

Case Study Title:

A Rising Tide Lifts all Boats: Forging Public-Private Partnerships to Create Momentum in the Successful Passage, Implementation and Enforcement of Smoke-free Legislation in Suriname.

A) CONTEXT:

1) What is the general political, social and economic context in which the intersectoral action occurred?

The Republic of Suriname is a small, middle-income country on the Northeast coast of South America. The majority of the country's population is concentrated along its Northern coastline, but communities are dispersed throughout the country's interior. The country is divided into 10 districts that elect its representatives to Suriname's National Assembly, the country's unicameral legislative body.

2) Key contextual factors of the work that have influenced its success:

The political will of key decision makers for this legislation was apparent throughout the policy process. President Desi Bouterse, a known smoker, publicly stated in a keynote address at the United Nations High Level Meeting on Non-Communicable Diseases, his support for comprehensive smoke-free legislation with adequate enforcement mechanisms. Members of the National Assembly also consistently demonstrated support for this initiative.

In the regional context, South American countries like Brazil and Uruguay are models for successful implementation of the Framework Convention on Tobacco Control (FCTC) guidelines.

B) PURPOSE / GOALS:

1) What are the goals of the intersectoral action for this case study?

The goal of intersectoral action was to pass comprehensive smoke-free legislation that reflected the guidelines of the FCTC. Then, after the law

passed, intersectoral leaders would assist in its successful promotion, implementation, and enforcement.

2) How explicit was the desire to reduce health inequities? Were indicators or targets set, and, if so, how useful was this process?

From the start, the goal of passing comprehensive, smoke-free legislation was to protect vulnerable populations from the detrimental effects of secondhand smoke and preserve the health of children, employees, and residents of the interior with limited information and access to services.

Indicators for this policy initiative were set within the National Action Plan for the Prevention and Control of Non-Communicable Diseases. However, this action plan was created after the drafting of the nonsmoking bill began.

C) PROJECT INITIATION

1) What was the impetus for the work to begin?

Suriname ratified the FCTC treaty in 2008 and was therefore legally obligated to implement the FCTC guidelines.

2) How was the project initiated? Who took the lead role(s)? What were the initial responses to the work?

The Ministry of Health and the Pan American Health Organization were both responsible for initiating and leading the policy initiative. The intersectoral Tobacco Commission formed and was approved by the National Assembly shortly thereafter and was comprised of representatives from the public and private sector.

3) How was the case for intersectoral action built?

Initiative leaders advocated the importance of national smoke-free legislation and the role multiple sectors have in realizing that goal.

4) How did the work relate to social or cultural values (context) of that region/country/population group?

The policy initiative aligned with the social values of protecting vulnerable population such as children, pregnant women, and tribal people.

D) DEVELOPMENT OF PARTNERSHIPS:

- 1) How were partners chosen, and how were they motivated / persuaded to participate?

Multiple sectors of society were contacted regarding this initiative including private, government, non-government, civilian, and media. Partners were motivated to participate by the ever-growing momentum towards the goal of tobacco-free legislation in Suriname. In June 2012 the Ministry of Health organized a massive Anti-SmokingWalk with nearly 5000 participants. This walk was a big moment in creating press coverage and awareness for the upcoming tobacco law.

- 2) Key actors/sectors responsible for influencing the development and implementation of policy & programs: (? elected government officials, government staff, non- government organizations, local community members, private sector, etc). How important was the role (if any) of the non-government sector?

- PAHO
- Ministry of Health
- Ministry of Trade and Industry
- Ministry of Justice
- Ministry of Labor
- Ministry of Environment
- Members of the National Assembly
- Anton de Kom University, Law Department for legislation consultation
- Sports Groups
- Youth organizations
- District Commissioners and District Councils
- Transportation Organizations (bus and taxi drivers)
- Chamber of Commerce

Non-governmental organizations played a key role in defending the bill when lobbyists from the tobacco company and hospitality industry tried to amend and dampen the bill's ability to control tobacco.

- 3) What is the history of these partners working together in the past?

Some of these partners have participated in previous wellness campaigns sponsored by the Ministry of Health.

- 4) Describe the structures (formal or informal) set up to ensure collaboration among key partners. How was integration within sectors or between sectors facilitated?

The Tobacco Board, the first intersectoral committee created in Suriname and the National Assembly were the two primary formal structures used to coordinate collaboration. Other more informal alliances were also employed to ensure collaboration among key partners.

- 5) What role did the health sector play? Indicate key learning from this when possible.

The health sector spearheaded the planning and coordination of this initiative towards the legislation. A key learning from this experience was that a sector shouldn't act alone and it's important to have the weight of other sectors behind an initiative.

E) IMPACT AND OUTCOMES

- 1) What level of integration was achieved (i.e. cooperation, coordination, or true integration)? How could you tell that integration was happening? Was true intersectoral action achieved (vs. multi-sectorial for instance)?

Developing and passing comprehensive smoke-free legislation that reflects the guidelines of the FCTC required an integrated, intersectoral approach. It is through these forged partnerships that law will be disseminated, implemented and enforced.

- 2) How were impacts and outcomes measured and reported? What mechanisms were used (if any) to ensure that an intersectoral process was used for measuring and reporting outcomes?

The law was passed unanimously due to a growing social movement and strong intersectoral action. Initiative leaders will be monitoring and evaluating implementation and adherence to the law once it becomes enforceable on June 7, 2013.

- 3) What were the impacts and outcomes of the work? Include both process & policy/program changes.

The comprehensive smoke-free legislation was passed unanimously by the National Assembly and signed into law by President Bouterse on March 6, 2013.

- 4) To what degree did the work achieve its objectives? To what degree did the work successfully deal with health inequities?

The policy processes exceeded all expectations by passing the National Assembly with a unanimous vote. The legislation is a key step in protecting youth, employees, and other vulnerable population from the harmful effects of secondhand smoke. It also protects youth from tobacco advertising and helps to discourage smoking initiation.

Advocacy for this initiative involved all layers of society and all districts of the country. Commissioners representing districts with historically unequal access to information and little legislative oversight were consulted to ensure they have the resources they need for a successful implementation.

- 5) What mechanisms were put in place to ensure the work's sustainability? To what degree have these mechanisms been successful?

Reporting avenues, harsh penalties, and intersectoral collaboration on enforcement were all written into the legislation. In addition, the Ministry of Health has made every effort to integrate legislative oversight into all layers of society by educating the public on the expected changes and their rights as an individual. This will, in turn empower the individual to demand smoke-free work and public spaces and report any observed infractions. These mechanisms have not been evaluated, as the legislation will take effect on June 7, 2013.

- 6) What were some key barriers to effective intersectoral action to reduce health inequities? How were they managed? To what degree were the barriers overcome?

A key barrier to effective intersectoral action came from private sector lobbyists representing the tobacco company and the hospitality industry opposed to the bill. This barrier was managed by other private sector representatives who spoke out in favor of the bill, and by National Assembly members who insisted on a bill with an evidence basis.

Another key barrier came from a few representatives of the public sector

who didn't understand the importance of the bill. This resistance within the public sector was overcome with strategic education and advocacy.

These barriers were effectively managed as evidenced by the unanimous passage of the comprehensive, smoke-free legislation.

- 7) What were some key strengths of the work (especially given its social, economic and cultural contexts)?

Key strengths of the work include the strong political will to see this legislation passed and the involvement of NGO's and the private sector.

- 8) Key learnings for the role of the health sector:

Keep building on the momentum created from one successful initiative to address other policy issues. Also don't be too concerned about creating a perfect structure to house the intersectoral collaboration. Some of the best partnerships developed organically, outside of a formal structure.

- F) SUMMARY COMMENTS (key themes or areas learning that have not come up in any of the above questions):

While passing comprehensive, smoke-free legislation and implementing mechanisms to ensure adequate implementation and enforcement were major milestones, changing the social norm around smoking may be the biggest victory of all. Over the past year, a momentum has grown about the awareness of harmful effects of tobacco in society at large. Policy leaders already have anecdotal evidence of changing social norms regarding public smoking. Through conversations with citizens, health leaders have been asked for stricter public smoking regulations and citizens have mentioned how they are adjusting their current smoking habits for the better.