being consulted for their “health” perspective (e.g., government health departments or local NGOs), usually accepted PAHO as a legitimate actor with expert authority to set nutrient thresholds, while industry groups rejected PAHO as a standard-setter because of its outsider status to the standard setting regime.

⁶⁰ Codex Alimentarius, the global body responsible for setting food safety and labelling standards, is in fact jointly facilitated by the World Health Organization (WHO) and the UN Food and Agriculture Organization (FAO). PAHO is the regional office of the WHO—suggesting an obfuscation, at best, of the legitimate role of PAHO.

⁶¹ Participants in the standard-setting process referred to CARICOM standards as “regional standards” and not “international standards” (participant interviews and personal communications). In seeking clarification around whether regional standards could be considered “international standards”, I reached out to the Standards Council of Canada (SCC). In a personal communication (May 16, 2022), the SCC wrote that the TBT Committee accepts international standards developed in line with six key principles (transparency, openness, impartiality and consensus, effectiveness and relevance, coherence, and addressing the concerns of developing countries), and that any national or regional standards made in line with these principles *could* be considered international standards. This information suggests two important facts: 1) that the argument that a CARICOM-specific standard is illegitimate is at best misleading and at worst entirely false, and that 2) this significantly raises the stakes of this controversy. If a CARICOM regional standard is considered an acceptable “international standard”, and it achieves this strict FOP labelling, the precedent set here could have significant reverberations throughout the international food labelling community.

“So, one of the industry arguments was PAHO has no legitimacy here. Right? PAHO cannot create an international standard for food or for trade. “Because PAHO is not a standard setting body, not established as a standard setting body. So, if you’re going to use thresholds as defined by PAHO, then we can’t accept it.” (Participant 4, Barbados Ministry of Health)

For industry actors, framing PAHO as exogenous to standard-setting processes usefully negated the relevant expert authority of this organization, further obfuscating any discussion around public health goals. By framing PAHO’s participation in standard-setting as illegitimate, the critical nutrient thresholds set could also be framed as illegitimate. These thresholds were too tight, according to industry participants (Participants 2, 5). While unspoken, the “tight” thresholds set by PAHO seemed to be the underlying reason to frame PAHO as an inappropriate standard setter.

Again, the operating norms and culture of standard setting create the environment where these claims are both relevant and persuasive. As quoted above, industry actors understood that PAHO is a regional body of the WHO, which, together with the FAO, facilitates the Codex Alimentarius. But whereas Codex is deemed legitimate through its reference in the WTO rules, PAHO does not seem to enjoy the same acceptance. From the perspective of industry and neutral participants who are used to being part of the standard-setting community then, the legitimacy of a standard-setter is drawn from its standing in the standard-setting regime, whereas for non-accustomed participants, legitimacy was derived from technical expertise. Framing PAHO as an illegitimate actor was persuasive because other participants were used to dealing with Codex or other standard-setting bodies, and PAHO seemed outside of this norm.

PAHO was also considered illegitimate because of its regional focus, and while national committees were consulting on a regional standard, it remains true that the standard must be adopted nationally to become mandatory. Industry actors underlined PAHO’s relationship with the WHO and its global and regional reach as inappropriate. In this case, committees are used to operating as national committees, with less focus on regional harmonization or consideration. This is especially true in the case of Jamaica, which has the most developed standards regime of the three case study countries and whose labelling standards often become a default standard across CARICOM because of their leading manufacturing capacity and population size (products from Jamaica are consumed across CARICOM). As such, industry stakeholders characterized PAHO’s global and regional ties as

being pushed through CROSQ and into domestic processes,⁶² implying something untoward and illegitimate about PAHO's role:

“And that approach ... from my read on the situation, was led by some private influences as well as PAHO. [They] kind of pushed [it] into CROSQ, you know, the standard development for this particular standard we're discussing.” Industry Participant 5, Jamaica

While the jurisdictional argument tended to be along health versus industry lines, there was one exception. The Healthy Caribbean Coalition, the transnational advocacy network responsible for alerting members of the NCD Alliance to FOP labelling as part of the CRS 5 revision, was also challenged for this transgression of jurisdictional lines. Since the Healthy Caribbean Coalition is considered a regional organization, their initial application to sit on the national committee in Barbados, where they are based, was denied (though it was approved after the first introductory meeting). The Healthy Caribbean Coalition's presence, while successful in pushing the issue forward, was perceived by some other FOP labelling supporters for its “aggressive” approach (Participant 36).

The Healthy Caribbean Coalition used strategies common in transnational advocacy networks, including bringing together counterparts in other countries in CARICOM, educating partners on the standards process and providing them with common industry arguments and rebuttals. This regional activity was perceived by a few involved as being in contradiction to the ‘national’ process – though interestingly, similar evidence of coordination among national Chambers of Commerce (Industry Participant 45) did not seem to garner the same criticism.

It is notable however, that industry actors did not target the Healthy Caribbean Coalition as an illegitimate actor operating in the wrong jurisdiction in the way they targeted PAHO's legitimacy. There are two potential reasons this might have been the case: 1) when the Healthy Caribbean Coalition sat on the Barbados committee, they were chosen by Barbadian health organizations to represent all domestic health organizations and so were operating on the committee more like a national entity, and 2) in other national committees (outside Barbados) their influence might not have been explicitly known. The Healthy Caribbean Coalition's legitimacy was questioned not by industry

⁶² PAHO seems to be sensitive to these claims. While a partner in the initial policy transfer project and a funder in earlier parts of the process, PAHO has been quiet in terms of advocacy on this issue, as described in Chapter 4. Participants reported that PAHO was absent from the national meetings.

but by other health advocates and the technical officers who facilitated the standards process at different levels, indicating some level of dissonance and fragmentation in the health advocacy side.

In summary, while some organizations are inherent outsiders in the standard setting process, some organizations seem to have inherent legitimacy. Codex and relatedly, the WTO or the TBT agreement, were all inferred regularly and framed as inherently legitimate.

“So, when I got to the meeting, and then to learn that it was a matter of a Chilean input, in my mind, I would be saying: “Well, I am accustomed to something coming from Codex, how is it now that I’m hearing about a Chile input?” Neutral Participant 20, Barbados

In the example above, a neutral participant based in Barbados explained that their familiarity providing technical expertise on Codex standards left them uncertain regarding the relevance of a “Chilean” model. They were unsure whether using another country’s format could fit within the framework they were used to seeing through Codex standards. No respondent in this study questioned the legitimacy of Codex to influence the proceedings, showing that Codex is inherently authoritative through its WTO reference. It is worth noting again here that FOP labelling in the Caribbean did not begin as a standard—it began as a public health policy. So, while the respondents interviewed as part of the national and regional standards processes questioned some actors’ interests, motivations and influence, these actors and their organizations were all considered outsiders to the process, whereas insiders in the process had taken-for-granted legitimacy.

Table 5: Correlation Between Process Familiarity and Perception of Actor Legitimacy

	Familiar with Process	Unfamiliar with Process
Private Industry Actors	PAHO illegitimate actor, Codex authoritative	N/A
Public Actors	PAHO illegitimate actor, Codex authoritative	PAHO legitimate actor, receptive to Codex as authoritative

Being part of the regular standard-setting community and familiarity with process are therefore relevant conditions as to how participants interpreted and perceived legitimacy of actors, see Table 5. While familiarity induces immediate acceptance and deferral to the authority of Codex, these participants viewed PAHO as an outsider influence without legitimacy, in line with findings that

outsiders in trade governance more generally are largely unable to offer alternatives as perceived outsiders (Trommer, 2016; Wilkinson, 2016). There are both conceptual and instrumental reasons: PAHO is not normally a standard-setter and sits outside the standards regime paradigm; and, by framing PAHO as illegitimate and Codex as a legitimate actor, FOP labelling can be shifted continually further away from a health narrative and further into a venue dominated by authorities relevant and supportive of trade concerns.

Actors also had different reactions to these accusations of legitimacy or illegitimacy. While PAHO was instrumental in the initial stages of getting FOP labelling on the table, they largely stepped out of facilitating its' progress once it was delegated into the standard-setting process. This caused some frustration for other health actors, who saw them as an institutional force with great influential power within the region (Participant 36, Participant 35). But PAHO's ability to exert influence regionally could be interpreted as crossing jurisdictional boundaries at the national level. PAHO was very careful in attending (only infrequent) meetings as technical experts to present evidence in a neutral and technocratic way, rather than as policy champions. In an even more extreme case, PAHO attended the National Consultation in Barbados, led by the Ministry of Health and the national standards bureau, and yet did not present in this venue, even when asked. While this study was limited by not interviewing a PAHO representative directly,⁶³ PAHO acted with extreme sensitivity to arguments of sovereignty and intentionally avoided taking a stronger public stance for this reason (Health Participant 32). Yet PAHO represented expert authority for many, lending credibility to FOP labeling as a public health policy, rather than a standard:

“PAHO is the health institution for the region, and they're mandated by their member states to provide advice and recommendations on the best policies for health, you know, and labeling is one of their recommended best interventions...” Health Participant 23, Barbados

Losing PAHO's participation then also helped continue obfuscating the origins of FOP labelling as a public health policy. The Healthy Caribbean Coalition and other health actors interpreted the mandate of PAHO as one which is supportive of the region's health; where health is an important and reasonable priority; and that PAHO is a legitimate standard-setter with expert authority. Health actors in the region not only saw PAHO as a legitimate actor in the standards process, but also saw a duty

⁶³ I had some off-record, informational conversations with experts at PAHO and other organizations during fieldwork.

for PAHO to be a policy champion during the process. The same advocates that were frustrated and disappointed by public silence on the issue from PAHO, were frustrated because they felt PAHO should be a (or the) leader on the issue (Participant 46, Participant 36). Instead of carrying the institutional weight associated with PAHO, individual health actors, NGOs and health ministries were left countering narratives and arguments put forward by industry, leaving the health advocacy side of the process fragmented and initially unprepared (Participant 46).

The characterization of PAHO as an illegitimate standard-setter, among those familiar with the standards process, was both unsurprising and informative. The discursive power to frame who is or who is not authoritative within the process, remains with those who are familiar with the process and understand the rules of the game. As such, it allows industry players and familiar government department representatives to defer to authorities that support their desired outcome, meaning that they match the preferences of the regime itself. Participants versed in these rules dictated the interpretation of the rules, reinforcing standards set by Codex as *the only legitimate standards*. Of course, Section 6.2.2 showed that there is space within the WTO system for a standard created by CARICOM if it fulfils a legitimate objective, making the thresholds set by PAHO a distraction from the actual issue. Characterizing PAHO through lack of official role in the process or through jurisdictional claims of territoriality both contributed to the same outcome: a lack of legitimacy for a major international organization, and the resulting inability to exert influence, provide expertise, or champion FOP labelling in the process.

The claim of being an illegitimate standard-setter also helped shift FOP labelling out of the control of public health actors like PAHO and health ministries. If PAHO is illegitimate actor, then national health ministries barely fare better—they might have appropriate national jurisdiction, but they are still outsiders in standard-setting architecture. Public actors are generally seen as legitimate in prescribing societal behaviour, as public health actors do, in liberal democratic theories because of their accountability to the public (Cutler, p.33, in Hall and Biersteker, 2002). The displacement of public health actor legitimacy raises a question of whether the state—or, in this case, the regional governance architecture—is complicit in a delegated authority for public (health) to private authority (Hall & Biersteker, 2002). If PAHO has no legitimate role in the process, and Codex has unwavering authority, an unconscious reckoning between rules motivated to improve public health motivated and rules motivated to appease private industry has taken place. Indeed, Clapp argued in 1998 (p.312) that

states adopt international standards partly because of the fit with a “prevailing liberal ideology” and “reduced regulatory role for the state.”

These frames—the Chilean trade advantage, the “inevitable” TBT challenge, and framing some health actors as illegitimate—were persuasive to both industry and non-industry stakeholders, based on the participants belonging inside the standard-setting regime. By arguing that FOP labelling is a transgression of the rules-based trading regime, industry stakeholders used the authority associated with WTO rules to set a foundation where FOP labels are a trade concern and helped to erase public health goals entirely from the discussion by making PAHO an improper influence. Similarly, industry opponents of FOP labels falsely argued that Chile would gain an unfair trade advantage in the region, using committee members and consumers’ desire for United Kingdom and US products to bolster the trade argument. Food industry actors and other committee members in all three case study countries used the authority derived from the WTO in standard setting by discursively framing FOP labelling as being in opposition to the rules and authority of the international trade regime.

Emphasizing the consequences of transgressions of trade rules also further reinforces WTO authority, making trade regime concerns and issues more important than public health concerns. The result has been an eroded public health authority over FOP labels and reinforced private sector authority over it. In summary, food industry actors have used and reinforced authority from the international trade regime to exert discursive power strategies, reframing FOP labelling towards a trade concern narrative. This trade-oriented narrative emphasized that FOP labelling is subject to the international trading regime, and in doing so, made the original purpose of FOP labels invisible to committee members.

6.2 The Contribution of Discursive Power Framing to and Perception of Expert Authority

“The front of pack label policy is a public health initiative, under the auspices of the Ministry of Health and Wellness; this is not a trade issue,” she says. “This is a very bad precedent for Jamaica because which other public health policy are we going to allow the Minister of Industry, Investment and Commerce to make? Tobacco? COVID? It's a major problem for this country. In principle.”

Deborah Chen, The Heart Foundation of Jamaica, quoted in Ewing-Chow (2022)

Given that FOP labelling was proposed by the CARICOM Public Health Agency and adoption was encouraged by public health actors and experts, it is somewhat surprising that the shift into the development and adoption phase of the policy cycle – standard setting, in this case – produced such a monumental realignment in power and authority over the policy. Key to this distinction is the fact that upon entry into the standard setting regime, FOP labelling lost its identity as a public policy measure. While public health experts and advocates followed FOP labelling into standard setting, the existing participants on food labelling standards committees had no prior knowledge around FOP labels as a public health solution. The result was two incoherent communities attempting to make governance decisions on food systems: ‘health actors’ with no familiarity in standard setting, and everyone else, who had long been involved in standards and therefore had much more experience and familiarity in the standard-setting regime.

In assessing the legitimacy of global governance initiatives, Bernstein (2011) argued that legitimacy is the result of two or more communities interacting and accepting the authority of an institution. The institution should have broader legitimating norms and discourses (what Bernstein described as ‘social structures’) that are prevalent in the given issue area. In describing political legitimacy in global governance, Bernstein highlighted the importance of coherence amongst those communities (p. 21). Because legitimacy is contingent on shared acceptance of rules, “[t]he coherence or incoherence of that community matters, since incoherence or strong normative contestation among groups within a legitimating community make establishing clear requirements for legitimacy difficult.” In this case, the amalgamation of two communities – health and standard setting participants – have made it impossible for either side to perceive the policy process as legitimate. The communities’ contradicting beliefs around the authority of specific institutions, with health actors ascribing authority to PAHO and standard setting participants ascribing authority to the WTO and trade regime rules and norms, prevent them from reaching a consensus position.

While the competing communities value different authorities, these valuations also explain something about how authority is sourced and attributed. FOP labels originated in the public health policy sphere, where public health actors and researchers had expert authority. Sources of knowledge in this sphere are agreed on, as in any epistemic community. Inside this coherent community, public health actors and researchers were viewed as experts on FOP labelling and considered to have an

authoritative claim to policy-relevant knowledge, but once shifted into standard-setting the incoherence of community and lack of authority of public health actors was evident.

Forum shopping, or venue shifting, often used by those searching for a friendly audience to their cause (Keck & Sikkink, 1998), manifested differently for FOP labelling. In this case, FOP labelling – a public health policy – was shifted through a bureaucratic delegation into a *less* friendly venue, with a less coherent community, since the community in control changed from public health experts to mostly industry actors and a few health experts. In standard setting, communities have formed over time with shared norms and sets of knowledge, before the addition of health actors. Standard-setting participants views the WTO and its offshoots as the authority institutions, with trade rules and norms as the operating rules and norms of standard setting. Those who have knowledge and familiarity of these rules and norms became experts of process. In the same way that public health experts had an authoritative claim over FOP labelling pre-shift, food industry actors had an authoritative claim over the knowledge of standards and standard setting. This version of expert authority equated to knowledge on process that health actors lacked once FOP labelling made the shift. Knowing the rules and norms of standard setting meant that food industry actors could exercise discursive power by framing FOP labels inside this venue as being (1) inconsistent with international trade rules, both in transgressing specific rules (providing an advantage to Chile and a TBT); and (2) inconsistent with international trade norms, by not accepting PAHO and other health actors as legitimate authorities.

The food industry was more capable because this stage of the policy development cycle took place in a venue where industry members possessed more discursive power and shaped committee outcomes accordingly. That is, industry actors had the power to reframe the conversation because they fundamentally understood the rules and norms of the venue FOP labelling had been shifted into. Kooiman (2002) has also pointed to the way that business power influences policies more generally by designating problems to specific categories through specific norms and values.

The bureaucratic delegation of FOP labelling into standard setting, outlined in Chapter 4, obfuscates the wider underlying structural power of the food industry to shape the food environment. This chapter pointed to the strategies of framing that demonstrates corporations' discursive power in shaping the perception of a policy problem and solution, designating into the category of trade concern, ultimately reframing FOP labelling as a problem of trade rather than a public health policy solution.

6.3 Conclusions

As outlined in this chapter, there were three overarching discursive framing strategies that food industry actors used inside the standard-setting process to oppose FOP labels. Together, these arguments and claims suggest an overall strategy of reframing FOP labelling as primarily an issue of trade, in contravention with the authority of the rules of the international trade regime. They helped to obscure the origins of FOP labelling as a public health policy, suggested by regional public health actors, in the interest of the public good in CARICOM. These arguments and strategies demonstrated the importance of process knowledge in standard setting for exercising discursive power: since food industry actors understood the process rules and the contours of the international trade regime, they were able to make arguments and claims that continued to use and reinforce this authority, ultimately reframing FOP labelling as a trade concern rather than a public health issue. Furthermore, these actors aimed to delegitimize public health actors' authority in the process, by using their expert process knowledge and discursive power to build a narrative of both appropriate actions and actors.

The case of FOP labelling in CARICOM demonstrates the need to pay close attention to all facets of power, but perhaps special attention to the interactions of the facets of power. This chapter showed that corporate actors demonstrated discursive power in their persuasive reframing of FOP labelling as a trade concern, and yet without the structural empowerment provided by the trade regime itself or the specific knowledge and language to use for framing, industry actors may not have had an explicit impact on the process. Additionally, in a case where consensus is the milestone that must be reached to move forward, discursive power is even more crucial to consider. Since multistakeholder and collaborative approaches to governance are becoming more common, scholars must examine the nuances of the ways those at the table engage, rather than simply attesting to equal places at the table itself. In the next chapter, I directly examine the efforts of the public health coalition to regain authority over FOP labelling, seeking to understand exactly how this coalition experienced and grappled with power in the attempt to bring the policy to regional fruition.

Chapter 7

From Proposing Public Policy to Fighting for It: Translating Public Health Expert Authority into Advocacy

This chapter aims to accomplish two goals. First, it shows how structural power and authority changed over time from the public health perspective. It argues that the coalition of relevant public health actors had to change as a result of the change of process, and shows how this new coalition attempted to exercise power without process knowledge. Second, it draws conclusions about public and private authority in making food systems and public health policy through standard setting in a regional governance structure. Section 7.1 summarizes the arguments, where Section 7.2, 7.3 and 7.4 draw on interview data to support the conclusions. Section 7.5 is grounded in the literature to draw final conclusions on what lessons can be learned from this case study.

7.1 Structural Power and Expert Authority: The Public Health Experience

While CARICOM's functional cooperation approach to governance meant that there was no health entity with an equivalent supranational implementing capacity to standard setting, the functional cooperation 'pillar' of governance (Section 4.1.1.) did recognize and respect the expert authority of public health actors. Inside this pillar of public regional governance, the epistemic community of public health experts used a shared set of knowledge to produce a policy proposal that was based on this accepted expertise. CARICOM's governance architecture also structurally empowered this expertise: when FOP labelling was included in the CARICOM Public Health Agency's (CARPHA) policy brief, action was taken relatively quickly to bring together the actors that would be able to implement it. For example, the meeting between Chile and CARICOM to discuss implementation, and the meeting that empowered CROSQ as the relevant agency to begin implementation processes, both took place relatively soon after the original policy brief was presented inside CARICOM's governance architecture.

There are two key points to take from the sequence of events that signaled the agenda-setting power of health actors in the region before the delegation of FOP labelling into standard setting, considering the previous chapters' discussions around power, knowledge, and authority. First, public health actors had authority – that is, legitimate power – over FOP labelling when it was in the public governance domain because these venues recognized their expertise. Indeed, this authority was more

than simple expert authority – the coalition of health actors acted as the public authority at the regional level.

As outlined in Chapter 4, public health actors were successful in pushing NCD prevention onto the regional political agenda. This suggests that regional political actors considered their perspectives worthwhile – that is, their expertise was recognized, respected, and then acted upon. The epistemic community of public health actors, while in the public governance architecture, was considered a community of public health *experts*. The expert knowledge held by public health experts was respected and authoritative.

Second, ahead of the delegation into standard setting, public health experts exercised some level of structural power inside CARICOM's governance architecture. Even though there is no entity that is capable of imposing regional health policy, there was a pathway for action built into the regional governance system. In the same way that industry actors derived some level of structural power from the international standard setting and trade regimes based on their congruent preferences, the CARICOM public governance system – or at least its functional cooperation pillar – was structured in a way that took the perspectives of public health experts seriously and then aimed to act on them. As such, I argue that ahead of the shift into standard setting, public health experts not only enjoyed a level of authority based on their accepted expertise, but they also exercised some level of structural power in having their ideas acted upon.

CARICOM's lack of supranational health policy implementer, combined with its emphasis on coordination in functional cooperation, meant that the coalition of public health actors *were* the public authority for health in the region. As explored in Chapter 4, if public policy is created through public authority, and we accept that FOP labelling is public policy, it follows that even though members of the public health coalition were not all in official positions in CARICOM's governance structure, the regional political architecture of CARICOM accepted the coalition as a legitimate authority on public health.

However, as described in detail in Chapter 4, when FOP labelling was transferred into the regional standard setting process, the influence and control over FOP labelling changed hands. After the delegation, rather than being embedded in the CARICOM public governance structure, structural power acting on FOP labelling was derived from and reinforced through the international trade and standard-setting regimes. As a result, the trade and standard-setting communities' version of expert

knowledge became authoritative, alongside those community's versions of expert language and norms, and that community's central governing authority as the WTO. Since health actors did not share this language or knowledge, their own expert knowledge was no longer relevant in conferring authority to their perspectives by insiders. Perhaps most importantly, the interests that inherently influenced these processes shifted from being about the public good and population health, to being about trade harmonization and the interests of business and industry.

Indeed, when public health experts made interventions about FOP labelling that were based in their epistemic community's expertise, industry participants perceived advocacy rather than expertise (Industry Participant 38 – Jamaica, Regional Staff Participant 47). In other venues, trade experts were more willing to listen to outsiders once they could translate their concerns into the language favoured by the venue (Trommer, 2016). In this case, though, public health actors had so little knowledge of the standard-setting process that the language required was not yet accessible to them. Because they could not use the language and “common-sense” logic of the process, insiders framed public health experts' perspectives as simply irrelevant. Whereas industry members' knowledge around trade and standard setting, was perceived as expert authority and simply taken for granted by neutral standard-setting participants, public health actors' knowledge did not receive the same level of respect since it seemed irrelevant to the rules and norms of the process.

While health actors had some level of structural power in the public governance architecture of CARICOM and acted as the public authority on health, this power was lost when FOP labelling shifted into a venue where structural power was allocated to a different epistemic community: industry actors. As such, health actors' status as relevant experts was eroded, and their authority based on their expertise was perceived as largely irrelevant to the discussions by insiders. The result was that claims and arguments made by health experts did not carry the weight of expert authority for other committee participants, nor did it carry the weight of public authority more generally. If authority is embodied when the ruled accept the ruler's right to exercise power, public health actors had this authority in public governance functions, but private actors had authority inside standard setting. Instead, the claims put forward by public health actors post-shift were considered advocacy, as if motivated by self-interest rather than public interest, especially industry participants.

Advocacy for a certain position has no place in the supposedly objective, and neutral culture of standard setting where technically optimal standards are supposed to triumph. The result has been that

standardization has developed well to find the winning standard for the winning business or state, but is not constructed to adequately balance situations where the public and private interest are fundamentally opposed. The next sections show that though FOP labelling may have started because of the agenda-setting power of a coalition of public health experts, their lack of knowledge around the process of standard setting impeded their ability to maintain and regain power over it.

7.2 From Public Health Experts to Public Health Advocates: The Loose Coalition of Health Actors Once Inside Standard Setting

The expertise of public health actors, pre-standard setting, was a form of authority: there was a weight to the expert knowledge of public health actors that translated into the ability to shape agendas of regional public governance. I argue that before FOP labelling moved into standard setting, the role of public health actors was more than consultants or subject matter experts. These actors carried the mantle of a public health authority, aiming to improve population health through public governance initiatives. Beginning with the premise that public health had authority before standard setting allows for an analysis of how expert authority diminished inside the standard setting process.

As described earlier, in this case, public health actors viewed the bureaucratic decision to shift FOP labelling into standard-setting as the adoption and implementation stages of the policy cycle (Howlett et al., 2016; Lasswell, 1956). In a traditional policy cycle, where the adoption and implementation stages are propelled by civil servants in conventional government departments, many of the initial public health policy champions like PAHO, CARPHA and regional public health researchers and academics would not normally be included. Instead, this function would normally take place inside government, driven by technocrats designing policy or programs. For this reason, many of the original FOP labelling policy champions stepped back at this point in the policy process. The public health actors who were active ahead of the delegation did not seem to anticipate the shift in what knowledge and authority would be perceived as legitimate. They and others described shift into standard setting as thinking their role in FOP labelling was mostly over (Expert Participant 34, Health Participant 46), suggesting implementation was close.

While the report from the Panel discussion earlier shows there was some awareness of industry interference in NCD policies (PAHO et al., 2018), the regional technical officer on this file expressed

surprise at what they thought was an exceptional level of resistance over the standard (CROSQ Participant 1). As a consequence, supporting FOP labelling in standard setting passed to public health actors at the national level instead, who took on the task of representing the health ‘interest’ on national mirror committees. As described above, this transition also resulted in health actors being painted as advocates rather than experts.

The group of health actors who put NCD policies on the regional agenda, which had originally included PAHO, HCC, CARPHA and many individual researchers and academics, shifted significantly once standard setting had been empowered to implement FOP labels. In Chapter 4 I described the health actors working to promote FOP labelling through a loose coalition, but here I briefly review actors from a national perspective to show how expert authority for health shifted to ‘interests’ on national standards committees represented by health ‘advocates.’

In Jamaica, the health interest on the committee was represented by a Ministry of Health employee, the Jamaica Heart Foundation (of the Heart and Stroke Foundation) and the Diabetes Association. In St Kitts and Nevis, health was represented by a Ministry of Health civil servant and Lake Health and Wellness, a local non-government organization. In Barbados, it was represented by the Ministry of Health and the HCC. The emerging loose coalition importantly included both state and non-state actors. The informal collaborations that ensued are then interesting developments in ideas around public and private, and state and non-state, governance.

On national committees, Ministries of Health often made suggestions that might contradict the Ministry of Trade. Ministries or Departments of Trade most often lined up with those who had the same preferences shaped by the international trade and standard-setting regimes (industry), whereas Ministries of Health most often lined up with those who had shared knowledges through their own epistemic communities. These inconsistencies in government positions point to the decentralization of government participation on standards committees, in that they were not expressing a unified view ‘for’ or ‘against’ FOP labelling based on an official government position, but were rather acting as subject matter experts whose epistemic communities dictated their expert opinions. They were simply present to be consulted by the committee rather than supporting a whole of government approach to an official position.

In addition to the health ‘interests’ on national committees, the loose coalition of health actors was supported through PAHO funding of the Healthy Caribbean Coalition, the Healthy Caribbean

Coalition’s work as a transnational advocacy organization, and the Ministry of Health in Barbados’s significant commitment to FOP labelling. As described earlier, since the Government of Barbados had already looked at implementing a FOP label nationally, the Ministry of Health had more leeway to officially advocate for FOP labels on its national committee, since a government position in favour of it had already been taken.

The loose coalition of public health actors that emerged after FOP labelling had entered standard setting was different from the one that existed before. The public health actors who put NCD policies on the agenda operated with expert authority and the shared knowledge the community espoused was trusted in making policies on behalf of the public good. On the other hand, the coalition that emerged in the standard-setting process did not have the same access to authority as regional-level actors had had. Once operating in the standard setting regime, the small and local NGOs that served as health ‘interests’ on national committees, rather than the major and regional health organizations and actors who were the public health authority previously, were perceived as advocates rather than experts.

7.3 The Black Box: (Lack of) Process Knowledge in Action

Whereas significant portions of this thesis have demonstrated the ways that industry process knowledge and structural power led to a situation where those actors dominated conversations around FOP labelling, this section shows the ways that public health actors expressed their frustration in joining a process that was so inaccessible to them. As Hannah et al. (2016) noted in trade governance: “...bodies of expert knowledge channel and control what can be thought, who is able to act...” (p.2), and in this case, expert knowledge of standard setting has done just that. However, for those that were new to standard setting, this esoteric and inaccessible process was extremely difficult to learn. One health advocate, new to standard setting, put it succinctly:

“Just the whole process - it’s hard to know what's going on.” (Health Participant 7)

Another health advocate discussed how much new learning was involved in simply knowing how and where to introduce their comments in the consultation process:

“The bit that was new to us was the kind of the architecture of CROSQ and the national standards and so the national bureaus and then the whole National Mirror Committee. It, we had to understand

that process, which was a new process for us. And I would say that would have been a new process for me.” (Health Participant 23, Barbados)

Since most health actors were entirely new to standard setting, the iterative relationships between the regional and national standard-setting infrastructure were already difficult to understand. But even once they understood that they needed to be integrated into national committee meetings for their voices to be heard and registered, health actors still found the process to be obscure and one-sided:

“Now, I kind of understand what the process is. You don't get updates [though, and] it feels like your comments are sent out into the ether, and never to be seen again. There's just no communication, to me is just atrocious... I am assuming all our comments were sent to CARICOM, but there's no feedback from CARICOM... no one telling us this is what's happening now. There's just no – no communication.” (Health Participant 7, St Kitts)

While national committees sought a health “interest” on each committee, the participants attempting to advocate for these interests did not feel that their perspectives were being heard or being integrated into the standard. Importantly, there was very little communication with newcomers to committees around how comments were dealt with, particularly at the regional level. Some health participants came to understand that comments that were not “disposed of” at the national level would make their way back to the regional level committee, but participants were still unsure of how their input was received at that level, and how to ensure accountability.

“So fast forward, we had to become very quickly familiar with how the standards process works. The part that was interesting and important for us was the various stakeholders, and whether or not there was voting or not voting, an actual documented process ... trying to find somewhere documented what the actual process was, so that we could, so there was some degree of transparency. And then we could we exercise some sort of accountability at the national level, and at the level of the RTC because we didn't know, I'm saying RTC now, but I don't think I was familiar with the RTC then, I was much more focused on the National Mirror committees because that's, that was our entry point then...” (Health Participant 23, Barbados)

In my own research, I also spent significant time trying to understand the exact processes of standard setting as it related to the operation of committee consultations. While several participants mentioned the Code of Good Practice when I asked about particular rules and processes, I found the

actual Code to be extremely sparse on detailed process rules and instructions. Located in Annex 3 of the Agreement on Technical Barriers to Trade (TBT), the Code of Good Practice for the Preparation, Adoption and Application of Standards is just over two pages long. It contains no rules about the operating procedures of committees inside standardizing bodies (in this case, national standards bureaus). Instead, actors seem to frequently use parts of the Code, as well as definitions or parts of ISO processes or general WTO processes.

The rules around operations of committees in standard setting are often more norms than they are rules, passed down through the many layers of standard setting that exist. In the lineage of the “evangelical engineers” of early standard setting (C. N. Murphy & Yates, 2009), those involved in this case of standard setting had strong feelings about the transparency, openness and democratic nature of the process. Yet, as in trade governance, the language, “common-sense” logic and general inaccessibility keeps outsiders out and insiders in (Hannah et al., 2016). Health advocates in CARICOM experienced this inaccessibility in trying to understand the standard-setting process in the region, knowing that a standard involving health interests would make it even harder to find rules about and keep accountable:

“...at that time, we couldn't find anything that was documented, which said, this is the process. And, and it makes sense, I guess, to certain degree because from what I've heard, although the process of consultation is a standard process, the process for consultation for this particular standard, had some unique elements, in that some of the stakeholder groups, ...may not always be the same stakeholder groups you consult for other types of standards, you know. And [for] the National Mirror Committee, that may not always be the process.”
(Health Participant 23, Barbados)

While these actors would have been considered public health experts on FOP labelling before it was integrated into the standard-setting process and would have been consulted for their subject matter expertise, once FOP labelling shifted into this process they were unable to learn the rules quickly and easily. Their lack of knowledge around the process would ultimately affect their ability strategically intervene, though they did try. The next section demonstrates the ways that the loose coalition of public health advocates, as they were now perceived based on their outsider status, tried to regain lost authority over FOP labelling.

7.4 Public Health Attempts to Maintain and Regain Power

Though public health actors experienced diminished structural power and expert authority after FOP labelling was delegated into standard setting and were significantly challenged by their lack of process knowledge, the loose coalition of public health actors made two major strategic interventions that had a noticeable impact on the process to revise CRS 5 to include FOP labelling. Ultimately, these interventions were not successful. As noted previously, a regional and uniform FOP labelling is currently indefinitely stalled, but of course there is always a possibility of individual country adoption or a renewed attempt later down the road.

This section outlines the two purposeful and strategic interventions during the standard setting process, exploring them through the same faces used to consider corporate power in the previous chapters. The first is the role of funding the standard-setting process to speed up the implementation of FOP labelling, which I explore here as a form of instrumental power. The second is HCC's consistent pursuit of process knowledge and use of the NCD Alliance network to share information around process. I explore this second strategic intervention through a lens of discursive power, since, alongside the communication of process rules and norms, this strategy helped the coalition of health actors to share new frames that would counter industry narratives. Though unsuccessful in the end, these two strategic interventions moved the process forward more quickly, and with more focus on public health than it would have otherwise.

7.4.1 Instrumental Power: Funding

The coalition of health actors expressed instrumental power before and after FOP labelling was shifted into standard setting, although the actions taken ahead of standard setting were more successful, and therefore a truer expression of power took place during the regional public governance phase. After FOP labels entered standard setting, public health efforts were less successful in moving FOP labelling to its next stage of adoption.

Before standard setting, health actors demonstrated instrumental power by convening the 'Cooperation Among Countries for Health Development' (CCHD) project that enabled policy transfer between Chile and CARICOM. In addition, PAHO made other major funding interventions that moved the policy transfer forwards. While conscious of their role as an intergovernmental agency and

external actor in regional governance processes, the authority of PAHO to intervene is viewed largely on ideological lines, suggesting consensus among communities was derived from shared norms and knowledge bases (Bernstein, 2011). State and non-state health actors were amenable to PAHO's funding actions, seeing PAHO in the same perspective as other intergovernmental agencies who provide funding for projects in the region. In contrast, as discussed in Chapter 6, the private sector was sensitive to PAHO's role in standard setting. As a result, the standard-setting bodies have also been reluctant to discuss receiving funding from PAHO in public (Participant 47), since standardizing culture places so much significance on the appearance of neutrality and objectivity.

PAHO's funding to 'fast track' the CRS 5 revision benefitted its own efforts to implement a FOP labelling policy (as direct response to the CCHD project and CROSQ's role as the relevant agency for implementing). However, CROSQ also benefitted since it is responsible for revising standards every five years but often cannot do so because of funding and personnel constraints (CROSQ Participant 1). Importantly, this funding was not only allocated to the regional standardizing body, but also offered to national standardizing bodies to fund national committee meetings (Participant 47). While some states involved in the CRS 5 revision did not use the funding to hold meetings, making the funding available was important to quicken the pace of consultation.

Additionally, PAHO provided more funding throughout the process at the regional level. As it became clear that more face-to-face meetings would need to take place than originally thought to dispose of all comments, it also became clear that the cost of sending representatives to these meetings was out of hand for most states involved. As such, PAHO's funding of additional regional meetings was integral to making (even slow) progress – every study participant from the public sector remarked on how lack of funding contributed to lower capacity to take on 'extra' projects like standard setting, or in this case, progressive policy transfer. Funding the process then was an integral step in keeping the policy moving forward.

In a similar vein, the Ministry of Health in Barbados combined policy and standards processes by holding a national consultation on FOP labelling that the Ministry funded itself (Ministry of Health Representative Interview). As described previously, the Ministry of Health in Barbados had more ownership than government representatives in other states since it had already begun introducing a national FOP label. The Ministry of Health felt that the National Standards Bureau in Barbados was

not fulfilling a mandate to hold a national consultation⁶⁴ and so paid for a consultation to take place ahead of the extended deadline to submit a national position to CROSQ (Health Participant 4).

The Ministry of Health expected a ‘national sensitization’ type of consultation, where the aim would be to raise the public and relevant stakeholders’ awareness level of FOP labelling (Health Participant 9, Barbados), raising the question as to whether this type of consultation is more normal in standard setting or health, and whether it made more sense before or after FOP labelling adoption. Instead, the public was invited to comment on the standard, though the Ministry of Health believed the only comments collected for amalgamation into the national position were those emailed to the National Standards Bureau following the meeting, instead of having any verbal comments collected (Health Participant 4, Barbados). In Barbados, this meeting raised the domestic profile of FOP labelling. It also reinforced that FOP labelling was a policy position, and one that was endorsed by the Ministry of Health. The wholesale endorsement of FOP labels by the Ministry of Health’s representatives in Barbados significantly contributed to its vote at the regional level to keep FOP labelling in CRS 5 (Health Participant 4, Industry Participant 14).

Finally, as discussed previously, by having a controversially influential role in the region, PAHO limited its ability to directly impact the process. PAHO funded HCC to take on an advocacy role in the standardizing process (Expert Participant Interview). PAHO could not directly advocate inside the standard-setting process because of its supranational position, as it would risk losing its technical authority status by looking political. Yet all of these organizations were once considered legitimate champions of public health authority earlier in FOP labelling’s life in CARICOM. PAHO’s own mandate to help fulfil the agreed-upon commitments of its membership means it is also mandated to advocate for NCD reduction policies like FOP labelling.

The result was that for PAHO to fulfil its and the region’s health policy objectives and to protect its political neutrality, PAHO funded HCC to take on the advocacy side of participating in the standard-setting process. HCC is an extremely small organization but was able to hire more staff to take on three extremely important functions to advocate for FOP labels. First, HCC monitored regional and national developments across CARICOM to understand the progress of FOP labelling and target intervention points (Health Participant 23). Secondly, HCC was in constant contact with CROSQ in

⁶⁴ I have been unable to confirm whether this was included in the National Standards Bureau’s mandate or not.

an attempt to lessen the impact of their lack of institutional and process knowledge on standards and better understand the intervention points it could access through its network (Health Participant 23, CROSQ Participant 1). Finally, HCC used the information it gathered on process and political developments to share with its network and aim to shape the outcomes in favour of an eventual regional, uniform FOP label, described in the next section (Health Participant 23, CROSQ Participant 1).

These efforts demonstrate an important lesson around expertise and advocacy inside the standard-setting process. That is, to avoid being perceived as advocates for a certain political outcome, PAHO had to take measures to stay out of the standard-setting process itself. PAHO was sensitive to its reputation in these environments, demonstrating the influence of norms in standard setting. While PAHO exerted some instrumental power through funding mechanisms, it ultimately did not prevent the organization from being painted as an illegitimate outsider (see Chapter 6.2.3). Indeed, taken in combination with the argument from that section, the case of CARICOM's efforts to standardize FOP labelling demonstrate the extreme differences in the health and industry communities' versions of expert authority.

7.4.2 Discursive Power: Transnational Advocacy and Information Sharing

Like the previous section, this section aims to show how the loose coalition of public health advocates attempted to exert discursive power in the standard setting process. Though their efforts garnered some success, it is impossible to know whether the coalition of public health actors might have made a bigger impact given enough time and learning about the process. Whereas in Chapter 6, I used frame analysis to describe the actual ways that corporate actors attempted to shift the discussion in standard setting, in this section, I describe the multiple ways of organizing that the coalition used to try to spread ideas and arguments in the process. It is worth noting that these attempts were made without significant knowledge on the process, and that with more process knowledge, and particularly with learning the language and logic of trade governance, these types of interventions may be more successful in future.

In recognition of their lack of process knowledge, one health advocate, stressing the ways they thought participation in standard setting could be improved, ultimately showed why this discursive power strategy proved to be a good one.

“But if, if somebody could explain the process, and completely engaged you so you felt like your participation was making a difference, that would be helpful and motivate me to really spend more time researching and exploring how best to influence the process.” (Health Participant 7, St Kitts)

While the private sector and other members of the national committees had longstanding familiarity with the standard-setting process, HCC and other public health advocates were new to the process and had no real understanding of what it entailed. HCC did not have the personnel or financial resources to learn the process. With more funding though, HCC could spend more time and hire personnel to research the process – aiming to build the process knowledge other participants already possessed. HCC, having been at the original Chile-CARICOM meeting, was in contact with CROSQ to learn the rules and processes of standard setting. Yet individuals at both organizations have multiple projects and are pulled in multiple directions, minimizing the time available for this learning. HCC looked for and was often frustrated by the lack of publicly available information on standard-setting processes and rules, highlighting how inaccessible these can be to outsiders. While standard setting has principles of fairness and transparency, the exact rules and procedures are extraordinarily difficult to locate. Additionally, because of their experience primarily advocating in government spaces, HCC often expected similar approaches to consultation and representation that were not necessarily the same.

HCC first, and most importantly, used its learning around the multi-level standard-setting processes in CARICOM to alert NCD Alliance members in active states to join the national mirror committees responsible for revising CRS 5. This is most similar to traditional transnational advocacy network strategies (Fuentes-George, 2016; Keck & Sikkink, 1998). Without HCC’s system of alerting relevant stakeholders, there would have been no public health advocate outside of government representatives in many of the states participating in the process (not just study countries):

“And I feel communication across the board has been atrocious. If it wasn't for the Healthy Caribbean Coalition, we wouldn't even know there was a consultation. That's how we found out. We wouldn't know.

Because we wouldn't know about the consultation if it wasn't for the HCC. Many islands probably wouldn't know, either. So therefore, you cannot contribute, you can't. have a say... So, the people were invited based on they know, like, okay, we know, the Department/the Ministry of Health would have an interest. So, we'll invite them. We

know, obviously, we have to invite the supermarkets. We know we have to invite Ministry of Trade. So there, but there are other stakeholders that you don't know about, why don't you put a call out and say, "Hey, we're having a consultation, if you have an interest, get involved." There are other stakeholders. There are plenty of other stakeholders who I am sure would like to be involved... So, if it wasn't for the HCC, we wouldn't know. So, I think they've been really good and really good at... I think maybe advocating for, I guess, "the people" in a way, yeah?" (Health Participant 7, St Kitts)

Even given this help in spreading news of the consultation, some states were still short on public health actors on the committees, since those NGOs that are part of the NCD Alliance network also lack funding and personnel resources to dedicate to further advocacy efforts (Health Participant 23). Finding someone to go to the committee meetings consistently and learning how the internal mechanisms worked was a daunting task that was not always particularly compelling to busy NGOs.

Secondly, HCC provided guidance to its member-organizations on how to rebut common industry arguments promulgated against FOP labelling (Health Participant 23). This guidance was the result of combined efforts from the larger public health advocacy coalition. PAHO and the University of North Carolina have been working together for many years to counter industry efforts to prevent public health policies that could change food environments and created some useful messaging for countering industry claims. HCC's ability to transmit this guidance to member-organizations meant significant time and resource savings for them (Health Participant 7).

However, this strategy also was not always successful, as some standards officers seemed to perceive this as a single actor's (HCC's) opinions instead of multiple perspectives (Staff Participant 43). Other industry organizations, such as the Chambers of Commerce across the region, were, arguably, using similar tactics of coordinating talking points and arguments (Participant 45). However, given more time and more funding to tailor the messages from their national partners meant, in addition to comfort using trade language, industry was not observed as critically for the same tactic. Again, this indicates the way process knowledge shifted the available tactics and perception of legitimacy inside standard setting.

Finally, as a direct result of monitoring regional political developments, HCC was able to transmit essential tactical information to member-organizations. When the regional vote to move or keep FOP labels in CRS 5 was taking place, HCC researched the positions of member-states as they were being submitted to the regional level. Monitoring how many and which states were voting in what direction,

as well as how they were determining their position, made it possible for HCC to alert NCD Alliance member-organizations to use the national committees as intervention points to influence the regional level (Staff Participant 47). NCD Alliance member-organizations learned through HCC how other member states were procedurally responding to the request to move FOP labelling into the next standard. This helped those member organizations to demand that each national committee use the same procedure (Staff Participant 47), though this did not always happen. In Jamaica, the Heart Foundation was especially loud in demanding a more balanced representation in the final vote (Health Participant 31). In St Kitts, HCC's information sharing alerted Lake Health and Wellness to advocate for a vote *at all* (Participant 39).

HCC's use of information sharing was often not always well received by standard-setting facilitators (Staff Participant Interviews). As unfamiliar as HCC was to the standards process, the standards institutions and actors were also unfamiliar with the tactics transnational advocacy networks use to influence a process through targeted intervention points at different levels to shape an overall outcome. At the same time, these tactics were clearly used by industry actors but perhaps more skillfully – giving facilitators the sense that many people ‘naturally’ have the same opinion versus many being under the influence of a single major player. Whether one of these is appropriate or not is outside of the scope of this thesis. While the purposeful and strategic actions by HCC did not necessarily win them admirers in the standard-setting process, they did achieve many of their aims, which were to provide information and action-oriented guidance to the NCD Alliance to achieve regional public health policy outcomes. Singlehandedly, HCC helped local NGOs to access and be active participants in the standard-setting process. Similarly, HCC also helped to achieve PAHO's goal of public health advocacy without direct public intervention.

7.4.3 Process Knowledge: The Public Side of the Public-Private Hybrid Regime

Before the lobbying meeting organized by JMEA took place (see Section 5.4), in July 2019, the national standards bureau in Jamaica held a meeting with some stakeholders, inter-agencies, and government agencies and ministries “as to how to move forward given the divisions” (Staff Participant 26). The group determined that conducting a Regulatory Impact Assessment (RIA) and a Ministry of Health pilot study were the most appropriate solutions to the impasse (Staff Participant 26). The bureau's actions were intended be based on the results of these activities, no matter which direction was determined the most suitable one (Staff Participant 26). A consultant researcher would

test multiple FOP labelling schemes to determine the best model to fulfil the policy objective in Jamaica, while assessing FOP labels for overall impacts. The development of the RIA shows that staff at the standards bureau were committed enough to FOP labelling to make it unassuageable.

Importantly, industry stakeholders were not at the initial meeting that discussed a potential RIA. Instead, they were informed of the decision to conduct one in the meeting they convened themselves through the JMEA that included the Minister of Foreign Affairs. At this point, they asked for a hybrid traffic light label to be included in the pilot study, to which all parties acquiesced⁶⁵ (Staff Participant 26, Industry Participant 2). Though the food industry was ultimately successful in their efforts, the following discussion shows that the Jamaican national standards bureau was dedicated to achieving the standard laid out by CROSQ. By doing so, it was committed to achieving the public health policy created through CARICOM's public governance structure. Indeed, the Jamaican national standards bureau was prescient in their approach to handling industry concerns. Recalling that these systems of standardization might best be referred to as hybrid public-private regimes (Clapp, 1998), this discussion explores the publicly facilitated side. While the thesis largely focuses on the ways that these standard-setting regimes and their processes evolved to facilitate business and industry interests, the bureaus themselves and their staff are public employees.

Bureau representatives convened the first meeting with government agencies that resulted in the decision to move forward on an RIA and a Ministry of Health pilot study on FOP labelling for Jamaica. Bureau staff saw the impasse in the committee and the difficulty moving forward in the standards process without group consensus. Staff proposed the RIA and the pilot study as the best courses of action to provide incontrovertible and objective evidence to support committee discussions (Staff Participant 26 Interview). The evidence generated would accomplish three aims. The first would be to counter industry claims that there is no evidence of (general) FOP labelling efficacy in Jamaica. The second would be to provide justification under a potential challenge to the standard adoption under WTO. The third would be to prove that the proposed FOP labelling is the most

⁶⁵ At the time of the study, I understood the Bureau of Standards Jamaica (BSJ)'s strategy of undertaking an RIA to appease industry stakeholders but to put an end to the sustained dissent. The Technical Officer explained that the results of the RIA, undertaken in an objective and neutral fashion, would allow the BSJ to override remaining dissent. However, in 2021, the Jamaican government announced they would not implement FOP labels (Chung, 2021), suggesting that the circumventing, instrumental lobbying power of industry was strong enough to override the bureaucratic and regulatory checks on the process.

effective for the objective. While industry stakeholders viewed their success in getting the hybrid traffic light format in the pilot study as a triumph (Industry Participant 2), if the evidence pointed to the Chilean-style warning labels as the most effective (likely, given available evidence – see Correa et al., 2019 for example), the outcome would be irrefutable evidence for the proposed FOP label. Indeed, the evidence may then also be used to support FOP labelling across the entire region, given it would boost substantiation of the scheme’s efficacy in the Caribbean region (as opposed to relying on evidence from Chile alone).

Therefore, the prescience of the Jamaican national standards bureau to convene a meeting ahead of industry’s attempt to circumvent the standard-setting process and the resulting process inertia shows a thoughtful commitment to the standard-setting principle of consensus and neutrality, but an especially thoughtful approach to achieving CARICOM’s policy goals through standard-setting. The bureau successfully attended to the concerns of industry, making them feel heard, while additionally providing a pathway to specific and relevant evidence that would reduce any claims of subjectivity and bias. This is not the only time the Jamaican bureau tempered the food industry’s power from process knowledge – they also facilitated giving the JMEA a non-voting seat at the regional level (Health Participants 23, 31, Staff Participant 26).

The Jamaican bureau continued to represent Jamaica on the regional committee (because the vote must come from the committee’s representative – a BSJ technical officer or committee Chair), but JMEA was also given an additional seat on the committee to better voice their concerns (Health Participants 23, 31, Staff Participant 26). Industry stakeholders believed this was an appropriate action to make sure their voice was heard, even commending the BSJ for taking the step (Industry Participant 2 Interview). At the same time, health actors were vociferous about this move, claiming it gave the food industry undue influence (Health Participants 23, 31). And while unprecedented, the move certainly did not change Jamaica’s vote and did not offer the JMEA an extra voting position at the regional level. My reading on this move was that the national bureau in Jamaica understood how to appease industry wants without actually providing any avenues for instrumental power.

Altogether, the sequence of events shows that while significant process knowledge helps industry actors to target action in strategic ways, a bureau with skillful staff who are dedicated towards regional policy objectives can outmaneuver them through their own process knowledge. That is, as

long as unilateral government action does not overrule the process as a whole, as it did in the end in Jamaica.

7.5 Public (Health) Authority in CARICOM

This section explores CARICOM's public governance architecture for health as it relates to public and private authority. Whereas Chapter 4 argued that CARICOM is not structured in a way that enables supranational health policy, this section argues that even without this capacity, the coalition of public health actors acted as part of public governance in the region. At the beginning of the FOP labelling journey, public health experts *were* the regional public authority for health: CARPHA was directly integrated into the official governance architecture, whereas PAHO was a partner in policy creation, helping to fund initiatives that would further drive public policy in the region. Even HCC was tapped to help create public policies for health in the region (PAHO, 2017) Individual policy champions, researchers and experts also helped to drive and agenda of public health policies forward. Together, this coalition acted as part of the public governance architecture, propelling public policies that were aimed at improving the regional public good.

Public health, as a sector or discipline, is innately tied to public governance and our ideas about public authority. One definition describes public health as “the measures that people take as a society to bring about and maintain that improvement” (Schneider, 2020, p. 4). Schneider goes on to write that “[a]lthough many sectors of the community may be involved in promoting public health, people most often look to government—at the local, state, or national level—to take the primary responsibility for this realm” (2020, p. 4). Public health is and, since its inception, has been, the purview of communities organizing in one way or another for the good of all. In this way, public health might be considered a form of public governance, or at least intimately connected to it. I consider public health as commonly considered within the boundaries of public authority, and consider this coalition directly responsible for public health policy in the region, making them the *de facto* public authority for health on the regional level. While only CARPHA is officially integrated, PAHO and HCC's involvement at this level fit inside CARICOM's structure of functional cooperation and pooled sovereignty, in that they all work together to coordinate best practices for policies rather than imposing them. While Schneider stopped at the national level in her description of

peoples' expectations for public health programs, there are of course significant regional and global efforts to improve public health.

This thesis has shown that public health concerns, while having a strong influence during the CARICOM regional-level public governance phase of FOP labelling, were significantly diminished once FOP labelling entered standard setting. Considering standard setting's historical privileging of firms and their interests, leading to situations of private authority (Cutler et al., 1999a), I argue that this case raises similar questions to those asked before by governance scholars. In analyzing the emergence of private authority in global governance, Hall and Biersteker (2002, p. 6) wrote that "[m]any of these issues are related to the identification of the boundaries of state and (interstate) public authority in a contemporary international system characterized by the globalization of neoliberal ideas and practices." They go on to ask researchers to engage directly with the delegation of public to private authority:

“Where evidence exists that functions that were once the exclusive, sovereign prerogatives of the state have devolved to the responsibility of private actors, the question of state complicity arises. In such cases, is the state complicit in the devolution of its authority to private actors? Has the state delegated authority, enabled authority, or simply allowed authority to slip away, and for what purposes? Or is the state merely impotent to do much about this devolution of authority? Has the state no mechanism with which to combat the collusion and coordination of firms with interests in minimizing state authority through the development of “private regimes”?”

If the state is complicit in the transfer of authority to private actors, is it because state managers wish to escape domestic accountability for painful adjustments, which the requirements of macroeconomic policy coordination suggest are indicated and necessary? Is neoliberal globalization reorganizing rather than bypassing states, sometimes with the participation of states in this process? Or is convergence among state policies inadequate to support a claim of “disciplinary neoliberalism” in the international system? Or, to take the question a step further, has the state been captured, perhaps through the “indifference” of domestic polities, by powerful actors within domestic society, whose interests the captured state promulgates as economic, monetary, and trade policy?” (R. B. Hall & Biersteker, 2002, pp. 7–8)

In this thesis, I have argued that what are presented as “public standards”, derived from “public standardizing bodies” are much better understood as “public-private regimes” (Clapp, 1998). The question here is therefore less of whether a function of public authority has been delegated to private authority, and more of whether a function associated with public authority was delegated to a public-private regime (but one where the private has proved ultimately more powerful). I have also argued that in this case, the delegation from public governance infrastructure into standard-setting was what Hall and Biersteker describe as simply allowing authority to ‘slip away’. Unlike national governance scenarios, with no actor empowered to implement a supranational health policy across the region, CARICOM let public health authority simply slip away because it had not entirely integrated public authority for health in the first place.

The remaining portion of this section describes the ways that public health actors experienced the loss of authority, but with special reference to how this happened alongside the shift in the public health actors who were active at each level. Whereas PAHO and CARPHA were perceived as experts who were directly part of public governance infrastructure (pre-standard setting), public health experts on the national level instead had to navigate being perceived as advocates and outsiders – all while consulting on an FOP labelling policy that felt firmly inside their area of expertise.

In their role as experts in regional public governance structures, both CARPHA and PAHO advocated for FOP labels (in the context of wider NCD action). However, when operating in this venue, this advocacy did not diminish the actors’ expert authority on public health. CARPHA – the CARICOM Public Health Agency and the architect of the Six Point Policy Package that included FOP labelling – is a relatively recent addition to the governance architecture of CARICOM. Established in 2011, CARPHA falls directly into the CARICOM structure of governance, reinforcing its legitimacy and authority in regional governance matters. PAHO’s role of providing technical advice has long since been accepted by regional and national counterparts in health governance or government roles, reinforcing its own legitimacy and authority as a technical expert. Indeed, it is often referred to in policy documents and seems to often be implicitly considered part of CARICOM’s functional cooperation for health. Both organizations then, have been considered public health authorities, because of their structural power within the governance architecture of CARICOM and their technical expertise. Expertise is context dependent – in developing health policy these organizations are specialists who derive authority from a shared and accepted knowledge base

(Bernstein, 2011). Within the public health community, PAHO and CARPHA have significant expert authority and political authority.

HCC occupied a slightly different role. HCC is primarily an advocacy organization, yet it also retains authority derived from technical expertise in health. It did not have political legitimacy from being part of CARICOM governance architecture. These different roles demonstrated an important aspect of transnational advocacy organizing. As supranational technical expert agencies, neither CARPHA nor PAHO had legitimate authority for acting at or below the national level. While PAHO was often in contact with national health counterparts, their role was primarily working with governments or regional governance actors, but not below this level. CARPHA's role, in this case, was in providing policy guidance for decisionmakers at the CARICOM level, but again, has no authority at or below the national level, whereas HCC's relationship with its network enabled it to extend expert authority over health matters into the national committees.

Authority for public health in the region also included government employees in each national context. Ministry of health civil servants were not involved in the policy development of FOP labelling, and they were not involved in any of the regional-level advocacy. Civil servants from health ministries had different levels of involvement in previous standard-setting processes. In Jamaica, a standing committee on food labelling exists, which then assumed the CRS 5 revision. As such, the representative from the Ministry of Health had served on this committee for some time, though recent reporting in the region shows that the Ministry of Health was overruled by the Ministry of Industry and Trade on the committee, having voted against each other in the standard-setting process (Ewing-Chow, 2022). In St Kitts, where standard setting is so new, the representative from the Ministry of Health was the *only* government representative to consistently attend meetings. As described earlier, in Barbados the Ministry of Health was very involved due to earlier efforts towards a national FOP label and had a second representative on the committee that was dedicated solely to the FOP labelling file.

The authority of these actors helps to illuminate the way authority is experienced and portrayed at the intersections of the standard-setting process and the policy development cycle. Civil servants in health and nutrition were inconsistently familiar with the standard-setting process, depending on whether they had served on food labelling committees previously or not. However, they were very familiar with offering technical, subject matter expertise for other committees or policies from other

departments that touched on health-related matters. As such, this was the lens most civil servants from health departments were using to understand their role on the committee. Their participation on the committee, particularly in Jamaica and St Kitts, was to offer a technical or expert opinion when required by the committee itself. Civil servants did not see themselves as *advocates* for FOP labelling (Health Participant 6 Jamaica, Health Participant 19 St Kitts), though both representatives believed FOP labelling was an appropriate intervention from their professional perspectives. Ministry of health actors were therefore acting as experts rather than as public authorities advocating a policy directive.

Inside the standard-setting process, industry actors, through the perception of authority provided to them by historical privileging and structural power, felt they could determine what kind of authority different health actors were entitled to (see Section 6.2.3). Civil servants, when acting as subject or technical matter experts and not acting in advocacy roles, were allowed to retain their authority, but only so far as they did not advocate – that is, as long as they did not seem to be acting politically (which, in this case, meant advocating strongly for FOP labelling). Additionally, civil servants were considered legitimate actors in the process since there are usually government department representatives on mirror committees (though not often health representatives). As such, civil servants who fit into a standard-setting archetype of being ‘neutral’ were able to retain some authority throughout the process.

In Barbados, however, the Ministry of Health did strongly advocate for FOP labelling. The Ministry of Health in Barbados was the only government actor (of the three study countries) to advocate strongly for the regionally endorsed policy, at least partially because Barbados had already independently started work on a domestic FOP labelling when the regional process began. The Ministry was very supportive of FOP labelling, hired a consultant to work directly on the FOP labelling file, and held a national consultation on the issue (Health Ministry of Barbados Participant). These actions, taken together, are more akin to the traditional public health/public authority dynamic of the state, in that the state took a position and acted as an authority. Given that Barbados voted to keep FOP labelling in the current standard, the Barbados case demonstrates that a strong, centralized public authority position might make a real difference in the committee’s coherence of position.

It also, however, shows that the translation of public authority is muddled in the regional standard-setting process. While the regional standard-setting body is part of the regional public governance architecture, and the national standard-setting bodies are part of national public governance

architecture, standard-setting remains a public-private regime. Public authority, and in this case, regional public authority for health, was weakened significantly by industry through the standard-setting process. Before standard setting, public health actors were integrated into public governance and their expertise was respected and accepted, whereas in standard-setting, public health actors were considered advocates with simply another interest to advocate for on the committee (and advocates who were not particularly well-versed in getting their interests attended to). In the following exchange, the regional technical officer at CROSQ highlighted the ways that the public authority associated with CARPHA has essentially been passed to the Healthy Caribbean Coalition:

Lucy (paraphrased): “When CROSQ sends out the standard, the National Bureaus take it on, is there any sort of parallel process by CARPHA or another related agency to inform national populations rationale being pursued by the standard?”

Regional Technical Officer: “Well, it would be good, but there's no policy on that at this time. So, it is encouraged, especially in terms of CARPHA, because remember, it is an objective of CARPHA, right? And the success of further development of that standard would redound to the betterment of CARPHA. Right? And so, it would be expected that they would do the necessary advocacy. At the national level. You know, for the revision of the standard. And I guess that's what HCC is trying.”

In other words, not only was there no conceptual framework for FOP labelling provided to committee members through public health authorities, and by virtue of this, that mantle of authority had to be carried on by public health advocacy NGOs which were seen as very disconnected from the more centralized public health authority from governments.

When asked about FOP labelling, the only study participants who knew that it was part of a wider regional health policy initiative and agenda (and therefore understood FOP labelling as a function of public policy) were those in the public health coalition. Even then, some government health actors and officials were uncertain on the details of FOP labelling, its intentions and its origins (Health Participants 7, 19 St Kitts). While several participants said they could not be sure (Industry Participant 14 Barbados, Neutral Participants 20, Barbados and 21 Jamaica), many non-health respondents (Neutral Participant 3 Barbados, Industry Participant 5 Jamaica, Industry Participant 13, 27 St Kitts), were clear that they did not remember any coverage of FOP labelling as part of a wider suite of (regionally endorsed) policies aiming to reduce NCDs. Interestingly, one industry participant

in Jamaica was initially sure that the rationale of the Chilean format had never been explained but backtracked later to say they did remember it (Industry Participant 2).

And while the policy roots of FOP labels had been obscured through the delegation into standard setting, health actors were clear on their opinions of what industry input should look like:

“I think we have some misunderstandings of what consultations mean. At one point, [industry] said they thought that they'd been invited to the table to write the policies, and we would all sit down and write the policies, but you, we can't all write policy. We can't have industry writing the policies or setting standards. And so, on the one hand, I think it was a misunderstanding/miscommunication as to what consultation means. Yes, we do take your input, but we don't, you don't draft the proposals. But what we do [is] we take your input into consideration.” Health Participant 12 Jamaica

The quote from this health participant reinvigorates the question of standards vs public policy. Health experts have strong ideas about industry influence, and global governance around health has recently introduced more safeguarding tools to prevent industry interference (Rodwin, 2020). There is a priority within the public health community to prevent the exact interests that standard setting was built around. For health experts, FOP labelling was always a public health policy. Public health is an issue for public authorities to govern – the purview of the state. For industry actors, FOP labelling was a major trade concern within a standard. Standard setting is at best a mixed public-private regime, but one in which I argue is dominated by private sector interest. In this case then, as Hall and Biersteker suggested might happen, there was a devolution of responsibility in public, traditionally state-held functions, to the private sector. Authority seems to have slipped away from the public governance structure that recognized NCDs as an issue worth taking action on in the first place. Then again, Chapter 4 raised the point CARICOM was always structured around trade in the first place, and so perhaps this case merely shows their public authority cannot operate on the regional level in the Caribbean.

7.6 Lessons for Public Health Policy

In CARICOM, a coalition of public health actors was responsible for decades of work that brought NCD policy action to the regional policy agenda. Further advocacy led to political commitments,

where monitoring progress pushed the agenda forward even more. However, as one health representative from a government explained:

“And industry knows that while Health can get something on the heads of government agenda, trade can make sure it’s never implemented. That’s just the reality.”

Health Participant 4

PAHO’s sponsored CCHD project facilitated policy transfer between Chile and CARICOM. At the end of this project, deeming CROSQ the relevant agency to develop and implement a regional, uniform FOP label appeared to the public health coalition to be the final stages of the policy cycle.

However, when FOP labelling was introduced to the standard-setting process, it came under the same private authority that dominates standard-setting all around the world, based on the process’s historical roots. The public health coalition that had, until this point, retained authority over the policy as technical experts acting out of their expertise. At the point of entry into standard-setting, the coalition fragmented, trying to retain any authority. PAHO continued to fund governance processes to fast track the process and funded HCC to continue its advocacy role, so PAHO could retain its authority as a neutral and technical *external* authority to the process. HCC took on the full formal advocacy role by actioning the NCD Alliance network in CARICOM and sharing information it learned about process and potential strategic arguments. The Ministry of Health in Barbados, in a somewhat isolated position based on their previous commitment to FOP labelling, also took strategic steps to propel FOP labels, possibly showing the ability of a supportive government actor who signals policy relevance to shape the outcomes of standard-setting.

The two major advantageous conditions for the public health coalition that might have reinforced their authority – the supportive regional political environment, founded on the commitments by leaders garnered by the coalition itself; and the process inertia inherent to the standards process that tends to make it harder to stop a standard once it has entered the process – do not appear to have been enough to overcome private authority that is baked into standard setting. The public health coalition lacked the institutional and process knowledge to be able to take full advantage of these conditions or to be able to fully employ strategic actions. This conclusion is based on the status of the stalled CRS 5. It is possible that this situation changes after writing, especially based on ways the coalition improving process knowledge over time. The Heart Foundation held a meeting with the Assistant

Minister of Health in Jamaica (October 2020), who, reports suggest, was “interested” in FOP labels, yet the government rejected it entirely in 2021.

This discussion raises two lessons for future efforts around public health in a regional governance structure like CARICOM. The first is to seriously interrogate whether a public health policy that is in direct conflict with private sector interests should be delegated into a process where private sector interests are normally prioritized, facilitated and emphasized. In other words, should public authority in a delicate area like public health, be allowed to simply slip away, delegated to private authority? The alternative scenario in CARICOM would have been a coordinated effort in national health ministries. And while likely just as complicated as the standard-setting effort, there is at least some understanding and motivation for creating more firewalls around industry interference.

The second lesson is to drastically strengthen public authority inside the standard-setting process. Since standard setting is a process that already deals with food labels, and since food labelling is of course relevant to trade, there is still strong rationale for FOP labelling to be dealt with through this process. However, CARICOM might follow through on its commitment to FOP labelling by strengthening public authority inside the process. Standard-setting committees must be informed that FOP labelling was an agreed upon policy that stems from CARICOM’s governance structure. Clarifying that FOP labelling is a regional health policy not only complicates the reframing as a trade concern, but it would also serve to reinforce the authority of actors working in public health. Understanding FOP labelling as one small part of a suite of policy measures being implemented across the Caribbean to reduce NCDs is a very different frame than a trade advantage being provided to an unconventional partner. And finally, national governments should coordinate their positions on FOP labels, deciding what the centralized position is. The disagreement between trade and health ministries on standards committees only served to strengthen the division between epistemic communities. Instead, governments who have already endorsed the policy at the regional level could support and coordinate this support at the national committee level as well. Strengthening public authority inside standard setting might be the key to ensuring that committees are truly balanced, and that standard setting can live up to its evangelical engineers’ original intent, and indeed make the world better.

7.7 Conclusions

This chapter traced the transfer of authority over FOP labels both theoretically and empirically. Empirically, the chapter showed that public health actors had expert authority and influence over the policy while it was in agenda-setting and formulation phases of the policy cycle. Theoretically, public health experts were acting as a function of public governance, in that they created a policy for the public good in the normal functions of public authority. However, authority changed as the FOP labelling policy became part of CRS 5. At that point, a different set of public health actors had to take the lead on organizing and advocating, marking a significant transition where the health expertise shifted from legitimate expert authority to being perceived as activist advocacy in the trade sphere.

The perception of advocacy amongst other standard setting participants underlines the difference in the communities: whereas one community perceives public policies like FOP labels as made for the public good and pursued as part of a public governance architecture, the other community perceived FOP labels as a distinct threat to business as usual and a likely trade issue. The sets of knowledge referred to and valued by each community were different, which also made the strategic action by the public authority in this case less effective than the strategic action of private actors. Public health actors did try to regain some power through the use of funding, information sharing and learning the process, but their approaches to the issue at hand simply did not persuade those used to the norms and rules of standard setting.

These conclusions about public and private authority significant weight for two reasons. First, the inability of health experts to retain influence over FOP labelling was at least partially because CARICOM was structured to prioritize economic integration but not impose regional health policy. The implicit prioritization of economic concerns carried across the actual experience once in standard setting as well, since, second, public health actors were systematically disadvantaged in the process. In the next chapter, I draw final conclusions around these topics, their lessons for wider food systems transformation, and future work based on this thesis.

Chapter 8 Conclusions

“Because they are two important categories of stakeholders who will be impacted. There's the health interest, and there's a business interest. And on the business side, you have to think about trade, and you have to about persons' bottom line, but you have health, and you have to also think about the impact that the standard intends to have on health in terms of changing, will assist with persons changing their eating behavior, etc.” (Staff Participant 26 Jamaica)

This thesis argued that a nutrition transition in CARICOM is a result of legacies of colonial and corporate power, and that this has led to food environments that are dominated by cheap, imported, and processed foods that are abundantly consumed to the detriment of population health. Over time, public health actors formed coalitions that put NCD prevention on the regional agenda and introduced a FOP labelling policy that would directly combat the issue of high processed and ultra-processed food consumption in the region, itself a policy born of a corporate food regime. Yet, this policy failed, even though the policy came from directly within CARICOM's own governance structure. This research sought to understand why this happened, using the following questions to guide the research:

Why did CARICOM fail to follow through on a public health and food systems policy it developed itself?

- *Why was FOP labelling transferred into a process for implementation at the regional level that was dominated by contradictory interests?*

The thesis has presented evidence that the answer to the second question is that regional governance in CARICOM prioritized economic integration over health integration, leading to standard setting as the only viable option to implement a regional FOP label, but was also an option that structurally privileged the interests of industry. The consensus required to adopt FOP labelling in CARICOM could not be reached because the two major and disparate communities of actors involved had fundamentally different desired outcomes. Both sought to achieve these outcomes, but, coming from different international regimes and epistemic communities meant they had different perceptions of norms and values, and their different process knowledge and structural power inside the standard-setting process meant that they used different and variably successful strategic actions to achieve their desired outcomes.

8.1 Summary of Findings

At its core, the thesis demonstrated that CARICOM failed to achieve a uniform FOP label because of the lack of consensus of two competing communities of actors that exist in different international regimes, and have different norms, principles, versions of expertise, and authority. They have different levels of knowledge about the process itself, enabling different levels of strategic intervention. FOP labelling began in the regime of one community (public policy and public health) and its shift into another (standard setting and private authority) meant that the process knowledge that enabled both strategic action and overall conceptualizations of authority also changed. The discussion throughout the thesis pointed to several themes, and in this section I outline the major findings.

8.1.1 Power

The thesis outlined the ways that power developed and was employed in the region. Whereas states in the Caribbean were once simply considered sites of production for metropole value creation, the independence movements of the 1960s-1980s left vacuums that were quickly filled by corporate power structures emanating from the same Global North locations. At the same time, the international trade regime was taking hold, solidifying the importance of corporate power in international trade agreements and rules, and very specifically handing power to corporations in standard setting – a process designed to facilitate trade and business.

Industry actors have historically, and continue to, benefit from their original positions of helping to create the standard setting regime. In this case, public health actors had some level of structural power leading up to the shift of FOP labelling from public governance and into standard setting but lost this structural power when the shift happened. For industry actors then, structural power was translated into a sense of expert authority inside the standard setting process, further reinforced by their deep process knowledge. On the other hand, public actors' expert authority, not integrated into the standard-setting regime, was lost upon FOP labelling's entry into the regime.

Both communities exerted some instrumental power during FOP labelling's journey as well, with varying levels of success. While public health actors exerted instrumental power in attempting to fund

fast tracking post-standard setting, industry's work delaying, weakening and lobbying outside the standard-setting process was ultimately more successful.

Finally, both sets of actors also made attempts at operationalizing discursive power. The Healthy Caribbean Coalition's attempts at information sharing through its network were simply too little and too late. By contrast, industry actors made sophisticated trade arguments that relied on the perception of their expert authority on committees, derived from their deep process knowledge and structural power. These arguments – describing a trade advantage for Chile, describing FOP labelling as a Technical Barrier to Trade, and delegitimizing PAHO's role in standard setting -- were all compelling to neutral participants on the committees specifically because of insider knowledge of the regime itself. That is, since neutral members had also accepted the norms and preferences of the regime, they were primed to hear and be persuaded by such discursive arguments.

In summary, the thesis argued that corporations are structurally empowered in standard setting, in ways that should raise questions about standard-setting organizations' place in public governance infrastructure at national and international levels.

8.1.2 Governance

Governance in CARICOM is structurally geared towards prioritizing trade over health. Chapter 4 demonstrated that the long history of regionalization efforts in CARICOM have left a consistent tension between state-level and region-level governance, based often in the ways that Caribbean states identify their smallness as “powerlessness”. Nowhere is this more apparent than in the prioritization of economic governance through the Caribbean Free Trade Agreement that eventually became the Caribbean Community (CARICOM), compared with the much less prioritized pillar of ‘functional cooperation’, of which health is a part. The governance structure of CARICOM has always prioritized economic integration over other forms of integration, leading to a situation where the only way to implement a public health policy for food labelling was through an economic and trade-oriented forum.

Governance architecture in CARICOM is geared towards prioritizing trade over health. At the same time, the above findings of corporate power embedded in standard setting mean that standard setting is not the neutral, value-free process it is often made out to be. In this sense, Clapp's (1998)

assertion that standard setting is a public-private hybrid regime is more accurate. This thesis opened the ‘black box’ of standard setting to understand how it is used for public policy development and implementation, and found it to be lacking in its ability to achieve policy in the public interest. As such, I suggest that ‘public-private hybrid regimes’ are the most relevant way to refer to these types of standard-setting bodies and processes, but this term perhaps does not go far enough to indicate the level at which standard setting maintains and expands on corporate power and interests.

Finally, this thesis has also illuminated the difficulties of merging governance processes of public policy and standards, as well as merging distinct communities that have different norms, rules, and knowledge bases.

8.1.3 Knowledge of Process

The final finding of this thesis is that process knowledge is integral to influencing governance processes. While corporations were structurally empowered, it was this paired *with* their process knowledge that enabled their effective and strategic instrumental and discursive power interventions in the process. Without the long histories of engaging in these processes, food companies would not have known which arguments would be most compelling to participants, since they fit into the norms of standard-setting culture. Further, they require the language of trade and standard setting to be able to communicate to the community in compelling ways. Without process knowledge, they would not have known how and when to circumvent the system entirely, knowing that national governments still have ultimate power over the process. At the same time, public health advocates’ lack of process knowledge left their efforts consistently behind those of industry actors, often unable to act in strategic or discursively compelling ways in the language required. Process knowledge directly factored into the two distinct communities’ ways of operating in standard setting, affecting the power each community could exercise and ultimately contributing to the stalled outcome for FOP labelling in the region.

8.2 Summary of Contributions

The following objectives were used to guide the research: 1) examine food policymaking in CARICOM’s regional governance architecture; 2) explore the way that power is exercised in the

regional standard-setting process; and 3) locate authority in national and regional standard setting for food labelling. These objectives have helped to guide the contributions to the scholarly literature, particularly in the disciplines of international political economy, global governance, and food studies.

By examining food policymaking in CARICOM's regional governance architecture, I have aimed to document the 'black box' of policy making for food systems in the Caribbean and contribute to understanding around political processes for food systems transformation. This work is useful across multiple disciplines but stems from my time working at the International Development Research Centre in Ottawa, Canada. Research at this centre is pragmatic and intended to help shape food systems. Researchers both in Canada and the Caribbean were watching developments in the region to see whether an ambitious public health policy to shape food environments could be achieved. While the policy was developed based on Chile's format, and Chile had suffered its own battles against corporate interests (Correa et al., 2019; Corvalán et al., 2019; Jacobs, 2018, 2020), attempting to implement a similar policy across an entire region was a different kind of war. In this thesis, I have documented the sites of these battles in empirical detail, demonstrating how corporate power plays out in both the national and regional committees, and how international standard setting impacts the policy space available for individual states.

Standard setting for public health policies is a difficult process, and this study has contributed significantly to unpacking how this may or may not work in the future for those aiming to shape policy outcomes. Labelling is increasingly favoured by public health advocates for both food and non-food items (e.g. tobacco, alcohol) (Acton et al., 2021; Codex Committee on Food Labelling, 2019; Hawkins et al., 2020; WCRF, 2019), suggesting that standard setting will be the site of public health policy development and implementation again in the future. In this sense, unpacking this process to provide the empirical details of its processes, its place in global governance structures, and the ways in which it is strategically impacted by different actors will all be useful takeaways to those involved in governance work, development work, and food systems transformation work.

At the same time, international political economy has long been interested with standards and private governance (Bernstein, 2011; Cashore, 2002a, 2019; Cutler et al., 1999b; R. B. Hall & Biersteker, 2002; Renckens, 2020). Unpacking this process has given empirical detail to "public" standard-setting work – that is, standard-setting that is undertaken in the public domain. Where others have shown how private standards and certifications govern (Bernstein & Cashore, 2007a; Cashore,

2002b; Elder & Dauvergne, 2015), this work contributes to this literature by showing how private authority exists within “public” standard setting – that is, standard setting undertaken by *national* standards bureaus as part of the *regional* governance infrastructure.

In particular, the second and third objectives of this research – examining the way power is exercised and locating authority – are further contributions to the international political economy literature on standard setting and corporate power. The thesis provided empirical detail to the pathways of corporate power in standard setting. Using Clapp and Fuchs’s (2009) framework of corporate power, I outlined how discursive power is operationalized inside the national committees, while instrumental power rests on process knowledge and structural power from global governance architecture. The thesis further shows that international regimes matter in examining both discourse and authority: the regime that a process or policy is being undertaken *in* matters greatly for what and who is perceived as legitimate. In this sense, this work has contributed to understanding power and authority, both in standard setting as well as in wider examinations of food systems policies.

This final contribution then is perhaps the most important. The thesis showed, through an empirical case study, how and why food systems transformation can be so difficult. In September 2021, the UN Food Systems Summit was held – a peak of recent calls for transformation of the food system. Critiques have suggested that while this moment presented a chance for radical rethinking of the global food system, the same corporate paradigms reined over the proceedings (Canfield et al., 2021; Clapp et al., 2021). This work has shown that corporate power is embedded in the food system, from colonial processing of value to the corporate food regime, to the structural power of corporations to shrink the domestic policy space of states and regions. While neoliberal paradigms are often blamed for path-dependence or lock-in around food systems, this thesis has given empirical details to the ways in which this happens.

8.3 Future Work

This thesis examined the tensions between two opposing communities in a regional standard-setting process intended to implement a FOP labelling policy in CARICOM. It is the only study that I know of that examines the dynamics of community interactions on standard setting committees in food, and particularly in the Global South. As scholars and activists call for a resetting of power at the multistakeholder tables of food governance, there are several directions of research that I believe are

required to further interrogate what power looks like and how to account for it in governance processes.

The first is clear: scholars should be attuned to the significant potential reverberations of a FOP labelling standard at Codex. While this thesis has argued that FOP labels in CARICOM have stalled to the point where they can be considered a failed policy initiative, there is some possibility that they could be reinvigorated. In this case, there is a strong potential that public health experts, advocates, activists or even national delegations could argue that FOP labels in CARICOM are an existing international standard. There is no clear-cut answer as to whether a regional standard like this could be considered ‘international’ or not, but it would need to have been approved of through CARICOM. If CARICOM’s strict, progressive warning label were considered an existing international standard, it would be much more difficult for Codex to create a low ceiling standard that does not achieve public health goals.

It is therefore imperative that scholars stay attuned both the activity at Codex on this file, as well as potential interference from industry through national delegations or other means, since it presents a major opportunity or threat to other countries’ ability to use a strict and progressive warning-style FOP label.

Second, it would be useful to have more research that speaks directly to the ways that committees operate. Although this type of work is difficult, since it requires participants who are willing to share their perspectives in small committees, the interview data is rich and can help to further illustrate the pathways of power that operate in standard setting. In Chapter 3, I referred to the ways individuals at organizations are responsible for the diffusion of ideas and changing paradigms. Committees are the decision-making units at all levels of standard setting, and while there is some work on the ways these committees operate in the technology space, there is simply not enough to fully grasp how different communities form on committees, especially around food. Furthermore, standard setting in the Global South is largely ignored, in favour of international processes and national or regional processes in the Global North. More research is required to assess whether the findings presented here are representative of standard-setting tensions in other similar situations, and how the unique funding and personnel constraints in the Global South impact these political dynamics.

Third, recent work has aimed to recontextualize the global roots of IPE (Helleiner, 2020). This recontextualization should also be accompanied by policy relevant IPE, which I hope to work

towards. In Chapter 2 and Chapter 3 of this thesis, I aimed to reframe the current policy problem in the Caribbean in a historical way that puts global power relations in perspective. There is a risk that the committee-level research that I have called for above becomes disconnected from the global sources and patterns of power that provided the very foundations that the global political economy sits upon. I therefore suggest that future work continues in this vein of historicizing cases with a focus on colonization and inequitable power relations in the global economy. In particular, I think a much deeper investigation than I accomplished in this thesis of the impacts of trade policy related to food and agriculture in the Caribbean pre- and post-independence would help to better contextualize existing problems and help to identify solutions.

Finally, and along this third point, I imagine that recent global events have pointed to a potential pushback to the neoliberal era. As IPE scholars have long prepared for, this calls for an assessment of the ways in which states are or are not shifting policy structures to make room for new paradigms. There are two major connections to this thesis. The first is that this is perhaps a moment, to revisit more localized scholarly work, such as that of plantation economies in the Caribbean, to help explore policy responses in different areas. The second is that standard setting has now survived and thrived for well over a hundred years. Should our approach to liberalized international trade be changing, keeping an eye on the ways that standards and corporate actors are empowered within that regime would be prudent.

8.4 Final Reflections

In many ways, this thesis aimed to fill a gap in the research on food systems and food systems transformation. While public health and health governance researchers are more and more often interrogating power in food systems governance, IPE frameworks have a theoretical grounding that can offer nuanced descriptions of power in systems of decision-making. These forays into power in public health and food systems governance help to give weight to the claims of scholars and activists that for food systems transformation to be truly democratic, it must rebalance the power of those sitting at the table (Montenegro de Wit et al., 2021). All too often, calls are made for multistakeholder collaborations on governance without doing the work required to make sure that stakeholders have equitable participation and capabilities to influence the process (Clapp et al., 2021).

Furthermore, in responding to calls for multistakeholder collaboration, public governance is at risk of submerging those interests it originated to protect: the interest of the public. By giving equal (or

more) rights to corporations who profit from the food that make people sick over their lifetimes, the functions of public authority are indeed being delegated to private interests. Yet without empirical detail, the risks of ‘power’ and ‘conflict of interest’ called out by scholars and activists can be downplayed by those who prefer to maintain the status quo. This thesis has therefore sought to provide this empirical detail, demonstrating the pathways that power can operate through the layers of the public policy process. In this case, a group of public health actors managed to put a progressive food systems and public health policy on the table, but the table had not been reset to account for the power differentials. It is my sincere hope that this thesis will support the efforts of those aiming to reset the table for healthier and more sustainable food systems in future.

References

- Acton, R. B., Kirkpatrick, S. I., & Hammond, D. (2021). Comparing the effects of four front-of-package nutrition labels on consumer purchases of five common beverages and snack foods: Results from a randomized trial. *Journal of the Academy of Nutrition and Dietetics*, 0(0).
<https://doi.org/10.1016/j.jand.2021.07.014>
- Albert, J. (Ed.). (2010). *Innovations in Food Labelling*. FAO and Woodhead Publishing Ltd.
- Alleyne, G. (2008a). Functional Cooperation in CARICOM: philosophical perspective, conceptual issues and relevant examples. In K. Hall & M. Chuck-A-Sang (Eds.), *The Caribbean Community in Transition* (pp. 11–26). Ian Randle Publishers.
- Alleyne, G. (2008b). The Silent Challenge of the Chronic Non Communicable Diseases (NCDs) in the Caribbean. In K. Hall & M. Chuck-A-Sang (Eds.), *The Caribbean Community in Transition* (pp. 283–299). Ian Randle Publishers.
- Auld, G. (2014). *Constructing private governance: The rise and evolution of forest, coffee, and fisheries certification*. Yale University Press. <http://choicereviews.org/review/10.5860/CHOICE.188211>
- Bain, C., Deaton, J. B., & Busch, L. (2005). Reshaping the agri-food system: The role of standards, standard makers and third-party certifiers. In V. Higgins & G. Lawrence (Eds.), *Agricultural governance: Globalization and the new politics of regulation*. Routledge.
- Baker, P., Gill, T., Friel, S., Carey, G., & Kay, A. (2017). Generating political priority for regulatory interventions targeting obesity prevention: An Australian case study. *Social Science & Medicine*, 177, 141–149. <https://doi.org/10.1016/j.socscimed.2017.01.047>
- Barker, D. (2012). CARIBBEAN AGRICULTURE IN A PERIOD OF GLOBAL CHANGE: VULNERABILITIES AND OPPORTUNITIES. *Caribbean Studies*, 40(2), 41–61.
- Barry, T., Gahman, L., Greenidge, A., & Mohamed, A. (2020). Wrestling with race and colonialism in Caribbean agriculture: Toward a (food) sovereign and (gender) just future. *Geoforum*, 109, 106–110. <https://doi.org/10.1016/j.geoforum.2019.12.018>
- Bartlett, D., & Friedmann, H. (2017). Precaution Versus Sound Science: Risk Discourses and Civil Society Participation in International Food Safety Negotiations. In J. J. Kirton & P. I. Hajnal (Eds.), *Sustainability, Civil Society and International Governance: Local, North American and Global Contributions* (1st ed., pp. 41–62). Routledge. <https://doi.org/10.4324/9781351148283>
- Beach, D. (2016). It's all about mechanisms – what process-tracing case studies should be tracing. *New Political Economy*, 21(5), 463–472. <https://doi.org/10.1080/13563467.2015.1134466>
- Beach, D., & Pedersen, R. B. (2013). *Process-tracing methods: Foundations and guidelines*. University of Michigan Press.
- Beckford, C. L., & Campbell, D. (2013). *Domestic Food Production and Food Security in the Caribbean: Building Capacity and Strengthening Local Food Production Systems*. Springer.
- Beckford, C. L., & Rhiney, K. (2016). Geographies of Globalization, Climate Change and Food and Agriculture in the Caribbean. In C. L. Beckford & K. Rhiney (Eds.), *Globalization, agriculture and food in the Caribbean: Climate change, gender and geography* (Vol. 25, pp. 3–22). Palgrave Macmillan. <https://www.tandfonline.com/doi/full/10.1080/0966369X.2017.1356584>

- Beckford, G. L. (1972). *Persistent Poverty: Underdevelopment in Plantation Economies of the Third World*. University of the West Indies Press.
- Beland, D., & Cox, R. H. (2010). *Ideas and Politics in Social Science Research*. Oxford University Press.
- Bernstein, S. (2011). Legitimacy in intergovernmental and non-state global governance. *Review of International Political Economy*, 18(1), 17–51. JSTOR.
- Bernstein, S., & Cashore, B. (2007a). Can non-state global governance be legitimate? An analytical framework. *Regulation & Governance*, 1(4), 347–371. <https://doi.org/10.1111/j.1748-5991.2007.00021.x>
- Bernstein, S., & Cashore, B. (2007b). Can non-state global governance be legitimate? An analytical framework. *Regulation & Governance*, 1(4), 347–371. <https://doi.org/10.1111/j.1748-5991.2007.00021.x>
- Blyth, M. (2003). Structures Do Not Come with an Instruction Sheet: Interests, Ideas, and Progress in Political Science. *Perspectives on Politics*, 1(04). <https://doi.org/10.1017/S1537592703000471>
- Boa, S. (2001). Experiences of women estate workers during the apprenticeship period in St Vincent, 1834–38: The transition from slavery to freedom. *Women's History Review*, 10(3), 381–408. <https://doi.org/10.1080/09612020100200291>
- Bowen, G. A. (2006). Grounded Theory and Sensitizing Concepts. *International Journal of Qualitative Methods*, 5(3), 12–23. <https://doi.org/10.1177/160940690600500304>
- Brouwer, H., Woodhill, J., Hemmati, M., Verhoosel, K., & van Vugt, S. (2016). *The MSP Guide: How to Design and Facilitate Multi-Stakeholder Partnerships*. Practical Action Publishing. <https://doi.org/10.3362/9781780446691>
- Brownell, K. D., Kersh, R., Ludwig, D. S., Post, R. C., Puhl, R. M., Schwartz, M. B., & Willett, W. C. (2010). Personal Responsibility And Obesity: A Constructive Approach To A Controversial Issue. *Health Affairs*, 29(3), 379–387. <https://doi.org/10.1377/hlthaff.2009.0739>
- BSJ. (2021). *About BSJ | Bureau of Standards Jamaica*. <https://www.bsj.org.jm/about/about-bsj>
- Bull, H. (2002). *The anarchical society: A study of order in world politics* (3rd ed). Palgrave.
- Büthe, T., & Harris, N. (2011). Codex Alimentarius Commission. In T. Hale & D. Held (Eds.), *The Handbook of Transnational Governance: Institutions and Innovations* (pp. 219–228). Polity Press.
- Büthe, T., & Mattli, W. (2011). *The New Global Rulers: The Privatization of Regulation in the World Economy*. Princeton University Press.
- Canfield, M., Anderson, M. D., & McMichael, P. (2021). UN Food Systems Summit 2021: Dismantling Democracy and Resetting Corporate Control of Food Systems. *Frontiers in Sustainable Food Systems*, 5. <https://doi.org/10.3389/fsufs.2021.661552>
- CARICOM. (2007, October 10). DECLARATION OF ST. ANN: IMPLEMENTING AGRICULTURE AND FOOD POLICIES TO PREVENT OBESITY AND NON-COMMUNICABLE DISEASES (NCDs) IN THE CARIBBEAN COMMUNITY. CARICOM. <https://caricom.org/declaration-of-st-ann-implementing-agriculture-and-food-policies-to-prevent-obesity-and-non-communicable-diseases-ncds-in-the-caribbean-community/>

- CARICOM. (2011). *Caribbean Cooperation in Health Phase III (CCH III): Regional Health Framework 2010-2015. "Investing in Health for Sustainable Development."* CARICOM. <https://www.paho.org/hq/dmdocuments/2011/CCH3.pdf>
- CARPHA. (2017). *Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action* (Technical Brief High Level Meeting to Develop a Roadmap on Multi-Sectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security). CARICOM Technical Brief. https://carpha.org/Portals/0/Documents/CARPHA_6_Point_Policy_for_Healthier_Food_Environment_s.pdf
- CARPHA. (2021). *Caribbean Public Health Agency > What We Do > NCD > Overview.* <https://carpha.org/What-We-Do/NCD/Overview>
- Carriedo, A., Koon, A., Encarnación, L. M., Lee, K., Smith, R., & Walls, H. (2020). *The Political Economy of Sugar-Sweetened Beverages Taxation in Latin America: Lessons from Mexico, Chile and Colombia* [Preprint]. In Review. <https://doi.org/10.21203/rs.3.rs-36858/v1>
- Carrington, S. H. H. (1988). The United States and Canada: The Struggle for the British West Indian Trade. *Social and Economic Studies*, 37(1/2), 69–105.
- Cashore, B. (2002a). Legitimacy and the Privatization of Environmental Governance: How Non-State Market-Driven (NSMD) Governance Systems Gain Rule-Making Authority. *Governance: An International Journal of Policy, Administration, and Institutions*, 15(4), 504–529.
- Cashore, B. (2002b). Legitimacy and the privatization of environmental governance: How non-state market-driven (NSMD) governance systems gain rule-making authority. *Governance*, 15(4), 503–529.
- Cashore, B. (2019). Problems of bottom-up collaboration: Evolutionary pathways and capacity challenges of NSMD governance certification institutions. *Collaboration in Public Service Delivery*. <https://www.elgaronline.com/view/edcoll/9781788978576/9781788978576.00020.xml>
- CE. (2021, May 28). *Caribbean Free Trade Association (CARIFTA)*. Caribbean Elections. <http://www.caribbeanelections.com/education/integration/carifta.asp>
- Chantal, J., & Hercberg, S. (2017). Development of a new front-of-pack nutrition label in France: The five-colour Nutri-Score. *Public Health Panorama*, 3(4), 14.
- Charmaz, K. (2006). *Constructing grounded theory*. Sage Publications.
- Chung, A. (2021, August 15). *Front-of-packaging labelling – Jamaican consumers trumped by vested interests*. The Jamaican Gleaner. <https://jamaica-gleaner.com/article/focus/20210815/andrene-chung-front-packaging-labelling-jamaican-consumers-trumped-vested>
- Clapp, J. (1998). The Privatization of Global Environmental Governance: ISO 14000 and the Developing World. *Global Governance*, 4(3), 295–316.
- Clapp, J. (2006a). WTO Agriculture negotiations: Implications for the Global South. *Third World Quarterly*, 27(4), 563–577. <https://doi.org/10.1080/01436590600720728>
- Clapp, J. (2006b). Demystifying Doha: Making Sense of the WTO Agricultural Trade Talks. *Harvard International Review*, 28(1). http://www.argumentations.com/Argumentations/StoryDetail_1272.aspx
- Clapp, J. (2009). Corporate Interests in US Food Aid Policy. In J. Clapp & D. A. Fuchs (Eds.), *Corporate Power in Global Agrifood Governance* (pp. 125–152). MIT Press.

- Clapp, J. (2014). Financialization, distance and global food politics. *The Journal of Peasant Studies*, 41(5), 797–814. <https://doi.org/10.1080/03066150.2013.875536>
- Clapp, J. (2015). *Hunger in the Balance: The New Politics of International Food Aid*. Cornell University Press.
- Clapp, J., & Fuchs, D. A. (Eds.). (2009). *Corporate Power in Global Agrifood Governance*. MIT Press.
- Clapp, J., Noyes, I., & Grant, Z. (2021). The Food Systems Summit’s Failure to Address Corporate Power. *Development*, 64(3–4), 192–198. <https://doi.org/10.1057/s41301-021-00303-2>
- Codex. (2020). *About Codex | CODEXALIMENTARIUS FAO-WHO*. Codex Alimentarius: International Food Standards. <http://www.fao.org/fao-who-codexalimentarius/about-codex/en/>
- Codex Committee on Food Labelling. (2019). *REPORT OF THE FORTY-FIFTH SESSION OF THE CODEX COMMITTEE ON FOOD LABELLING* (p. 52). Codex Alimentarius Commission. http://www.fao.org/fao-who-codexalimentarius/sh-proxy/jp/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252Fmeetings%252FCX-714-45%252FFinal%252520Report%252FREP19_FLe.pdf
- Collier, D. (2011). Understanding Process Tracing. *PS: Political Science & Politics*, 44(04), 823–830. <https://doi.org/10.1017/S1049096511001429>
- Cooley, A., & Ron, J. (2002). The NGO Scramble: Organizational Insecurity and the Political Economy of Transnational Action. *International Security*, 7(1), 5–39.
- Correa, T., Fierro, C., Reyes, M., Dillman Carpentier, F. R., Taillie, L. S., & Corvalan, C. (2019). “Responses to the Chilean law of food labeling and advertising: Exploring knowledge, perceptions and behaviors of mothers of young children.” *International Journal of Behavioral Nutrition and Physical Activity*, 16(1), 21. <https://doi.org/10.1186/s12966-019-0781-x>
- Corvalán, C., Reyes, M., Garmendia, M. L., & Uauy, R. (2019). Structural responses to the obesity and non-communicable diseases epidemic: Update on the Chilean law of food labelling and advertising. *Obesity Reviews*, 20(3), 367–374. <https://doi.org/10.1111/obr.12802>
- Cowling, K., Stuart, E. A., Neff, R. A., Vernick, J., Magraw, D., & Porter, K. P. (2020). The relationship between joining a US free trade agreement and processed food sales, 2002–2016: A comparative interrupted time-series analysis. *Public Health Nutrition*, 23(9), 1609–1617. <https://doi.org/10.1017/S1368980019003999>
- Creswell, J. W., & Creswell, J. D. (2017). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (Fifth Edition). SAGE Publications. https://books.google.ca/books?id=335ZDwAAQBAJ&newbks=1&newbks_redir=0&printsec=frontcover&dq=creswell+and+creswell&hl=en&redir_esc=y#v=onepage&q=creswell%20and%20creswell&f=false
- Crocker, H., Packer, J., Russell, S. J., Stansfield, C., & Viner, R. M. (2020). Front of pack nutritional labelling schemes: A systematic review and meta-analysis of recent evidence relating to objectively measured consumption and purchasing. *Journal of Human Nutrition and Dietetics*, 33(4), 518–537. <https://doi.org/10.1111/jhn.12758>
- Crosbie, E., Carriedo, A., & Schmidt, L. (2020). Hollow Threats: Transnational Food and Beverage Companies’ Use of International Agreements to Fight Front-of-Pack Nutrition Labeling in Mexico

- and Beyond. *International Journal of Health Policy and Management*, 1.
<https://doi.org/10.34172/ijhpm.2020.146>
- CROSQ. (2014, February 5). *About Us: Organisation*. CROSQ. <https://website.crosq.org/organisation/>
- CROSQ. (2021). *DCRS 06 Nutritional labelling—Requirements_for enquiry_new.pdf*.
https://www.bsj.org.jm/sites/default/files/DCRS%2006%20Nutritional%20labelling%20-%20requirements_%20for%20enquiry_new.pdf
- Cutler, A. C. (1999). Locating “Authority” in the Global Political Economy. *International Studies Quarterly*, 43(1), 59–81.
- Cutler, A. C., Haufler, V., & Porter, T. (Eds.). (1999a). *Private Authority and International Affairs*. SUNY Press.
- Cutler, A. C., Haufler, V., & Porter, T. (Eds.). (1999b). Private Authority and International Affairs. In *Private Authority and International Affairs* (pp. 3–28). SUNY Press.
- CVCE EU. (2017). *The Lomé I Convention - Decolonisation: Geopolitical issues and impact on the European integration process*. CVCE.EU by UNILU. <https://www.cvce.eu/en/education/unit-content/-/unit/dd10d6bf-e14d-40b5-9ee6-37f978c87a01/9a69c7f9-1ea2-4e6c-8cdb-1dee40ac5714>
- Dahl, R. A. (1957). The concept of power. *Behavioral Science*, 2(3), 201–215.
<https://doi.org/10.1002/bs.3830020303>
- Darder, A. (Ed.). (2019). *Decolonizing interpretive research: A subaltern methodology for social change*. Routledge.
- de Brauw, M. (2017). [Obesity: Lack of moral fibre of doctors, patients or politicians?]. *Nederlands Tijdschrift Voor Geneeskunde*, 161, D2356.
- Dellmuth, L. M., & Bloodgood, E. A. (2019). Advocacy group effects in global governance: Populations, strategies, and political opportunity structures. *Interest Groups & Advocacy*, 8(3), 255–269.
<https://doi.org/10.1057/s41309-019-00068-7>
- Demas, W. G. (1965). *The Economics of Development in Small Countries: With Special Reference to the Caribbean*. McGill-Queen’s Press - MQUP.
- Dillman Carpentier, F. R., Correa, T., Reyes, M., & Taillie, L. S. (2020). Evaluating the impact of Chile’s marketing regulation of unhealthy foods and beverages: Pre-school and adolescent children’s changes in exposure to food advertising on television. *Public Health Nutrition*, 23(4), 747–755.
<https://doi.org/10.1017/S1368980019003355>
- Dobson, K., & Knezevic, I. (2018). “Ain’t Nobody Got Time for That!”: Framing and Stereotyping in Legacy and Social Media. *Canadian Journal of Communication*, 43(3).
<https://doi.org/10.22230/cjc.2019v44n3a3378>
- Dorlach, T., & Mertenskötter, P. (2020). Interpreters of International Economic Law: Corporations and Bureaucrats in Contest over Chile’s Nutrition Label. *Law & Society Review*, 54(3), 571–606.
<https://doi.org/10.1111/lasr.12495>
- Drache, D. (2001). *The market or the public domain?: Global governance and the asymmetry of power*. Routledge. <http://public.ebookcentral.proquest.com/choice/publicfullrecord.aspx?p=242326>

- Duncan, J. (2015). *Global Food Security Governance: Civil society engagement in the reformed Committee on World Food Security* (1st edition). Routledge.
- Dunlop, C. A. (2009). Policy transfer as learning: Capturing variation in what decision-makers learn from epistemic communities. *Policy Studies*, 30(3), 289–311. <https://doi.org/10.1080/01442870902863869>
- Durán Agüero, S., Silva Ocampo, P., Giménez Sánchez, J., Fleta Sánchez, Y., & Moya Tillería, J. (2019). STAGES OF CHANGE IN THE PURCHASE OF PACKAGED FOODS AFTER PHASE 1 OF THE IMPLEMENTATION OF THE NEW FOOD POLICY IN CHILE 2017. *Nutrition*. <https://pdf.sciencedirectassets.com/271209/AIP/1-s2.0-S0899900719301777/main.pdf?X-Amz-Security->
- Egnell, M., Crosetto, P., d’Almeida, T., Kesse-Guyot, E., Touvier, M., Ruffieux, B., Hercberg, S., Muller, L., & Julia, C. (2019). Modelling the impact of different front-of-package nutrition labels on mortality from non-communicable chronic disease. *International Journal of Behavioral Nutrition and Physical Activity*, 16(1), 56. <https://doi.org/10.1186/s12966-019-0817-2>
- Elder, S. D., & Dauvergne, P. (2015). Farming for Walmart: The politics of corporate control and responsibility in the global South. *The Journal of Peasant Studies*, 42(5), 1029–1046. <https://doi.org/10.1080/03066150.2015.1043275>
- Eltis, D. (1995). New Estimates of Exports from Barbados and Jamaica, 1665-1701. *The William and Mary Quarterly*, 52(4), 631–648. <https://doi.org/10.2307/2947041>
- Entman, R. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, 43(4), 51–58.
- Errington, F., & Gewertz, D. (2008). Pacific Island gastrologies: Following the flaps. *Journal of the Royal Anthropological Institute*, 14(3), 590–608. <https://doi.org/10.1111/j.1467-9655.2008.00519.x>
- Ewing-Chow, D. (2022). *Raging Non-Communicable Diseases In The Caribbean Have Sparked A War Between The Food Industry And Public Health*. Forbes. <https://www.forbes.com/sites/daphneewingchow/2022/01/30/raging-non-communicable-diseases-in-the-caribbean-have-sparked-a-war-between-the-food-industry-and-public-health/>
- FAO. (2015). *State of Food Insecurity in the CARICOM Caribbean*. Subregional Office for the Caribbean, FAO. <http://www.fao.org/3/a-i5131e.pdf>
- FAO. (2020). *The State of Food Security and Nutrition in the World 2020*. FAO, IFAD, UNICEF, WFP and WHO. <https://doi.org/10.4060/ca9692en>
- FAO, IFAD, UNICEF, WFP, & WHO. (2021). *The State of Food Security and Nutrition in the World 2021*. FAO, IFAD, UNICEF, WFP and WHO. <https://doi.org/10.4060/cb4474en>
- Foster, N., Thow, A. M., Unwin, N., Alvarado, M., & Samuels, T. A. (2018). Regulatory measures to fight obesity in Small Island Developing States of the Caribbean and Pacific, 2015 – 2017. *Revista Panamericana de Salud Pública*, 42, 1–7. <https://doi.org/10.26633/RPSP.2018.191>
- Francesco, F. D., & Guaschino, E. (2019). Reframing knowledge: A comparison of OECD and World Bank discourse on public governance reform. *Policy and Society*, 1–16. <https://doi.org/10.1080/14494035.2019.1609391>
- Franck, T. M. (1990). *The Power of Legitimacy among Nations*. Oxford University Press.

- Friedmann, H., & McMichael, P. (1989). Agriculture and the State System: The rise and decline of national agricultures, 1870 to the present. *Sociologia Ruralis*, 29(2), 94–117.
- Friel, S. (2020). Redressing the Corporate Cultivation of Consumption: Releasing the Weapons of the Structurally Weak. *International Journal of Health Policy and Management*, 1. <https://doi.org/10.34172/ijhpm.2020.205>
- Friel, S., Gleeson, D., Thow, A.-M., Labonte, R., Stuckler, D., Kay, A., & Snowdon, W. (2013). A new generation of trade policy: Potential risks to diet-related health from the trans pacific partnership agreement. *Globalization and Health*, 9(1), 46.
- Friel, S., Hattersley, L., Snowdon, W., Thow, A.-M., Lobstein, T., Sanders, D., Barquera, S., Mohan, S., Hawkes, C., Kelly, B., Kumanyika, S., L'Abbe, M., Lee, A., Ma, J., Macmullan, J., Monteiro, C., Neal, B., Rayner, M., Sacks, G., ... Walker, C. (2013). Monitoring the impacts of trade agreements on food environments: Trade agreements and food environments. *Obesity Reviews*, 14, 120–134. <https://doi.org/10.1111/obr.12081>
- Fuchs, D. A. (2005). *Governance by Discourse*. Annual Meeting of the International Studies Association, Honolulu, Hawaii.
- Fuchs, D. A. (2007). *Business Power in Global Governance*. Lynne Rienner Publishers, Incorporated.
- Fuchs, D. A., & Kalfagianni, A. (2009). Discursive power as a source of legitimation in food retail governance. *The International Review of Retail, Distribution and Consumer Research*, 19(5), 553–570. <https://doi.org/10.1080/09593960903445434>
- Fuchs, D. A., & Lederer, M. M. (2007). The Power of Business. *Business and Politics*, 9(3), 1–17. <https://doi.org/10.2202/1469-3569.1214>
- Fuentes-George, K. (2016). *Between preservation and exploitation: Transnational advocacy networks and conservation in developing countries*. MIT Press.
- Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality and ideology* (pp. viii, 218). Routledge/Taylor & Francis Group.
- George, A. (2018). Not so sweet refrain: Sugar-sweetened beverage taxes, industry opposition and harnessing the lessons learned from tobacco control legal challenges. *Health Economics, Policy and Law*, 1–27. <https://doi.org/10.1017/S1744133118000178>
- Gerring, J. (2006). *Case Study Research: Principles and Practices*. Cambridge University Press.
- Giambartolomei, G., Forno, F., & Sage, C. (2021). How food policies emerge: The pivotal role of policy entrepreneurs as brokers and bridges of people and ideas. *Food Policy*, 102038. <https://doi.org/10.1016/j.foodpol.2021.102038>
- Girvan, N. (2008). A Single Development Vission. In K. Hall & M. Chuck-A-Sang (Eds.), *The Caribbean Community in Transition* (pp. 27–44). Ian Randle Publishers.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research* (4. paperback printing). Aldine.
- Grabs, J., Auld, G., & Cashore, B. (2020). Private regulation, public policy, and the perils of adverse ontological selection. *Regulation & Governance*, 1–26. <https://doi.org/10.1111/rego.12354>

- Graça, P., Gregório, M. J., de Sousa, S. M., Brás, S., Penedo, T., Carvalho, T., Bandarra, N. M., Lima, R. M., Simão, A. P., Goiana-da-Silva, F., Freitas, M. G., & Araújo, F. F. (2018). A new interministerial strategy for the promotion of healthy eating in Portugal: Implementation and initial results. *Health Research Policy and Systems*, 16(1), 102. <https://doi.org/10.1186/s12961-018-0380-3>
- Green, J. F. (2013). *Rethinking Private Authority: Agents and Entrepreneurs in Global Environmental Governance*. Princeton University Press.
- Grenade, W. (2008). Sovereignty, democracy and going regional—Navigating tensions: The Caribbean community and the European Union considered. In K. Hall & M. Chuck-A-Sang (Eds.), *The Caribbean Community in Transition* (pp. 114–135). Ian Randle Publishers.
- Griffin, C. E. (2020). Geography and Caribbean Integration: The Paradox of Fragmentation and Solidarity in CARICOM. *Comparative Sociology*, 19(6), 785–804. <https://doi.org/10.1163/15691330-12341532>
- Guiraudon, V. (2000). European Integration and Migration Policy: Vertical Policy-making as Venue Shopping. *JCMS: Journal of Common Market Studies*, 38(2), 251–271. <https://doi.org/10.1111/1468-5965.00219>
- Gunderson, R. (2014). Problems with the defetishization thesis: Ethical consumerism, alternative food systems, and commodity fetishism. *Agriculture and Human Values*, 31(1), 109–117. <https://doi.org/10.1007/s10460-013-9460-8>
- Guthman, J. (2011). *Weighing in: Obesity, food justice, and the limits of capitalism*. University of California Press.
- Gwynn, M. A. (2019). Structural Power and International Regimes. *Journal of Political Power*, 12(2), 200–223. <https://doi.org/10.1080/2158379X.2019.1618486>
- Haas, P. M. (1992). Introduction: Epistemic Communities and International Policy Coordination. *International Organization*, 46(1), 1–35.
- Haas, P. M. (Ed.). (1997). *Knowledge, Power and International Policy Coordination*. University of South Carolina Press. <https://www.sc.edu/uscpres/books/1997/3089.html>
- Hall, K., & Chuck-A-Sang, M. (Eds.). (2008). *The Caribbean community in transition: Functional cooperation as a catalyst for change*. Ian Randle Publishers.
- Hall, R. B., & Biersteker, T. J. (Eds.). (2002). *The Emergence of Private Authority in Global Governance*. Cambridge University Press. <https://books-scholarsportal-info.proxy.lib.uwaterloo.ca/en/read?id=/ebooks/ebooks2/cambridge/2010-04-12/2/0511039247#page=12>
- Hammond, S. T., Brown, J. H., Burger, J. R., Flanagan, T. P., Fristoe, T. S., Mercado-Silva, N., Nekola, J. C., & Okie, J. G. (2015). Food Spoilage, Storage, and Transport: Implications for a Sustainable Future. *BioScience*, 65(8), 758–768. <https://doi.org/10.1093/biosci/biv081>
- Hannah, E., Scott, J., & Trommer, S. (2016). *Expert Knowledge in Global Trade*. Routledge.
- Hawkes, C. (2006). Uneven dietary development: Linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Globalization and Health*, 2(1), 4.
- Hawkins, B., Holden, C., & Mackinder, S. (2020). *The Battle for Standardised Cigarette Packaging in Europe: Multi-Level Governance, Policy Transfer and the Integrated Strategy of the Global Tobacco Industry*. Springer International Publishing. <https://doi.org/10.1007/978-3-030-31034-9>

- Health Canada. (2018, February 9). *Summary of proposed amendments published in Canada Gazette, Part I: Nutrition symbols, other labelling provisions, partially hydrogenated oils and vitamin D* [Guidance]. Aem. <https://www.canada.ca/en/health-canada/programs/consultation-front-of-package-nutrition-labelling-cgi/summary-of-proposed-amendments.html>
- Helleiner, E. (2014a). The Evolution of the International Monetary and Financial System. In *Global Political Economy* (Fourth, pp. 173–197). Oxford University Press.
- Helleiner, E. (2014b). *Forgotten Foundations of Bretton Woods: International Development and the Making of the Postwar Order*. Cornell University Press.
- Helleiner, E. (2019). The life and times of embedded liberalism: Legacies and innovations since Bretton Woods. *Review of International Political Economy*, 26(6), 1112–1135. <https://doi.org/10.1080/09692290.2019.1607767>
- Helleiner, E. (2020). Globalizing the historical roots of IPE. In E. Vivares (Ed.), *The Routledge Handbook to Global Political Economy* (pp. 43–57). Routledge. <https://doi.org/10.4324/9781351064545-5>
- Hesse-Biber, S. N. (2013). *Feminist Research Practice: A Primer*. SAGE Publications.
- Higgins, W. (2005). *Engine of Change: Standards Australia since 1922*. Brandl & Schlesinger.
- HLPE. (2017). *Nutrition and food systems* (HLPE Report No. 12). Committee on World Food Security.
- Hospedales, C. J., Samuels, T. A., Cummings, R., Gollop, G., & Greene, E. (2011). Raising the priority of chronic noncommunicable diseases in the Caribbean. *Revista Panamericana De Salud Publica = Pan American Journal of Public Health*, 30(4), 393–400.
- Howlett, M. (2013). *Canadian public policy: Selected studies in process and style*. University of Toronto Press.
- Howlett, M., McConnell, A., & Perl, A. (2016). *Moving Policy Theory Forward: Connecting Multiple Stream and Advocacy Coalition Frameworks to Policy Cycle Models of Analysis*. 15.
- Howlett, M., & Ramesh, M. (2003). *Studying public policy: Policy cycles and policy subsystems*. Oxford University Press.
- IARC. (2021). *Nutri-Score: Harmonized and mandatory front-of-pack nutrition label urgently needed at the European Union level and beyond*. IARC.
- IPCC. (2020). *Climate change and land: An IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems : summary for policymakers*. Intergovernmental Panel on Climate Change.
- ISO. (n.d.-a). *1. Standards in Our World—1.2. National, regional and international standards and how they relate to regulatory regimes*. Consumers and Standards: Partnership for a Better World Module. Retrieved November 3, 2021, from https://www.iso.org/sites/ConsumersStandards/1_standards.html
- ISO. (n.d.-b). *1. Standards in Our World—1.5 Reaching Consensus*. Consumers and Standards: Partnership for a Better World Module. Retrieved November 3, 2021, from https://www.iso.org/sites/ConsumersStandards/1_standards.html
- Jackson, P., Rivera Ferre, M. G., Candel, J., Davies, A., Derani, C., de Vries, H., Dragović-Uzelac, V., Hoel, A. H., Holm, L., Mathijs, E., Morone, P., Penker, M., Śpiewak, R., Termeer, K., & Thøgersen, J.

- (2021). Food as a commodity, human right or common good. *Nature Food*, 2(3), 132–134. <https://doi.org/10.1038/s43016-021-00245-5>
- Jacobs, A. (2018, February 7). In Sweeping War on Obesity, Chile Slays Tony the Tiger. *The New York Times*. <https://www.nytimes.com/2018/02/07/health/obesity-chile-sugar-regulations.html>
- Jacobs, A. (2020, February 11). Sugary Drink Consumption Plunges in Chile After New Food Law. *The New York Times*. <https://www.nytimes.com/2020/02/11/health/chile-soda-warning-label.html>
- Jakobs, K. (2019). *Shaping the Future Through Standardization*. IGI Global. <http://web.a.ebscohost.com.proxy.lib.uwaterloo.ca/ehost/ebookviewer/ebook/bmxlYmtfXzIzNjI0NTFfX0FO0?sid=69591a63-4333-49a6-ae2d-b271871683fd@sdv-sessmgr02&vid=4&format=EB&rid=1>
- Kanter, R., Reyes, M., Swinburn, B., Vandevijvere, S., & Corvalán, C. (2018). The Food Supply Prior to the Implementation of the Chilean Law of Food Labeling and Advertising. *Nutrients*, 11(1), 52. <https://doi.org/10.3390/nu11010052>
- Keck, M. E., & Sikkink, K. (1998). *Activists beyond borders: Advocacy networks in international politics*. <http://www.oapen.org/download?type=document&docid=642697>
- Kim, M. (2018). The ‘Standard’ in the GATT/WTO TBT Agreements: Origin, Evolution and Application. *Journal of World Trade*, 52(5), 765–788.
- Kingdon, J. (1984). *Agendas, Alternatives and Public Choices*. Little Brown.
- Knorr, D., & Watzke, H. (2019). Food Processing at a Crossroad. *Frontiers in Nutrition*, 6. <https://www.frontiersin.org/article/10.3389/fnut.2019.00085>
- Koivusalo, M., Schrecker, T., & Labonté, R. (2009). Globalization and Policy Space for Health and Social Determinants of Health. In R. Labonté, T. Schrecker, C. Packer, & V. Runnels (Eds.), *Globalization and Health: Pathways, Evidence and Policy* (pp. 105–130). Routledge.
- Krasner, S. D. (1983). *International Regimes*. Cornell University Press.
- Krippendorff, K. (2004). *Content analysis: An introduction to its methodology*. Sage.
- Labonté, R. (2019). Trade, investment and public health: Compiling the evidence, assembling the arguments. *Globalization and Health*, 15(1). <https://doi.org/10.1186/s12992-018-0425-y>
- Labonté, R., Crosbie, E., Gleeson, D., & McNamara, C. (2019). USMCA (NAFTA 2.0): Tightening the constraints on the right to regulate for public health. *Globalization and Health*, 15(1), 35. <https://doi.org/10.1186/s12992-019-0476-8>
- Lalou, K. (2020). *COVID-19 wake-up call? UK’s “war on obesity” officially begins with raft of measures to reduce weight*. Nutrition Insight. <https://ni.cnsmedia.com/a/T8NBEwo0AKo=>
- Lasswell, H. D. (1956). *The Decision Process: Seven Categories of Functional Analysis*. The University of Maryland.
- Leavy, P., & Harris, A. M. (2019). *Contemporary feminist research from theory to practice*. Guilford Press.
- Lukes, S. (2005). *Power: A radical view* (2nd ed). Palgrave Macmillan.
- MacDonald, S. B., & Demetrius, F. J. (1986). The Caribbean Sugar Crisis: Consequences and Challenges. *Journal of Interamerican Studies and World Affairs*, 28(1), 35–58. <https://doi.org/10.2307/165735>

- Magdoff, F. (2012). Food as a Commodity. *Monthly Review*, 63(8), 15–22.
- Malloy-Weir, L., & Cooper, M. (2017). Health literacy, literacy, numeracy and nutrition label understanding and use: A scoping review of the literature. *Journal of Human Nutrition and Dietetics*, 30(3), 309–325. <https://doi.org/10.1111/jhn.12428>
- Maniates, M. (2002). Individualization: Plant a Tree, Buy a Bike, Save the World? In T. Princen, M. Maniates, & K. Conca (Eds.), *Confronting consumption* (pp. 43–66). MIT Press.
- Mansfield, E. D., Ibanez, D., Chen, F., Chen, E., & de Grandpré, E. (2020). Efficacy of “High in” Nutrient Specific Front of Package Labels—A Retail Experiment with Canadians of Varying Health Literacy Levels. *Nutrients*, 12(10), 3199. <https://doi.org/10.3390/nu12103199>
- Margulis, M. E. (2017). The Forgotten History of Food Security in Multilateral Trade Negotiations. *World Trade Review*, 16(1), 25–57. <https://doi.org/10.1017/S1474745616000410>
- Mazower, M. (2012). *Governing the World: The History of an Idea*. Allen Lane.
- McKeon, N. (2014). *Food Security Governance: Empowering communities, regulating corporations*. Routledge.
- McMichael, P. (1996). Globalization: Myths and Realities. *Rural Sociology*, 61(1), 25–55. <https://doi.org/10.1111/j.1549-0831.1996.tb00609.x>
- McMichael, P. (2005). Global Development and The Corporate Food Regime. In F. H. Buttell & P. McMichael (Eds.), *New Directions in the Sociology of Global Development* (Vol. 11, pp. 265–299). Emerald Group Publishing Limited. [https://doi.org/10.1016/S1057-1922\(05\)11010-5](https://doi.org/10.1016/S1057-1922(05)11010-5)
- McMichael, P. (2013a). *Food regimes and agrarian questions*.
- McMichael, P. (2013b). *Food regimes and agrarian questions*.
- Mialon, M. (2016). *Monitoring the corporate political activity of the food industry*. Deakin University.
- Mialon, M., Crosbie, E., & Sacks, G. (2020). Mapping of food industry strategies to influence public health policy, research and practice in South Africa. *International Journal of Public Health*. <https://doi.org/10.1007/s00038-020-01407-1>
- Mialon, M., Gaitan Charry, D. A., Cediél, G., Crosbie, E., Scagliusi, F. B., & Perez Tamayo, E. M. (2020). ‘I had never seen so many lobbyists’: Food industry political practices during the development of a new nutrition front-of-pack labelling system in Colombia. *Public Health Nutrition*, 1–9. <https://doi.org/10.1017/S1368980020002268>
- Mialon, M., Swinburn, B., & Sacks, G. (2015). A proposed approach to systematically identify and monitor the corporate political activity of the food industry with respect to public health using publicly available information. *Obesity Reviews*, 16(7), 519–530. <https://doi.org/10.1111/obr.12289>
- Michail, N. (2018, November 13). *Spain to officially adopt NutriScore*. Foodnavigator.Com. <https://www.foodnavigator.com/Article/2018/11/13/Spain-to-officially-adopt-NutriScore>
- Michail, N. (2019, September 18). *ANVISA unveils Brazil’s nutrition warning label*. Foodnavigator-Latam.Com. <https://www.foodnavigator-latam.com/Article/2019/09/18/ANVISA-unveils-Brazil-s-nutrition-warning-label>
- Miller, D. (1998). Coca-Cola: A black sweet drink from Trinidad. In *Material Cultures*. Routledge.

- Milsom, P., Smith, R., & Walls, H. (2020). Expanding Public Health Policy Analysis for Transformative Change: The Importance of Power and Ideas Comment on “What Generates Attention to Health in Trade Policy-Making? Lessons From Success in Tobacco Control and Access to Medicines: A Qualitative Study of Australia and the (Comprehensive and Progressive) Trans-Pacific Partnership.” *International Journal of Health Policy and Management*, 1. <https://doi.org/10.34172/ijhpm.2020.200>
- Mintz, S. W. (1986). *Sweetness and power: The place of sugar in modern history*. Penguin Books.
- Momani, B. (2007). IMF staff: Missing link in fund reform proposals. *The Review of International Organizations*, 2(1), 39–57. <https://doi.org/10.1007/s11558-006-9002-x>
- Montenegro de Wit, M., Canfield, M., Iles, A., Anderson, M., McKeon, N., Guttal, S., Gemmill-Herren, B., Duncan, J., van der Ploeg, J. D., & Prato, S. (2021). Editorial: Resetting Power in Global Food Governance: The UN Food Systems Summit. *Development*, 64(3–4), 153–161. <https://doi.org/10.1057/s41301-021-00316-x>
- Moon, S. (2019). Power in global governance: An expanded typology from global health. *Globalization and Health*, 15(S1), 74. <https://doi.org/10.1186/s12992-019-0515-5>
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals*. Sage.
- Murphy, C. N., & Yates, J. (2009). *The International Organization for Standardization (ISO): Global Governance Through Voluntary Consensus*. Routledge.
- Murphy, S. (2005, October 4). WTO Agreement on Agriculture: Suitable Model for a Global Food System? *Institute for Policy Studies*. https://ips-dc.org/wto_agreement_on_agriculture_suitable_model_for_a_global_food_system/
- Murphy, S., Lilliston, B., & Lake, M. B. (2005). *WTO Agreement on Agriculture: A Decade of Dumping*. Institute for Agriculture and Trade Policy. <http://www.iatp.org/documents/wto-agreement-on-agriculture-a-decade-of-dumping>
- Nestle, M. (2007). *Food Politics: How the Food Industry Influences Nutrition and Health* (Revised edition). University of California Press.
- Nisbett, N., Harris, J., Backholer, K., Baker, P., Jernigan, V. B. B., & Friel, S. (2022). Holding no-one back: The Nutrition Equity Framework in theory and practice. *Global Food Security*, 32, 100605. <https://doi.org/10.1016/j.gfs.2021.100605>
- O’Brien, D. (2011). CARICOM: Regional Integration in a Post-Colonial World. *European Law Journal*, 17(5), 630–648. <https://doi.org/10.1111/j.1468-0386.2011.00570.x>
- Organization of American States. (2009). Declaration of Commitment of Port of Spain: Securing Our Citizens’ Future by Promoting Human Prosperity, Energy Security and Environmental Sustainability. *Fifth Summit of the Americas*. http://www.oas.org/en/sedi/desd/psf/docs/Declaration_VSummit.htm
- Otero, G. (2021). The neoliberal diet. In A. Akram-Lodhi, K. Dietz, B. Engels, & B. McKay (Eds.), *Handbook of Critical Agrarian Studies* (pp. 556–560). Edward Elgar Publishing. <https://doi.org/10.4337/9781788972468>
- PAHO. (2017, October 6). *PAHO facilitates agreement between Chile and CARICOM to address childhood obesity*. Pan American Health Organization / World Health Organization. https://www.paho.org/spc-crb/index.php?option=com_content&view=article&id=491:paho-facilitates-agreement-between-chile-and-caricom-to-address-childhood-obesity&Itemid=0&showall=1

- PAHO. (2019). *NCDs at a Glance: NCD Mortality and Risk Factor Prevalence in the Americas*. PAHO/NMH/19-014.
- PAHO, WHO, & Caribbean Community Secretariat. (2011). *Strategic Plan of Action for the Prevention and Control of Chronic Non-Communicable Diseases (NCDs) for Countries of the Caribbean Community 2011-2015*. Pan American Health Organization. <http://www.archive.healthycaribbean.org/publications/documents/CARICOM-NCD-Plan-2011-2015.pdf>
- PAHO, WHO of the Americas, CCJ, & FAO. (2018). *High-Level Meeting on the Use of Law to Tackle Noncommunicable Diseases: A critical step to accelerate progress in the Caribbean* [Meeting Report]. https://iris.paho.org/bitstream/handle/10665.2/34942/PAHONMH18017_spa.pdf?sequence=1&isAllowed=y
- Pal, L. (2014). *Beyond Policy Analysis: Public Issue Management in Turbulent Times* (5th edition). Nelson Education.
- Payne, A. (2008). *The political history of CARICOM*. Ian Randle Publishers.
- Payne, A., & Sutton, P. (Eds.). (2001). *Charting Caribbean Development*. University Press of Florida.
- Pemberton, C., Ames, G. C. W., Houston, J. E., & Park, T. (2000). TRADE LIBERALIZATION OF THE FOOD INDUSTRY IN THE CARIBBEAN: THE FUTURE OF PREFERENTIAL TRADE AGREEMENTS IN THE CARICOM REGION. *The Journal of the Caribbean Agro-Economic Society*, 4(1), 23.
- Persky, J. (1995). Retrospectives: The Ethology of *Homo Economicus*. *Journal of Economic Perspectives*, 9(2), 221–231. <https://doi.org/10.1257/jep.9.2.221>
- Plahe, J. K., Hawkes, S., & Ponnampereuma, S. (2013). The Corporate Food Regime and Food Sovereignty in the Pacific Islands. *The Contemporary Pacific*, 25(2), 309–338. <https://doi.org/10.1353/cp.2013.0034>
- Pollan, M. (2007). *The Omnivore's Dilemma: A Natural History of Four Meals: Pollan, Michael: 9780143038580: Books—Amazon.ca*. Penguin. <https://www.amazon.ca/Omnivores-Dilemma-Natural-History-Meals/dp/0143038583>
- Pollock, N. J. (1995). Cultural elaborations of obesity—Fattening practices in Pacific societies. *Asia Pacific Journal of Clinical Nutrition*, 4, 357–360.
- Popkin, B. M. (1993). Nutritional Patterns and Transitions. *Population and Development Review*, 19(1), 138–157. <https://doi.org/10.2307/2938388>
- Popkin, B. M. (2007). The world is fat. *Scientific American*, 297(3), 88–95.
- Popkin, B. M., & Gordon-Larsen, P. (2004). The nutrition transition: Worldwide obesity dynamics and their determinants. *International Journal of Obesity*, 28(S3), S2–S9. <https://doi.org/10.1038/sj.ijo.0802804>
- Pouliot, V. (2020). Global governance in the age of epistemic authority. *International Theory*, 1–13. <https://doi.org/10.1017/S1752971920000433>
- Radaelli, C. M. (1995). The role of knowledge in the policy process. *Journal of European Public Policy*, 2(2), 159–183. <https://doi.org/10.1080/13501769508406981>

- Ramsammy, L. (2008, May 19). *Address by Dr Leslie Ramsammy at the Sixty-first World Health Assembly*. World Health Assembly, Geneva, Switzerland. World Health Organization. https://www.who.int/mediacentre/events/2008/wha61/leslie_ramsammy_speech/en/
- Randall, A. W. (2010). The Codex Alimentarius and Food Labelling: Delivering Consumer Protection. In J. Albert (Ed.), *Innovations in food labelling* (pp. 5–16). CRC Press [u.a.].
- Raustiala, K., & Victor, D. G. (2004). The Regime Complex for Plant Genetic Resources. *International Organization*, 58(02). <https://doi.org/10.1017/S0020818304582036>
- Rayner, G., Hawkes, C., Lang, T., & Bello, W. (2006). Trade liberalization and the diet transition: A public health response. *Health Promotion International*, 21(Supplement 1), 67–74. <https://doi.org/10.1093/heapro/dal053>
- Renckens, S. (2020). *Private Governance and Public Authority: Regulating Sustainability in a Global Economy* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/9781108781015>
- Rendleman, J. (2011, October 20). *Jamaica: Fresh Milk Down the Drain*. Pulitzer Center. <https://legacy.pulitzercenter.org/reporting/jamaica-fresh-milk-down-drain>
- Robinson, O. I. (2020). Regionalism and the CARICOM Identity. In O. I. Robinson (Ed.), *Migration, Social Identities and Regionalism within the Caribbean Community: Voices of Caribbean People* (pp. 123–141). Springer International Publishing. https://doi.org/10.1007/978-3-030-47745-5_7
- Rodwin, M. A. (2020). WHO’s Attempt to Navigate Commercial Influence and Conflicts of Interest in Nutrition Programs While Engaging With Non-State Actors: Reflections on WHO Guidance for Nation States Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool.” *International Journal of Health Policy and Management*, 1. <https://doi.org/10.34172/ijhpm.2020.162>
- Ruggie, J. G. (1982). International regimes, transactions, and change: Embedded liberalism in the postwar economic order. *International Organization*, 36(2), 379–415.
- Samuels, T. A., Kirton, J., & Guebert, J. (2014). Monitoring compliance with high-level commitments in health: The case of the CARICOM Summit on Chronic Non-Communicable Diseases. *Bulletin of the World Health Organization*, 92(4), 270–276B. <https://doi.org/10.2471/BLT.13.126128>
- Sanders, R. (2005). *Crumbled Small: The Commonwealth Caribbean in World Politics*. Hansib Publications.
- Schneider, M.-J. (2020). *Introduction to Public Health*. Jones & Bartlett Learning.
- Schreier, M. (2012). *Qualitative Content Analysis in Practice*. SAGE Publications.
- Scrinis, G., & Parker, C. (2016). Front-of-Pack Food Labelling and the Politics of Nutritional Nudges. *Law & Policy*, 38(3), 234–249.
- Segal, A. (1991). The Caribbean: Small Is Scary. *Current History*, 90(54), 105–108.
- Sell, S. K., & Prakash, A. (2004). Using Ideas Strategically: The Contest Between Business and NGO Networks in Intellectual Property Rights. *International Studies Quarterly*, 48(1), 143–175. <https://doi.org/10.1111/j.0020-8833.2004.00295.x>
- Singer, M. (2014). Following the turkey tails: Neoliberal globalization and the political ecology of health. *Journal of Political Ecology*, 21(1). <https://doi.org/10.2458/v21i1.21145>
- Smith, L. T. (2021). *Decolonizing methodologies: Research and indigenous peoples* (Third edition). Zed.

- Smythe, E. (2009). Chapter 4: In Whose Interests? Transparency and Accountability in the Global Governance of Food: Agribusiness, the Codex Alimentarius, and the World Trade Organization. In J. Clapp & D. A. Fuchs (Eds.), *Corporate Power in Global Agrifood Governance* (pp. 93–123). MIT Press.
- Soares-Wynter, S., Aiken-Hemming, S.-A., Hollingsworth, B., Miles, D. R., & Ng, S. W. (2020). Applying Nutrient Profiling Systems to Packaged Foods and Drinks Sold in Jamaica. *Foods*, 9(1), 65. <https://doi.org/10.3390/foods9010065>
- Southey, F. (2021). *Scientists rally behind Nutri-Score in response to scepticism in Spain: 'These attacks are based on personal opinion, not science.'* Foodnavigator.Com. <https://www.foodnavigator.com/Article/2021/01/29/Scientists-rally-behind-Nutri-Score-in-response-to-scepticism-in-Spain-These-attacks-are-based-on-personal-opinion-not-science>
- St. Kitts and Nevis Bureau of Standards. (2021). *Who We Are – St. Kitts and Nevis Bureau of Standards.* <https://www.sknbs.org/who-we-are/>
- St. Prix, F. (2019, June 21). *Revision of the standard Labelling of Pre packaged Foods to include FOPL.* Pushing and Pulling: The Caribbean Experience Moving Towards Front-of-Package Nutrition Labels, HCC Webinar. <https://www.healthycaribbean.org/moving-towards-front-of-package-nutrition-labels-webinar/>
- Steckley, M. (2016). Why 'race' matters in struggles for food sovereignty: Experiences from Haiti. *Geoforum*, 72, 26–29. <https://doi.org/10.1016/j.geoforum.2016.03.009>
- Strange, S. (1996). *The Retreat of the state: The diffusion of power in the world economy.* Cambridge University Press.
- Suchman, M. C. (1995). Managing Legitimacy: Strategic and Institutional Approaches. *The Academy of Management Review*, 20(3), 571–610. JSTOR. <https://doi.org/10.2307/258788>
- Taylor, C., Ulmer, J., & Hughes, C. (2020). *Transdisciplinary Feminist Research: Innovations in Theory, Method and Practice* (C. A. Taylor, C. Hughes, & J. B. Ulmer, Eds.; 1st ed.). Routledge. <https://doi.org/10.4324/9780429199776>
- Taylor, M. K., Sullivan, D. K., Ellerbeck, E. F., Gajewski, B. J., & Gibbs, H. D. (2019). Nutrition literacy predicts adherence to healthy/unhealthy diet patterns in adults with a nutrition-related chronic condition. *Public Health Nutrition*, 22(12), 2157–2169. <https://doi.org/10.1017/S1368980019001289>
- Thow, A. M., & Hawkes, C. (2009). The implications of trade liberalization for diet and health: A case study from Central America. *Globalization and Health*, 5(1), 5. <https://doi.org/10.1186/1744-8603-5-5>
- Thow, A. M., Jones, A., Huckel Schneider, C., & Labonté, R. (2020). Increasing the public health voice in global decision-making on nutrition labelling. *Globalization and Health*, 16(1), 3. <https://doi.org/10.1186/s12992-019-0533-3>
- Thow, A. M., Jones, A., Schneider, C. H., & Labonté, R. (2019). Global Governance of Front-of-Pack Nutrition Labelling: A Qualitative Analysis. *Nutrients*, 11(2), 268. <https://doi.org/10.3390/nu11020268>
- Thow, A. M., Reeve, E., Naseri, T., Martyn, T., & Bollars, C. (2017). Food supply, nutrition and trade policy: Reversal of an import ban on turkey tails. *Bulletin of the World Health Organization*, 95(10), 723–725. <https://doi.org/10.2471/BLT.17.192468>

- Timmers, B. (2020). *Growing What We Eat, Eating What We Grow: Investigating the Enduring Role of Jamaica's Domestic Food System* [Doctor of Philosophy]. University of Waterloo.
- Timms, B. F. (2008). Development Theory and Domestic Agriculture in the Caribbean: Recurring Crises and Missed Opportunities. *Caribbean Geography*, 15(2), 101–117.
- Tozlani, S. (2004). The Rise of Global Enterprise's in the World's Food Chain. In R. Rama (Ed.), *Multinational Agribusinesses*. CRC Press.
- Trommer, S. (2016). Trade policy communities, expert language, and the dehumanization of world trade. In E. Hannah, J. Scott, & S. Trommer (Eds.), *Expert Knowledge in Global Trade* (pp. 63–82). Routledge.
- U.S. Trade Representative. (2021). *Fourteenth Report to Congress on the Operation of the Caribbean Basin Economic Recovery Act*. United States Trade Representative. <http://ustr.gov/issue-areas/trade-development/preference-programs/caribbean-basin-initiative-cbi>
- UWI-CAIHR & CROSQ. (2018). *Letter of Agreement Between CARICOM Regional Organisation for Standards and Quality and The University of the West Indies through its Caribbean Institute for Health Research (UWI-CAIHR)*.
- Vandevijvere, S. (2020). Uptake of Nutri-Score during the first year of implementation in Belgium. *Archives of Public Health*, 78(1), 107. <https://doi.org/10.1186/s13690-020-00492-1>
- Vivero-Pol, J. L. (2017). Food as Commons or Commodity? Exploring the Links between Normative Valuations and Agency in Food Transition. *Sustainability*, 9(3), 442. <https://doi.org/10.3390/su9030442>
- Vliegthart, R., & van Zoonen, L. (2011). Power to the frame: Bringing sociology back to frame analysis. *European Journal of Communication*, 26(2), 101–115. <https://doi.org/10.1177/0267323111404838>
- Vogel, D. (2006). *The Private Regulation of Global Corporate Conduct*. <https://escholarship.org/uc/item/8g66g3hf>
- Vogel, D. (2008a). Private Global Business Regulation. *Annual Review of Political Science*, 11(1), 261–282. <https://doi.org/10.1146/annurev.polisci.11.053106.141706>
- Vogel, D. (2008b). Private Global Business Regulation. *Annual Review of Political Science*, 11(1), 261–282. <https://doi.org/10.1146/annurev.polisci.11.053106.141706>
- WCRF. (2019). *Building momentum: Lessons on implementing a robust front-of-pack food label* (p. 48). World Cancer Research Fund International. <https://www.wcrf.org/sites/default/files/PPA-Building-Momentum-Report-2-WEB.pdf>
- Wedderburn, J. (2006). Gender, Trade Liberalization and the CARICOM Single Market and Economy: Challenges and Options for Civil Society. *Caribbean Quarterly*, 52(2/3), 138–155.
- Weis, T. (2007). Small farming and radical imaginations in the Caribbean today. *Race & Class*, 49(2), 112–117. <https://doi.org/10.1177/03063968070490020607>
- WHO. (2005). *Chronic Diseases in Low and Middle Income Countries*. https://www.who.int/chp/chronic_disease_report/media/Factsheet3.pdf
- WHO Regional Office for Europe. (2020). *Manual to develop and implement front-of-pack nutrition labelling: Guidance for countries on the selection and testing of evidence-informed front-of-pack*

nutrition labelling systems in the WHO European Region.

<https://apps.who.int/iris/bitstream/handle/10665/336988/WHO-EURO-2020-1569-41320-56234-eng.pdf?sequence=1&isAllowed=y>

- Wilk, R. (2006). *Home Cooking in the Global Village: Caribbean Food from Buccaneers to Ecotourists*. A&C Black.
- Wilk, R., & Marisa, W. (Eds.). (2013). From Colonial Dependency to Finger Lickin' Values: Food, Commoditization, and Identity in Trinidad. In *Food and Identity in the Caribbean*. Bloomsbury. <https://www.bloomsbury.com/ca/food-and-identity-in-the-caribbean-9780857853592/>
- Wilkinson, R. (2016). Talking trade: Common sense knowledge in the multilateral trade regime. In E. Hannah, J. Scott, & S. Trommer (Eds.), *Expert Knowledge in Global Trade* (pp. 40–59). Routledge.
- Williams, E. (1984). *From Columbus to Castro: The History of the Caribbean 1492-1969* (1st ed.). Vintage; Digitized copy.
- Wilson, M., & McLennan, A. (2019). A comparative ethnography of nutrition interventions: Structural violence and the industrialisation of agrifood systems in the Caribbean and the Pacific. *Social Science & Medicine*, 228, 172–180. <https://doi.org/10.1016/j.socscimed.2019.03.029>
- Winham, G. R. (1990). Gatt and the International Trade Régime. *International Journal*, 45(4), 796–822. <https://doi.org/10.2307/40202707>
- Winson, A. (2013). *The Industrial Diet: The Degradation of Food and the Struggle for Healthy Eating*. UBC Press. <https://www.ubcpres.ca/the-industrial-diet>
- Wirtz, B. (2019, February 22). *The Food Nannies Are Coming to Protect You from Hamburgers and Soda* / Bill Wirtz. Foundation for Economic Education. <https://fee.org/articles/the-food-nannies-are-coming-to-protect-you-from-hamburgers-and-soda/>
- WTO. (1994). *Technical Barriers to Trade Agreement*. https://www.wto.org/english/docs_e/legal_e/17-tbt.pdf
- Zerbe, N. (2019). Food as a Commodity. In J. L. Vivero Pol, T. Ferrando, O. de Schutter, & U. Mattei (Eds.), *Routledge handbook of food as a commons* (pp. 155–170). Routledge.

Appendices

Appendix A

Timeline of Regional Policy and Standardization Efforts for FOP Labelling

Date	Actor	Action	Evidence/Documentation
2007	CARICOM Heads of Government (HOG)	<p>Port-Of-Spain-Declaration in order to “manage and control” NCDs, HOG committed to:</p> <p>The “...pursuance of trade regulations such as appropriate labelling”</p> <p><i>“Our full support for the initiatives and mechanisms aimed at strengthening regional health institutions, to provide critical leadership required for implementing our agreed strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) and other relevant partners”</i></p> <p><i>“Our support for mandating the labelling of foods or such measures as are necessary to indicate their nutritional content through the establishment of the appropriate regional capability”</i></p> <p><i>“Our continuing support for CARICOM and PAHO as the joint Secretariat for the Caribbean Cooperation in Health (CCH) Initiative to be the entity responsible for revision of the regional plan for the prevention and control of NCDs, and the monitoring and evaluation of this Declaration.”</i></p>	<p>CARICOM. (2007, September 17). 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, Port-of-Spain, Trinidad and Tobago. CARICOM.</p>
2009-2015	CARICOM	<p>Caribbean Cooperation in Health (CCH) III Regional Framework established as a way to direct functional cooperation in health. Includes, as an area for joint collaborative action:</p>	<p>CARICOM. (2011). Caribbean Cooperation in Health Phase III (CCH III): Regional Health Framework 2010-2015. “Investing in Health for Sustainable Development.” CARICOM.</p>

		<p><i>“Ensuring/establishing regional nutritional and quality criteria for imported and locally produced foods as part of trade policy which would include standards for food labeling”</i> (p.20).</p> <p>Empowers CARPHA to “guide the development of policy and monitor and evaluate interventions in priority areas” (p.26).</p> <p>Empowers a CCH which is directly comprised of “the CARICOM Secretariat and the PAHO/WHO Office of the Caribbean Programme Coordination (OCPC)” (p.25).</p>	<p>https://www.paho.org/hq/dmdocuments/2011/CCH3.pdf</p>
2014	CARPHA	<p>CARPHA Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity (2014-2019) is published, which later generates the more action-oriented 2017 Six-Point Policy Package.</p>	<p>PAHO. (2017, October 6). PAHO facilitates agreement between Chile and CARICOM to address childhood obesity. Pan American Health Organization / World Health Organization.</p> <p>https://www.paho.org/spc-crb/index.php?option=com_content&view=article&id=491:paho-facilitates-agreement-between-chile-and-caricom-to-address-childhood-obesity&Itemid=0&showall=1</p>
July 2016	CARICOM	<p>Heads of Government agree to adopt more holistic action on NCDs, and pledge to address (among other actions) “...trade related measures; banning advertisement of potentially harmful foods which specifically target children; and elevating taxes on foods high in sugar, salt and trans-fats.”</p> <p>Heads of Government agree to strengthen ties with Chile, including through “further projects of South-South cooperation as well as trade and investment links.”</p>	<p>Nurse, M. (2016, July 7). Communiqué – 37th Regular Meeting of CARICOM Heads of Government. CARICOM Today.</p> <p>https://today.caricom.org/2016/07/07/communique-37th-regular-meeting-of-caricom-heads-of-government/</p>

2017	CARPHA	6 Point Policy Package Published (includes FOP labelling as Recommendation 1.2 – see page 96)	CARPHA. (2017). Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action (Technical Brief High Level Meeting to Develop a Roadmap on Multi-Sectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security). CARICOM Technical Brief.
August 21-24 2017	CARICOM/ PAHO	<p>Chile hosts Caribbean delegation as part of the CCHD project <i>"Advancing public health policies to address overweight and obesity in Chile and the Caribbean Community"</i> Delegation from CARICOM visits Chile during the Pan-American Sanitary Conference.</p> <p>Delegation included <i>"CARICOM, the Caribbean Public Health Agency (CARPHA), the CARICOM Regional Organisation for Standards and Quality (CROSQ), the Caribbean Law Institute Center (CLIC), the University of the West Indies (UWI), the Healthy Caribbean Coalition (HCC), Jamaica, Suriname and others to discuss the CCHD project."</i></p>	<p>PAHO. (2017, October 6). PAHO facilitates agreement between Chile and CARICOM to address childhood obesity. Pan American Health Organization / World Health Organization. https://www.paho.org/spc-crb/index.php?option=com_content&view=article&id=491:paho-facilitates-agreement-between-chile-and-caricom-to-address-childhood-obesity&Itemid=0&showall=1</p>
2017	PAHO and CARICOM leaders and health advocates	<p>At the Pan American Sanitary conference, PAHO Director a CARICOM Program Manager at CARICOM, the Chilean Minister of Health, the Ambassador of Barbados to the OAS, and the President of the Center for Science and the Public Interest jointly host a side event called: <i>"The use of regulatory policies to promote, support and protect healthy eating: challenges and achievements"</i> which included a <i>"presentation on the Chile-CARICOM cooperation and policies to prevent obesity in the Caribbean."</i></p>	<p>PAHO. (2017, October 6). PAHO facilitates agreement between Chile and CARICOM to address childhood obesity. Pan American Health Organization / World Health Organization. https://www.paho.org/spc-crb/index.php?option=com_content&view=article&id=491:paho-facilitates-</p>

			agreement-between-chile-and-caricom-to-address-childhood-obesity&Itemid=0&showall=1
		CROSQ "deemed" relevant agency	Participant interviews
	CROSQ	Suggests Suriname recommends CRS 5 for revision	Participant interviews
	RTC	Drafts revised CRS 5, includes FOP Labels.	Participant interviews
March 2018	CROSQ	CROSQ Chairperson on panel re: leveraging CARICOM law for NCD prevention	PAHO, WHO of the Americas, CCJ, & FAO. (2018). High-Level Meeting on the Use of Law to Tackle Noncommunicable Diseases: A critical step to accelerate progress in the Caribbean [Meeting Report]. https://iris.paho.org/bitstream/handle/10665.2/34942/PAHONMH18017_spa.pdf?sequence=1&isAllowed=y
July 2018	RTC	First RTC Online meeting to discuss revision of CRS 5	Participant interviews
July 2018	CROSQ	Sends informal draft of standard to NSBs	Participant interviews
August 2018	CROSQ	Letter of Agreement signed to undertake CRS 5 revision with inclusion of FOP labels.	UWI-CAIHR & CROSQ. (2018). Letter of Agreement Between CARICOM Regional Organisation for Standards and Quality and The University of the West Indies through its Caribbean Institute for Health Research (UWI-CAIHR).
August 2018	Jamaica NSB	Preliminary meeting with stakeholders in Jamaica for feedback for formulation stage	Participant interviews

August 2018	Regional Technical Committee	First face-to-face meeting of Regional Technical Committee in Guyana (Jamaica brings concerns at this stage)	Participant interviews
	Regional Technical Committee	Makes editorial changes to the standard but keeps Chilean style FOP label	Participant interviews
	CROSQ	Draft CRS 5 RTC has been working on officially becomes a Draft CARICOM Regional Standard (DCRS)	Participant interviews
October 2018	CROSQ	Sends DCRS 5 to National Standards Bureaus (NSBs)	Participant interviews
October 2018	Jamaica NSB	Holds initial meeting.	Participant interviews
Oct-18	Barbados NSB	Holds initial meeting.	Participant interviews
Oct-18	SKN NSB	Holds initial meeting.	Participant interviews
Nov-18	Jamaica Manufacturers and Exporters' Association	Receives feedback on initial (August) draft comment feedback from Regional level.	Participant interviews
	Barbados Ministry of Health	National consultation	Participant interviews
Jan-19	CROSQ	Original deadline extended to provide more time for national-level meetings.	Participant interviews
Jan-19	Jamaica NSB	Meeting with manufacturers to discuss concerns over FOP labelling system in CRS 5.	Participant interviews
Feb-19	CROSQ	New deadline extended.	Participant interviews
Mar-19	Barbados NSB	Committee comes to consensus and move forward.	Participant interviews

Mar-19	Jamaica NSB	Submits 'fullsome' document of comments (FOP labels and other concerns) to CROSQ	Participant interviews
May-19	RTC	Second face-to-face RTC meeting in Suriname (decided for several online meetings to wrap up by end of July)	Participant interviews
Shaded area of timeline = overlap of fieldwork/interviews			
July 24, 25 2019	RTC	Third face-to-face RTC meeting in Trinidad --> vote on whether to move FOP labels to Nutritional Guidelines	Participant Interviews
Jul-19	Jamaica NSB	Meeting w/ stakeholders, inter agencies, government agencies, ministries 'as to how to move forward' given divisions	Participant Interviews
		Outcome ^ MOH Pilot Study, RIA	
August 21 2019	JMEA	Meeting w/ BSJ, inter-agencies, ministries, organized by JMEA	Participant Interviews
August 28 2019	BSJ	Mirror Committee Meeting	Participant Interviews
September 5 2019	Regional Technical Committee	Online meeting - outcome to hold another round of comments	Participant Interviews
Fall 2019	Jamaica NSB	Drafts Terms of Reference for Regulatory Impact Assessment (RIA), hires consultant.	Participant Interviews
Dec-19	Jamaica MOH	Estimated pilot study end date.	Participant Interviews
May-20	Jamaica NSB	Estimated RIA end date.	Participant Interviews
August 2021	Jamaican Government	Jamaican government announces it will not implement FOP labels.	Chung, A. (2021, August 15). Front-of-packaging labelling – Jamaican consumers trumped by vested interests. The Jamaican Gleaner. https://jamaica-

			gleaner.com/article/focus/20210815/andre-chung-front-packaging-labelling-jamaican-consumers-trumped-vested
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Appendix B

National Standards Bureaus' Committee Lists

	Organization	Category	Notes
SKN NSB	SKN NSB	Staff	
	SKN NSB	Staff	
ST KITTS AND NEVIS MIRROR COMMITTEE	Sun Island group	Other	Local manufacturer (not food).
	Ministry of Trade <i>et al</i>	Other Gov	
	Carib Brewery	Manufacturer	Headquarters and main brewery in Trinidad, but there are also breweries in St Kitts and Nevis and Grenada. Founded 1947. International distributors – especially around the Carribean, US islands...(27 destinations) Region's largest brewery Over 1000 employees 1,200,00 hectolitres annually
	Carib Brewery		
	Corlis catering Services	Other	Local Catering Business
	Environmental Health Department	Other Gov	
	Fahies Agricultural Women Co-op	Other	Value added nutritious foods Farming and agro-processing

		GEF Small Grants Programme Gender focus and sustainable livelihoods
Horsfords ValuMart	Distributor/ Importer	Food and grocery store, also includes pharmacy, beverages, household products. Horsfords = parent group of local companies.
Horsfords ValuMart	Second	
Ministry of Health	MOH	
Ram's Trading Ltd	Distributor/ Importer	<p>Established 1935</p> <p>4 Grocery stores</p> <p>2 Smoke and Booze</p> <p>1 Cash and Carry</p> <p>Telecoms since 2005</p> <p>Apx \$4 million Revenue (?)</p> <p>Local supplemented by regional and international supply</p> <p>Largest commodity food trader in the Federation of St. Kitts and Nevis, imports and distributes poultry, beef, mutton and lamb, pork and various species of seafood from around the world. We also trade in sugar, milk powder, and fresh produce.</p> <p>Also acts as agents for the following brands in St Kitts: Badia, Bop, Cadbury-Adams, Campbell's Soup Company, Cavendish Farms, ConAgra Foods, Connor Brothers, Co-Ro Foods, DAK, Del Monte, Drummond Export, Energizer, Florida Natural, General Mills, Gerber, Goya, Grace Kennedy, Export Co., GrupoBocel, Island Oasis, Kean Drinks, Kellogg's, Kraft Foods International, Kraft-Heinz, Libby's International, Lucozade, Mars Caribbean & Central America, Mc Bride Caribbean, Nature Valley, Nestle Caribbean Inc., Oceanspray, Pepsi, Producers Rice Mill, Quinatna Hnos, Red Bull, Reynold's Consumer Products, Ribena, Rica Drinks, Roland Foods, S.C. Johnson, Shirley, S.M. Jaleel and Company Limited, Tropicana, Tulip Food Company, Unilever, Welch's, Yoplait Yogurts</p>

	Dufry St. Kitts Ltd.	Distributor/ Importer	420 locations globally Duty-free
	Cayon High School	Other	Secondary School
	Cayon High School	Secon	
	Customs and Excise Department	Other Gov	
	Legal	Other Gov	
	CFBC	Other	
	CFBC	Second	
	Chamber of Commerce/OTI	Industry Representat ive	
	Chamber of Industry and Commerce	Second	
		Distributor/Im porter	
	Agroprocessor	Other	
	Consumer Affairs Nevis	Other Gov	
Lake Health and Wellness	Civil Society		
JAMAICA NSB	Jamaica NSB	Staff	
	Jamaica NSB	Staff	

JAMAICA NATIONAL MIRROR COMMITTEE	Heart Foundation	Civil Society	
	Ministry of Health (Nutrition Industry Task Force)	MOH	
	Jamaica Exporters and Manufacturers Association (JEMA)	Distributor/Importer	<p>Founded originally in 1966</p> <p>26-50 staff</p> <p>Helps local companies export</p> <p>Approximately 400 members</p> <p>Represent both Manufacturing & Export, including: Food and Tobacco Products; Beverages; Textile, Apparel and Leather Products; Wood and Furniture Products; Printing and Paper Products; Packaging Products; Chemical and Pharmaceutical Products; Rubber and Plastic Products; Mineral and Metal Products; Electrical, Electronics and Optical Products; Jewellery and Other Manufacturing Products</p> <p>Export:</p> <p>Mining and Quarrying</p> <p>Agriculture, Forestry and Fishing</p> <ul style="list-style-type: none"> - Crops and Animal - Forestry and Logging - Fishing and Aquaculture <p>Electricity, Gas and Petroleum</p> <p>Information and Communication</p> <p>Arts and Entertainment</p> <p>Professional Services</p>
	Ministry of Health (NCD Unit)	MOH	

Seprod	Manufacturer	1500 employees Food, dairy, pharmaceuticals Distribution, manufacturing, exporting J\$36B annual revenue, 50/50 distribution and manufacturing
Wisynco	Distributor/ Importer	Bottling and distribution of purified water and beverages Plastic and foam packing and disposable products 700 sales-related employees, 1786 employees in total Distributes 126 brands with over 4000 products
National Compliance Regulation Authority	Other Gov	
International Centre for Environmental and Nuclear Sciences	Other	
Wisynco	Second	See above.
Scientific Research Council	Other gov	
Diabetes Association of Jamaica	Civil Society	
BSJ	NSB	
Northern Caribbean University	Other	
Ministry of Health	MOH	

	Nestle	Importer/ Distributor	Food products and distributors of: Baby foods; Bottled Water; Chocolate & Confectionery; Coffee; Culinary, Chilled & Frozen Food; Dairy; Drinks; Food Service; Healthcare Nutrition; Ice Cream; Petcare; Also works in Weight Management services New corporate office in Jamaica Opened in Jamaica in 1940
	Nestle	Second	See above
	Virginia Dare	Manufacturer	Food flavours, colours and syrups Packaging Exports to the US and Canada Incorporated in 1969
	Grace Kennedy	Manufacturer	Develops, manufactures and distributes food and non-food products Established 1922 Revenue for the Group totalled J\$103.09 billion, an increase of J\$5.55 billion over 2018. Exports to the US, UK, Canada. In the US: Exports were US\$2,499.8B, down US\$1.5B (0.1%) from 2018. Imports were US\$3,116.5B, down US\$12.5B from 2018
	Consumer Affairs Commission	Other Gov	
BARBADOS NSB	Barbados NSB	Staff	
	Barbados NSB	Staff	

BARBADOS NATIONAL MIRROR COMMITTEE	Healthy Caribbean Coalition	Health	NCD Commission, childhood obesity, healthy workplaces Over 100 Caribbean based CSOs Global Health Advocacy Incubator Funding 6 employees Advocacy work across various different themes: alcohol, cancer, childhood obesity, health systems, etc.
	Healthy Caribbean Coalition	Second	
	Barbados Investment and Development Corporation	Other Gov	
	Barbados Investment and Development Corporation	Second	
	Barbados Investment and Development Corporation	Third	
	Small Business Association	Industry representative	
	Barbados Manufacturers Association	Manufacturer	Established 1964 Promotes and encourages the development of manufacturing opportunities Advocacy, networking and mentoring opportunities Works to grow manufacturing in Barbados
	National Nutrition Centre	Other Gov	

National Nutrition Centre	Other Gov	
Barbados Association of Retired Persons	Civil Society	
HIPAC	Manufacturer	Processed meat, seafood and vegetarian foods in the fresh, frozen and canned categories Established 1979 185 staff 200 products for food sale and retail customers Regional exports in the Caribbean
HIPAC	Second	See above.
Government Analytical Services	Other Gov	
Government Analytical Services	Second	
Barbados Consumers Research Organization	Other Gov	
Department of Commerce and Consumer Affairs	Other Gov	
Department of Commerce and Consumer Affairs	Second	
Barbados Chamber of Commerce and Industry	Importer/ Distributor	Founded in 1825 (originally called Commercial Hall) Promoting interests of the business community BCCI Council, Secretariat and various committees 233 members

	Chamber of Commerce and Industry	Second	
	Ministry of Health and Wellness	Ministry Of Health	
	Barbados Community College	Other	

Appendix C

	Publicly Available	Citation
International Standards or International Standards Processes	Yes	WTO. (1994). Technical Barriers to Trade Agreement. https://www.wto.org/english/docs_e/legal_e/17-tbt.pdf
	Yes	Codex. (2020a). <i>About Codex | CODEXALIMENTARIUS FAO-WHO</i> . Codex Alimentarius: International Food Standards. http://www.fao.org/fao-who-codexalimentarius/about-codex/en/
	Yes	Codex. (2020b). <i>FAO/WHO Codex Trust Fund | CODEXALIMENTARIUS FAO-WHO</i> . Codex Alimentarius: International Food Standards. http://www.fao.org/fao-who-codexalimentarius/about-codex/faowho-codex-trust-fund/en/
	Yes	Codex Alimentarius Commission. (2017). <i>Discussion Paper on Consideration of Issues Regarding Front-of-Pack Nutrition Labelling</i> . WHO and FAO. http://www.fao.org/fao-who-codexalimentarius/sh-proxy/es/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FMeetings%252FCX-714-44%252FWD%252Ffl44_07e.pdf
	No	Codex Alimentarius Commission. (2020). <i>Request information and comments on FOPNL</i> . http://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FCircular%252520Letters%252FCL%2525202020-54-OCS%252Fc120_54e.pdf
Yes	Codex Committee on Food Labelling. (2019). <i>REPORT OF THE FORTY-FIFTH SESSION OF THE CODEX COMMITTEE ON FOOD LABELLING</i> (p. 52). Codex Alimentarius Commission. https://www.fao.org/fao-who-codexalimentarius/sh-proxy/jp/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FMeetings%252FCX-714-45%252FFinal%252520Report%252FREP19_FLe.pdf	

	Yes	ISO. (n.d.-g). <i>1. Standards in Our World—1.6 ISO’s actions and partners working for consumers</i> . Consumers and Standards: Partnership for a Better World Module. Retrieved November 3, 2021, from https://www.iso.org/sites/ConsumersStandards/1_standards.html
	Yes	ISO. (n.d.-h). <i>Consumers and Standards: Partnership for a Better World Module</i> . ISO. Retrieved November 3, 2021, from https://www.iso.org/sites/ConsumersStandards/1_standards.html
	Yes	Randall, A. W. (2010). The Codex Alimentarius and Food Labelling: Delivering Consumer Protection. In J. Albert (Ed.), <i>Innovations in food labelling</i> (pp. 5–16). CRC Press [u.a.].
CARICOM Standards or CARICOM Standards Process	Yes	BSJ. (2021). Draft Jamaican Standard Specification for Processed foods (general) (for public comments). https://www.bsj.org.jm/sites/default/files/DJS%2036%20-%20Processed%20Foods%20-%20Public%20Comments.pdf
	Yes	CROSQ. (n.d.). <i>DCRS 06 Nutritional labelling—Requirements_for enquiry_new.pdf</i> . Retrieved December 12, 2021, from https://www.bsj.org.jm/sites/default/files/DCRS%2006%20Nutritional%20labelling%20-%20requirements_%20for%20enquiry_new.pdf
	Yes	CROSQ. (2014a, February 5). <i>About Us: Organisation</i> . CROSQ. https://website.crosq.org/organisation/
	Yes	CROSQ. (2014b, February 5). <i>Organisation</i> . CROSQ. https://website.crosq.org/organisation/
	No	CROSQ. (2018). <i>DCRS 05 Labelling of foods—Prepackaged foods—Specification 14-10-2018</i> .
	No	JS CRS 5 2010—Specification for Labelling of Pre-packaged Foods.
	No	KMA Consulting Ltd. (n.d.). <i>CARICOM IMPACT ASSESSMENT: DETERMINATION OF AN APPROPRIATE FoPNL SCHEME AND THE IDENTIFICATION OF A HARMONIZED APPROACH FOR IMPLEMENTATION</i> . 75.
CARICOM	Yes	CARICOM. (2007a). <i>A COMMUNITY FOR ALL: DECLARATION ON FUNCTIONAL COOPERATION, ISSUED BY THE HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY ON THE OCCASION OF THE TWENTY-</i>

	<i>EIGHTH MEETING OF THE CONFERENCE, 1-4 JULY 2007, NEEDHAM'S POINT, BARBADOS.</i> https://caricom.org/a-community-for-all-declaration-on-functional-cooperation-issued-by-the-heads-of-government-of-the-caribbean-community-on-the-occasion-of-the-twenty-eighth-meeting-of-the-conference-1-4-j/
No	Caribbean Unity in Health. (2017). Appendices: The Evaluation of the 2007 CARICOM Heads of Government Port of Spain NCD Summit Declaration.
Yes	CARICOM. (2007b, September 17). 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, Port-of-Spain, Trinidad and Tobago. <i>CARICOM</i> . https://caricom.org/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-port-of-spain-tr/
Yes	CARICOM. (2007c, October 10). DECLARATION OF ST. ANN: IMPLEMENTING AGRICULTURE AND FOOD POLICIES TO PREVENT OBESITY AND NON-COMMUNICABLE DISEASES (NCDs) IN THE CARIBBEAN COMMUNITY. <i>CARICOM</i> . https://caricom.org/declaration-of-st-ann-implementing-agriculture-and-food-policies-to-prevent-obesity-and-non-communicable-diseases-ncds-in-the-caribbean-community/
Yes	CARICOM. (2008, November 19). Communiqué Issued At The Conclusion Of The Seventeenth Meeting Of The Council For Human And Social Development (cohsod), 17-18 November 2008, Georgetown, Guyana. <i>CARICOM</i> . https://caricom.org/communique-issued-at-the-conclusion-of-the-seventeenth-meeting-of-the-council-for-human-and-social-development-cohsod-17-18-november-2008-georgetown-guyana/
Yes	CARICOM. (2011). <i>Caribbean Cooperation in Health Phase III (CCH III): Regional Health Framework 2010-2015. "Investing in Health for Sustainable Development."</i> <i>CARICOM</i> . https://www.paho.org/hq/dmdocuments/2011/CCH3.pdf
Yes	CARPHA. (2017). Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action (Technical Brief High Level Meeting to Develop a Roadmap on Multi-Sectoral Action in Countries to

	Prevent Childhood Obesity through Improved Food and Nutrition Security). CARICOM Technical Brief. https://carpha.org/Portals/0/Documents/CARPHA_6_Point_Policy_for_Healthier_Food_Environments.pdf
Yes	DECLARATION OF PORT-OF-SPAIN: UNITING TO STOP THE EPIDEMIC OF CHRONIC NCDs—Caribbean Community (CARICOM). (n.d.). Retrieved January 31, 2019, from https://caricom.org/media-center/communications/statements-from-caricom-meetings/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds
Yes	FAO & PAHO. (2017). <i>APPROVAL OF A NEW FOOD ACT IN CHILE: PROCESS SUMMARY</i> Entry into force: June 2016. WHO.
Yes	Gomes, F. (n.d.). Front-of-package labelling. PAHO. Retrieved May 18, 2020, from https://www.healthycaribbean.org/wp-content/uploads/2019/06/1_FOPL_PAHO_FINAL.pdf
Yes	Hennis, A., & Gomes, F. (2018, October 16). PAHO/WHO | Opinion: Reshaping the food environment to reduce NCDs. Pan American Health Organization / World Health Organization. https://www.paho.org/hq/index.php?option=com_content&view=article&id=14734:opinion-reshaping-the-food-environment-to-reduce-ncds&Itemid=135&lang=en
Yes	Nurse, M. (2016, July 7). Communiqué – 37th Regular Meeting of CARICOM Heads of Government. <i>CARICOM Today</i> . https://today.caricom.org/2016/07/07/communique-37th-regular-meeting-of-caricom-heads-of-government/
Yes	PAHO. (n.d.-a). <i>Cooperation Among Countries for Health Development—PAHO/WHO | Pan American Health Organization</i> . Pan American Health Organization / World Health Organization. Retrieved September 30, 2020, from https://www.paho.org/en/who-we-are/cooperation-among-countries-health-development
Yes	PAHO. (n.d.-b). <i>Front-of-package labeling—PAHO/WHO | Pan American Health Organization</i> . Retrieved October 16, 2021, from https://www.paho.org/en/topics/front-package-labeling

Yes	PAHO. (2017, October 6). PAHO facilitates agreement between Chile and CARICOM to address childhood obesity. Pan American Health Organization / World Health Organization. https://www.paho.org/spc-crb/index.php?option=com_content&view=article&id=491:paho-facilitates-agreement-between-chile-and-caricom-to-address-childhood-obesity&Itemid=0&showall=1
Yes	PAHO. (2019, February 26). PAHO OCPC |—CARICOM Member States discussing ‘HIGH IN’ Front of Package Labelling | PAHO/WHO. Pan American Health Organization / World Health Organization. https://www.paho.org/spc-crb/index.php?option=com_content&view=article&id=551:caricom-member-states-discussing-high-in-front-of-package-labelling&Itemid=1540
Yes	PAHO, WHO, & Caribbean Community Secretariat. (2011). Strategic Plan of Action for the Prevention and Control of Chronic Non-Communicable Diseases (NCDs) for Countries of the Caribbean Community 2011-2015. Pan American Health Organization. http://www.archive.healthycaribbean.org/publications/documents/CARICOM-NCD-Plan-2011-2015.pdf
Yes	PAHO, WHO of the Americas, CCJ, & FAO. (2018). High-Level Meeting on the Use of Law to Tackle Noncommunicable Diseases: A critical step to accelerate progress in the Caribbean [Meeting Report]. https://iris.paho.org/bitstream/handle/10665.2/34942/PAHONMH18017_spa.pdf?sequence=1&isAllowed=y
No	Samuels, T. A., Unwin, N., Hospedales, J., Alleyne, G., Theodore, K., Knight, A., Kirton, J., Hassell, T., & Zuereb, G. (2017). <i>Final Technical Report: The Evaluation of the 2007 CARICOM Heads of Government Port of Spain NCD Summit Declaration</i> (p. 320).
Yes	Soares-Wynter, S., Aiken-Hemming, S.-A., Hollingsworth, B., Miles, D. R., & Ng, S. W. (2020). Applying Nutrient Profiling Systems to Packaged Foods and Drinks Sold in Jamaica. <i>Foods</i> , 9(1), 65. https://doi.org/10.3390/foods9010065
No	UWI-CAIHR & CROSQ. (2018). Letter of Agreement Between CARICOM Regional Organisation for Standards and Quality and The University of the West Indies through its Caribbean Institute for Health Research (UWI-CAIHR).
Yes	WHO and PAHO. (2019). <i>Provisional Agenda Item 7.11-C of 57th Directing Council: 71st Session of the Regional Committee of WHO for the Americas (30 September-4 October 2019)</i> . Washington, DC, USA.

	https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=50155-cd57-inf-11-c-e-subregional-organizations&category_slug=cd57-en&Itemid=270&lang=en
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Appendix D

CODING FRAMEWORK

Pilot Code (emerging themes through grounded theory):

1. Consultation Perspectives
2. Formulation Perspectives
3. Irrelevant
4. Legitimacy
5. Multi-level governance
6. Policy Championing
7. Policy Coherence
8. Policy Transfer
9. Reactions to FOPL
10. Resistance Strategies
11. Standards Process
12. Support Strategies
13. Objectivity
14. Conflict of Interest

Finalized Code (including better-fit codes from QCA):

1. Consultation Perspectives
 - 1.1. Evidence
 - 1.2. Other
 - 1.3. Participation
 - 1.4. Preparedness
 - 1.5. Representation
 - 1.6. Stakeholder Understanding of Process
 - 1.7. Deadlines
2. Formulation Perspectives
 - 2.1. Other

- 2.2. Specific Actor Involvement
- 2.3. Timing
- 2.4. Standards vs. Regulatory
3. Irrelevant
4. Legitimacy
5. Multi-level governance
6. Policy Championing
 - 6.1. GGOs or IOs
 - 6.2. Government Actors as Policy Champions
 - 6.3. Lack of Policy Champions
 - 6.4. Transnational Advocacy Networks
 - 6.5. Other
7. Policy Coherence
 - 7.1. CARICOM or regional
 - 7.2. Historical (colonial)
 - 7.3. International
 - 7.4. National
 - 7.5. Other
8. Policy Transfer
9. Reactions to FOPL
 - 9.1. Negative or Against
 - 9.2. Other
 - 9.3. Positive or For
10. Resistance Strategies
 - 10.1. Delay
 - 10.2. Divide and Rule
 - 10.3. Lobbying
 - 10.4. Reframing
 - 10.5. Venue Shifting or Shopping
 - 10.6. Other
 - 10.7. Alternative Labelling
11. Standards Process

- 11.1. Commenting at National Level
- 11.2. Consensus (conceptual)
- 11.3. Facilitator or Facilitation
- 11.4. Implementation or Enforcement Issues
- 11.5. Regional Vote
- 11.6. Other
- 11.7. Information Sharing
- 11.8. Privacy and Transparency Issues
- 11.9. Deadlines
- 11.10. CRS 5 Revision (procedural)
- 11.11. International Standards Practice
- 11.12. National Adoption
- 11.13. Role of CARICOM Organs

- 12. Support Strategies
 - 12.1. Divide and Rule
 - 12.2. Generating Evidence
 - 12.3. Information Sharing
 - 12.4. Reframing or Framing
 - 12.5. Other
- 13. Objectivity
- 14. Conflict of Interest
- 15. Regulatory Impact Assessment
- 16. Policymaking
- 17. Political opportunity
- 18. Private Sector Interest

Appendix E

Interview Guide

- What is your understanding of the process that led to this standard development exercise?
- Can you tell me how the Chilean labelling format was decided on to be adopted rather than another FOPL format?
- What is your view on FOP labelling in “country”? Is this the view that you expressed during the consultation?
- Why do you think that?
- What did you think was important to portray at the consultation?
- Why did you choose to be a part of the consultation process?
- Did you find the consultations to be a helpful process?
- What else, if anything, will you do to try and make sure your view is integrated into the policy (or policy is blocked, if that is their answer)?
- Do you think your view is representative of “country” in general? Do you think it is common across CARICOM?
- How do you think your views were received by others at the meeting? By Bureau staff?
- Have you provided other sources of information and/or evidence to the policy process?
- Are there other sets of evidence you believe are missing from this conversation?
- What actors participated in the consultation process? What views/interests did different actors portray?
- What reasoning was presented as evidence for these views?
- Were some views more popular? Where there any particularly loud voices? Which ones? Why do you think that is?
- Would you characterize the groups of actors and their perspectives in any particular way?
- How were these different views perceived by others at the meeting? How did you perceive those views?
- How were the diversity of views captured in the consultations? How were your comments dealt with?
- Has the government expressed any view officially on the standard?
 - Do you think your view will be represented by your government throughout this policy process? Why or why not?
 - What ‘view’ is the government taking on the policy?
 - How and why do you think that view has been informed?
 - Do you think the ‘national view’ is different from the original draft standard presented? How?
 - Do you think this ‘national perspective’ will stand up to regional negotiations on the policy? Why or why not?
- Do you think there is utility in creating a regional standard for FOP? Why or why not?

Appendix F

Reference name for group	Professional Capacity (Committee participant)		Jm	Bar	SKN	Regional or total
Loose Coalition of Health Advocates	Regional public health researchers, Pan-American Health Organization (PAHO), Healthy Caribbean Coalition (HCC)	Experts identified by participants	-	-	-	5
		Number of participants interviewed	-	-	-	2 40%
'Health' Actors	Healthy Caribbean Coalition (HCC), national health NGOs, ministries/departments of health	Number of participants in process (as per national committee lists)	4	3	2	9
		Number of participants interviewed	4	3	2	9
			100%	100%	100%	100%
Civil Society	Citizens' groups (e.g., retiree groups), NGOs (including national health NGOs), academia/research	Number of participants in process (as per national committee lists)	4	2	2	8
		Number of participants interviewed	3	1	1	5
			75%	50%	50%	63%

Neutral***	Other government departments (e.g., consumer affairs, national investment and business development corporations, labs). Participants who did not self-identify as 'health' or 'industry', e.g., local catering business, agroprocessors, representatives of schools	Number of participants in process (as per national committee lists)	5	2	9	16
		Number of participants interviewed	4	2	2	8
			80%	100%	22%	50%
Distributors/ Importers****	Supermarket managers, industry associations (chambers of commerce, lobby groups)	Number of participants in process (as per national committee lists)	4	1	4	9
		Number of participants interviewed	2	0**	2**	4
			50%	0%	50%	44%
Industry Actors*****	Supermarket managers, industry associations (chambers of commerce, lobby groups), food manufacturers, business development organizations (this group then is the same as above plus additional members)	Number of participants in process (as per national committee lists)	6	5	6	17
		Number of participants interviewed	3	2**	3**	8
			50%	40%	50%	47%
Staff		Number of participants in process (as per national committee lists)	2	1	1	3
		Number of participants interviewed	1	1	1	3
			50%	100%	100%	100%
		One Regional Staff Member				1 100%
			JM	Bar	SKN	Regional or total
TOTALS (includes staff):		Number of participants in process (as per national committee lists)	19*66	13*	18*	50*
		Number of participants interviewed	11	9	8	30
			58%	82%	42%	60%

⁶⁶ * Where both a primary and backup representative was listed, I have only included this as one participant. In these cases, I only interviewed the primary representative.

** An additional informal conversation was also held with one participant who decided ultimately not to participate in the study.

*** It is useful to think of the ‘neutral’ category as those that have no real stake in the outcome of CRS 5 and frequently correlated with low engagement with the relevant national committee. In St Kitts and Nevis in particular, most committee members in the ‘neutral’ category had attended only one meeting, making the absence of their participation in the study much less significant.

**** The difference between the distributor/importer and the industry category is the inclusion of food manufacturers – these participants represented industry interests but were focused on local issues or exporting issues, whereas distributors and importers were more focused on costs and importing barriers.