

Caribbean Cooperation in Health Phase III (CCH III)

Regional Health Framework 2010 - 2015



“Investing in Health for
Sustainable Development”

Phase III

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Foreword

This the third phase of Caribbean Cooperation in Health (CCH) has benefited from the experience and wisdom accumulated during the two previous phases. The first CCH initiated in 1984 was oriented towards the highest health priorities of the region and sought, through projects to operationalise those strategic requirements intended to address the gaps in the regional health agenda.

In its second phase, in 1992, the authors sought to address the comprehensive health situation of the region and to set goals and targets for its improvement along eight sectoral lines. This approach was replete with problems as the establishment of regional baseline information proved quite formidable. Additionally an implementation plan to address regional public goods was not addressed. Projects may have been developed at the national level to address the CCH II goals but could not be implemented due to the absence of a coordinated regional resource mobilization framework.

As the Heads of Government recognized the "Health of the Region is Wealth of the Region" in 2001 in their seminal Declaration of Nassau, they sought to serve notice of the primacy of health to development and recognised the pre-eminence of CCH as an effective achieving this.

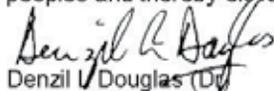
Whilst this current iteration of CCH has sought to maintain the focus of eight thematic areas, it has returned in some ways to the original construct of identifying the specific regional public health gaps and addressing them through programmes targeted at solving specific problems This approach is fully illustrated in the pioneering efforts of the Region's Expanded Program on Immunization which has resulted in the acclaim of the Caribbean being the first region in the world to eliminate polio and measles

Whilst this region contains two HIPIC countries, Guyana and Haiti, which are beneficiaries of concessional international support at the global level, the middle income status attributed to most Caribbean countries is a mirage easily shattered by events such as the food price inflation of 2008. Again the global economic and financial crisis in 2009 decimated the livelihoods of many of these states that are dependent on tourism. These mainly small-island states are particularly vulnerable to the vicissitudes of climate whether in the form of the short-term effects of hurricanes or the medium term effects of sea level rise. All these directly or indirectly impact on health and well being of the citizens.

Clearly the measurable objectives of CCH III will depend not only on the ability to properly plan the local health efforts and the ability to attract donor funds for development but also on the ability to mitigate the untimely acts of nature which have a tendency to reverse health gains in as little as 24 hours, as in the case of Haiti in the aftermath of the 7.0 earthquake in January 2010.

The Health Status of the region must be maintained and improved upon through policies to support NCD control as highlighted in the Port of Spain Declaration (2007) and to accelerate the response to HIV and AIDS through the Pan Caribbean Partnership against HIV and AIDS As we are increasingly aware there is need to focus our attention to the emerging issues of mental health and others affecting individuals and communities across the life cycle.

As we launch CCH III, we are hopeful that we will be in a better position to provide the Region with a set of benchmarks and strategies that will contribute in no small measure to an improvement in the well-being of our peoples and thereby elevating our Region and its people to be among the healthiest in the world.



Denzil Douglas (D)
Prime Minister of St Kitts and Nevis
CARICOM Lead Head for Human Resource Health and HIV/AIDS

GUIDING PRINCIPLES AND STRATEGIC APPROACHES

The CARICOM member states are called upon to endorse and apply principles and strategic approaches as the commitment to achieving health goals. In this regard CCHIII aims to facilitate the necessary regional response to support country efforts towards regional public goods and services and national strategic directions.

The Primary Health Care Approach will be the broad over-arching health development framework which will guide the health development in this region. The guiding principles reflect the foundation upon which all interventions will be planned, implemented and evaluated.

The right to the highest attainable level of health

Health is a fundamental human right. Every citizen of the Caribbean has a right to the highest attainable level of health and therefore services must be responsive to people's health needs. In addition, there should be accountability in the health system, increased efficiency and effectiveness whilst effecting no harm.

Equity

Working towards eliminating unfair differences in health status, access to health care and health enhancing environments, and treatment within the health and social services system.

Solidarity

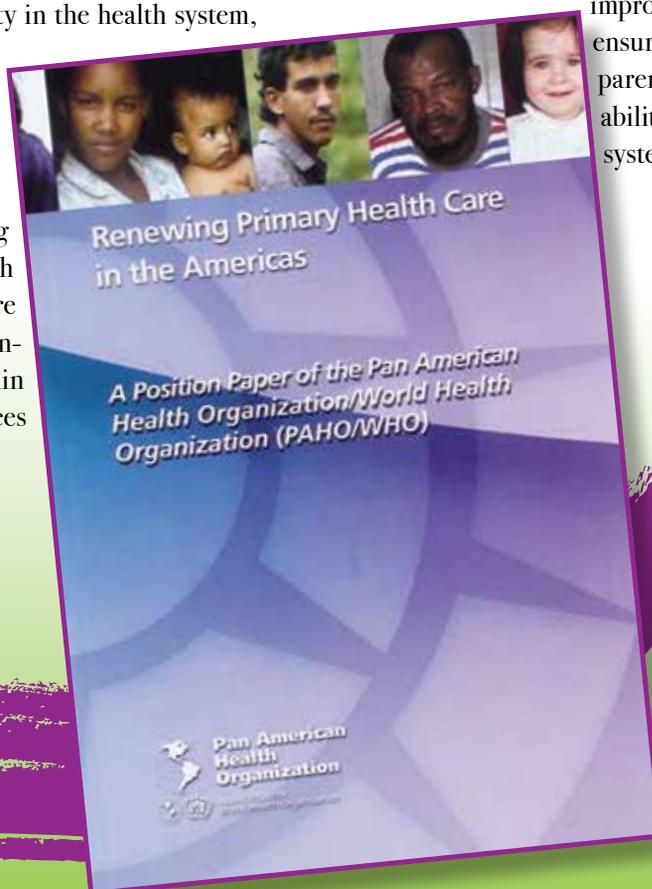
The people and institutions in the Caribbean working together to define and achieve the common good.

People Centred

Common health needs will be addressed as public goods that all member states identify with and support by virtue of their relevance to the national situation and the desire to promote health of the community as a whole. The ultimate aim is to get people healthy and to keep them healthy. This means that our regional initiatives must have as their main aim meeting the needs of the people, families and communities of the region.

Leadership

Public health leadership is a major priority. The attainment of Health for All will be dependent on leadership that shares regional vision and creates an enabling environment for mobilising resources, improving performance, ensuring greater transparency and accountability of regional health systems.



VISION AND GOAL

Caribbean Cooperation in Health (CCH III): “Investing in Health for Sustainable Development”

Vision for Health

In the New millennium, Caribbean people will be happier, healthier and more productive, each respected for his/her individuality and creativity and living more harmoniously within cleaner and greener environments



Goal

To improve and sustain the health of the people of the Caribbean Adding Years to Life and Life to Years





Executive Summary

Executive Summary

The countries of the Caribbean are proud of the gains in health which they have made. The success of these achievements, namely combating serious public health problems such as poliomyelitis, measles, and cholera, provide significant evidence of what can be achieved through a collective regional response which supports development at the national level. The Caribbean Cooperation in Health (CCH) represents a mechanism to unite Caribbean Territories in a common goal to improve health and wellbeing, develop the productive potential of the people, and, by definition, the competitive advantage of the region. Greater efforts will be made to support Haiti, the newest member of CARICOM to achieve these goals.

Major regional and international policy and strategic guidelines serve as the backdrop against

The Caribbean Cooperation in Health (CCH) represents a mechanism to unite Caribbean Territories in a common goal to improve health and wellbeing, develop the productive potentials of the people and by definition the competitive advantage of the region.

which the new Regional Strategic Framework has been developed. This framework is a direct response to the commitments made by the Caribbean Community (CARICOM) Heads of Government in both regional and international declarations and policy guidelines. The 2001

Nassau Declaration and the 2007 Declaration of Port of Spain re-inforce the Millennium Declaration aimed at reducing poverty by 2015. The CCH also recognizes and aims to address the priority issues identified in the Report of the Caribbean Commission on Health and Development. The CCH III is charged with the responsibility to invest in the people of the region to ensure the highest attainable standard of health, reduce inequity, and mobilise traditional and non-traditional actors in tackling health challenges and building sustainable health systems.

The mandate of CCH III 2009-2015 will address a new orientation towards

- People-centred development,
- Genuine stakeholder and community participation and involvement,
- Effective regional coordination and public health leadership,
- Outcome-oriented planning and implementation and performance-based monitoring, and
- Resource mobilisation for health, health coverage, and social protection for the people of the region.

This framework represents a comprehensive health and development strategy for the Caribbean region. The framework seeks to break free from the overemphasis



on the disease model. While it acknowledges the importance of sustaining health gains, and completing the unfinished health agenda, it proposes an emphasis on strengthening the building blocks of joint action in health. The CCH III therefore maintains the eight priority areas as defined in CCH II.

The eight priorities are:

1. Communicable Disease
2. Non-Communicable Disease
3. Health Systems Strengthening
4. Environmental Health
5. Food and Nutrition
6. Mental Health
7. Family and Child Health
8. Human Resource Development

In looking at the determinants of these priority areas, it was recognized that the strategies/actions which need to be adopted in order to have any significant impact on these priority areas needed to be:

- Cross cutting
- Inter-programmatic
- Trans-sectoral
- Focused on the determinants of health

The CCH III therefore identifies five project goals which have expected results that are inter-sectoral and inter-programmatic, addressing the eight priority areas while aiming to achieve the stated goal “Investing in Health for Sustainable Development”.

The details of the program areas and indicators of achievement are outlined in the matrices of the CCH III. These matrices are available on www.caricom.org and www.carpha.org.

The Regional Health Institutions (RHIs) have played a significant role in supporting the implementation of the Caribbean Cooperation in Health at both re-

gional and national levels. The establishment of the Caribbean Public Health Agency (CARPHA) as mandated by the Heads of Government in March 2010 will integrate the functions and administration of the existing five Caribbean Regional Health Institutions (RHIs); the Caribbean Epidemiology Centre (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Environmental Health Institute

(CEHI), the Caribbean Regional Drug Testing Laboratory (CRDTL) and the Caribbean Health Research Council (CHRC)). The proposed agency will rationalize the functions of the current RHIs and have a more comprehensive mandate in addressing the public health needs of the wider Caribbean Region and will be a critical success factor in the implementation of the CCH III.

The five project goals for CCH III are:

- Creation of a Healthy Caribbean environment conducive to promoting the health of its people and visitors
- Improved health and quality of life for Caribbean people throughout the life cycle
- Health Services that respond effectively to the needs of the Caribbean people
- Adequate human resource capacity to support health development in the Region
- Evidence-based decision making as the mainstay of policy development in the Region





Major Regional and International Guidelines:

- **The Nassau Declaration**
http://www.caricom.org/jsp/communications/meetings_statements/nassau_declaration_on_health.jsp?menu=communications
- **The 2001 Declaration of Commitment to the Pan Caribbean Partnership Against HIV/AIDS – “Provide supportive environment for the collaborative response to fighting HIV/AIDS**
http://www.caricom.org/jsp/secretariat/legal_instruments/caribbean_partnership_commitment.jsp
- **Report of the Caribbean Commission on Health and Development**
http://www.who.int/macrohealth/action/PAHO_Report.pdf
<http://www.vision2020.info.tt/pdf/Policies%20and%20Procedures/Policy%20Documents/Overview%20CCHD%20HOG.pdf>
- **Needham’s Point Declaration**
http://www.caricom.org/jsp/pressreleases/pres167_07.jsp
- **Declaration of Port of Spain – “Comprehensive and Integrated Approach to the Control of CNCD”**
http://www.caricom.org/jsp/pressreleases/pres212_07.jsp
http://www.caricom.org/jsp/community/chronic_non_communicable_diseases/summit_chronic_non_communicable_diseases_index.jsp
- **The Millennium Declaration and Development Goals – “Reducing poverty related inequalities by 2015”**
<http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=591088>
<http://www.unmillenniumproject.org/goals/index.htm>
http://www.undp.org/publications/MDG_Report_2008_en.pdf
- **Declaration of Montevideo on the New Orientations for Primary Health Care – “Designing people-centered care through a Primary Health – care based system)**
<http://www.paho.org/English/GOV/CD/cd46-decl-e.pdf>
- **International Health Regulations (2005)**
http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf - ISBN 978-92-4-158041-0



Introduction

A Regional Landmark

I - Introduction

A Regional Landmark

The Caribbean Cooperation in Health (CCH) represents a mechanism to unite Caribbean territories in a common goal to improve health and wellbeing, develop the productive potential of the people, and, by definition, the competitive advantage of the region at the global level.

The concept of the Caribbean Cooperation in Health was introduced in 1984 at a meeting of the CARICOM Conference of Ministers responsible for Health (CMH). The initiative called for collaborative action in health among the Countries and Institutions of the Caribbean Region. CCH II (1993) was a landmark in Caribbean cooperation and CCH has focused on collective action with optimisation in the use of resources over a given period, addressing commonly agreed upon objectives in priority health areas of common concern.

“Caribbean Countries helping themselves and one another to improve opportunities and systems for health in the region”.

Caribbean Cooperation in Health , Phase II

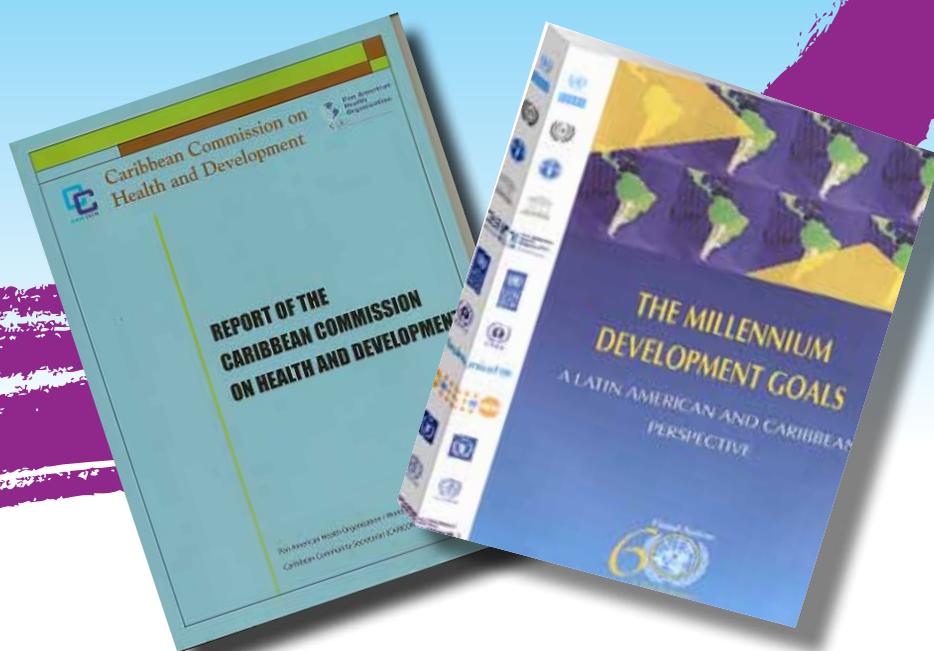
The main thrust of the CCH initiative is to identify priority health areas and use them as vehicles to¹

- Foster technical cooperation among the countries;
- Optimise the use of resources;
- Develop projects in the priority areas as a way to foster cooperation and collectively focus on areas of highest priority; and
- Mobilize all national and external resources to address the most important health problems in the Region.

“Investing in Health for Sustainable Development “

This new strategic framework is a direct response to the commitments made by the Caribbean Community (CARICOM) Heads of Government in both regional





and international declarations and policy guidelines. The 2001 Nassau Declaration and the 2007 Declaration of Port of Spain reinforced the Millennium Declaration aimed at reducing poverty by 2015. The CCH Phase III is charged with the responsibility to invest in the health of the people of the region to ensure the highest attainable socioeconomic achievement, reduce inequities in health, and mobilise traditional and non-traditional actors in tackling health challenges and building sustainable health systems.

- The mandate of CCHIII 2010-2015 will address a new orientation towards:
- People-centred development,
- Genuine stakeholder and community participation and involvement,
- Effective regional coordination and public health leadership,
- Outcome-oriented planning, implementation and performance monitoring,
- Increased efforts at resource mobilisation for health, health coverage, and social protection for the people of the region, and
- “A Community for All”.

The Reports of the Caribbean Commission on Health and Development and the Commission on the Social Determinants of Health revealed the persistent and growing inequalities in health and weak health systems. Evidence of these shortcomings includes:

- The continued lack of resources for health,
- Limited attempts at universal population coverage to address new and emerging health problems e.g. non-communicable diseases, mental health,
- Inadequate access to quality health care services,
- Weak leadership and governance of the health sector, and
- Inadequate evaluation and monitoring mechanisms to chart progress and inform health action.

Implementation of the new orientation is supported by the Needham’s Point Declaration (2007) which proposes to use functional cooperation as the means of delivering agreed Common Public Goods.

The chapters which follow outline the new regional strategic framework.

Chapter two summarises the health challenges facing this region and reinforces the need for collaborative responses to these common issues.

Chapter three presents the lessons learnt and justifies the approach for the new CCHIII mandate “Investing in Health for Sustainable Development”.

Chapter four describes the Priority

areas and Strategic objectives for CCHIII. This chapter details the areas for joint collaborative action in the Region to achieve the five strategic project goals. Chapter five discusses the Management and Coordinating mechanisms. The critical success factors are

discussed including the regional coordinating mechanism for successful implementation at the national and regional level.

“Functional cooperation should be perceived as an entity that serves to make CARICOM a genuine “Community for ALL”.

Needham’s Point Declaration, 2007





An Overview

II - An Overview of the Health Development Challenges

Overview of the Health Situation of the Region

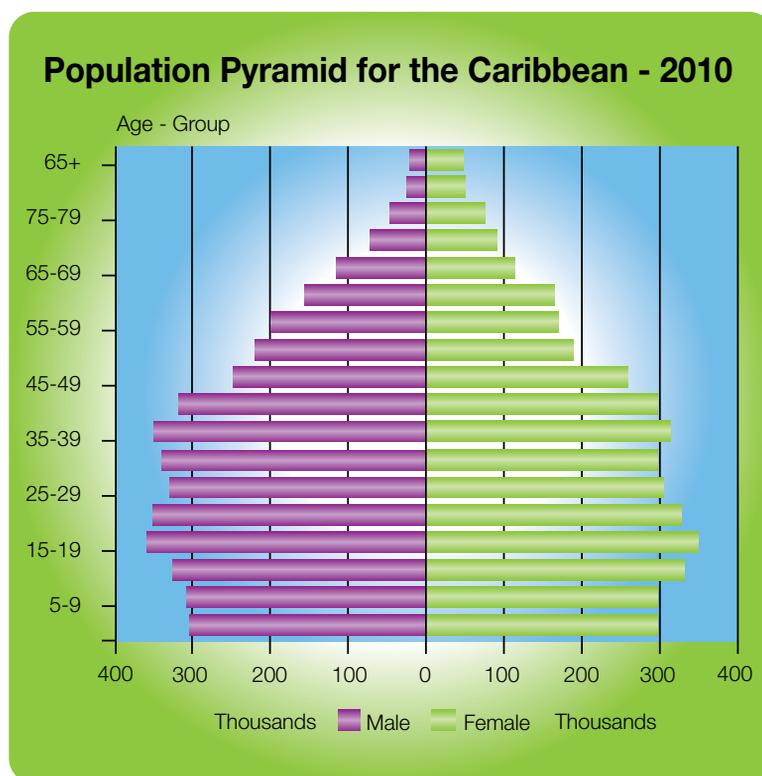
The regional and international policy discourse has elevated the importance of the social determinants of health in health development planning. Recognition of the importance of changing social norms (related to violence, injuries, sexual behaviour, and environmental management) will become more important as Caribbean societies advance in the new millennium. While disease prevention and treatment have played a significant role in securing our health status gains and will remain critical, equally important will be the increased recognition of health as a tool for development and well being.

Sustainable health systems will be needed to support the goal of "Health for All". Use of integrated comprehensive multi-sector measures including information and communication networks, legal and fiscal reform and healthy public policies, will necessitate new ways of working with traditional and non-traditional partners, in the public and private sectors of national, regional and international entities.

Demographic and Social Indicators

The countries of the Caribbean are undergoing a demographic transition. Demographic indicators of most Caribbean countries are consistent with health conditions expected for middle income countries with the exception of Haiti. Today, both men and women live longer, with women living on average four to six years longer than men.

The overall population has doubled in the last 50 years, but the proportion of the population aged less than 15 years has been declining, while the population aged over 60 years has been increasing. Population dynamics for 2010 reveal that the child population is stable or decreasing, population aged 25-64 years will increase by 13% and the labour force population



Source: CAREC 2005

will comprise 65% of the total population. The greatest population increase will be in the 45-64 year old group, with a rate of increase of >10,000 per year. Persons 65+ will constitute 10% of total population. Birth and fertility rates are significantly higher in Haiti compared with the rest of the Caribbean.

The current demographic transition has implications for increasing rates of chronic non-communicable diseases, and an increasing need for care of the

elderly. Increased urbanisation is also making its contribution to increased rates of life style diseases.

The Caribbean has benefited from universal access to good primary and secondary education. Its high rates of literacy have been fundamental determinants of good health and essential in sustaining health gains and achieving social and economic development.

Mortality

The disease epidemiology of the region is characterised by the coexistence of consequences of communicable diseases with those of chronic, degenerative illnesses⁴, including heart disease, strokes, diabetes, and cancer, as well as with other health priorities such as injuries, violence, trauma, occupational disease and mental illness. Chronic diseases have replaced communicable diseases as leading causes of death and ill-health.

Mortality from communicable diseases has been rising since the late 1980s, after years of decline. This is linked in particular to the epidemic of HIV/AIDS, but more recently to vector-borne illnesses such as dengue and malaria. In childhood, while infections have decreased as a cause of illness and death, nutrition-related illness or risk factors for illness such as obesity have increased. In early adulthood, diabetes, suicide and homicide have increased as causes of death over the past 10-15 years.

While national and regional statistics show that chronic non-communicable diseases are the leading causes of death for the population, HIV/AIDS, injuries, and violence are the leading causes of death among the youth and population of productive and reproductive age.

Risk Factors

Current studies in Behavior Risk Factor Surveillance will greatly assist in identifying the risk factors most dominant in influencing the increasing incidence of non-communicable diseases (NCDs) in all the states. The known risk factors of tobacco use, physical inactivity, unhealthy nutrition, and alcohol misuse, will no doubt feature prominently. Similar studies will have to be undertaken in relation to accidental and intentional violence.

Emerging and Re-emerging Infectious Diseases

Among the diseases subject to the International Health Regulations (2005) and global surveillance, only yellow fever and cholera are of real concern to the Caribbean Region. The possibility of importation into the islands exists. Maintenance of phytosanitary standards are also important to our trade in food products.

Whilst malaria is more dangerous where it exists, dengue fever has become the more significant vector-borne illness for the CARICOM States. The threat of re-introduction of malaria is real, as evidenced in the recent outbreaks in Jamaica and Bahamas. This now demands risk reduction strategies and maintenance of outbreak detection and response capacity where risks are high.

The Caribbean boasts of high rates of childhood vaccination. Smallpox and polio have been eliminated. The elimination of measles is now only to be certified. On the heels of the measles elimination will follow mumps, rubella and Congenial Rubella Syndrome.

Economic Challenges

Most countries of the region are deemed to be of middle income status. However, considerable challenges persist in maintaining economic stability and viability. The current global economic challenges have created increased pressures on Caribbean economies and will eventually challenge their competitive advantage in key sectors such as tourism, as recovery begins.

Climate change

Climate change can affect, and has affected, the agricultural economies of the Caribbean. The effects of climate change threatens beaches and low-lying coastal zones and will have an enormous potential to impact livelihoods. Catastrophic hurricanes and frequent floods have inflicted damage to health and other infrastructure, and impacted food security. In addition, the health impacts of the increased vector borne diseases like dengue is already being witnessed.



Challenges We Face

III - Challenges We Face

The lessons learnt from the design and implementation of the CCH I and CCH II have been carefully considered in this new planning and implementation stage.

Governance

The importance of governance and stewardship in the region cannot be understated. There is need to prioritise efforts at ensuring sound leadership to bring about change in our complex regional environments. Equally important is the need to clarify the monitoring roles and functions of all stakeholders and responsible agencies.

Weak structural and institutional operations were identified as major weaknesses in the execution of CCH I and CCH II.

- Limited effectiveness and efficiency in the delivery and financing of functional cooperation initiatives
- Lack of adequate resources for the implementation of developmental health initiatives
- Absence of sustainable approaches to health development
- Inadequate emphasis on performance management
- Inadequate focus on knowledge creation and management
- Insufficient staff and technical resources to coordinate and inform implementation processes
- Weak strategy for monitoring performance and competence of the regional human resources
- Inadequate harmonisation and alignment of regional programmes and policy declarations in health
- General lack of strong leadership and governance in the field of health at all levels of the system
- Lack of a truly regional approach to address the unimplemented health agenda
- Inadequate emphasis on and support for exploring the potential of non-traditional stakeholders

and partners, including the private sector, in the new global health environment

Resource Mobilisation and Efficiency

Resource constraints were identified as one of the main barriers to the successful implementation of health initiatives. There is need for greater emphasis on a more strategic approach to resource mobilisation for health and an understanding of the real cost of achieving health outcomes. It is generally agreed that recent economic growth brought additional resources to health, though the more recent global and economic and financial crisis now puts their sustainability at risk. However, this is accompanied by the growing demand for health and better performance. The Caribbean Region will have to show better results in programme planning and implementation and the link to health development if it is to secure much-needed funding for health. Pooled financing of country needs and priorities can help increase the relevance of interventions and address the lack of capacity in country. The lack of a clear financial strategy to support the implementation of the regional strategic direction must be addressed in this new orientation. The new framework must demonstrate greater integration among the strategic objectives to reduce duplication and better utilise scarce resources. This will require the following:

- Refinement of overlaps, consolidation and prioritisation of some interventions,
- Feasibility studies, and
- Greater focus on cross sectional opportunities.

Capacity

The issue of limited human resource capacity in the region calls for a new strategy to reversing the negative impacts of professional migration. Equally important is the need to enhance skills and competencies of our human resources and also the institutions responsible for nurturing and training minds. Standards of quality in all educational institutions need to be enhanced.

Participatory Strategies and Stakeholders in Health

Given the intersectoral nature of health and the importance of all sectors in the achievement of health outcomes, the multi-sector approach in health is gaining prominence. Private sector and other non-traditional sectors can play a meaningful role in the implementation of CCH III.

How we engage our stakeholders will determine the degree and quality of different forms of participation. The regional focus will make this issue all the more challenging. Enhancing stakeholder buy-in, and engendering a truly multi-sector and intersectoral approach will require continued use of top down and bottom-up approaches involving policy guidance and genuine input from countries and institutions.

Priority Health Areas

The priority areas reflect the main issues affecting the health and well-being of the region to date. The challenge to arrive at common public goods is further exacerbated by inadequate health information and health research, weak health information systems (HIS) and lack of focal points to continually monitor progress.

It was generally accepted that significant improvements were realised during the execution of CCH I and II in the original priorities of CCH. However, the real challenge remains two-fold:

1. The limited capacity of the region to finance and sustain sub-regional initiatives, and
2. The limited capacity of countries to translate regional objectives into concrete policy formulation and sustainable programmes and infrastructure at the national level.

Areas where common public goods have been derived include cross-regional frameworks for the control of NCDs and HIV/AIDS, development of HIS, reporting on health status, and strengthening the regional mental health response. While resource constraints may prohibit a closer examination of health tourism, the role played by this sector cannot be ignored.

Monitoring and Evaluation

Performance-based funding is presently being used by many funding agencies to chart progress and performance in use of funds for stated health interventions. The establishment of monitoring and evaluation mechanisms and effective health information systems to chart progress is critical to securing funding for health and ensuring the following:

- Effective and efficient programme implementation,
- Improving health and sustainable funding,
- Obtaining accurate information for evidence-based decisions, and
- Supporting accountability mechanisms.

Regional Challenges and Priorities

The establishment of the Caribbean Public Health Agency (CARPHA) will provide an opportunity in realizing the goals of the CCH III. This institution will provide leadership in public health and support evidence based decision making in the Caribbean Region, guide the development of policy and monitor and evaluate interventions in priority areas. This will involve rationalization of services provided by the existing five Regional Health Institutions and significant attention will need to be paid to ensuring a smooth transition in the establishment of this new Agency.





Priority Areas

& strategic objectives

IV - Priority Areas And Strategic Objectives

Investing in Health for Sustainable Development in the Caribbean

The Caribbean Ministers of Health have recognized that the eight priority areas to be addressed in CCH III are:

1. Communicable Disease
2. Non-Communicable Disease
3. Health Systems Strengthening
4. Environmental Health
5. Food and Nutrition
6. Mental Health
7. Family and Child Health
8. Human Resource Development

In order to achieve an impact on these priority areas, it is necessary to address the determinants of the diseases/ conditions. The strategies/ actions which need to be adopted must be:

- Cross cutting
- Inter-programmatic
- Trans-sectoral
- People-focused
- Holistic in their approach
- Increasingly focused on addressing the determinants of health
- Able to create an enabling environment for change through trans-sectoral policy development to make the healthy choices the easier choices

In looking at the need to adopt a people-focused approach in CCH III, a focus on the priorities as defined, and sustainable strategies to be harmonized with the Nassau Declaration, “the Health of the Region is the Wealth of the Region”, the goals for CCH III were defined along the theme: “Investing in Health for Sustainable Development”. The detailed

matrices outlining the expected outcomes, lines of action and indicators of achievement can be found on various websites in the Region including www.caricom.org; www.carpha.org.

Creation of a Healthy Caribbean environment conducive to promoting the health of its people and visitors

Expected Outcomes at National Level:

- Strengthened legal and regulatory framework for environmental health (EH) management
- Improved management of water resources, including recreational waters, through a holistic and integrated approach to ensure quality
- Implementation of the integrated vector-borne management strategy
- Implementation of integrated waste management options
- Full implementation of the International Health Regulations (2005)
- Availability of healthy foods for consumption

The five project goals for CCH III are:

- Creation of a Healthy Caribbean environment conducive to promoting the health of its people and visitors
- Improved health and quality of life for Caribbean people throughout the life cycle
- Health Services that respond effectively to the needs of the Caribbean people
- Adequate human resource capacity to support health development in the Region
- Evidence-based decision making as the mainstay of policy development in the Region

Areas for Joint Collaborative Action:

- Development of Regional Environmental Health framework that incorporates climate change effects and projections using the risk management approach
- Development and implementation of Regional Environmental Health Strategic Plan as appropriate (EH professional network, climate change, tourism, guidelines for drinking and recreational waters)

- Development of model harmonized legislation for environmental health priorities, including port health
- Development of regional guidelines, strategies and tools to promote environmental health awareness
- Development of guidelines and indicators in various settings which impact on the population's health, namely schools, workplaces, home and recreation facilities
- Development of Core Indicators and Framework for Health Promoting Schools and support for the development of Health Promoting Schools in the Region through the strengthening of the Caribbean Health Promoting School Network
- 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
- Development of intersectoral policies with agriculture, trade and marketing to develop a mechanism to assure that healthy foods are available at affordable prices
- Support for capacity at the regional and national level to implement the International Health Regulations (2005) and to mount an effective response to outbreak or disaster crisis at national and regional level.
- Support for enhanced capacity at national and regional level to establish an effective early warning system for disasters and mount an effective and coordinated response.
- Improved capacity to monitor and manage conditions which influence perinatal, fetal and neonatal mortality and diseases in the under-5 population
- Improved capacity of the health and other sectors to respond to the specific health and development needs of adolescents and youth
- Strengthened and integrated programmes to promote and protect the health and well-being of the elderly
- Strengthened multi-sectoral approach and capacity of countries to reduce the incidence of violence and unintentional injuries

Areas for Joint Collaborative Action:

- Development of models and pilot programs which address Integration of Early Childhood Development programs into primary care
 - Support for the implementation of the new WHO Child Growth Policy and Standards
 - Maintenance of high levels of immunization rates for the vaccine preventable diseases and assessment of feasibility of introducing new vaccines in the Region, with particular emphasis on HPV vaccine for the prevention of cervical cancer
 - Development of Regional nutrition standards and guidelines for school meals and food sold in school cafeterias; dietetic guidelines for institutions on NCDs
 - Development of a regional plan to adopt an integrated approach to the challenges of Adolescent Health, which will include, amongst other issues, mental health, unintentional injuries and violence, and sexual and reproductive health
 - Development of a Regional plan on Injury and Violence Reduction
 - Development of models of care and sharing of best practices of integrative care for the elderly and the physically and mentally challenged
 - Implementation of the Caribbean Regional Strategic Framework for HIV/AIDS
- Improved health and quality of life for Caribbean people throughout the life cycle**
Adding years to life and Life to Years
Expected Outcomes at National Level
- Promotion of mental wellness of the population and mechanisms to support appropriate care for the mentally ill at the primary care level, with early detection and appropriate care
 - Programs for early childhood development integrated into Primary Health Care

- Support for implementation of the Port of Spain Declaration on Stemming the Tide of Non-Communicable Diseases
- Support for implementation of the Regional Mental Health Policy
- Development of Regional Quality Management and Accreditation Framework, including Patient Charters
- Support for the implementation of the safe hospital assessments in all hospitals in the Region
- Support for the development of national centres of excellence in laboratory and public health
- Support for the implementation of the Caribbean HIV/AIDS Plan for the Health Services

Health Services that respond effectively to the needs of the Caribbean people

Expected Outcomes at the National Level:

- Universal access to health care services at primary care level
- Re-orientation of health care to Primary Health Care-based systems
- Access to safe, affordable and effective medicines and their rational use improved
- Health sector organized and prepared to respond to disasters through safe hospitals and health care facilities
- Health sector organized and prepared to respond to mass casualty national/regional events/disasters
- Strengthened capacity of Member States to perform essential public health functions

Areas for Joint Collaborative Action

- Assessment of the feasibility of developing a mechanism for Shared Services in tertiary care in the Caribbean Region
- Development/Review of protocols and standards of care for mental health, non-communicable diseases and other priority diseases identified in the CCH III
- Study to assess the feasibility of establishing a Regional Health Insurance Scheme
- Development of a comprehensive and integrated chronic disease management models
- Support the design and implementation of a Caribbean Pharmaceutical Policy and mechanisms to enhance access, quality and rational use of medicines in the Region;
- Support the strengthening and the harmonization of pharmaceutical regulation, including Pharmacovigilance;

Developing Human Resource capacity to support health development in the Region

Our smaller member states are faced with problems of retention of trained personnel, the quality, skills and competencies of the existing health workforce, as well as limitations in capacity to train a health workforce to meet their needs. This includes the full extent of the health workforce such as nurses, physician, public health practitioners, researchers and health care managers. This is also mirrored at CARICOM level.

Our vision aims to provide access to quality health services for all people of the CARICOM Region through the strengthening of health human resources. The strategic direction laid out in the CCH III aims to mobilise institutional actors at the national, regional and global levels of the health and related sectors and other relevant civil society actors, to collectively strengthen the human resources in health through policies, interventions, and networks.

We have incorporated strategies to mitigate against the effects of regional and international labour force challenges but to also embrace the potential opportunities presented by the regional and global trends. Our response supports the Toronto Call to Action (2006) and is designed to specifically address the Millennium Development Goals in accordance with national health priorities.

Areas for Joint Collaborative Action:

- Support for the development of a Regional Strategic plan for health human resources

- Support for the development of infrastructure to enable the free movement of skilled health personnel in the CARICOM Region
- Development of a Regional Health Professional Registration Database
- Models and frameworks of trans-sectoral policies and protocols for health workforce planning
- Development of a mechanism for the coordination of schools of public health in the Caribbean, to strengthen research and training in public health
- Enhanced coordination of schools of medicine, nursing, and allied health professions in the Caribbean to strengthen the training of health professionals to meet the health and development needs of the CARICOM Region
- Development of mechanisms for coordination of the health services and the Caribbean academic institutions to work cooperatively in human resource planning and the development of human resources management programs as part of the curricula
- Identification of regionally accepted competencies in the health workforce for primary and secondary prevention, quality health and health care, with particular emphasis on the CCH III priority areas
- Development of initiatives and strategies to support the expansion of residency training programs that focus on primary care and chronic disease prevention and management
- Curriculum development at pre-service level, Continuing Professional Development (CPD) and integration of mental health management,

including substance abuse prevention and care, into primary health care systems

Evidence-based decision making as the mainstay of Policy Development in the Region

Expected Outcomes at the National Level:

- Improved surveillance systems in the priority areas of CCH III
- Evidence-informed policy formulation

Areas for Joint Collaborative Action

- Support for the development of a minimum data set for health information systems, to include indicators in the priority areas for CCH III namely, mental health, environmental health, communicable and non-communicable diseases, food and nutrition, human resource development, health systems assessments and program evaluation
- Establishment/Review of guidelines for the surveillance of selected communicable diseases, vector-borne diseases, nutrition, and environmental hazards including vector surveillance
- Enhanced laboratory capacity at the Regional level to support countries in surveillance of communicable diseases, environmental health, water- and food-borne diseases, and quality assessments
- Establishment of baseline data for the CCH III priorities and support for countries' capacity to collate, analyze data and present in a meaningful way to various stakeholders
- Development and implementation of a Caribbean Health Information System supported by a regional health information network





management
& coordinating mechanisms

V - Management And Coordinating Mechanisms

This new phase of the CCH III will require stronger leadership, more effective management and coordination, and enhanced technical and administrative capacity at both regional and country level, as well as effective resource mobilization. Emphasis will be placed on achieving genuine involvement and participation by all actors in health and related sectors as well as instituting greater accountability for the delivery of agreed upon common public goods and related interventions.

Coordination and monitoring of the implementation of the CCH Phase III is structured along two levels:

- The Regional Level Functions
- The National level Functions

Regional Level Functions will

- Support individual countries in developing capacity to implement and monitor regional public goods and fulfil global health and development commitments;
- Provide effective and efficient technical cooperation through a greater streamlining of regional agency responsibility;
- Establish multi-sector and multi-disciplinary Priority Area and Program Goal monitoring committees;
- Provide timely reports on regional and national progress towards accepted goals and indicators;
- Improve regional support machineries through effective technical support to countries;
- Reduce duplication and gaps in technical support to countries; and
- Facilitate a regional data base and knowledge access tools to ensure involvement by all participating agencies and countries.

National Level Functions:

The individual countries will, through national mechanisms:

- Ensure effective functioning of national mechanisms;

- Provide adequate data on monitoring indicators;
- Ensure adequate participation of traditional and non-traditional sectors in the attainment of health and development objectives; and
- Build capacity at national level to contribute to national and regional progress.

Management Mechanism

The Council of Health and Social Development (COHSOD) responsible for Health

The COHSOD is ultimately responsible for guiding the implementation of the CCH III. The Annual Caucus of Ministers of Health will have the responsibility to direct the CCH in between meetings of the COHSOD. The CARICOM CAUCUS of Health Ministers is a sub-committee of the Council for Human and Social Development (COHSOD).

The Caribbean Cooperation in Health Secretariat
The Secretariat comprises the CARICOM Secretariat and the PAHO/WHO Office of the Caribbean Programme Coordination (OCPC). The Secretariat will be strengthened to manage the administrative and technical implementation of CCH.

The CCH Secretariat will hold formal meetings and will be responsible for the following:

- Definition of the technical and administrative support required for implementation and coordination of project implementation;
- Development of an annual implementation plan;
- Formulation of annual reports;
- Commissioning of the Monitoring and Evaluation Framework;
- Coordination of resource mobilisation; and
- Adopting and supporting a communications strategy.

The Steering Committee

The Steering Committee (SC) comprises the Executive Committee of the Chief Medical Officers

(CMOs); Regional Focal Points for the Priority Areas drawn from the Regional Technical Programmes; Regional Tertiary Institutions; and the Caribbean Cooperation in Health Secretariat (which will be the SC secretariat as well).

The Committee will meet twice per year and its functions are:

- Supporting and facilitating the implementation at national level based on sound evidence;
- Promoting and facilitating technical cooperation within and among countries, agencies, and institutions in both traditional and non-traditional sectors;
- Resource mobilisation; and
- Monitoring and evaluation of progress of the CCH III implementation.

The Regional Focal Points

This technical structure will operate at two levels. Firstly, at the level of the individual agencies with specific responsibility, and secondly as an integrated multi-disciplinary team. Overall responsibilities will include:

- Monitoring the progress of priority health programmes and reporting to the Steering Committee,
- Promoting, facilitating and guiding countries in developing plans, policies, programmes, and projects to achieve the regional goals set in the priority areas at the national level, and
- Assisting in building capacity for the implementation of CCH III at the national level.

Critical Success Factors

The Caribbean Public Health Agency (CARPHA) will rationalize the functions of the current Regional Health Institutions (RHIs) and have a more comprehensive mandate in addressing the public health needs of the wider Caribbean Region and will be a critical success factor in the implementation of the CCH III. CARPHA will provide leadership in public health and support evidence based decision making

in the Caribbean Region, guide the development of policy and monitor and evaluate interventions in priority areas.

Sustained commitment from all responsible parties to ensure the following:

- Ownership from the regional and national levels and among non-traditional actors in health .
 - Strong leadership at country level and at the level of the CARICOM Secretariat.
 - More effective monitoring of regional and associated national programs.
 - Adequate technical cooperation for implementation of health care programmes.
 - Capacity building at country level and among technical staff for using the regional priorities and objectives to guide national planning and to produce reliable health data.
 - Support for the regional and national coordinating mechanisms
1. A proficient joint CCH Secretariat (PAHO/WHO OCPC and CARICOM Secretariat) to coordinate, and work in close collaboration with the Chief Medical Officers CMOs (the CCH coordinators).
 2. Greater attention to communication and access to knowledge sharing networks between and within countries through the implementation of a comprehensive communications strategy, upgrading existing systems where necessary, to facilitate communication between the Secretariat and countries.
 - Establishment of regional data base for monitoring of all indicators and ensuring that reliable data are available for evidence-based planning and decision making in health planning and programme strengthening, nationally and regionally.

Country level responsibilities:

- Formulation, needs identification, resource mobilisation and information sharing
- Provision of guidance, direction and relevant information to the CCH Secretariat

- Communication with key stakeholders, particularly the public, about CCH benefits
- Support for the CCH Coordinators(CMOs) in implementing the Initiative
- Full participation in all activities of CCH

Programme and Financial Accountability

Lines of reporting for technical and financial

accountability will be carefully defined. The regional planning, monitoring and implementation mechanism outlined above will serve as the main programme accountability system.

- The CARICOM Secretariat
- CCH Secretariat
- Caribbean Public Health Agency (CARPHA)



Annex I

Background

The Caribbean Community (CARICOM) was established in 1973 by the signing of the Treaty of Chaguaramas in Trinidad and Tobago with the purpose of enhancing economic and foreign policy coordination and promoting functional cooperation. CARICOM Member States are Antigua & Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts & Nevis, Saint Lucia, Saint Vincent & the Grenadines, Suriname, and Trinidad & Tobago. Associated Membership is extended to Anguilla, Bermuda, British Virgin Islands, Cayman Islands, and Turks and Caicos Islands.

The Caribbean Cooperation in Health Initiative (CCH) was developed in the framework of functional cooperation. It was adopted by CARICOM Health Ministers in 1984 to optimize the utilization of resources, promote technical cooperation among countries, develop projects in priority health areas, and secure funding for their implementation. The concept promoted collective and collaborative action to solve critical health problems best addressed through a regional approach rather than by individual country action.

The initiative was approved by CARICOM Heads of Government in 1986 and CCH Phase I was launched. The CCH, although lauded by both Caribbean regional governments and international agencies as a positive intervention, only partially realized the goal of securing external funding to implement all the priority projects. However the concept of collective and collaborative action and the prioritization of health concerns was adopted by the countries as a framework for national interventions and the promotion of technical cooperation.

Over the years special efforts were made to promote partnership with national, bilateral, multilateral, regional and international agencies to secure additional resources

for the collective program. In this process the Pan American Health Organization, the Regional Office of the World Health Organization in the Americas (PAHO/WHO), has been the major partner. PAHO/WHO has provided technical and financial resources through its country representations and to at least two of the five Caribbean Regional Health Institutions (RHI), namely the Caribbean Epidemiological Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI), which are PAHO/WHO specialized centres. The other RHI are the Caribbean Health Research Centre (CHRC), the Caribbean Environmental Health Institute (CEHI), and the Caribbean Regional Drug Testing Laboratory (CRDTL).

CCH II, approved in 1999 for the period 1999-2003, sought to emphasize country ownership in the development of the processes and the implementation of programs. The CCH II established eight program priorities, namely Chronic Non-Communicable Diseases; Communicable Diseases including HIV/AIDS; Environmental Health; Family Health; Food and Nutrition; Health Systems Development; Human Resource Development; and Mental Health. The management and monitoring of the program was the responsibility of the CCH Secretariat, comprising the Health Desk of the CARICOM Secretariat and the PAHO/WHO Office of Caribbean Program Coordination (OCPC), supported by a Steering Committee with technical representatives from the Chief Medical Officers and the RHIs.

During the period 1999-2005, the actual timeframe of CCH II, only limited success was achieved in obtaining external funds for special regional projects. However, the CARICOM Heads of Government recognised the CCH mechanism as a contributor to enhancing development and formulated the Nassau Declaration 2001, which proclaimed that the "Health of the Region is the Wealth

of the Region". This Declaration mandated that special attention be given to three of the eight priorities namely, Chronic Non-Communicable Diseases, Mental Health, and HIV/AIDS. Among these, HIV/AIDS obtained significant funding and an increase in programming and partnerships. As a result, CARICOM established a separate Secretariat, the Pan Caribbean Partnership for HIV/AIDS (PANCAP), for coordination and monitoring.

Resources for monitoring the CCH II process and progress were also not readily available, as there was also a reduction in "project resources" from the OCPC and CARICOM for the management of the CCH Secretariat. However the PAHO/WHO programming budget for the Caribbean was used to support specific activities relating to the priority areas as a component of its ongoing work-plan. Some of these activities included the hosting of several regional meetings to build consensus and accelerate program development, for example the completion of a draft action plan for the management of Chronic Non-Communicable Diseases (CNCD) and the preparation of a core curriculum for building capacity for environmental health officers.

Evaluation of CCH II and Recommendations

The CCH II evaluation report highlights that although some regional projects were developed by CARICOM, PAHO/WHO OCPC, CAREC, CFNI, CEHI, and CHRC, insufficient additional resources were secured by the region to mobilize, promote, and coordinate technical cooperation among countries. As a result, the CCH, although used conceptually in planning by most countries, took a lesser role in the context of national programming. Some of this posture was also due to limitations in the national management and program structures.

Carr and Ward recommended that the successor to CCH II, namely CCH III, should retain the same eight priorities as in CCH II and add an additional goal to address the promotion of healthy lifestyles and behaviour change from at-risk behaviour.

CARICOM Policy decisions and initiatives

At the 2001 CARICOM Heads of Governments' Conference, the Nassau Declaration recognised that the "Health of the Region is the Wealth of the Region", recommended continued emphasis should be given to the implementation of the CCH Framework and mandated that increased attention should be given to the development and implementation of three priority health areas namely HIV/AIDS, Mental Health and Chronic Non-Communicable Diseases. These items provide the stimulus to keep the strategic health agenda for functional cooperation in focus.

Process of developing CCH III

PAHO/WHO OCPC and the CARICOM Secretariat convened a series of meetings with the relevant stakeholders and facilitators to review the CCH II Evaluation Report and define the roles and functions of PAHO/WHO and the CARICOM RHI in the formulation and implementation of CCH III.

Administrative structure for implementation of CCH III

The management structure for the CCH III should include a mechanism for working with CARPHA. However, the role of the CCH Secretariat as proposed in the Carr and Ward report will fulfil the responsibilities for strategic direction and monitoring and evaluation of the initiative.



Regional Health Framework 2010 - 2015
Caribbean Cooperation in Health Phase III (CCH III)

