

Comprehensive Meeting Report

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

Barbados • 8-9 June 2015

Reduce mortality

More information at:
www.paho.org/ncds/caribbeanmeeting

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Icon	Percentage
Hourglass	25%
Bottle and glass	10%
Person running	10%
TV	30%
No smoking	30%
Person with heart	25%
Person with heart and hand	50%
Person with heart and hand	80%

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Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean
Hilton Barbados Resort, Needham's Point, Bridgetown, Barbados
8-9 June 2015

More information, including all presentations and background documents, can be found at:

<http://www.paho.org/ncds/caribbeanmeeting>



Executive summary

- Under the coordination of the Pan American Health Organization, representatives from 17 Caribbean countries and territories, CARICOM, CARPHA, UN agencies, collaborating agencies from Canada and United States, the Inter-American Development Bank, the University of the West Indies, and civil society met in Barbados on 8-9 June 2015 at the **Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean**.
- The purpose of the meeting was to discuss and agree on joint strategies in order to regain the technical and political momentum regarding NCDs and their risk factors that was sparked by the **Political Declaration of Port of Spain (POS)** in 2007.
- In the Caribbean, NCDs caused over 18,000 deaths in 2010, representing 78 percent of deaths in the subregion. 76 percent of premature deaths in people aged 30-69 years of age were caused by NCDs.
- Since 2007, progress was made; however, the gains are insufficient to meet the agreed target of 25% reduction in mortality in NCDs by 2025 as well as the 9 voluntary targets established by the NCD Global Monitoring Framework (GMF).
- The Caribbean region manifests the lowest rate of decline in premature mortality from NCDs of all the subregions of the Americas, and there is evidence of the increasing burden of risk factors.
- Reductions in cardiovascular diseases and diabetes-related mortality account for the largest declines in NCD-related deaths.
- There is a lack of data to monitor the trends and progress on NCDs. Half of the countries are not able to report at least 50% of the GMF indicators.

- There is a need to develop and implement policies and regulations to create an environment that will protect people and prevent NCDs and RFs.
- NCDs are a “tsunami” threatening fragmented and vertical health systems. Universal access to health and universal health coverage, based on the right of every person to the enjoyment of the highest attainable standard of health, equity, and solidarity, emphasizing primary health care, are part of the solution, but will require strengthening of human resources for health, integration of care, reorganization of services focused in primary health care, increased efficiencies, improved revenue collection, and increased financing to meet the needs of all population groups- across the life span, cultures, ethnicities, and socio-economic status.
- Another significant threat is the influence of certain industries, which produce, distribute, sell, and promote unhealthy products associated with the main risk factors for NCDs, namely tobacco, alcohol, ultra processed foods, and sugary beverages. While these industries bring jobs and revenues to governments, the associated socioeconomic and health costs are likely to be higher than the economic outputs.
- Inaction on NCDs is due more to a lack of leadership than a lack of information. Political will exists (the POS Declaration is a sign of this) but needs to be translated into action on the ground. Plans need to be linked to adequate funding.
- Countries agreed that progress to prevent, manage, and control NCDs can be accelerated and partially solved through subregional strategies and a common approach to risk factors and health systems, rather than through individual country actions.
- Five priority areas for action were identified, based on a Reaffirmation of Commitment document that was agreed to by participants:
 - Reignite the political commitment;
 - Implement multisectoral NCDs plans of action;
 - Implement regulatory policies on risk factors;
 - Work towards universal health coverage and universal access to health;
 - Strengthen surveillance and data collection.
- These areas provide feasible steps for all countries, with the engagement of various sectors, including civil society and the private sector, as appropriate. Multilateral agencies, such as the United Nations, CARICOM, and CARPHA, with the technical support of PAHO, can assist in the assessment, planning, and implementation of cost-effective measures that will bring positive short and long term results.
- Working together and in a coordinated manner, Caribbean countries can get on a path to healthier and sustainable development.

5 MUST DOs:

Reignite political commitment

Implement multisectoral plans of action

Implement regulatory policies

Work towards universal health*

Strengthen surveillance

* Universal Health:

Universal access to health and universal health coverage

Background

Each year, noncommunicable diseases (NCDs), namely cardiovascular diseases (CVD), cancer, diabetes, and chronic respiratory disease are responsible for three of every four deaths in the Americas. Thirty four percent of these deaths occur prematurely in persons aged 30-69 years (1, 2). In the Caribbean, NCDs caused over 18,000 deaths in 2010, representing 78 percent of deaths in the subregion. Seventy six percent of premature deaths in people aged 30-69 years of age were caused by NCDs (3). NCDs lead to preventable costs in human suffering, premature death, and disability. The epidemic also continues to overwhelm health systems: NCDs will compromise countries' ability to advance toward universal health access and coverage. Furthermore, NCDs are 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 remains, NCDs will cost low and middle income countries (LMICs) worldwide around \$500 billion per year, for a total cost of \$7 trillion by 2025 (4).

The Caribbean 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 \(POS\)](#); the [2009 Commonwealth Heads of Government Meeting](#); the [2009 Fifth Summit of the Americas](#); the [2010 Pan American Health Organization \(PAHO\) Directing Council](#); and the [2011 United Nations \(UN\) High Level Meeting of the General Assembly on the prevention and control of NCDs](#), which led to a [Political Declaration](#) for countries to take steps to tackle this global epidemic.

The 15-point POS Declaration includes 27 commitments, mainly regarding NCD and risk factor-related policies. The World Health Organization (WHO) has established an [NCD Global Monitoring Framework \(GMF\)](#) to ensure progress on NCDs up to 2025 and which comprises the 9 voluntary global targets and 25 indicators to track progress. More recently, the PAHO Directing Council approved the [Plan of Action for the Prevention and Control of NCDs](#) and the [Plan of Action for the Prevention of Obesity in Children and Adolescents](#). 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. 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. During the 2014 United Nations General Assembly (UNGA), 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. Member States also committed to reduce risk factors (RFs) and address underlying social determinants for those NCDs, strengthening and orienting health systems to address prevention and control issues through people-centered primary health care and universal health coverage, among other agreements, by 2016. 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. 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.

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. In this context, the Pan American Health Organization held 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.

Purpose

The purpose of the **Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean** is for PAHO/WHO, the Caribbean Community (CARICOM), the Caribbean Public Health Agency (CARPHA), the Healthy Caribbean Coalition (HCC), the University of the West Indies (UWI), finance institutions, 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 subregion 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.

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.

Participants

Participants included representatives of 17 Caribbean countries and territories (Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos), CARICOM, CARPHA, UN agencies, collaborating agencies from Canada and United States, the Inter-American Development Bank, the University of the West Indies, and civil society.

The complete list of participants can be found in Annex A.

Overview of the meeting

Day 1: Monday, 8 June

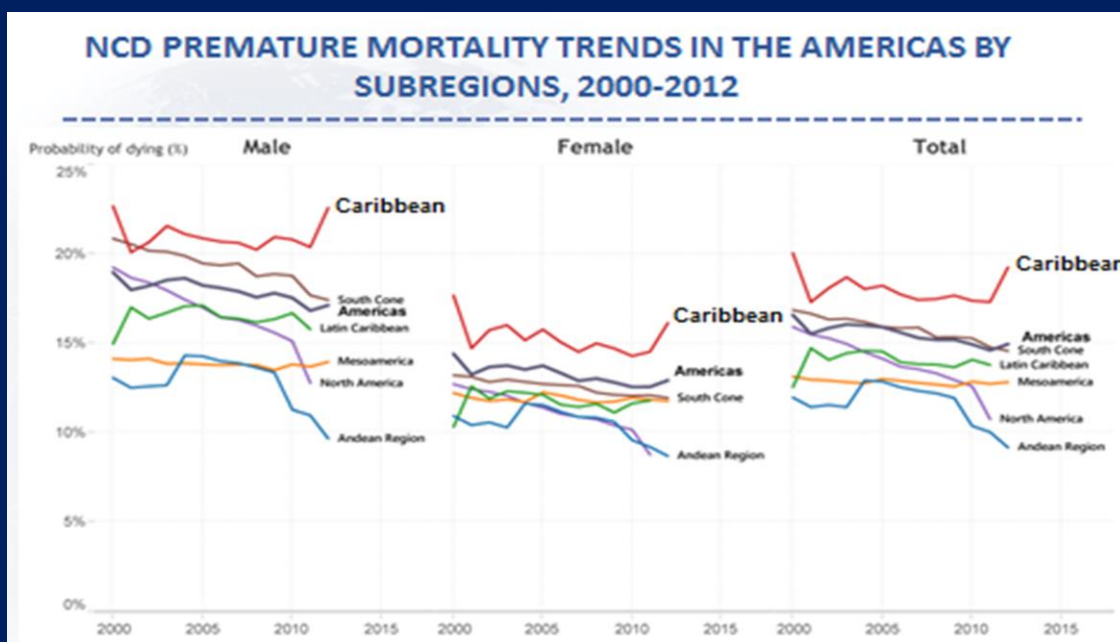
The meeting was opened by Dr. Godfrey Xuereb, PAHO/WHO Representative for Barbados and Eastern Caribbean Countries; with welcome remarks made by Dr. Carissa Etienne, Director of PAHO. Technical remarks were presented by Dr. Anselm Hennis, Director of the Department of Noncommunicable Diseases and Mental Health, PAHO/WHO.

Dr. Etienne highlighted the magnitude of the NCD epidemic, including the burden of mortality and morbidity as well as the social and economic impact; at the same time she stressed the importance of looking behind the data to see the people being impacted. She pointed out that while the 2007 summit that led to the Port of Spain Declaration demonstrated the subregion's leadership on NCDs and their related risk factors, the momentum has stalled. Dr. Etienne argued that we know what needs to be done (e.g. improve surveillance, create healthy environments, focus on prevention, and strengthen regulations). She called for greater multisectoral action, and reminded participants that there is a cost to inaction.

Dr. Hennis detailed the magnitude of the problem, outlining the burden of specific NCDs and risk factors in individual Caribbean countries. He noted that the Caribbean subregion has the highest level of premature mortality from the four major NCDs when compared other subregions in the Americas, and highlighted the disparities in life expectancy between Caribbean populations and comparable groups in the USA. Dr. Hennis listed the global mandates on NCDs and the PAHO action plan and pointed out that the Caribbean is not on track to reach the NCD targets.

Figure 1. Premature Mortality in the Americas

Presentation: *Technical Remarks – Impact of NCDs in the Caribbean* (Dr. Anselm Hennis)



Panel 1 focused on the challenges and opportunities for tackling NCDs in the Caribbean. The panel was chaired by Dr. Bernadette Theodore-Gandi, PAHO/WHO Representative for Trinidad and Tobago.

Dr. Nigel Unwin of the University of the West Indies (UWI) presented data comparing life expectancy in African descent populations in the Caribbean and USA, demonstrating that changes in mortality from NCDs have a significant impact on overall mortality. He highlighted the impact of declining mortality from cardiovascular disease and diabetes as being major contributors to improved NCD outcomes. He also expressed concern that NCDs are still seen as a consequence of personal decisions and not as a result of environmental factors, and noted that policy-makers are often focused more on the cure and less on prevention. Dr. Unwin described the Port of Spain Declaration Evaluation (POSDEVAL) project being conducted by UWI and various partners, which will identify gaps in policies and surveillance related to the POS Declaration agreements.

Figure 2. Port of Spain Declaration Evaluation

Presentation: *Assessing progress in the Caribbean since the Port of Spain Declaration* (Dr. Nigel Unwin)

Port of Spain Declaration Monitoring Grid

Potential predictors of compliance being examined include:

- Population size
- GDP per capita
- Leader presence at POS
- Burden of NCDs
- Proportion female MPs

Updated: September 2012, September 2013, September 2014

POS NCD #	NCD Progress Indicator	ANT	AGT	BAN	BEL	BRE	BVI	CAV	DOM	GRV	HAI	JAM	JON	MTQ	SKT	SVZ	TRT	TTO
COMMITMENT																		
1.14	NCD Plan	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
4	NCD budget	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
2	NCD Summit convened	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
2	Multi-sectoral NCD Commission appointed and functional	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
TOBACCO																		
3	FCTC ratified	*	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
3	Tobacco taxes >50% sale price	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
3	Smoke Free indoor public places	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
3	Advertising, promotion & sponsorship bans	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
NUTRITION																		
7	Multi-sector Food & Nutrition plan implemented	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
7	Trans fat free food supply	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
7	Policy & standards promoting healthy eating in schools implemented	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
8	Trade agreements utilized to meet national food security & health goals	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
9	Mandatory labeling of packaged foods for nutrition content	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
PHYSICAL ACTIVITY																		
6	Mandatory PA in all grades in schools	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
10	Mandatory provision for PA in new housing developments	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
10	Ongoing, mass Physical Activity or New public PA spaces	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
EDUCATION / PROMOTION																		
12	NCD Communications plan	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
15	CWD multi-sectoral, multi-focal celebrations	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
10	≥50% of public and private institutions with physical activity and healthy eating programmes	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
12	≥30 days media broadcasts on NCD control/yr (risk factors and treatment)	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
SURVEILLANCE																		
11,	Surveillance - STEPS or equivalent survey	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
13,	- Minimum Data Set reporting	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
14,	- Global Youth Tobacco Survey	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
	- Global School Health Survey	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
TREATMENT																		
5	Chronic Care Model / NCD treatment protocols in ≥ 50% PHC facilities	X	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±
5	QOC CVD or diabetes demonstration project	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±	±

Figure 3. Best buys

Presentation: *Overview of the NCD global commitments* (Dr. Bente Mikkelsen)

Which NCD policies and programmes best drive progress?



Best buys

Tobacco

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulate commercial and public availability of alcohol
- Restrict or ban alcohol advertising and promotions
- Use pricing policies such as excise tax increases on alcoholic beverages

Diet and physical activity

- Reduce salt intake
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity
- Promote and protect breastfeeding

Cardiovascular diseases and diabetes

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid (aspirin) for acute myocardial infarction

Cancer

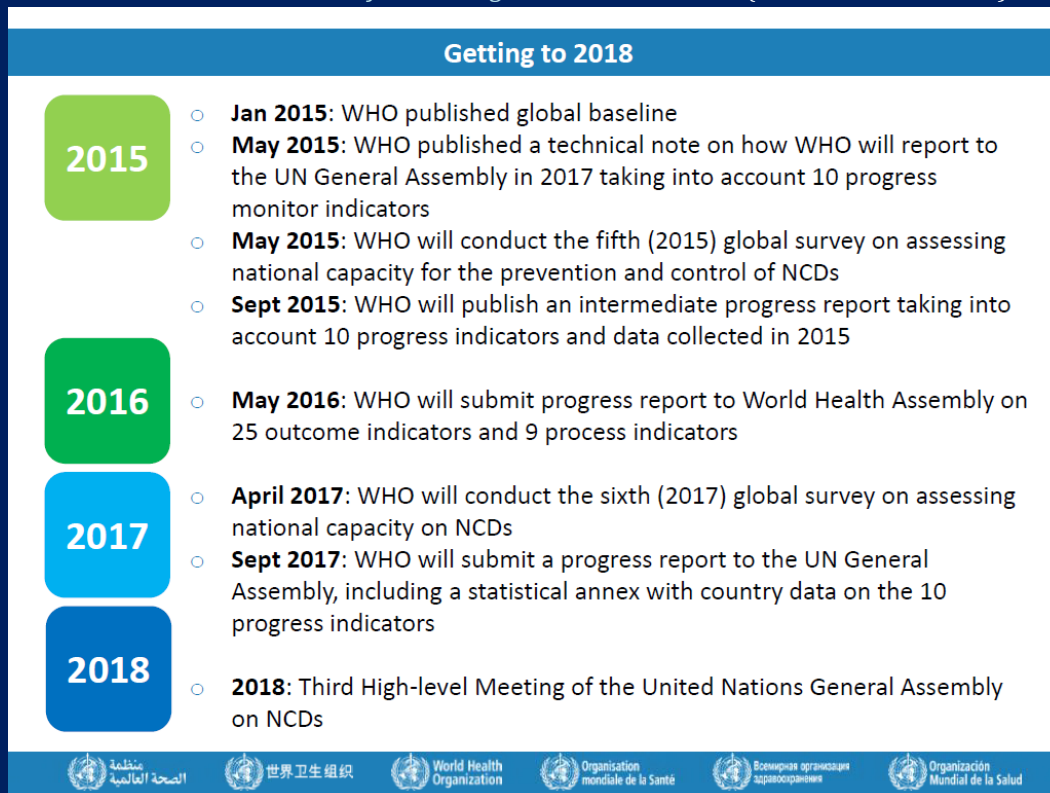
- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid (VIA) linked with timely treatment of pre-cancerous lesions)



Dr. Bente Mikkelsen of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD) and UN Interagency Task Force on Noncommunicable Diseases, discussed various commitments made by the countries and described a new road map for 2018 to accomplish and measure those commitments. Dr. Mikkelsen introduced the WHO 'Best Buys' that drive progress on NCDs and the recommended indicators to monitor success, asserting that "what gets measured gets done."

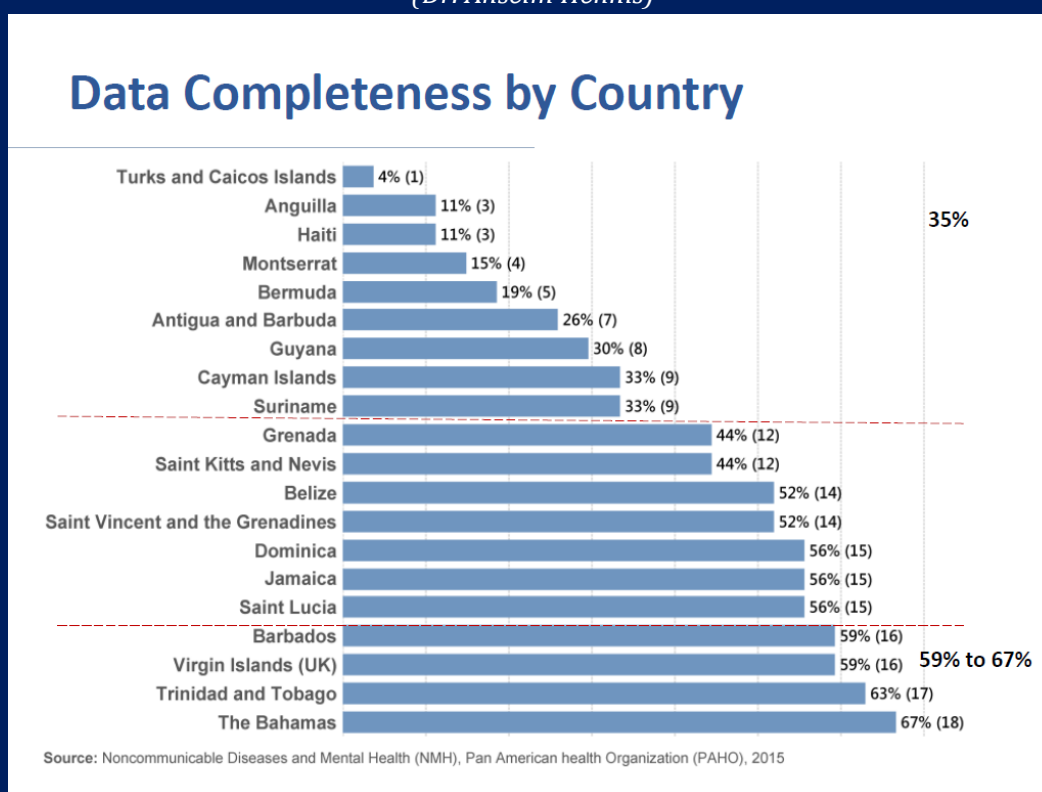
Figure 4. Roadmap to 2018

Presentation: *Overview of the NCD global commitments* (Dr. Bente Mikkelsen)



Dr. Anselm Hennis detailed the gaps in surveillance at the country level which would lead to an inability of countries to report to the agreed Global Monitoring Framework indicators. He reiterated that the Caribbean likely will not reach the targets for mortality reduction by 2025, and provided clear solutions to address these challenges. These included risk protection and disease prevention, transforming health systems, strengthening surveillance, and reinforcing technical cooperation.

Figure 5. Gaps in ability of Caribbean countries to report on GMF indicators
Presentation: Challenges and goals for 2025: achieving the NCD targets in the Caribbean
(Dr. Anselm Hennis)



The results presented here are provisional pending an update.

Dr. Marthelise Eersel of Suriname's Ministry of Health presented the country's comprehensive tobacco control law and shared the key elements that contributed to the successful passage of the law in 2013. Dr. Eersel also highlighted some of the needs for the future, including using the tobacco model to prepare for comprehensive alcohol regulation.

Figure 6. Comprehensive tobacco legislation

Presentation: Decisive action on Prevention – Suriname sets a regulatory framework for effectively reducing tobacco use and increasing alcohol taxes (Dr. Marthelise Eersel)

Legislation S.B. 2013 no. 39

- Smoking ban in indoor public places
- Tobacco advertising ban
- A ban on the sale of tobacco products to minors and the use of vending machines
- A ban on electronic cigarettes
- Pictorial health warnings required on packaging
- The development, implementation, and monitoring a national tobacco control strategic plan
- Promote epidemiological surveillance
- Promote inter-sectoral collaboration for legislation implementation
- Establishment of Tobacco Bureau to promote research and strengthen cessation programming
- Compliance and enforcement regulations
- Strict penalties for non-compliance
- Allows for the development of future regulations to ensure full implementation of the law

During the discussion session, participants noted the need to leverage subregional bodies such as CARICOM to improve communication to the public that NCDs are not inevitable, study and target diverse and vulnerable populations, use the Health in All Policies framework to ensure a multisectoral approach, and strengthen regulatory frameworks in order to make the healthy choice the easy choice.

Key messages:

- Countries have agreed to various commitments, including the WHO Global Action Plan and timed deliverables. Those commitments can be accomplished and measured using the new road map for 2018.
- WHO's 'Best Buys' drive progress on NCDs and related risk factors (tobacco; alcohol; diet and physical activity; cardiovascular disease; and cancer) and the recommended indicators monitor success.
- What gets measured gets done.
- The Caribbean region manifests the lowest rate of decline in premature mortality from NCDs of all the subregions of the Americas and there is evidence of an increasing burden of risk factors. Reductions in CVD and diabetes-related mortality account for the largest declines in NCD related deaths.
- The Port of Spain Declaration Evaluation (POSDEVAL) project is being conducted by UWI and various partners and will identify gaps in policies and surveillance related to the POS Declaration agreements.
- Actions are clear but there has been limited progress on the implementation of the Best Buys and the Port of Spain Declaration.
- There is a lack of data to monitor the trends and progress on NCDs. Half of the countries are not able to report at least 50% of the GMF indicators.
- There is a need to develop and implement policies/regulation to create an environment that will protect people and prevent NCDs/RFs.
- Planning and discussing political commitments must now translate into action.
- **Country case study: Suriname** created the environment and momentum within the population to counteract industry interference and pass the Tobacco Control Act.

Panel 2 addressed the health systems’ response to NCDs to advance towards universal access to health and universal health coverage. Dr. James Hospedales of CARPHA chaired the panel.

Dr. James Fitzgerald of PAHO/WHO explained how NCDs are a “tsunami” threatening our fragmented vertical health systems, noting that there is a need to strengthen human resources for health and build resilience into health systems. He offered PAHO’s Strategy for Universal Access (UA) to Health and Universal Health Coverage (UHC) as a solution, and detailed the strategic lines of the strategy: 1) Expanding equitable access to comprehensive, quality, people- and community-centered health services; 2) Strengthening stewardship and governance; 3) Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment; and 4) Strengthening intersectoral coordination to address the social determinants of health.

Figure 7. Universal access to health and universal health coverage
Presentation: Universal Access to Health and Universal Health Coverage: A comprehensive response to the challenges of NCDs (Dr. James Fitzgerald)

Universal access to health and universal health coverage:

All people and all communities should have access, without discrimination, to comprehensive, appropriate, timely, quality health services, while ensuring that using these services does not expose users to financial hardship.



Values:

- ✓ Right to health
- ✓ Equity
- ✓ Solidarity

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Dr. Karl Theodore of UWI outlined what is known about the financial costs of NCDs, including various studies that look at the impact on GDP (e.g. diabetes and hypertension alone were estimated to cost between 1.4% and 8.0%). He provided various innovative funding strategies, focusing on four key measures: 1) modification of current measures and priorities, mainly strengthening the primary level of care; 2) improved efficiency of current fiscal spending, including reallocation of public resources (fiscal priority for health); 3) adoption of new funding measures for the health system; and 4) measures aimed at improved revenue collection.

Figure 8. Costs and financing of NCDs and risk factors in the Caribbean

Presentation: Innovative funding strategies for NCDs and risk factors (Dr. Karl Theodore)

THREE TAKE-AWAYS

1. Need to acknowledge the significant impact of the NCDs on the economy, and by extension, government revenues.
2. Need to adopt systems which will boost efficiency and increase revenue collection
3. Decide on time frame for introducing new revenue measures to bridge gap between regional commitment and global commitment to health, possibly starting with:
 - a) **Human Resource Protection Tax**
 - b) **Levies** on cruise ships, telecomm and financial transactions
 - c) **Increased taxation** of alcohol, tobacco and obesogenic foods

Figure 9. National development plan: Jamaica

Presentation: Jamaica: Country Experience in Advancing Towards Universal Health Coverage (Dr. Marion Bullock DuCasse)

Setting the National Framework

- **National Development Plan: Vision 2030**
 - “Jamaica, the place of choice to live, work, raise families and do business”
 - 21 year long-term Development Plan executed using a 3 year Medium Term Socio-Economic Framework approach
 - Strategic Roadmap to advance Jamaica to developed country status by 2030
 - 4 National Goals – Goal 1: Jamaicans are Empowered to Achieve Their Fullest Potential
 - 15 National Outcomes – Outcome 1 of Goal 1: A Healthy and Stable Population

Dr. Marion Bullock DuCasse of Jamaica presented her country's experience in advancing UHC, which included providing free health care to all, periodically adjusting services as needed, understanding the need to reduce risk factors for NCDs through regulations, and managing private industry involvement. She also outlined a number of challenges experienced by Jamaica, many of which apply to other countries and territories in the Caribbean, and listed key priorities to move forward.

Key messages:

- NCDs are a “tsunami” threatening our fragmented vertical health systems.
- There is a movement towards universal access to health and universal health coverage, based on the right of every person to the enjoyment of the highest attainable standard of health, equity, and solidarity, emphasizing primary health care.
- There is a need to strengthen human resources for health and build resilience into health systems.
- Strategies to increase financing for health systems/NCD response include:
 - Modify priorities and strengthen primary care
 - Increase efficiency (wastage in spending is currently at 20-40%)
 - Improve revenue collection
 - Mobilize new funds (e.g. taxes on unhealthy products)
- **Country case study: Jamaica** strengthened its health system by creating a National Health Fund which provides free care to all and allows for adjustments to services as needed.



Working groups discussed the themes addressed in panels 1 and 2 and offered valuable recommendations, many of which are included below.

- Working Group A: Strategies to narrow gaps in national monitoring capacity
 - Map sources of information needed
 - Integrate STEPs questions into routine national surveys
 - Review countries’ surveillance capacity
 - Develop plans and setting targets for 2025

- Reduce fragmentation in data collection (e.g. improving coordination between different UN agencies)
- Ensure sustainable funding
- Utilize new technologies for surveillance
- Working Group B: Policies to be implemented or scaled up in the next 2-3 years that will have the biggest impact on NCDs, in the context of the Best Buys and Port of Spain Declaration
 - Implement the Framework Convention on Tobacco Control (FCTC)
 - Improve hypertension control by regulating salt and providing access to medicines
 - Implement comprehensive children-focused strategies, such as those that regulate alcohol, tobacco, ultra-processed food, and non-alcoholic sugary beverages
 - Increase access to HPV vaccines
 - Reorient primary health care
- Working Group C: Health systems' response
 - Improve quality of services
 - Strengthen preventive care and countries' regulatory capacity
 - Find efficiencies and opportunities for increasing fiscal space
 - Adopt subregional initiatives that support synergy
 - Define services, including those that are most effective in preventing and treating NCDs
 - Define and implement change management where needed
 - Identify and resolve human resource needs

Panel 3 focused on keeping NCDs as a political priority in the Caribbean. This session was chaired by Dr. Guillermo Troya, PAHO/WHO Representative for Suriname.

Dr. Andy Knight of UWI identified many of the challenges that inhibit political commitment and have prevented actions on NCDs. He argued that it is not enough to have technical knowledge or high level pronouncements on NCDs, noting that there are structural forces and powerful interests that provide context for why nothing is happening. Dr. Knight advocated for multisectoral action, sustained funding, and bold leadership and argued that we cannot ignore the private sector when it comes to NCDs. He called for a coordinating mechanism to bring leverage from subregional bodies to governments, a shift away from individual choice in favor of an environmental lens, sustained funding, and bold leaders who think beyond reelection.



Dr. Adriana Blanco of PAHO/WHO described lessons learned from the fight against tobacco, including the value of implementing excise taxes both to reduce consumption and raise revenue. Dr. Maristela Monteiro of PAHO/WHO raised similar concerns about the alcohol industry, recognizing that the most effective policies often conflict with commercial interests, and that governments have the responsibility to develop policies without industry interference. Dr. James Fitzgerald of PAHO/WHO presented the need for regulatory systems to ensure the safety of products for consumption, medicines, and health technologies and also tasked the government with this responsibility.

In the panel discussion, Dr. Carissa Etienne described how a whole-of-government and whole-of-society approach could advance the NCD agenda and advocated for a joint subregional effort led by CARICOM, arguing that individual countries are easy targets for industries.

Dr. Rudolph Cummings of CARICOM described the challenges that health ministers face at home and the need for a harmonized mechanism within governments to promote health.

Sir Trevor Hassell of HCC outlined the importance of involving civil society as part of a multisectoral response to NCDs, including their role in advocacy, education, and holding governments and industry accountable.

Dr. James St. Catherine of the Organization of Eastern Caribbean States (OECS) argued that public health should be at the center of decision-making, and that there is a need to build partnerships with all interested stakeholders.

Sir George Alleyne, Director Emeritus of PAHO, provided a summary of the day's discussion and offered recommendations on how to move forward. He advocated for a middle ground; with focus on both prevention and treatment, as well as an understanding that both environment and personal responsibility are contributors to NCDs. Dr. Alleyne highlighted the need for data and suggested strengthening national registration and other innovative mechanisms. He also recommended ways to keep health a political priority, including earning its place on the agenda through advocacy, strategic communication, and forging alliances through a whole-of-society approach. Finally, Dr. Alleyne proposed forging a new model with all subregional institutions and sectors involved, starting with a small group to map the political process.



Key messages:

- Challenges with industry: despite high-level declarations and agreements, there has been limited follow-through and implementation by countries. What are the reasons?
- There is a need for strong political leadership and to cultivate champions for the NCD agenda.
- There is a need to understand how other sectors operate.
- Regarding the private sector, there is a need to determine who we engage, how, and under what circumstances we should not engage.
- There is a need to include NCDs in each country's [United Nations Development Action Framework \(UNDAF\)](#).
- A multisectoral response is needed (i.e. civil society, academia to train workforce for primary care, finance, donors, etc.).
- Prevention and treatment are equally important.
- Caribbean countries should consider implementing joint policies to improve political leverage (i.e. labeling and taxation).
- Communication to the general public needs to be improved (i.e. NCDs are not a normal part of the aging process).



Day 2: Tuesday, 9 June

The second day was opened by Dr. Carissa Etienne, Director of PAHO, who reiterated that regarding the NCD epidemic, we have a killer among us and that there are faces behind the statistics. She reminded participants of the 27 commitments made in the Port of Spain Declaration, and that the subregion's performance is currently being evaluated. Dr. Etienne argued that there is urgent work to perform and advocated for subregional approaches rather than individual country actions. She highlighted the need for and all of society approach including government leadership, civil society, and the public sector. Dr. Etienne

was optimistic that if the Caribbean joins forces, it can overcome one of the greatest health and development challenges of our time: NCDs, and stated that PAHO is ready to work with Member States to advance their NCD agendas.

Ms. Cheryl Alleyne, Acting Permanent Secretary of the Ministry of Health of Barbados was also concerned that not only are NCDs the major killer in the Caribbean, they are also corroding social and economic development. She noted that even in Barbados, which has made significant advances on NCDs, there is much work left to be done, especially on risk factors. Ms. Alleyne described solutions to provide adequate resources to tackle NCDs, including strengthening the health care system, implementing joint efforts, and enhancing primary health care.

Dr. Anselm Hennis of PAHO/WHO presented a summary of the proceedings of Day 1.

Key messages:

- 3 of 4 deaths in the subregion are due to NCDs, and there are faces behind the statistics.
- Urgent work is needed to accelerate the momentum regarding NCDs and RFs in the Caribbean.
- NCD problems will be solved through subregional approaches, rather than individual country actions.
- NCDs are among the greatest health and development challenges of our time. If the Caribbean joins forces, NCDs can be overcome.
- There is a cost to inaction, and the responsibility is ours.

Session 1 focused on how to implement successful cost-effective interventions to prevent NCDs. Dr.

Godfrey Xuereb, PAHO/WHO Representative for Barbados and the Eastern Caribbean Countries, chaired



the panel, which was composed of: Hon. Evans McNeil Rogers, Minister of Social Development of **Anguilla**; Hon. Molwyn Morgorson Joseph, Minister of Health and the Environment of **Antigua and Barbuda**; Hon. Dr. Kenneth Melchoir Darroux, Minister of Health of **Dominica**; Hon. Delmaude Cassilda Ryan, Minister of Education, Health, and Social Services of **Montserrat**; and Hon. Clayton Burgin, Minister of Health, Wellness, and Environment of **St. Vincent and the Grenadines**.

Key messages:

- Inaction on NCDs is due more to a lack of leadership than a lack of information. Political will exists (the POS Declaration is a sign of this) but needs to be translated into action on the ground. Plans need to be linked to budgets.
- NCDs need to be on the agenda for all subregional discussions, such as the upcoming OECS meeting this summer.
- If countries join together as a region to develop legislation, it will pass much more easily. There will likely be less opposition to CARICOM or OECS initiatives than to country-specific actions.
- The public needs to support regulations.
- Lack of funding is a significant challenge, but the prevention of NCDs would promote economic development and is relatively low-cost compared to treating established illnesses later on. The health sector needs to be a stronger advocate for funds within government.
- Partnerships are necessary to move forward the NCD policy agenda.
 - It should not be just the MOH communicating to people. Other ministries need to realize the benefits of investing in health.
 - The private sector has an interest in the productivity of workers. Government can encourage the production of healthy products (e.g. building up the fishing and agriculture sectors). However, the private sector also frequently challenges regulation. How can we make civil society strong enough to counter these challenges?
 - Academics have the theoretical evidence on how to frame issues and change norms.
- While education can help people learn healthy habits from an early age, some of the things we are asking our populations to change are addictions, and education isn't enough.
- There needs to be a focus on children.
- There is a need to revamp primary health care and improve health services in general (e.g. infrastructure, personnel, data collection).
- The emphasis on personal responsibility is not enough. Evidence shows that regulation is more effective to create a healthy environment that supports individual efforts to make healthy choices.
- The regulation of alcohol will require significant political will in the Caribbean subregion
- How are we going to measure success?
Caribbean leaders need to prioritize data collection through a dedicated unit with funding for surveillance.



Session 2 focused on universal access to health (UA) and universal health coverage (UHC) as a means to improve the health systems' response to NCDs. Dr. William Adu-Krow, PAHO/WHO Representative for Guyana, chaired the panel, which was composed of: Dr. Glen Beneby, Chief Medical Officer (CMO) of the **Bahamas**; Dr. Kenneth George, Senior Medical Officer of **Barbados**; Dr. Shamdeo Persaud, CMO of **Guyana**; Dr. Marion Bullock DuCasse, CMO of **Jamaica**; and Dr. George Dubuche, Director General of the Ministry of Health and Population of **Haiti**. Dr. James Fitzgerald of PAHO/WHO provided technical remarks.



Key messages:

- UHC/UA is the most appropriate platform to address challenges in the prevention and control of NCDs.
- Countries are working to implement UHC/UA. This requires investment in human capital, financial resources, and rethinking of primary health care in the Caribbean. There is a process, not an overnight fix.
- Efforts to improve access include removing payment at the point of service; realigning and reorienting service provision, so everyone is within two hours of service; identifying vulnerable populations; providing community level services to households; providing a comprehensive package of NCD strategies; and involving private sector infrastructure to increase service provision of primary health care.
- Efforts to improve stewardship and governance include improving governments' regulatory capacity; strengthening the oversight of the Ministry of Health; and convening strategic meetings of bodies to discuss common strengths and needs.
- Efforts to improve financing include using the [PAHO Strategic Fund](#) to provide efficiencies in buying medicines; outsourcing where appropriate; rethinking the model of care (home care over hospital care); increasing accountability and fiscal transparency to eliminate waste and corruption; and implementing E-health systems for medical records to share with all providers.

- Efforts to strengthen intersectoral coordination to address the social determinants of health include creating national NCD commissions; joint development of national food policies with agriculture ministries; Cabinet subcommittees on NCDs (ministers from different sectors, mostly social, but also finance); and health prevention and promotion campaigns coordinated between ministries of health, education, and finance.
- Common challenges:
 - Sustaining funding
 - Significant resistance to change. People want good health systems but don't want to pay for them.
 - Where surveillance systems exist, they are often directed towards communicable diseases.
 - Lack of infrastructure (including technology).
 - People bypass primary care and go straight to hospitals.
 - Fragmented system of health care: people don't know where to go.
 - Trained human resources are lacking, especially at the community health level.

Session 3 addressed keeping NCDs as a political priority in the Caribbean. Dr. William Adu-Krow, PAHO/WHO Representative for Guyana, chaired the panel, which was composed of: Dr. Joy St. John, Chief Medical Officer (CMO) of **Barbados**; Hon. Dr. Rufus W. Ewing, Premier of the **Turks and Caicos Islands**; Hon. Nicholas Steele, Minister for Health and Social Security of **Grenada**; Hon. Dr. Karen Cummings, Minister within the Ministry of Public Health of **Guyana**; and Hon. Alvina Reynolds, Minister for Health, Wellness, Human Services, and Gender Relations of **St. Lucia**. Sir George Alleyne, Director Emeritus of PAHO, provided technical remarks.

Key messages:

- There are lessons to be learned from the successes and failures of the Port of Spain Declaration.
 - Framing of the epidemiological, social, economic, and human aspects of NCDs
 - Political support via articulate champions for the topic locally and nationally
 - Clear guidance on the policies that needed to be implemented
 - Partnerships with civil society, including the private sector
 - Community mobilization
- Most governments don't lack political will to achieve the targets, they lack funds. There needs to be advocacy for



the inclusion of NCD prevention and treatment in budgets.

- Measurement creates accountability which leads to global and subregional political commitments, which are translated into action.
- How do we ensure political commitment and concrete action? Find commonalities between different sectors.
 - Academics should collaborate to improve data (e.g. national registries for all NCDs).
 - NGOs can advocate for and represent the public, especially the most vulnerable.
 - The private sector needs to be seen as a key player, we can't ignore them. Governments should work to convince them of the benefits of reducing NCDs.
 - Public health practitioners should take a public health focus.
 - Ministries of Health should provide guidance for multisectoral action.
- Health should be included in politicians' platforms so that people can hold them accountable.
- NCDs need to be kept on the agenda for CARICOM.
- Ministers of Health need to communicate what they are doing and why in a way that people understand and support.
- Politicians have to find balance between legacy and re-election. While taxes are seen by some as "political suicide," they are also effective at reducing NCDs.
- Health in all Policies: ministers from other sectors have to see how their policies affect health and work collaboratively.
- Health ministries can send weekly health and other relevant statistics to parliamentarians and ask them what they are doing about it.
- Collective efforts are a powerful force for action.



Conclusions

In the Caribbean, noncommunicable diseases, particularly cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases are responsible for 78 percent of deaths and 76 percent of premature deaths in people aged 30-69 years of age. These and other chronic conditions overwhelm health services and the health system does not have the capacity to prevent, treat, care for, and rehabilitate all those in need, thus impeding progress toward universal access to care and universal health coverage. The impact on individuals, families, and communities is social and economic as well.

Four main risk factors: tobacco, harmful use of alcohol, unhealthy diets, and physical inactivity are the driving force behind this epidemic. They come from powerful industries that pose a significant conflict of interest with public health as they also bring economic profits and political influence which may clash with the need to regulate their products.

Caribbean countries became global leaders in the fight against NCDs when they made commitments through the Port of Spain Declaration in 2007. In 2011, the same countries agreed to unite against NCDs at the UN. However, actions at the national level have been limited and urgent work is needed to accelerate the progress and achieve at least a 25% reduction in mortality by 2025.

At the meeting, policymakers renewed their commitment to prevent and control NCDs through actions in health systems and regulatory policies on risk factors. These regulations can be jointly implemented through a subregional approach under the leadership of CARICOM and based on the best evidence available. While funding is a continuous challenge, universal health coverage and health for all is not an immediate goal but a process which is progressively achievable through the reorganization of services, retraining of human resources, use of the PAHO Strategic Fund to procure medicines and health technologies at affordable prices, increased accountability and fiscal transparency to eliminate waste and corruption, and the implementation of E-health systems for medical records that can be shared with all providers.

A reaffirmation of commitment (see Annex F) was agreed to by all participants. Based on the themes in this commitment, five priority areas for action were identified and provide feasible steps for all countries, with the engagement of various sectors, including civil society and the private sector, as appropriate:

- Reignite the political commitment;
- Implement multisectoral NCDs plans of action;
- Implement regulatory policies;
- Work towards universal health coverage and universal access to health;
- Strengthen surveillance and data collection.

Multilateral agencies, such as those from the United Nations, CARICOM and CARPHA, with the technical support of PAHO, can assist in the assessment, planning, and implementation of cost effective measures that will bring short and long term positive results. Working together and in coordination, Caribbean countries can get on a path to sustainable and healthy development.

Annex A.

PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO/WHO)
“Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean”

Hilton Barbados Resort, Needham’s Point, Bridgetown, Barbados
8-9 June 2015

List of Participants

COUNTRY	NAME	POSITION	ORGANIZATION
Turks and Caicos	Dr. The Hon. Rufus W. Ewing	Premier of the Turks and Caicos Islands	Government of Turks and Caicos Islands
MINISTERS			
Anguilla	Hon. Evans McNeil Rogers	Minister of Social Development	Ministry of Social Development
Antigua and Barbuda	Hon. Molywn Morgorson Joseph	Minister of Health and the Environment	Ministry of Health and the Environment
Barbados	Dr. The Hon. Denis Lowe	Acting Minister of Health	Ministry of Health
Dominica	Hon. Dr. Kenneth Melchoir Darroux	Minister of Health	Ministry of Health
Grenada	Hon. Nicholas Steele	Minister for Health and Social Security	Ministry for Health and Social Security
Guyana	Hon. Dr. Karen Cummings	Minister within the Ministry Public Health	Ministry of Public Health
Montserrat	Hon. Delmaude Cassilda Ryan	Minister of Education, Health and Social Services	Ministry of Education, Health and Social Services
St. Lucia	Hon. Alvina Reynolds	Minister for Health, Wellness, Human Services and Gender Relations	Ministry of Health, Wellness, Human Services and Gender Relations
St. Vincent and the Grenadines	Hon. Clayton Burgin	Minister of Health, Wellness and Environment	Ministry of Health, Wellness and Environment

MISSION REPRESENTATIVE			
Jamaica	Mr. Kurt Davis	Counsellor	Permanent Mission of Jamaica to the United Nations
CHIEF MEDICAL OFFICERS			
Antigua and Barbuda	Dr. Rhonda Sealey-Thomas	Chief Medical Officer	Ministry of Health
Bahamas	Dr. Glen Beneby	Chief Medical Officer	Ministry of Health
Barbados	Dr. Joy St. John	Chief Medical Officer	Ministry of Health
Guyana	Dr. Shamdeo Persaud	Chief Medical Officer	Ministry of Health
Jamaica	Dr. Marion Bullock DuCasse	Chief Medical Officer	Ministry of Health
OTHER MINISTRY REPRESENTATIVES			
Aruba	Mr. Eugene Maduro	Acting Epidemiologist	Department of Public Health
Barbados	Ms. Denise Carter-Taylor	Senior Health Promotion Officer	Ministry of Health
Haiti	Dr. George Dubuche	Director General	Ministry of Health and Population
St. Kitts and Nevis	Ms. Petrinella Edwards	Health Planner	Ministry of Health St. Kitts
St. Vincent and the Grenadines	Mr. Reginald Thomas	Executive Director	National Insurance Services
Suriname	Dr. Marthelise Eersel	Director	Ministry of Health
Trinidad and Tobago	Dr. Yvonne Lewis	Director of Health Promotion	Ministry of Health
Turks and Caicos	Ms. Charlene Higgs	Health Educator	Turks and Caicos Islands Government
Turks and Caicos	Mrs. Darlene Forbes	Office of the Premier	Turks and Caicos Islands Government

REGIONAL PARTNERS IN THE CARIBBEAN			
Barbados	Sir Trevor Hassell	President	Healthy Caribbean Coalition (HCC)
Barbados	Dr. Thelma Alafia Samuels	Senior Lecturer in Public Health and Epidemiology	University of the West Indies
Barbados	Professor Nigel Unwin	Professor of Public Health and Epidemiology Deputy Dean of Research and Post-graduate Studies	Faculty of Medicine The University of the West Indies
Guyana	Dr. Rudolph Cummings	Programme Manager, Health Sector Development	Caribbean Community Secretariat – CARICOM
St. Lucia	Dr. James St. Catherine	Head, OECS HIV/AIDS Project Unit	Organisation of Eastern Caribbean States-OECS
Trinidad and Tobago	Dr. James Hospedales	Director	Caribbean Public Health Agency (CARPHA)
Trinidad and Tobago	Dr. Stanley Lalta	Research Fellow Centre for Health Economics (HEU)	University of the West Indies
Trinidad and Tobago	Professor Andy Knight	Professor and Director Institute of International Relations	University of the West Indies
Trinidad and Tobago	Professor Karl Theodore	Director of the Centre for Health Economics (HEU)	University of the West Indies
UNITED STATES AND CANADA GOVERNMENT REPRESENTATIVES			
Barbados	Dr. Rachel Albalak	Director CDC Caribbean Regional Office	US Centers for Disease Control and Prevention (CDC)
Canada	Dr. Rachel Rodin	Director, Centre for Chronic Disease Prevention	Public Health Agency of Canada
Haiti	Dr. David Lowrance	CDC Country Office Director	US Centers for Disease Control and Prevention (CDC)
USA	Dr. Samira Asma	Chief of the Global NCD Unit – Div. Global Health Protection	US Centers for Disease Control and Prevention (CDC)
USA	Dr. Cristina Rabadan	Director, Office of the Americas Office of Global Affairs	US Department of Health & Human Services

UN AGENCIES AND MULTILATERAL ORGANIZATIONS			
Barbados	Ms. Muriel Mafico	Representative for the Eastern Caribbean Area	UN Children's Fund (UNICEF)
Barbados	Mr. Stephen O'Malley	UN Resident Coordinator	UN Development Program (UNDP)
Barbados	Ms. Sheila Roseau	Director	UN Population Fund (UNFPA)
Jamaica	Mrs. Donna Oretha Harris	Social Protection Specialist	Inter-American Development Bank (IDB)
Panama	Mrs. Karin Santi	Program Specialist HIV, Health Governance & Inclusive Development	UN Development Program (UNDP)
Trinidad and Tobago	Mr. Ian Ho-A-Shu	Health Senior Specialist	Inter-American Development Bank (IDB)
Trinidad and Tobago	Dr. Karen Sealey	NCD Consultant	Independent
USA	Mr. Ferdinando Regalia	Social Protection and Health Division Chief	Inter-American Development Bank (IDB)
WORLD HEALTH ORGANIZATION			
Switzerland	Dr. Bente Mikkelsen	Head a.i. of the Secretariat for the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD) and the UN Interagency Task Force on Noncommunicable Diseases	World Health Organization
Switzerland	Dr. Jessie Schutt-Aine	Project Manager, Accountability for Women's and Children's Health Family, Women's and Children's Health	World Health Organization

PAN AMERICAN HEALTH ORGANIZATION			
USA	Dr. Carissa Etienne	Director	Pan American Health Organization
USA	Sir George Alleyne	Director Emeritus	Pan American Health Organization
Bahamas	Dr. Gerarda Eijkemans	PAHO/WHO Representative (PWR) Bahamas	PAHO/WHO
Barbados	Dr. Godfrey Xuereb	PAHO/WHO Representative (PWR) Barbados	PAHO/WHO
Barbados	Dr. Tomo Kanda	PAHO/WHO Barbados Country Office, Advisor, Noncommunicable Diseases and Mental Health	PAHO/WHO
Barbados	Ms. Sandra Jones	PAHO/WHO Barbados Country Office Advisor, HIV/STI/VH	PAHO/WHO
Barbados	Dr. Beryl Irons	PAHO/WHO Barbados Country Office Advisor, Family and Community Health	PAHO/WHO
Barbados	Dr. Erica Wheeler	PAHO/WHO Barbados Country Office, Advisor Human Resources for Health	PAHO/WHO
Guyana	Dr. William Adu-Krow	PAHO/WHO Representative (PWR) Guyana	PAHO/WHO
Haiti	Dr. Jean-Luc Poncelet	PAHO/WHO Representative (PWR) Haiti	PAHO/WHO
Jamaica	Dr. Noreen Jack	PAHO/WHO Representative (PWR) Jamaica	PAHO/WHO
Suriname	Dr. Guillermo Troya	PAHO/WHO Representative (PWR) Suriname	PAHO/WHO
Trinidad and Tobago	Dr. Bernadette Theodore-Gandi	PAHO/WHO Representative (PWR) Trinidad and Tobago	PAHO/WHO
USA	Dr. Anselm Hennis	Director, Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO

USA	Dr. James Fitzgerald	Director, Department of Health Systems and Services (HSS)	PAHO/WHO
USA	Dr. Adriana Blanco	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO
USA	Dr. Roberta Caixeta	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO
USA	Ms. Arantxa Cayon	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO
USA	Dr. Amalia del Riego	Department of Health Systems and Services (HSS)	PAHO/WHO
USA	Dr. Ignacio Ibarra	Office of the Legal Counsel	PAHO/WHO
USA	Mrs. Silvana Luciani	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO
USA	Dr. Maristela Monteiro	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO
USA	Mrs. Claudia Pescetto	Department of Health Systems and Services (HSS)	PAHO/WHO
USA	Mrs. Rosa Sandoval	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO
USA	Ms. Blake Smith	Department of Noncommunicable Diseases and Mental Health (NMH)	PAHO/WHO

Annex B.

PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO/WHO)
“Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean”

Hilton Barbados Resort, Needham’s Point, Bridgetown, Barbados

8-9 June 2015

AGENDA
Monday, 8 June 2015

8.00-8.30 am	Registration
8.30-9.15 am	<p>Opening Ceremony - Welcoming remarks <i>Dr. Godfrey Xuereb, PAHO/WHO Representative for Barbados and Eastern Caribbean Countries – Opening Remarks (5 min)</i></p> <p><i>Dr. Carissa Etienne, Director of the Pan American Health Organization – Welcome Remarks (10 min)</i></p> <p>Technical remarks - Impact of NCDs in the Caribbean (15 min) <i>Dr. Anselm Hennis, Director, Department of Noncommunicable Diseases and Mental Health, PAHO/WHO</i></p> <p>Security Briefing – Hilton Hotel</p>
9.15-9.35 am	Introduction of participants (20 min)
9.35-10.30 am	<p>PANEL 1: NCDs IN THE CARIBBEAN - CHALLENGES AND OPPORTUNITIES <i>Chair: Dr. Bernadette Theodore-Gandi, PAHO/WHO Representative Trinidad and Tobago</i></p> <p>Assessing progress in the Caribbean since the Port of Spain Declaration (15 min) <i>Dr. Nigel Unwin, Chair of Population Health Sciences, Chronic Disease Research Centre, Tropical Medicine Research Institute, University of the West Indies</i></p> <p>Overview of the NCD global commitments (10 min) <i>Dr. Bente Mikkelsen, Senior Advisor, Global Coordination Mechanism Secretariat for NCDs, World Health Organization</i></p> <p>Challenges and goals for 2025: achieving the NCD targets in the Caribbean (15 min) <i>Dr. Anselm Hennis, Director, Department of Noncommunicable Diseases and Mental Health, PAHO/WHO</i></p> <p>Decisive action on prevention – Suriname sets a regulatory framework for effectively reducing tobacco use and increasing alcohol taxes (15 min) <i>Dr. Marthelise Eersel on behalf of the Hon. Dr. Michel Blokland, Minister of Health, Suriname</i></p>

10.30-10.50 am	Discussion (20 min)
10.50-11.05 am	Coffee Break (15 min)
11.05 am-12.05 pm	<p>PANEL 2: HEALTH SYSTEMS' RESPONSE TO NCDs TO ADVANCE TOWARDS UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE <i>Chair: Dr. James Hospedales, Executive Director, CARPHA</i></p> <p>Universal access to health and universal health coverage: an opportunity to strengthen health systems' response to NCDs (20 min) <i>Dr. James Fitzgerald, Director, Department of Health Systems and Services, PAHO/WHO</i></p> <p>Costs and financing of NCDs and risk factors in the Caribbean (20 min) <i>Dr. Karl Theodore, Director, Centre for Health Economics, Faculty of Social Sciences, University of the West Indies</i></p> <p>Jamaica: Country experience in advancing universal health coverage (15 min) <i>Dr. Marion Bullock DuCasse, Chief Medical Officer, Jamaica</i></p>
12.05-12.25 pm	Discussion (20 min)
12.25-1.25 pm	Working groups (1 hour)
1.25-2.25 pm	Lunch (1 hour)
2.25-3.45 pm	Plenary (1h 20min)
3.45-4.00 pm	Coffee break (15 min)
4.00-5.20 pm	<p>PANEL 3: KEEPING NCDs AS A POLITICAL PRIORITY IN THE CARIBBEAN <i>Chair: Dr. Guillermo Troya, PAHO/WHO Representative Suriname</i></p> <p>Keeping NCDs as a political priority in the Caribbean (20 min) <i>Dr. Andy Knight, Director and Professor, Institute of International Relations, University of the West Indies, St. Augustine, Trinidad and Tobago</i></p> <p>Comments: Countering private sector challenges and limited resources (25 min) – <i>Dr. Adriana Blanco, Tobacco Control Regional Advisor, PAHO/WHO</i> – <i>Dr. Maristela Monteiro, Alcohol Regional Advisor, PAHO/WHO</i> – <i>Dr. James Fitzgerald, Director, Department of Health Systems and Services, PAHO/WHO</i></p> <p>Panel: Advancing political priorities on NCDs (25 min) – <i>Dr. Carissa Etienne, Director, PAHO/WHO</i> – <i>Dr. Rudolph Cummings, Programme Manager, Health Sector Development, CARICOM</i> – <i>Sir Trevor Hassell, President, Healthy Caribbean Coalition</i> – <i>Dr. James St Catherine, HIV/AIDS Project Unit Head, Organization of Eastern Caribbean States (OECS)</i></p>

5.20-6.00 pm	Discussion
6.00-6.30 pm	Overall summary and recommendations (20 min) <i>Sir George Alleyne, Director Emeritus of PAHO/WHO</i> Closure of the Meeting (10 min) <i>Dr. Carissa Etienne, Director, PAHO/WHO</i>

Tuesday, 9 June 2015

8.30-9.00 am	<p>Welcome <i>Dr. Carissa Etienne, Director of the Pan American Health Organization (10 min)</i></p> <p><i>Dr. The Hon. Denis Lowe, Acting Minister of Health, Barbados – Feature Address (10 min)</i></p> <p>Summary of day 1 deliberations (10 min) <i>Dr. Anselm Hennis, Director, Department of Noncommunicable Diseases and Mental Health, PAHO/WHO</i></p>
9.00-10.00 am	<p>Session 1: NCD prevention: How to implement successful cost effective interventions <i>Chair: Dr. Godfrey Xuereb, PAHO/WHO Representative Barbados and the Eastern Caribbean Countries</i></p> <p>– Panel of Discussants</p>
10.00-10.30 am	Questions and answers (30 min)
10.30-10.50 am	Coffee Break (20 min)
10.50-11.50 am	<p>Session 2: Universal access to health and universal health coverage: Health systems response to NCDs <i>Chair: Dr. Gerarda Eijkemans, PAHO/WHO Representative Bahamas</i></p> <p>Technical remarks <i>Dr. James Fitzgerald, Director, Department of Health Systems and Services, PAHO/WHO</i></p> <p>– Panel of Discussants</p>
11.50 am-12.30 pm	Questions and answers (40 min)
12.30-1.30 pm	Lunch (1 hour)
1.30-2.30 pm	<p>Session 3: Keeping NCDs as a political priority in the Caribbean <i>Chair: Dr. William Adu-Krow, PAHO/WHO Representative Guyana</i></p> <p>Technical remarks <i>Sir George Alleyne, Director Emeritus of the Pan American Health Organization</i></p> <p>– Panel of Discussants</p>
2.30-3.00 pm	Questions and answers (30 min)
3.00-3.30 pm	Closing ceremony

Annex C.

CHALLENGES AND GOALS FOR 2025: Achieving the NCD targets in the Caribbean

Key Messages:

1. Global Monitoring Framework on the Prevention and Control of Noncommunicable Diseases (GMF)

The UN Political Declaration on NCDs in 2011 established the need for countries to strengthen multisectoral national policies and plans for the prevention and control of NCDs and to consider the development of national targets and indicators based on national situations.

To realize these commitments, the World Health Assembly in 2013 endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. The Global Action Plan provides a road map with a menu of policy options called “Best Buys” and a set of 9 targets and 25 indicators presented in the Global Monitoring Framework (GMF).

The Global Monitoring Framework (GMF) on the prevention and control of noncommunicable diseases (NCDs) is a comprehensive set of 25 indicators and nine voluntary global targets for 2025. This framework has three distinct components: Outcome, Risk Factors, and the National Health System Response.

Number of indicators by GMF component: 2 outcome indicators, 15 risk factor indicators, and 8 national system response indicators.

NCD Global Monitoring Framework 9 Voluntary Targets to be reached by 2025:

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

The Department of Noncommunicable Diseases and Mental Health (NMH) of the Pan American Health Organization has collected data on the 25 GMF indicators for CARICOM Member States and CARICOM Associates. This includes both data from national surveys, STEPS and STEPS-like, Global Youth Tobacco

Survey (GYTS), and Global School Health Survey (GSHS) which are reported by countries, PAHO mortality data repository, and Globocan estimates.

Based on these data, NMH conducted a data gap analysis. The main results and key messages will be presented in the following section.

2. GMF Indicator Data Availability in the Caribbean

Considering the number of GMF indicators and the number of countries that integrate the Caribbean Community (CARICOM), which includes 20 Member States and Associates, there are a total of 540 country-indicators per specific year.

The total data availability in the CARICOM is 38%, with available data for 205 out of 540 country-indicators.

The distribution of data availability/completeness by GMF components is 28% for outcome, 35% for behavioral risk factors, 48% for biological risk factors and 34% for national system response.

There are no data available for the following indicators: Salt/Sodium Intake; Drug therapy to prevent heart attacks and stroke; and Essential NCDs medicine and technologies.

A low level of data availability is observed in the following group of indicators: Harmful use of alcohol (12 out of 48 country-indicators), countries only have **20%** of data available; Additional Biological Risk Factors (25 out of 80 country-indicators), countries only have **31%** of data available; and Tobacco use (15 out of 40 country-indicators), countries only have **38%** of data available. The Tobacco Use indicator is described as a composition of smoking and smokeless tobacco products and most of the countries collected the information for smoking tobacco products only.

An interactive data visualization displaying summary measures of data availability and completeness is available online: <http://bit.ly/1zpeVc2>

The top five critical countries in terms of country-indicator data availability (with less than 20% of data available) are Turks and Caicos, Anguilla, Haiti, Monserrat, and Bermuda.

Nine countries (Turks and Caicos, Anguilla, Haiti, Monserrat, Bermuda, Antigua and Barbuda, Guyana, Cayman Islands and Suriname,) have data availability below 35%.

Three countries (The Bahamas, Trinidad and Tobago, and UK Virgin Islands) have the best capacity to produce GMF indicators, with data available in the range of 59% to 67%.

Additional challenges exist in order to produce some of the GMF indicators. Countries will need to integrate the methodology into their current surveillance system for indicators such as: Salt/Sodium Intake; Drug therapy to prevent heart attacks and stroke; and Essential NCDs medicine and technologies.

2.1. Efforts to improve countries capacity to report on NCDs/RFs

- Develop a national plan to integrate NCDs/RFs into the current surveillance system
- Setting national targets and indicators;
- Resource allocation to improve the NCD/RF surveillance;
- Build capacity and identify key partners to support this process;
- Adopt and adapt tools according to countries need (STEPS questions/methodology ...)

2.2. Will the Caribbean region reach the 25% relative reduction by 2025?

Premature mortality (measured as the unconditional probability of dying between ages of 30 to 69 years) from cardiovascular disease, cancer, diabetes or chronic respiratory disease.

Key message:

Premature mortality in the Caribbean region from 2000 to 2012 is slowly decreasing, mostly among the female population.

Without additional measures, 25% relative reduction of premature mortality will NOT be reached by 2025.

3. Going forward: what can the Caribbean do to meet the NCD targets?

PAHO's Regional NCD Plan of Action outlines a series of policy, health service, and surveillance interventions that can be used to create national NCD plans of action and to address NCD prevention and control in a comprehensive manner.

Three main actions require immediate attention:

- 1) Prioritize risk protection and disease prevention.
- 2) Transform and strengthen Health Systems Response to NCDs within the UHC – the global priorities for NCDs: Cardiovascular Diseases, Cancer, Diabetes Mellitus and Chronic Respiratory Disease.
- 3) Strengthen Surveillance.

3.1. Prioritize risk protection and disease prevention: Best Buys

1. **Apply or increase taxes** for tobacco, alcohol, ultra-processed foods, and sugar-sweetened beverages.
2. **Approve and enforce laws** for 100% smoke free environments.
3. **Implement** large and graphic **health warnings on tobacco** products in line with the CARICOM Standards for Health Warnings.
4. **Regulate** sales and marketing of alcohol, tobacco, ultra-processed foods, and sugary beverages.
5. **Create policies** to limit salt content of foods.
6. **Adopt urban and transportation policies to promote physical activities**, such as bike paths, and safer roads.

3.2. Specific opportunities:

1. Essential medicines and technologies:

- Use the PAHO Strategic Fund

2. Hypertension:

- Implement the Global Standardized Hypertension Treatment Initiative to improve hypertension control with the provision of medicines and care for persons with high blood pressure.

3. Cervical Cancer:

- Implement NCD guidelines and promote HPV vaccination.
- Improve screening coverage and treatment quality.

Health Systems Response to NCDs under Universal Access to Health and Universal Health Coverage

Key Messages:

- The enormous toll of the highly preventable noncommunicable diseases (NCDs)-principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and their common risk factors, tobacco use, harmful use of alcohol, diet and physical inactivity, as well as mental health disorders, disabilities, and traffic related injuries and death, continues to threaten the health, welfare, productivity, fiscal sustainability, and economic vitality of states throughout the Caribbean region.
- Moreover, the costs of health care from the growing epidemic of NCDs threatens the ambition of Caribbean countries to achieve sustainable, universal access to health and universal health coverage (UA/UHC) for their populations.
- The approach cannot be business as usual; it requires practical, innovative interventions to overcome the current disease-specific approach, which will not be sustainable. The growing epidemic poses an urgent need to transform and/or strengthen the Health Systems to better respond to the challenge of NCD's along the recommendations of the strategic lines outlined in PAHO's Strategy for Universal Access to Health and Universal Health Coverage (CD53/5, Rev.2), the Plan of Action on Health in All Policies (CD53/10, Rev.1), and the PAHO's Plan of Action for the Prevention and Control of Noncommunicable Diseases (CD52.R9), tailored to specific national context.
- Some of the key elements for action need to speak to:
 - A comprehensive approach, under the leadership of the national health authority, comprising all statements of the society, embedded in countries efforts to advance toward universal access to health and universal health coverage.
 - Advocacy for increased fiscal priority for health as a necessity for economic growth and development. MOH need to be equipped to provide evidence for advocacy, the debate needs to include not only evidence on actual costs of the NCDs, but evidence on the cost of not acting now and the impact to countries efforts towards economic growth and sustainable development.
 - Advancing toward providing universal access to comprehensive, quality, progressively expanded health services, taking into account the health needs of people, including those affected by NCDs, as well as changes in the model of care and in the organization of the health service delivery. There is an urgent need to increase the response capacity of the primary level of care articulated in Integrated Service Delivery Networks for the provision of comprehensive health services shifting the focus from disease to people and community-centered health care. Interventions relevant to NCDs that need to be included in these comprehensive services are: increased health promotion and prevention; healthy diet and physical exercise; evidence-based guidelines for NCDs management for early diagnosis; treatment and follow up; comprehensive clinical information systems that can integrate required NCD data; self-care and community support; multidisciplinary teams-based care that can respond to the specific needs of people

- affected with NCDs; availability of medicines and other health technologies relevant to prevention, control and palliation (including morphine equivalent opioid analgesics-excluding methadone- for palliative care, insulin, dialysis and hemodialysis, hepatitis B and human papilloma virus vaccines, medicines for the treatment of hypertension and diabetes, etc)
- Strengthening stewardship capacity of the national health authority and governance of the health system is essential to produce the required paradigm shift. There are key functions of the MOH that need to be strengthened for a more comprehensive and efficient response to NCDs, including: advocacy for increased fiscal priority for health; interventions to improve efficiency not only in health systems and services organization and management but also in health financing mechanisms to provide adequate incentives to providers; regulation and coordination of public and private health providers; regulation of medicines and other health technologies; enhanced capacity for health technology impact assessment and the development of quality improvement programs, national health information systems, monitoring and evaluation, mechanisms for national dialogue and accountability, among others.
 - Improving and increasing public health financing to protect the population from financial risks associated to the use of health services is essential, and in particular for NCDs. Advancing toward eliminating direct payment that constitute a barrier at the point of service will increase financial protection of those who, among others, are affected by NCDs because of the associated high out of pocket expenses and the risk of incurring on catastrophic expenses that could lead them to or push them deeper into poverty. Replacing direct payment at the point of service as a financing mechanism by pooling, pre-payment mechanisms based on solidarity will increase equity and efficiency of the health system to better respond to the health needs of the population, including those related to NCDs. The above will require an increase in public expenditure on health, noting that in most cases, public expenditure of 6% of the GDP is a useful benchmark. It is important to note that increasing public expenditure in health is a required, but not sufficient intervention. This intervention needs to be accompanied, in most cases, by other interventions to increase efficiencies in the health system, including allocation of resources to strengthen primary level of care, health promotion and risk protection.
 - Strengthening intersectoral coordination mechanisms and the capacity of national health authorities to implement public policies and promote legislation, regulation and actions beyond the health sector that address the social determinants of health is particularly important as it relates to NCDs. Health promotion and prevention of NCDs are the cornerstones of an effective response that the health system alone cannot address. Public policies in sectors such as finance, education, agriculture, transportation, trade, and urban planning are needed to create the physical and social environments amenable to healthy choice. Stronger legislation and regulations are needed to reduce tobacco use, harmful use alcohol, to promote healthy eating and physical activity, among others to reduce the population exposure to NCD risk factors. These interventions justify joint action across all sectors of society.

Economic and political context of NCD policy making background paper

Key Messages:

1. Economic growth in the Caribbean has continued to slow down since the economic crisis in 2008, with growth outturns weaker than anticipated. The export led development strategy pursued by the region has created a deep political pattern of engagement with lobbyists on behalf of regional private sector interests. In addition, the increasing gross public debt of many countries has constrained fiscal space, leaving governments to turn to the private sector for revenue and employment generation.
2. The rising costs of health care from the growing epidemic of NCDs, together with fiscal constraints, threatens the ambition of Caribbean countries to achieve sustainable, universal access to health (UA) and universal health coverage (UHC) for their populations.
3. Commercial and economic interests are colliding with issues of public health. While tobacco, alcohol, and ultra-processed foods provide important benefits to vulnerable small island states with developing economies in the form of revenues and profits, taxes, and the creation of jobs, their consumption also leads to numerous health problems and premature mortality. It is important that potential conflicts of interest between the private sector and public health are appropriately managed so that effective action is not compromised.
4. Companies and industry associations often acquire privileged opportunities to advance their members' commercial interests through policy advisory roles. For instance, policies around nutrition, reduction of harmful alcohol use, and tobacco control have been poorly developed in most of the countries of the region; this may partly be due to industry influence aimed at protecting profit margins and in this context, regulatory efforts may be interpreted as being adversarial.
5. Alcohol, ultra-processed food, and sugary beverage industries use strategies similar to those of the tobacco industry to undermine effective public health policies and programs:
 - a. Avoidance of taxation and regulatory measures by using fear tactics about the negative impact on the economy.
 - b. Arguments by industry actors that self-regulation, voluntary agreements, and government partnerships related to marketing and sales are sufficient to prevent harms.
 - c. Lobbying of politicians and policy makers at the local, regional, and global levels.
6. The implementation of the main trade agreements in the region heralds a more liberalized trading environment with all the benefits that come with the free movement of goods, services, and labor. No risk assessment has been undertaken on the impact of the trading agreements on public health. At the same time, the loss of preferential access to traditional export markets poses a significant risk to the region's future prosperity.
7. Current trade agreements do take some account of health and have permitted regional trade-restrictive measures that protect human health. The main challenge facing ultra-processed regional food producers is the specter of the liberalization of their products under current trade

negotiations. To date, fruit juices and ice cream, for example, have been excluded from liberalization under the World Trade Organization agreement and the CARIFORUM-EU Economic Partnership Agreement.

8. The Caribbean Community endeavors to harmonize legislative and policy actions at the regional level to overcome limited capacity in policy development and legislative drafting as cost effective regional approaches to policymaking. However, the complexity of NCD policy poses new challenges to the existing institutional structures:
 - a. NCD policymaking at the national and regional levels is fractured and spread across institutions, which limits the effective coordination of decision-making processes.
 - b. Civil society groups have often struggled to influence regional and national policymaking.

Options for keeping NCDs on the political agenda

9. UA/UHC can provide an opportunity to accelerate progress on NCD outcomes, inequalities, and their socio-economic impact. Equally, lessons learned from the NCD response can help support pathways to UHC. These include a focus on health promotion and prevention, multisectoral approaches and addressing the social determinants of health.
10. PAHO's 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 models of care, strengthening 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, which are required to create the physical and social environments amenable to healthy choices; and the elimination of direct payment at the point of care, to increase financial protection.
11. NCD prevention and control should be grounded in a life-course approach, given the fetal and early childhood origins of some NCDs. Children and youth are a particularly important focus for preventive interventions, with the growing impact of risk factors such as childhood obesity and high prevalence of smoking among youth in the region.
12. Public regulation and market intervention are evidence-based mechanisms to prevent harm caused by alcohol, tobacco, and ultra-processed food industries:
 - a. Full implementation of the Framework Convention on Tobacco Control (FCTC) is essential to prevent illnesses and premature deaths.
 - b. A ban on alcohol advertising, limited hours of retail sale, and increased taxation are evidence-based interventions that work.
13. NCDs require a multisectoral approach and national leaders must give these issues the attention and resources they deserve.

Annex D

Working Group A: Guidelines and Questions

Improve national capacity to monitor NCDs/RFs indicators

- 1) What are the strategies that countries can develop to narrow the current data gap to report and monitor Global Monitoring Framework (GMF) indicators?
- 2) Identify potential barriers/challenges and how to address them.
- 3) How can stakeholders contribute to improved surveillance systems?

Working Group B: Guidelines and Questions

Implementing NCD/RF Policies in the Context of the Best Buys and Port of Spain Declaration

- 1) What policies would you recommend to be implemented or scaled-up in the region in the next 2 to 3 years that will have the most significant impact on NCDs?
- 2) Identify potential barriers/challenges and how to address them.
- 3) How can stakeholders contribute to successful outcomes?

Working Group C: Guidelines and Questions

Health systems response to NCDs toward universal access to health and universal health coverage

- 1) What are the priority areas related to NCDs and associated risk factors that must be addressed in the 4 Strategic Lines of the strategy?
- 2) Identify barriers/challenges posed by NCDs related to the 4 Strategic Lines.
- 3) What are some of the key interventions to consider?

Global Monitoring Framework for the Prevention and Control of Noncommunicable Diseases

Indicator Gap Analysis in Non-Latin Caribbean Countries

39% (213/540)
Country-Indicator

20
Countries

9
Targets

27
Indicators

Scorecard showing data availability by Indicators and Countries

Select type of values
Country Report (last available)

Membership
All

0%  100%



Country (Display)	Outcomes		Behavioral Risk Factors				Biological Risk Factors			National Systems Response		
	Premature mortality from NCDs	Cancer Incidence	Harmful use of alcohol	Physical inactivity	Salt/sodium intake	Tobacco use	Raised blood pressure	Diabetes and obesity	Nutrition & cholesterol	Drug therapy to prevent heart attacks & strokes	Essential NCDs medicines & technologies	Health access and policies
Anguilla	0% (0/1)	0% (0/1)	0% (0/3)	0% (0/2)	0% (0/1)	0% (0/2)	0% (0/2)	0% (0/3)	0% (0/4)	0% (0/1)	0% (0/1)	50% (3/6)
Antigua and Barbuda	100% (1/1)	0% (0/1)	0% (0/3)	50% (1/2)	0% (0/1)	50% (1/2)	0% (0/2)	0% (0/3)	0% (0/4)	0% (0/1)	0% (0/1)	67% (4/6)
Barbados	100% (1/1)	100% (1/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	25% (1/4)	0% (0/1)	0% (0/1)	67% (4/6)
Belize	100% (1/1)	100% (1/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	0% (0/4)	0% (0/1)	0% (0/1)	50% (3/6)
Bermuda	0% (0/1)	0% (0/1)	33% (1/3)	50% (1/2)	0% (0/1)	0% (0/2)	50% (1/2)	0% (0/3)	50% (2/4)	0% (0/1)	0% (0/1)	0% (0/6)
Cayman Islands	0% (0/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	0% (0/2)	100% (2/2)	33% (1/3)	25% (1/4)	0% (0/1)	0% (0/1)	33% (2/6)
Dominica	0% (0/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	75% (3/4)	0% (0/1)	0% (0/1)	50% (3/6)
Grenada	100% (1/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	33% (1/3)	25% (1/4)	0% (0/1)	0% (0/1)	50% (3/6)
Guyana	100% (1/1)	100% (1/1)	0% (0/3)	50% (1/2)	0% (0/1)	50% (1/2)	0% (0/2)	67% (2/3)	0% (0/4)	0% (0/1)	0% (0/1)	33% (2/6)
Haiti	0% (0/1)	100% (1/1)	0% (0/3)	0% (0/2)	0% (0/1)	50% (1/2)	0% (0/2)	33% (1/3)	0% (0/4)	0% (0/1)	0% (0/1)	0% (0/6)
Jamaica	100% (1/1)	100% (1/1)	0% (0/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	50% (2/4)	0% (0/1)	0% (0/1)	50% (3/6)
Montserrat	0% (0/1)	0% (0/1)	0% (0/3)	50% (1/2)	0% (0/1)	0% (0/2)	0% (0/2)	0% (0/3)	0% (0/4)	0% (0/1)	0% (0/1)	50% (3/6)
Saint Kitts and Nevis	0% (0/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	67% (2/3)	25% (1/4)	0% (0/1)	0% (0/1)	50% (3/6)
Saint Lucia	100% (1/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	67% (2/3)	75% (3/4)	0% (0/1)	0% (0/1)	50% (3/6)
Saint Vincent and the Grenad..	100% (1/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	67% (2/3)	75% (3/4)	0% (0/1)	0% (0/1)	33% (2/6)
Suriname	100% (1/1)	100% (1/1)	0% (0/3)	50% (1/2)	0% (0/1)	50% (1/2)	0% (0/2)	33% (1/3)	0% (0/4)	0% (0/1)	0% (0/1)	67% (4/6)
The Bahamas	100% (1/1)	100% (1/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	75% (3/4)	0% (0/1)	0% (0/1)	67% (4/6)
Trinidad and Tobago	100% (1/1)	100% (1/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	50% (2/4)	0% (0/1)	0% (0/1)	67% (4/6)
Turks and Caicos Islands	0% (0/1)	0% (0/1)	0% (0/3)	0% (0/2)	0% (0/1)	0% (0/2)	0% (0/2)	0% (0/3)	0% (0/4)	0% (0/1)	0% (0/1)	17% (1/6)
Virgin Islands (UK)	0% (0/1)	0% (0/1)	33% (1/3)	100% (2/2)	0% (0/1)	50% (1/2)	100% (2/2)	100% (3/3)	75% (3/4)	0% (0/1)	0% (0/1)	67% (4/6)

Sources: Data collected from STEPs Study Country Reports, Global Youth Tobacco Survey, Global School Health Survey, Country Capacity Survey 2013 and Global Status Report on NCDs 2014. Non-communicable Diseases and Mental Health (NMH), Pan American health Organization (PAHO), 2015

Annex F. Reaffirmation of Commitment

At the end of the session, participants helped draft a Reaffirmation of Commitment, which stated:

“Determined to give priority to the enjoyment of the highest attainable standard of physical and mental health;

Recalling the Port of Spain Declaration adopted by the CARICOM Heads of Government in 2007 and its 27 commitments to address the noncommunicable disease epidemic in the region;

Recognizing with concern that the burden of noncommunicable diseases continues to have a significant negative impact on countries’ social and economic development as well as severely compromises the possibility of countries advancing towards universal access to health and universal health coverage;

Alarmed by the burden of noncommunicable diseases in the Caribbean which in 2010 represented 78% of all deaths and 76% of all premature deaths in people aged 30-69 years;

Recalling also the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases adopted by Heads of State and Government in 2011, which included a roadmap of concrete commitments to promote, establish or support and strengthen national policies and plans for the prevention and control of NCDs, and the Outcome Document of the 2014 comprehensive review and assessment of the progress made in the implementation of these commitments;

Acknowledging the WHO Global NCD Action Plan 2013-2020 which sets out nine concrete global NCD targets for 2025 and comprises a set of actions which when performed collectively by countries and international partners, aims to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025 and the commitments made by the world leaders in September 2011;

Affirming the strategies and lines of action set out in the PAHO Plan of Action on the Prevention and Control of NCDs 2013-2019 which reinforces the Global and Regional commitments, the Plan of Action for the Prevention of Obesity in Children and Adolescents and the Strategy for Universal Access to Health and Universal Health Coverage which sets out a series of actions to strengthen health services that can have an impact on NCDs and their determinants;

Seriously concerned that up to half of the Caribbean countries will not be able to report progress to the WHO’s Global Monitoring Framework on NCDs and unless decisive action is urgently taken, will not reach the agreed global targets for reducing premature mortality from NCDs by 2025;

Taking note of the need for utilizing a multisectoral and multistakeholder approach for addressing the threat of NCDs, including for financing national responses and action plans;

We, the participants meeting in Barbados on Tuesday 9 June 2015, at the Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean:

Reaffirm the importance of the commitments set out in the Port of Spain Declaration, the 2011 United Nations General Assembly Political Declaration and the Outcome of the 2014 Review;

Assert that there is the urgent need to jointly tackle NCDs as the greatest health and development challenge both at the national and the regional level;

Recommend a whole-of-government and whole-of-society approach to effectively address NCDs, their related risk factors and social determinants in the Caribbean;

Emphasize the need for prioritized investment in primary healthcare, strengthening health systems and surveillance and data collection systems, in particular for the prevention and control of non-communicable diseases including through bilateral and regional cooperation and the support of international development partners and inter-governmental organizations;

Urge that the prevention and control of NCDs remain high on the Caribbean political agenda as inaction will limit and possibly reverse the development gains of the region, and commit to remaining engaged in this regard.”

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