

“Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean”

Barbados, 8-9 June 2015

CONCEPT NOTE

1. Background

On September 19-20 2011, the United Nations held a High Level Meeting of the General Assembly (UN-HLM) on the prevention and control of noncommunicable diseases (NCDs) (1). This groundbreaking meeting, which demonstrated a global recognition of the burden that NCDs pose to economic, health and social systems, was partly the result of CARICOM’s leadership. The CARICOM Heads of Government had previously met in Trinidad and ratified the Port of Spain (POS) Declaration in 2007 in response to the growing burden of NCDs and their impact on regional healthcare systems, society and economic development (2). The 15-point POS Declaration contained 27 commitments, mainly regarding policies, which have been monitored annually with progress in some areas and little or none in others, e.g., food environments (3,4). The POS Declaration was a major achievement of the Caribbean Cooperation in Health phase III (CCH-III) (5). An evaluation of the POS Declaration has commenced with funding from Canada’s International Development Research Center (IDRC), via a consortium of partners – the University of the West Indies (UWI), the University of Toronto, the Caribbean Public Health Agency (CARPHA), and the Healthy Caribbean Coalition (HCC), with oversight provided by an advisory committee including the Pan American Health Organization/World Health Organization (PAHO/WHO) and the CARICOM Secretariat.

The region played a pivotal role in taking the NCD agenda to the world stage, through actions leading to the 2007 Declaration of Port of Spain (2); the 2009 Commonwealth Heads of Government Meeting (6); the 2009 Fifth Summit of the Americas (7), and the 2010 PAHO Directing Council (8). This led to the UN High-level meeting in 2011, which in turn led to a Political Declaration for countries to take steps to tackle this global epidemic (1). WHO is highly engaged in reversing the current trends in NCDs through its leadership and has identified 4 priority NCDs: cardiovascular disease, cancer, diabetes and chronic respiratory diseases, as well as 4 priority risk factors: tobacco, unsafe use of alcohol, unhealthy diet and physical inactivity. WHO has also established an NCD Global Monitoring Framework (GMF) (9) to ensure progress

on NCDs up to 2025 and which comprises the 9 voluntary global targets shown in *Table 1*. More recently, the PAHO Directing Council approved the Plan of Action for the Prevention and Control of NCDs (10) and the Plan of Action for the Prevention of Obesity in Children and Adolescents (11). Additionally, PAHO's Strategy for Universal Access to Health (UA) and Universal Health Coverage (UHC), adopted in 2014, sets out a series of actions to strengthen health services that can have an impact on NCDs (12). Moreover, PAHO's Plan of Action on Health in all Policies, also approved in 2014, urges Member States to strengthen multisectoral participation and actions for health, which are crucial to advance the NCD agenda (13).

Table 1. NCD Global Monitoring Framework voluntary targets.

- A 25% reduction in premature mortality from NCDs
- A 10% reduction in the harmful use of alcohol
- A 10% reduction in physical inactivity
- A 30% reduction in salt/sodium consumption
- A 30% reduction in tobacco use
- A 25% reduction in raised blood pressure
- A 0% increase in diabetes and obesity
- 50% coverage in drug therapy and counselling
- 80% coverage in essential NCD medicines and technologies

A follow up review meeting was held at the United Nations General Assembly (UNGA) in New York City, on July 10-11 2014, during which the *Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases* was adopted (14). While progress has been made, it was recognized that this was least so in the area of multi-sector action. Governments re-committed to address NCDs as a matter of priority in national development plans, and agreed to consider setting national targets for 2025, by 2015. By 2016, they aimed to reduce risk factors (RFs) and address underlying social determinants for those diseases, and to strengthen and orient health systems to address prevention and control issues through people-centered primary health care and universal health coverage, among other agreements. CARICOM countries welcomed the outcome document, but noted that there was not explicit recognition of the vulnerability of small states in a globalized environment, and the corollaries, such as the heavy dependence on foreign trade for imported food. The next comprehensive UNGA NCD review will take place in 2018. Finally, Member States have launched a process to

develop a set of Sustainable Development Goals (SDGs), which will build upon the Millennium Development Goals and converge with the post-2015 development agenda. A total of 17 goals have been proposed, including “Goal 3: Ensure healthy lives and promote well-being for all at all ages,” as well as targets related to premature mortality from NCDs, harmful use of alcohol and the implementation of the WHO Framework Convention on Tobacco Control. The United Nations summit for the adoption of the post-2015 development agenda will be held in September 2015 (<https://sustainabledevelopment.un.org>).

Each year, NCDs are responsible for three of every four deaths in the Americas, and 34% of all NCD-related deaths constitute premature mortality, occurring in people aged 30-69 years (11, 15). But NCDs not only lead to preventable costs in human suffering, premature death and disability, they are also responsible for losses in productivity and economic burdens to individuals, families, communities and nations. The World Economic Forum estimated in 2011 that if the current status quo does not change, NCDs will cost the low and middle income countries (LMICs) around \$500 billion per year for a total cost of \$7 trillion by 2025 (16). The epidemic continues to overwhelm health systems. NCD treatment is characterized by long-term use of health technologies, including high-cost medicines, representing a real challenge to the sustainability of health systems. NCDs will compromise countries’ ability to advance toward universal health access and coverage.

In the Caribbean, NCDs caused over 18,000 deaths in 2010, representing three of every four deaths in the subregion. Forty percent of these deaths occurred prematurely in people aged 30-69 years of age (17). There are very limited data on the economic impact of NCDs in the Caribbean region. Chao *et al.* reported that total healthcare financing as a percentage of gross domestic product (GDP) in the Organization of Eastern Caribbean Countries (OECS) (specifically Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines), ranged from 4.0 to 7.0%. Government expenditure on health as a percentage of total expenditure on health ranged from around 50% to 70%, while out of pocket expenditure as a percentage of private expenditure on health ranged from 84 to 100% (18). Abdulkadri *et al.* estimated that diabetes and hypertension alone accounted for between 1.5% and 8.0% of GDP in four Caribbean countries, namely the Bahamas, Barbados, Jamaica and Trinidad and Tobago in 2001 (19). It is important to note that these estimates did not include hospital-related costs, and as such are an underestimate. There are also social costs to this epidemic, in that many affected individuals (particularly the relatively young), do not have the opportunity to achieve their potential and contribute to society. More recently, there has been recognition of the

growing problem of childhood obesity, both in the hemisphere as a whole and in the Caribbean subregion (20). As noted, PAHO recently passed a 5-year plan of action on the prevention of obesity in children and adolescents, and CARPHA has developed an evidence-informed plan for the Promotion of Healthy Weights and Prevention of Childhood Obesity (21).

There is a growing sense that the Caribbean region needs to do more to continue to be at the forefront and to demonstrate leadership in the area of NCDs at the global level. Additionally, the Caribbean region continues to suffer the effects of the global recession, with several countries now unable to adequately finance the provision of healthcare, creating a growing challenge of significant concern.

Attaining the proposed global and regional outcomes and reversing the current trends in NCDs in the Caribbean subregion calls for multisectoral approaches to NCDs with whole-of-government and whole-of-society approaches. Additionally, there need to be changes in the health systems to provide a comprehensive response to NCDs including prevention, in the context of Universal Access to Health and Universal Health Coverage. The Strategy for Universal Access to Health and Universal Health Coverage sets out a series of actions to strengthen health services that can have an impact on NCDs. These actions include organization of services and the model of care; strengthening the primary level of care; strengthening stewardship and governance for the development of public policies in sectors such as education, agriculture, transportation, trade, and urban planning required to create the physical and social environments amenable to healthy choices; and eliminating direct payment at the point of care to increase financial protection.

It is also critical that NCDs continue to have the highest priority in the political agenda, with the Caribbean region demonstrating leadership in the area of NCDs at the global level.

In this context, the Pan American Health Organization will hold a ***“Forum of Key Stakeholders on NCDs”*** in Barbados to develop joint strategies on key issues that are required to regain the technical and political momentum regarding NCDs. This forum follows the Political Declaration of Port of Spain in 2007 and takes advantage of the political momentum generated by the Global Action Plan for the prevention and control of NCDs and the approval of the Strategy for Universal Access to Health and Universal Health Coverage in 2014. A detailed description of the proposed forum is provided in the next section of this concept note.

2. Description of the Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean

2.1. Purpose

The purpose of the **Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean** is for PAHO/WHO, CARICOM, CARPHA, HCC, UWI, finance institutions and Ministries of Health and other key partners to develop joint innovative strategies and approaches on the key actions that are required to regain the technical and political *momentum* regarding NCDs and their RFs, in light of the Political Declaration of Port of Spain in 2007, and for the Sub-region to be able to fulfill its commitments to the UN High Level Political Declaration on NCDs of 2011 and its follow-up Outcome Document of 2014, the PAHO Strategic Plan 2013-2019 and the Strategy for Universal Access and Universal Health Coverage.

2.2. Objectives

1. To discuss strategies and make recommendations to ensure that NCDs remain a high priority in the political agenda of the Caribbean.
2. To recommend approaches to CARICOM countries in order to achieve the goals set in the Global Action Plan for the prevention and control of NCDs, in alignment with the PAHO Strategic Plan and in light of the Port of Spain Declaration.
3. To develop approaches to strengthen a comprehensive health system's response to NCDs in the Region within the context of Universal Access and Universal Health Coverage.
4. To identify innovative resourcing strategies to finance the health system response to NCDs and their risk factors, in an efficient and sustainable manner, given the rising costs of care.

2.3. Expected outcomes

1. A framework and strategies for sustained engagement of political and other leaders in Caribbean.
2. A roadmap for how PAHO, CARICOM, CARPHA, HCC and other stakeholders will work together in a coordinated fashion and with regional institutions and governments to achieve the goals set in the Global Action Plan for the prevention and control of NCDs, in alignment with the PAHO Strategic Plan and in light of the POS Declaration, and which feeds into the Caribbean Cooperation in Health phase 4 (CCH-4).

3. Establishment of frameworks for the integration of comprehensive responses to NCDs in the advancement of regional health systems towards universal access and universal health coverage.
4. Determination of the mechanisms, resources and institutional collaboration needed to increase financing for health to appropriately address the prevention and control of NCDs in the Caribbean region.

2.4. Agenda and participants

The Forum will take place in Barbados on June 8-9, 2015. This two-day forum will include technical work on the first day, and the Ministers of Health will join the Forum on the second day.

The technical work will include plenary discussions following 3 panels on: 1) NCDs in the Caribbean: challenges and opportunities; 2) Health systems response to NCDs to advance towards universal access to health and universal health coverage; 3) Keeping NCDs as a political priority in the Caribbean.

The Forum will be attended by a group of over 45 experts on NCD issues, representing various leading organizations and institutions, including NGOs, academia, development banks as well as the private sector. The complete list of participants is being developed and includes representation from CARICOM, CARPHA, HCC, PAHO, development banks, insurance companies, UWI and PHAC. The deliberations will feed into a consultation with Caribbean Ministers of Health on the second day of the Forum with the intent to produce clear strategic outcomes to guide action.

2.5. Preparatory work

In preparation for the forum, three working groups will be established to develop background materials and to propose recommendations on the three themes covered in the meeting's objectives: 1) Addressing the 9 WHO voluntary targets; 2) Strengthening a comprehensive health system's response to NCDs, within the context of UA/UHC and considering innovative resourcing strategies for NCDs; 3) Sustaining political engagement.

These working groups will consist of a small writing team that will receive support from external reviewers as they each develop working documents for the forum. Their results will be shared in advance with the forum's participants to facilitate discussions and ensure that the forum's outcomes are achieved.

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