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A FRAMEWORK FOR THE ESTABLISHMENT AND STRENGTHENING OF NATIONAL NCD COMMISSIONS

Towards a More Effective Multisectoral Response to NCDs

PART II



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Healthy Caribbean Coalition
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1 Message from the Commonwealth Secretariat

It is now widely recognised that Non-Communicable Diseases (NCDs) which includes cancer, diabetes, chronic respiratory and cardiovascular disorders are threats to individual and family health and consequently a major concern for countries. They are non-infectious diseases, of long duration and slow progression. It is estimated that NCDs will be responsible for 73% of all deaths by 2020. Most of this will be accounted for by emerging NCD epidemics in developing nations.

NCDs not only threaten the health and wellbeing of individuals, often the most vulnerable but pose a considerable burden on already overstretched health care systems. The economic burden caused by NCDs interrupt poverty reduction initiatives in countries by increasing household expenditure, debilitating its workforce and hindering national economic activities.

Assisting member countries to tackle NCDs through strengthening national health Frameworks and Policies is one strategic aim identified by Commonwealth Secretariat. Thus, policies and framework for the prevention of NCDs is one of two major areas of focus in the Secretariats Strategic Plan of 2013-17.

Commonwealth Secretariat has partnered with Health Caribbean Coalition, over the last 5 months, as the regional implementation organisation, to develop a Framework for the establishment of National NCD Commission and facilitate a multi-sectoral action to reduce and control NCDs in the Caribbean.

Thus it is our pleasure to support this framework as a usual tool to assist member states in the Caribbean in the development of national NCD Commission that would advise on national policy and programme of interventions.

Dr. Magna Aidoo

Health Advisor in Health and Education Unit of the Commonwealth Secretariat

2 Message from President/NNCDC Chair

To be inserted post pilot phase.

3 Acknowledgements

The Healthy Caribbean Coalition (HCC) thanks the Commonwealth Secretariat for funding this important action-oriented resource document which builds on Part I: *A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs*. The framework provides practical stepwise guidance on the establishment or strengthening of National NCD Commissions.

We would like to extend special thanks to Mrs Denise Carter Taylor, the primary author of this document. Mrs Carter Taylor is a Senior Health Promotion Officer in the Barbados Ministry of Health, the Secretary of the Barbados National NCD Commission and a member of the HCC.

HCC President, Executive Director & Board of Directors

4 Acronyms & abbreviations

CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
CFNI	Caribbean Food and Nutrition Institute
CNCD(s)	Chronic non-communicable disease(s)
CRNM	Caribbean Regional Negotiating Machinery
CSO(s)	Civil society organisation(s)
FCTC	Framework Convention on Tobacco Control
HCC	Healthy Caribbean Coalition
M&E	Monitoring and evaluation
MOH	Ministry of Health
NCD(s)	Non-communicable disease(s)
NCDCSP	NCD Commissions Strengthening Project
NCDSP	National Chronic Disease Strategic Plan
NGO(s)	Non-governmental organisation(s)
NNCDC	National Non-communicable Diseases Commission
OCPC	Office of the Chief Parliamentary Counsel
PAHO	Pan American Health Organisation
UN	United Nations
UNHLM	United Nations High-Level Meeting
WHO	World Health Organisation

5 Executive summary

Caribbean Community (CARICOM) Member States are convinced of the need for a multisectoral response to NCDs, including whole-of-government, whole-of-society and health-in-all-policies approaches with collaboration between government sectors, and among the government, the private sector, civil society and academia. National policies and practices in non-health sectors have a significant influence on NCDs and their risk factors.

Establishing a National NCD Commission (NNCDC) is seen as a viable mechanism for facilitating a multisectoral approach. This is defined by WHO as *“a high-level commission, agency or task force for engaging, policy coherence and mutual accountability... to implement health-in-all-policies and whole-of-government and whole-of-society approaches and monitor and act on the determinants of NCDs, including social and environmental determinants...”* (3).

A well-established Commission will be guided by the following core principles: legitimacy, intersectoral membership, structure, credibility, and fundable and sustainable processes.

A strategic framework for implementation of the set of recommendations on the establishment of National NCD Commissions should include the following steps:

- Step 1: Establish the need for a Commission
- Step 2: Provide the evidence base
- Step 3: Secure political support
- Step 4: Identify high-level leadership
- Step 5: Engage support among cross sector partners
- Step 6: Provide administrative mobilisation
- Step 7: Identify resources
- Step 8: Define initial programme of work
- Step 9: Create systems of accountability
- Step 10: Building NNCD membership capacity
- Step 11: Develop a communication strategy

Political, social and demographic factors will influence a country's capacity to establish and maintain a Commission. Countries with limited human resource capacity may consider establishing one with a broader mandate to tackle health and wellness and include other priority risks and diseases. Depending on past experiences and social arrangements, some countries may consider locating the Commission in the civil society or private sector if this model works best for the country.

This Framework envisages the establishment of an effective, multisectoral, National NCD Commission led and initiated by the Ministry of Health with partners from other government sectors, civil society and the private sector integrally involved. It outlines the role of National NCD Commissions and the approaches that they may adopt in strengthening country-led policy frameworks to prevent and control non-communicable diseases in the Caribbean. The

Framework provides guidance on contributions and actions that non-health ministries and other sectors of society should undertake in their respective areas in prevention and control of NCDs. Strengthened, fully functioning NNCDs will be most effective when policy and programming priorities are informed by global 25 by 25 targets (13), the WHO Global Action Plan for the Prevention and Control of NCDs; the Sustainable Development Goals embedded in the post-2015 development agenda; and regional and national strategic and action plans.

6 Introduction

This tool, *A Framework for the Establishment and Strengthening of National NCD Commissions*, is one of the key outputs of the NCD Commissions Strengthening Project (NCD CSP) which is a collaborative effort between the Healthy Caribbean Coalition (HCC) and the Commonwealth Secretariat. Its aim is to strengthen the multisectoral response to NCDs in the region through building the capacity of National NCD Commissions.

The HCC was formed in 2008 in response to the 2007 Port of Spain Declaration of CARICOM Heads of Government: *Uniting to Stop the Epidemic of Chronic Non-communicable Diseases*. It is a regional NCD alliance of health-related non-governmental organisations (NGOs) and civil society organisations (CSOs) with the remit to address NCDs. The HCC works closely with regional and international leaders in NCD prevention to strengthen and support its membership and to leverage the power of civil society in the implementation of NCD prevention and control programmes to reduce the incidence, morbidity and mortality of these diseases.

This Framework is the second of a two-part series on NNCDs. Part I: *A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs* provides a detailed assessment of the status of CARICOM National NCD Commissions, and makes recommendations for their future structure and roles as key instruments of national coordinated multisectoral action, based on varying country contexts and realities. Part I was funded by the NCD Alliance and Medtronic Philanthropy as part of their broader funding of the HCC under the global programme '*Strengthening Health Systems, Supporting NCD Action*'.

National NCD Commissions have significant potential to drive a coordinated whole-of- society, multisectoral response to the NCD epidemic. However, they have achieved varying levels of success. Lessons learned from the experiences of NNCDs, and documented in Part I of this series, are translated in this implementation Framework. Much of the background for Part II is found in Part I and thus the documents complement and support each other. Part II provides practical guidance for the establishment and strengthening of NNCDs as informed by the experiences of past and existing Commissions in the region. This Framework is designed as a user-friendly, action-oriented resource to be used by those charged with the task of leading and participating in NCD Commissions: including Ministries of Health, non-health ministries, existing NNCD Chairs and Commissioners, and other key partners such as civil society and the private sector. The Framework will be piloted in 2015/16. It is a living document and is open to modification based on the experiences of the regional NNCDs in the piloting of the Framework.

7 Background

Non-communicable diseases, including diabetes, hypertension, heart disease, stroke and some cancers are recognised to be the leading causes of morbidity and mortality globally. The Caribbean Community has the highest prevalence of NCDs among the subregions in the Americas, resulting in significant illness, premature death and tremendous individual, societal, economic and productivity losses (1). Major changes in the socio-economic and socio-cultural environments exert a significant effect on the health and wellbeing of Caribbean people, creating a context that makes all gains in development vulnerable to global challenges.

NCDs are driven by population ageing and social determinants (modernisation, urbanisation, and poverty). These issues create environments that facilitate an increase in the four main behavioural risk factors for NCDs (physical inactivity, unhealthy diets, tobacco use and alcohol abuse) and the resultant high rates of biological risk factors (high blood pressure, high blood glucose and cholesterol and obesity). The behavioural risk factors occur as a result of choices that lead to unhealthy living and require an approach for correction driven by mechanisms for multisectoral activity such as NNCDs (2).

The Port of Spain Declaration: Uniting to Stop the Epidemic of Chronic Non-communicable Diseases, issued by the CARICOM Heads of Government at the conclusion of their Summit in September 2007, strongly encouraged the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic diseases.

These Commissions are mechanisms for bringing about a structured approach to policy development. They are multisectoral in composition, having representation from sectors within (whole-of-government) and outside of government (whole-of-society), that enable the NNCD to implement policies and interventions aimed at addressing the broad determinants of NCDs, many of which fall outside the traditional health sector. In this context, non-health ministries, including the Ministries of Agriculture, Education, Urban Planning and Transport are needed to collaborate with the Ministry of Health, the private sector and civil society, to implement policy initiatives that create conditions for healthy choices. An NNCD brings together partners from diverse sectors and technical backgrounds, enabling the exploration of issues from varying perspectives.

The 2007 agreement by CARICOM Heads of Government signaled a strong collective recognition of the multidimensional nature of the NCD problem and high-level political commitment to a multisectoral approach to the emerging health crisis. The value of this approach was endorsed and subsequently echoed in the Political Declaration following the 2011 United Nations High-level Meeting (UNHLM) on NCDs; in several subsequent WHO publications; and in the outcome document of the 2014 UN NCD Review which called for the establishment, as appropriate to the respective national context, of national multisectoral mechanism such as:

"[A] high-level commission, agency or task force for engaging, policy coherence and mutual accountability of different spheres of policy making that have a bearing on NCDs in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches and to monitor and act on the determinants of NCDs, including social and environmental determinants" ... (3)

Following the 2007 Heads of Government Summit on NCDs, CARICOM Member States took steps to implement the provisions of the Port of Spain Declaration. Governments that had not already done so established National NCD Commissions as vehicles for multisectoral collaboration. These Commissions are responsible for the coordination of strategies to combat NCDs from health and non-health government ministries and agencies, civil society and the private sector. They were, for the most part, established with specific terms of reference aimed at providing guidance at the highest levels of government for NCD policy and programming in addition to driving, supporting and coordinating national actions (4).

Against the background of a growing global focus on NCDs there has been increasing attention paid to the value of these bodies in achieving truly multisectoral, health-in-all- policies responses to the NCD epidemic. The HCC is committed to engaging all sectors of society around NCDs, and identifying and documenting the most effective mechanisms for achieving this objective, such as the National NCD Commission model.

A rapid assessment of National NCD Commissions in CARICOM conducted as part of the HCC's *Civil Society Regional Status Report: Responses to NCDs in the Caribbean Community*, found that despite the fact that Commissions have achieved varying levels of success, they have not uniformly fulfilled their potential to play significant roles in the NCD response at country level. Following this, the NCD Alliance funded a Caribbean regional document on NNCDs entitled: *A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs*. Its aim was to provide a detailed assessment of existing Commissions, summarise challenges, successes and lessons learned and make recommendations for the strengthening of these entities (4).

The strategic aim of the Commonwealth Secretariat's Health Section is the strengthening of national health frameworks and policies in the Commonwealth. National NCD Commissions have been identified as the health structures around which NCD health policies in the Caribbean will be implemented. The HCC and the Commonwealth Secretariat recognised the need to further develop work in this area by providing guidance to support the implementation and operationalisation of effective Commissions through the NCD Commissions Strengthening Project (NCD CSP).

Through this project, in February 2015 a small regional multistakeholder meeting was held in Trinidad to gain broad region-wide buy-in and cultivate a sense of ownership around the NCD CSP. The meeting focused on reviewing the current situation of NNCDs in the region based on the draft civil society report on National NCD Commissions. Key NCD CSP milestones were also discussed. This group of 10 individuals, including National NCD Commission Chairpersons, Chief Medical Officers, National NCD Commission administrators, and regional health organisations was designated as the official working group for the project.

The Framework presented here builds on the recommendations set out in the NNCD document (Part I) and provides guidance for the successful establishment/operationalisation of National NCD Commissions and their maintenance. It is intended to be adaptable to country circumstances, so that the establishment of an NNCD is consistent with local contexts and will be sustainable in each country depending on its particular circumstances.

8 Rationale for introduction of National NCD Commissions

CARICOM Member States are convinced of the need for a whole-of-government, whole-of-society and health-in-all-policies approach to NCDs which involves collaboration among government sectors, and between the government, the private sector, civil society and academia. National policies and practices in sectors other than health have a significant influence on NCDs and their risk factors.

The successful implementation and use of a whole-of-society approach will require planning and coordination. Communication between all sectors of government (health and non-health), communities and individuals at all levels is imperative to address the factors that influence health status, recognising that many of these factors are outside the health sector. There will, therefore, be a need for leadership at the highest level of government and within all organisations, including civil society and the private sector.

Through a multisectoral approach, each sector will be called upon to recognise its own unique contribution to addressing the social determinants and risk factors that lead to NCDs. The health sector will provide guidance and leadership and take action to reduce the health consequences of such diseases, as well as educate the population about NCDs, their associated risk factors and potential health outcomes.

Non-health sectors of government must develop guidance and implement actions appropriate to each sector, supporting healthy lifestyle initiatives in a variety of settings to minimise the effects of risk factors associated with NCDs on families and communities.

The involvement of the private sector in the whole-of-society approach has significant potential. The UN Political Declaration on NCDs calls on the private sector to strengthen its contribution to NCD prevention and control. It has a role to play in bolstering information, communication and logistical systems for the delivery of health-related goods and services. The sector can promote healthy communities and raise consumers' awareness of healthy products, and can also contribute towards the development of innovative solutions for gaps in terms of the goods and services required to make 'the healthy choice the easy choice' (2).

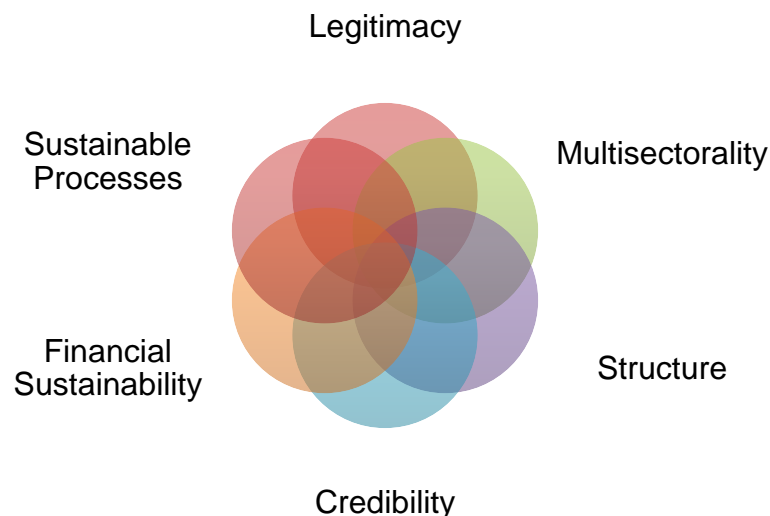
This whole-of-society approach is of the utmost importance as chronic diseases have a major economic impact on individuals, families, the health system and society at large. NCDs impact upon populations in their productive years, and help to reduce productive labour and earning capacity at the household level. In addition, treatment of NCDs puts considerable strain on already overburdened health systems, as a result of the additional resources required to address these diseases.

There is strong evidence showing that NCDs can be prevented and controlled through comprehensive, multisectoral, integrated actions. These include: policy actions; laws and regulations; tax and price interventions; improving the built environment; strengthening health systems; community empowerment; improved health literacy and health education; and through advocacy and alliances among partners (5). In the Caribbean, NNCDs have been identified as the best mechanism for brokering the implementation of these interventions.

9 Core principles of successful NNCDs

A well-established Commission will be guided by the following basic principles. These are based on direct experiences, as discussed in Part I of this series, and they contribute towards good governance of NNCDs (4), (6).

- **Legitimacy:** This should be conferred by the competent authority in the country.
- **Multisectorality:** Membership should come from the relevant sector to guide action on social determinants, including government, the private sector, civil society and academia.
- **Structure:** There should be a leader/Chairperson with members appointed in their own right or representing various sectors and executing a defined mandate that is guided by specific terms of reference. The Commission must decide whether to adopt standard operating procedures for conducting its business.
- **Credibility:** Highly visible leaders are needed who are capable of convincing political leadership, partners and the population of the need for action on NCDs.
- **Financial sustainability:** This should be secured by government, donor agencies or partnerships with actors in the private sector or civil society and demonstrated through a written plan of action to guide its work. Access to formal mechanisms for managing and monitoring financial resources is a prerequisite.
- **Sustainable processes:** These enable the Commission to transcend changes in political authority, because of its credibility and demonstrated competence which fill a realised need in the NCD response. This should make it so valuable that its voice and actions would be noticeably absent if it were not allowed to function or were to be suspended for an inordinate length of time. Based on country experiences and practices, determine if legal status is appropriate or if policy options are sufficient.



10 Strategic framework for the establishment of an NNCD

The steps for the establishment of an NNCD are illustrated below and described in detail in this section. The key principles of NNCDs outlined in the previous section are cross-cutting and inform the steps of the Framework.



10.1 Step 1: Establish the need for NNCDs

The Port of Spain Declaration strongly encourages CARICOM Member States to establish National NCD Commissions. Determining the need for a Commission and its role may be guided by a review of regional and global tools such as the Plan of Action for the Prevention and Control of Non-communicable Diseases in the Americas 2013-2019 (7) and the Global Plan of Action for the Prevention and Control of Non-communicable Diseases 2013-2020 (8). Each country must determine for itself, what is the 'best fit' or type of structural arrangement that is consistent with its local context. It may be prudent to set up a small working group to help guide the decision making and implementation.

An NCD Commission is a mechanism for strengthening multisectoral action around the national NCD response. Below are some key actions and considerations when establishing NNCDs.

- Assess the current NCD programme
 - Identify its strengths and weaknesses
 - Determine how a Commission will strengthen the governance and success of the NCD prevention and control programme.
- Explore the successes, challenges and lessons learned from other NNCDs, in particular those in similar settings (population/scope of national programme/available human and financial resources etc.).
- Consider the legal status of the Commission
 - The NNCD can function under the auspices of a ministry of government without any explicit legal status or it may function under explicit legislation that creates the body.
 - The NCD Commission may also function under an existing statute for private entities or not-for-profit organisations such as charities or foundations.
 - The legal status will determine its location, whether in a ministry, in the private sector or in a non-governmental organisation.
- Consider the primary role of the NNCD
 - Determine if it will be advisory to the government or have an operational capacity with its own programmes, either supplementing or complementing those of other bodies.
- Determine the need for financial, human and technical resources to support the Commission.
- Determine multisectoral membership
 - Determine how multisectoral collaboration has been approached in the country, what examples exist and what lessons have been learned and applied, e.g. expanded HIV programmes.
 - Gain an understanding of the existing matrix of organisations, their mission, capabilities and political perspectives.
 - Review records of procedures and successes for possible member organisations. These reviews should give guidance on the optimal structure for a multisectoral Commission.

10.2 Step 2: Provide the evidence base

A well-written policy document will be required to support the need to establish an NNCD. This document should be concise and provide details of the epidemiological profile of the country (i.e. who is affected by NCDs and the main risk factors). If available, an economic analysis should be included, e.g.: data on productivity losses and spending on tertiary care. The document may outline a strategic approach to tackling NCDs in the country and a structure for such, including the rationale for establishing a Commission and terms of reference, which should specify its role, (i.e. whether it will act in an advisory capacity or have an operational function or both). The policy document should also define: the Commission's mandate; a strategic framework; its composition; and its organisational structure (with identification of reporting relationships). The analysis conducted in Step 1 should be documented and used as the basis for the preparation of this document.

10.3 Step 3: Secure political support

The Ministry of Health should take the lead in placing the need for a Commission on the political and public agenda. It will be necessary to conduct briefing meetings, firstly with the Minister of Health and then with other policymakers, and members of the Cabinet. Political support is critical to the success of the Commission. Where such support is at the highest level, it is likely to function in an environment that will facilitate the achievement of its mandate. Advocates should be encouraged and be prepared to support their position, staying the course until the goal of establishing the NNCD is accomplished. NCDs are topical and have been squarely placed on the international and regional agenda. This provides an opening to raise the NCD issue on the national agenda too. Leadership in this area may take different forms and different partners may lead at various times. For instance, NGOs can play a critical role in keeping the issue in the public arena, as well as advocating to government. There will be occasions when they are uniquely positioned to be effective spokespersons, especially those who are well-respected and have credibility with the public.

Also, be aware of windows of opportunity: short periods of time in which a problem is recognised, a solution is available and the political climate is positive for change (9).

10.4 Step 4: Identify high-level leadership

Leadership is an essential ingredient in establishing an NCD Commission. This will ensure that it functions effectively. The leader should have passion, conviction and zeal about the NCD response. Seek out a leader with personal and professional credibility and the capacity to effectively make a sustained case for NCDs in various settings with various target groups and opinion formers. The leader or champion should be able to relate to various groups, transcending gender, age and ethnicity. The ability to manage conflict and competing interests of members would be an essential asset to ensure the viability of the Commission.

10.5 Step 5: Engage support among cross sector partners

One way to ensure that the Commission has political support across society is to select members who represent a broad range of partners, including government, the private sector and civil society inclusive of faith-based organisations, non-governmental organisations, labour, academia, the media and community groups. The selection and appointment of members should be undertaken in a transparent manner. In addition, the requirements of membership of the Commission should be determined and made known at the time of appointment so as to indicate the level of responsibility required. People living with NCDs ought to be engaged as members of the NNCD to ensure the patient perspective is reflected in the activities and outputs of the Commission. The inclusion of young people is important, as they are best placed to reach their peers. A youth voice will keep it up-to-date with emerging trends in popular culture and contribute creativity and innovation to plans and programmes. It is advisable to identify partners who have an interest in making progress on NCDs.

10.6 Step 6: Provide administrative mobilisation

Once a decision to establish a Commission has been agreed, administrative tasks will need to be undertaken in order to implement policy and make the Commission a reality. Administrative tasks will include:

- selection of a Chairperson;
- identifying and formally inviting members to serve;
- preparation of letters of appointment;
- identification of a meeting space;
- planning a formal launch. This provides an opportunity for the Ministry of Health to send a strong signal to the community that action is being taken on NCDs;
- arranging the first meeting;
- identification of the budget line; and
- selection of administrative support for scheduling meetings, taking minutes of meetings and documentation of the Commission's work and legacy. A regular day and time for meetings should be established at the outset, with the agreement of all members.

10.7 Step 7: Identify resources

Financing the response to NCDs will require additional funding for Ministries of Health to implement plans and programmes with partners. Sources of funding for most countries will be primarily from the national budget. Some external funding may be required for technical assistance, capacity building and to support implementation of national plans. In addition to government, funding sources may include intergovernmental organisations, charitable bodies, private sector and private/philanthropic sources. Fiscal policy options include taxation for products such as tobacco and alcohol, as well as the consideration of subsidies and incentives. Some countries are applying similar measures for unhealthy foods. As recommended in the WHO World Health Report 2010 raising taxes on tobacco, alcohol and other products harmful to health can contribute substantial additional funding for governments, while directly improving the population's health (2).

Financial and human resources are ongoing challenges for NCD Commissions. Where NNCDs are executing bodies, associated staff needs and costs, and activity implementation funds are required; however, in the event that the NNCD is largely advisory, such staff and costs are not anticipated. There should be an earmarked line item budget to support the functioning of the Commission, and it should advocate for the allocation of tobacco and alcohol tax revenue to help fund it (4).

10.8 Step 8: Define initial programme of work

Once the Commission has been formed and is meeting regularly, it will be necessary to identify and document the initial tasks or activities to be undertaken. At this stage, it is not essential to produce a detailed strategic plan, but a list of short-term outcomes for the Commission would be beneficial. There should be consensus among members on this work agenda. Quick wins or short-term successes would help to motivate members and build confidence. This step represents a transitional phase. Once the administrative mobilisation has been completed and the Commission has been launched, its leadership will assume full operational responsibility from the Ministry of Health (10). The next step after the identification of the initial programme of work will be the development of a detailed strategic plan and action plan for implementation over a set period.

A critical element of defining the initial programme of work and the strategic action planning process will be to identify priority cost-effective interventions. Suggestions for such interventions are provided in Section 15: Recommended Actions for NNCDs. These include both programming and policy recommendations and should be informed by evidence such as national epidemiological and behavioural studies. The recommendations are based on a number of variables, including WHO 'Best Buy' interventions and experiences from successful NNCDs across the region.

10.9 Step 9: Create systems of accountability

The success of any initiative to prevent and control NCDs will only become evident with the passage of time. To ensure efficiency and effectiveness, and to be accountable to funders, a comprehensive system for monitoring and evaluation (M&E) will be required. This will allow for continuous assessment. Different approaches may be used, including an internal review; an audit or examination by external persons or risk factor surveys. The preparation of an annual report would demonstrate the Commission's achievements and congruence with stated goals and objectives. The major objective of a programme evaluation would include an assessment of its performance; review of its plan of action; SWOT analysis and collection of data which could be used to study trends and document progress. Consideration should be given to the development of an active research agenda to guide the Commission's work. Applied research, especially in community-based projects and in evaluating different behavioural interventions and policies, should be considered (11).

10.10 Step 10: Building NNCDC membership capacity

Many Commission members will require capacity building to effectively serve on the NNCDC, especially as many of them will come from non-health sectors, civil society and the private sector. Participation in workshops and seminars would be helpful, as well as virtual learning opportunities and briefing documents dealing with pertinent topics. The Commission may, from time to time, establish work groups to accomplish specific tasks. Members could be assigned to such groups based on their skills, experience and interest. This is also a way of strengthening links between the Commission and specific groups.

10.11 Step 11: Develop a communication strategy

In today's dynamic media environment, positioning and placement of information and products is important. This is especially the case with information about health. The Commission should be highly visible to the population in order to maintain its legitimacy. Therefore, branding elements such as a logo, banner and a public relations plan can help to keep the Commission in the public eye. These should be well-designed and popularised through various media, including social media (e.g. Facebook, Instagram, text messaging, WhatsApp etc.) which should be kept current and will demand instant responses. The availability of support staff must, therefore, be considered when making a decision to use social media.

11 Implementation of the Framework

The Framework presented above gives guidance for establishing a National NCD Commission and outlines 11 steps, some of which are more important than others at various stages in the establishment of NNCDs. Steps 1-8 are recommended as required for the successful implementation of an NNCD. Steps 9-10 are maintenance functions and can be initiated once the Commission has been established and is functional, while Step 11 is optional.

A. Required core steps	B. Maintenance steps	C. Optional step
Step 1: Establish the need for a Commission	Step 9: Create systems of accountability	Step 11: Develop a communication strategy
Step 2: Provide the evidence base	Step 10: Building NNCD membership capacity	
Step 3: Secure political support		
Step 4: Identify high-level leadership		
Step 5: Engage support among cross sector partners		
Step 6: Provide administrative mobilisation		
Step 7: Identify resources		
Step 8: Define initial work programme		

It is recognised that political, social and demographic factors will influence a country's ability to establish and maintain a Commission. Countries with limited human resource capacity may consider establishing one with a broader mandate to tackle health and wellness and include other priority risks and diseases. Depending on past experiences and social arrangements, some countries may consider locating the Commission in the civil society or private sector if this model works best for the country. The challenge in such situations is effective participation by government representatives on a long-term, sustainable basis (16). The scenarios and case studies in the next section demonstrate how this Framework may be adapted to fit varying contexts.

12 Membership of NNCDs

The effort to establish and maintain an effectively functioning National NCD Commission should be led by the Ministry of Health, assisted and supported by a number of key partners. Suggested roles and responsibilities are listed below:

- **Ministry of Health:** Leads decision making; provides the evidence base, including examples of positive experiences; conducts advocacy and brings partners together to support decisions; prepares the necessary briefs and cabinet papers to secure formal approval and documents the process; and carries out the administrative tasks to support the smooth working of the Commission.
- **Policymakers:** Understand the need for, and the role of, the Commission; give formal authority for it to be established and the legitimacy it will need to be effective.
- **Non-health ministries:** Understand their role and unique contribution to the national effort to address the risk factors associated with NCDs. They are prepared to work collaboratively with the health sector.
- **Civil society:** Undertakes advocacy activities to strengthen the case for the establishment of the Commission; keeps the issue on the public agenda; secures support and shares lessons learned from partners in the regional and global arenas.
- **Private sector:** Mobilises through organisations such as the Chamber of Commerce to support the NCD response and contributes expertise in financing and funding mechanisms. An important aspect of engagement of this sector in NNCDs is the consideration of conflict of interest. The tobacco, alcohol and firearms industries should not be represented on NNCDs and those private sector businesses that are represented must be carefully selected and demonstrate transparency of function at all times.
- **Regional and international agencies:** Provide leadership and guidance on multisectoral action. The Port of Spain Declaration and, at the global level, the Framework Convention on Tobacco Control are examples. The UN Political Declaration mandates WHO to support countries to achieve NCD prevention and control. WHO/PAHO can, therefore, provide technical assistance to help implement plans and programmes. The Caribbean Public Health Agency (CARPHA) would be expected to play a key role in designing systems for monitoring and evaluation.

13 Establishing a Commission in a context of limited capacity

The experience in some CARICOM countries suggests that those with populations of less than 250,000 will be challenged to find the capacity to create and maintain a National Commission that is restricted to addressing NCDs. In these countries, a 'health commission' that includes NCDs and other conditions is suggested.

It is further suggested that a group of countries with similar small population sizes might consider forming a regional Commission with subcommittees established at country level with less rigorous and demanding requirements and functions than a National NCD Commission (16). Steps 1-8 of the Framework should be used to guide decision making in this context. In addition, a determination should be made as to how a health commission (national or regional) will contribute towards the achievement of public health goals, considering that its mandate will be broader than prevention and control of NCDs.

Since more than one country would be involved in a regional health commission, a transparent process needs to be put in place to select its leadership to avoid possible conflict. Consideration may be given to rotating such leadership among the countries involved. Decisions will need to be made regarding the funding mechanism, what every country will contribute and how funds will be allocated to each. The Caribbean Community and the University of the West Indies could be consulted for further guidance if this model is pursued.

14 Strengthening existing Commissions

Since the need for Commissions was identified in the Port of Spain Declaration as a mechanism for multisectoral collaboration between government, civil society and the private sector, many CARICOM countries have established such bodies. However, an assessment suggests that Commissions are at different stages in their development (4). The scenarios below describe the main challenges identified.

14.1 NNCCDC – Suboptimal performance

- The Commission exists but is not meeting its performance potential as measured by formal or informal operational targets.
- The NNCCDC may lack core operational documents such as terms of reference for the Commission, a strategic plan and action plan, terms of reference for members and periodic reporting mechanisms.

In this case, technical assistance can be provided to support the development of these key documents in consultation with the Chair and the members/Commissioners. In some instances, the Commission may be functioning up to the expected performance level anticipated in a monitoring and evaluation plan, however, opportunities may exist for further development of its mandate (i.e. bolstering partnerships, expanding the research agenda, enhancing public education or strengthening its governance).

14.2 NNCCDC - Meets sporadically

- The Commission was established, but only meets on a sporadic basis, with low attendance by members.
- Challenges exist with leadership, members' commitment and the availability of resources to support the Commission's work.

The St. Lucia NNCCDC is one which has experienced challenges with having consistent meetings and is featured in a case study in section 15.

14.3 NNCCDC - Extended hiatus

- The Commission was functioning, but has been on a hiatus (non-functional/not operational) for an extended period due to some administrative or political circumstance.

Since Commissions are established by the authority of the State, it is likely that a long hiatus will require intervention at this level. Therefore, it may be necessary to consider how much political backing there is for the Commission - Step 3, as well as Step 5 - and enlist support among partners to conduct advocacy on its behalf.

NNCCDCs in Trinidad and Tobago and Jamaica have both had interruptions in their functioning due to changes in political circumstances.

The table below presents options to address the main challenges identified above and is linked to the framework shown in Section 8. The specific steps that will be needed to analyse problem areas have been listed, along with possible challenges observed. Some benefits of carrying out the analysis have also been included.

Options	Challenges	Benefits
Suboptimal performance		
Step 1: Establish the need for an NNCD	Stated goals and objectives appear not to have been achieved	Opportunity to review need, role and functions of the Commission
Step 7: Identify resources	Commission not adequately resourced to fulfill its mandate	Opportunity to determine the availability of funds within the planning horizon
Step 8: Define initial programme of work	Initial work programme may have been inappropriate to the stated goals of the Commission or the real need for which it was proposed	Supports the review of the role of the Commission and resource needs
Step 9: Create systems of accountability	Lack of core operating documents and reporting mechanisms	Establish formal systems for operations
Commission meets sporadically		
Step 4: Identify high-level leadership	Members may be influenced by their personal, organisational and representative relationships within the NNCD and their external associations	Better understanding of the political perceptions by members of the NNCD
Step 6: Provide administrative mobilisation	Lack of structure to support meeting and other administrative tasks for the membership	Strengthened administrative supports and functions of the NNCD
Step 7: Identify resources	Commission not properly resourced to fulfill its mandate	Opportunity to determine the availability of funds within the planning horizon
Step 10: Building NNCD membership capacity	Commission members have varied understanding of NCD-related issues	Opportunity to improve knowledge, identify skill sets and involve members more effectively
Extended hiatus		
Step 3: Secure political support	Significant changes in political goals and support of at least one partner represented on the Commission	Opportunity to review and clarify as necessary the relationships between partners and the Commission
Step 5: Engage support among cross sector partners	Ineffective execution of the advocacy role of the Commission	Strengthened relationships with civil society and the private sector

15 Case studies from across the region

15.1 The Barbados National NCD Commission

The National NCD Commission in Barbados is the oldest in the region, having held its first meeting in early 2007, pre-dating the Port of Spain NCD Summit and Declaration. Since its inception, there has been consistency of leadership. Its Chairman has remained unchanged, despite changes in governing political parties and Ministers of Health. The strategic plan of the Barbados National NCD Commission and the Barbados Strategic Plan for the Prevention and Control of Non-communicable Diseases are one and the same. It is produced in collaboration with the Health Promotion Unit and the Senior Medical Officer (NCDs), with the Senior Health Promotion Officer being the Secretary of the Commission. The Government of Barbados has shown strong and consistent commitment to NCDs through the funding of: two national risk factor surveys in 2007 and 2013; the Barbados National Registry (the region's only active surveillance registry for heart attack, stroke and cancer); and a staff member dedicated to the Commission.

The Commission has had many successes, including influencing product reformulation by a leading local bread manufacturer such that the resulting salt content is lower than international targets; contributing to enactment of legislation banning smoking in public places and prohibition of sale of tobacco products to minors. It was also instrumental in securing inclusion, as a major national development issue, of prevention and control of NCDs in Protocol V1 of the Social Partnership. This is a mechanism established at the highest level between government, private sector and the trade union movement to determine and act on areas of major developmental concern in a collaborative and consensual manner (4).

The table below, found in Part I of this series, provides a profile of the Barbados NNCD.

The Barbados National Commission for Chronic Non-communicable Diseases (CNCDs) profile	
Date of first meeting	March 2007
Chair	Sir Trevor Hassell
Membership	14 members and 4 ex-officio members
Ex-Officio	Chief Medical Officer, NCD Focal Point Health Promotion Officer and Project Manager
Government	Ministries of Agriculture, Education, and Bureau of Standards
Civil society	University of the West Indies, faith-based organisations, trade unions, health NGOs, sports groups and retired persons groups
Private sector	Health insurers, manufacturers, food retailers, advertising and the Media
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, resource mobilisation, monitoring and evaluation or research. There is no explicit mandate for hospital services review
Meeting frequency	Meetings are held monthly and members are paid a stipend

Resources	Professional staff members of the Health Promotion Unit provide administrative and secretarial support. The NNCDCC now has a Secretariat, a Project Manager and budgetary support. The Commission plan is the National NCD Plan of Action being implemented in conjunction with the Ministry of Health.
Reporting	Annual reports are produced. Confirmed minutes of monthly meetings are submitted to the Minister of Health.
Successes	<ul style="list-style-type: none"> • Contribution to passage of no smoking legislation • Public education programmes on NCDs, in particular a salt campaign • Faith-based workshop on NCDs, including the Declaration of Bridgetown, gaining the commitment of over 25 faiths to prioritise NCDs in their communities • Edu-drama project in schools around NCD risk reduction in children, using 'a play in a day', supported by Sagicor Insurance • Contribution to the establishment and subsequent funding of the Barbados National Registry • Successfully advocating for the establishment of an Interministerial Commission for Health, which has a budget; is chaired by the Minister of Health, and supported by meetings of the Permanent Secretaries and Chief Technical Officers of several ministries • Support for Caribbean Wellness Day
Challenges	<ul style="list-style-type: none"> • Monitoring curative services for NCDs • Communicating with stakeholders • Moving NCD prevention and control from knowledge to action

15.2 The National Chronic Non-communicable Disease Commission of Grenada

The current iteration of the Grenada NCD Commission meets monthly but has no support from professional technical staff from the Ministry of Health, no dedicated technical or professional staff of its own, no strategic plan, no budget and little access to Cabinet. Despite these deficiencies, the Commission is extremely productive. St. Georges University provides a well-resourced meeting venue and administrative support. The critical importance of strong leadership is evident in the success of this Commission, whose Chair has demonstrated unwavering commitment despite significant competing priorities.

There have been smooth transitions from one political administration to another. The Commission has easy access to the highest levels of decision making in the Ministry of Health and produces and submits two bi-annual reports.

This Commission has catalysed the trade unions, churches, media and public and private employers to celebrate Caribbean Wellness Day. Public education occurs through a series of twice weekly radio programmes on NCDs and three public consultations.

One of the key challenges of the Grenada NNCD, and many others, is limited human and financial resources. This Framework makes suggestions for the identification of such resources in Step 7.

See Annexes of Part I in this series, for a profile of the Grenada NNCD.

15.3 The St. Lucia National NCD Commission

In June 2015, the Acting Chair of the NCD Commission reported significant challenges with meeting frequency and attendance, citing an urgent need for stronger leadership and political will, greater commitment among members, and insufficient resources to support the full functioning of the Commission.

This Framework can be used to identify gaps in the existing organisational structure and inform the development of a stepwise plan to strengthen the Commission by addressing leadership; governance and management; membership identity and capacity; and identifying priority programming areas to focus its work.

The table below, found in Part I in this series, provides a profile of the St. Lucia NNCD.

The St. Lucia National Commission on Chronic Non-communicable Diseases profile	
Name	National Commission for CNCDs
Date of first meeting	December 2013
Chair	Mrs Margaret Henry
Membership	14 members and 3 ex-officio members
<i>Ex-Officio</i>	Chief Medical Officer, NCD Focal Point and Health Promotion Officer
<i>Government</i>	Ministries of Local Government, Agriculture and Education
<i>Civil society</i>	Health NGOs and youth groups
<i>Private sector</i>	Private health sector and health insurers
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, resource mobilisation, monitoring and evaluation, and an implied mandate for research. No explicit mandate for implementation of programmes or hospital services review
Meeting frequency	Meetings are held 3 times per annum
Resources	The Commission gets support from professional technical staff from the Ministry of Health. It has technical or professional staff as needed, but has no budget. The Commission's strategic plan is being developed. Mental health is included in CNCDs, but there is no relationship with HIV.
Reporting	There is no annual report
Successes	<ul style="list-style-type: none"> It developed a Healthcare Passport containing questions that patients could ask of their health-care providers Collaboration with both public/private sectors, NGOs, civil society National awareness of healthy lifestyle practices through media

Challenges	<ul style="list-style-type: none"> • Lack of political will to push through the recommended plans for NCDs • Inadequate human and other resources for the management of NCDs, with poor communication and cooperation within and between the primary and secondary care sectors • No Secretariat • Inadequate funding and sponsorship
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15.4 Trinidad and Tobago Partners Forum for NCDs

The Partners Forum for NCDs (an analogous body to an NCD Commission) last met in 2013 when their term came to an end. There has been a delay in reconstituting the group, although a Cabinet note including recommended membership has been submitted. At the time of writing, it has been proposed that in future the current group continue in office until a new one is appointed. However, this suggestion has not been accepted. In early 2015, discussions began around the establishment of a formal NCD Commission, supported by an Inter-American Development Bank loan. The proposal is that the current Partners Forum would be dissolved and then possibly converted to an NCD alliance of sorts.

The Forum received personnel and budgetary support from the Ministry of Health and has its own strategic plan. Trinidad & Tobago is a relatively large (1.2 million), high-income country yet their Partners Forum has had several challenges in seeking to become established as a sustainable mechanism for effecting multisectoral action. Several subcommittees have been established and the view has been expressed that these subcommittees are not sufficiently action-oriented, are possibly 'trying to do too much for too many', and need to have greater focus and direction.

Despite the absence of an officially functioning forum, two activities aimed at promoting healthy lifestyles have been recognised: Caribbean Wellness Day and Ciclovía/Streets for Wellness.

There is a high level of involvement with celebrations of Caribbean Wellness Day carried out annually in Trinidad & Tobago. Insurance companies, banks and the oil and gas industry also organise celebrations. Funding is provided by the Ministry of Health and supplemented by private corporations.

From 2008 to 2015, a private sports goods retailer has led a community-based initiative every Sunday from 6am to 9am, blocking streets to facilitate physical activity. It is a truly multisectoral initiative: led by private sector champions; sponsored by a private health insurance company; provided with logistics by police and ambulance services; and generally supported by the Ministry of Sport and the Ministry of Health.

See annexes of Part I in this series for a profile of the Trinidad & Tobago Partners Forum.

16 The cost of NCD Commissions

Funding continues to be a significant challenge for regional NNCDs, as discussed in great detail in Part I. In countries with NNCDs, very often funds are earmarked in national budgets to 'support' the functioning of the Commissions. However these funds are generally relatively miniscule allowances which cover ad hoc, one-off NNCD-led initiatives. In some instances the government provides the salaries for one part-time or full-time staff member. More commonly though, human resources for the NNCDs are largely voluntary and thus operate on the commitment and dedication of the Chair and the Commissioners. This has worked well in some settings such as Grenada, but for the most part this model has not been successful and is largely unsustainable. Relatively well-resourced NNCDs consistently outperform their resource-constrained counterparts across most indicators of success at the process/output/outcome and impact indicator levels.

In the absence of data on the costs of operating a functional NNCD such as the Barbados Commission, it is impossible to ascertain whether or not they are cost-effective mechanisms for the delivery of coordinated multisectoral response to NCDs. The administrative and technical assistance cost inputs could be determined with some degree of accuracy. However, the costs associated with implementation of various policies and programmes are yet to be determined, as are the health outcomes linked to the policies and programmes driven by these Commissions.

Presumably, if cost data existed, one would expect to find that, for the most part, CARICOM NNCDs are cost-effective instruments for multisectoral NCD action. For despite being significantly underfunded they have achieved considerable successes including: driving and enforcing tobacco legislation; implementing national population salt reduction campaigns; building the capacity of faith leaders to integrate the NCD agenda within their congregations; promoting open spaces for increased physical activity; and advocating for the implementation of taxes on sugar sweetened beverages.

17 NCD Policy and legislation determination and implementation

The determination of NCD priority policy and legislation, and advocating for NCD-supportive policy coherence across all sectors of government, is a critical function of an NNCD. It is through this vehicle that the Commission and, by extension the government, will lay the foundation for the creation of a supportive environment for healthy choices. Policy and legislation support the public health approach which covers the broad mass of the population through measures designed to influence behaviour change towards the reduction of NCD risk factors.

Preparing legislation for passage through Parliament can be a lengthy process and is dependent on the capacity of the Office of the Chief Parliamentary Counsel (OCPC) and the vigilance of technical officers in the Ministry of Health. Understanding the steps involved, consultation with key stakeholders and advocacy are necessary to keep the process moving forward. Ministry officers working on NCD legislation should establish a relationship with the drafting team in the OCPC, or similar body, to ensure that there is regular dialogue and monitoring of progress.

The process may vary from country to country, but typically will involve a paper prepared by the Ministry of Health proposing the legislation. Other steps may include:

- securing approval of the Cabinet;
- sending instructions for the draft legislation to be prepared to the OCPC;
- consultations between the Ministry of Health and the OCPC to review and revise drafts;
- securing comments from key stakeholders who have an interest in the legislation, e.g. the agency that will be charged with enforcing it;
- certification of the legislation by the Attorney General;
- approval of the Cabinet;
- Passage through Parliament; and
- official publication.

The following table identifies focus areas for NNCD policies under each of the four key behavioural factors driving NCDs as well as through the cross-cutting lens of health systems. WHO 'Best Buys' (12) have been included, along with some additional recommendations of policy options.

Policy Options for National NCD Commissions

Risk factor	WHO 'Best Buys' promoting policies which:	Additional policy options
Unhealthy diet and physical inactivity	<ul style="list-style-type: none">• Reduce salt intake and salt content of food• Replace trans fats with polyunsaturated fat	<ul style="list-style-type: none">• Place taxes on sugar sweetened beverages• Develop and implement trade policies which reduce the importation of unhealthy foods and beverages

		<ul style="list-style-type: none"> • Develop and implement fiscal policies which promote increased consumption of healthier foods and beverages • Implement nutritional labelling policies which promote consumption of healthier foods and beverages • Develop and implement school policies which restrict the availability of unhealthy foods and beverages within schools and their surroundings • Create an incentives programme for restaurants offering healthy options • Develop population-based, age-specific guidelines on physical activity • Support community-based physical activity programmes such as Open Spaces • Identify incentives for workplaces offering physical activity programmes • Collaborate with town planning and Ministry of Transport to support policies aimed at increasing active transport and creating green spaces in communities • Review policies on physical activity in schools and ensure it is on the curriculum
Harmful use of alcohol	<ul style="list-style-type: none"> • Raise taxes on alcohol • Restrict access to retailed alcohol • Enforce bans on alcohol advertising 	<ul style="list-style-type: none"> • Collaborate with NGOs and Ministry of Transport to educate the public on the harmful use of alcohol • Advocate for the introduction of breathalyser testing • Develop comprehensive national alcohol policy
Tobacco use	<ul style="list-style-type: none"> • Raise taxes on tobacco • Protect people from tobacco smoke by implementing smoke free policies • Warn about the dangers of tobacco • Implement and enforce bans on tobacco advertising 	<ul style="list-style-type: none"> • Ban the sale of tobacco to minors • Support plain packaging and pictorial health warnings on cigarette packages • Implement and enforce bans on tobacco promotion and sponsorship
Health systems	NA	<ul style="list-style-type: none"> • Integrate NCD plans into wider health system planning • Provide early detection and treatment services for people at high risk of heart attacks, strokes and curable cancers

		<ul style="list-style-type: none"> • Develop health financing policies that move towards universal health coverage <ul style="list-style-type: none"> ◦ All residents within CARICOM countries/territories have access to basic defined packages of NCD care irrespective of their ability to pay • Establish policies that make generic medicines and effective and appropriate technologies accessible for all • Provide training for health workers at all levels of care • Promote use of up-to-date, regionally-derived, evidence-based guidelines for the treatment and management of chronic diseases. SOURCE: http://www.who.int/nmh/publications/ncd_strategic_objectives.pdf • Support comprehensive national surveillance systems • Promote policies which support multisectoral approach to NCDs
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18 Recommended actions for NNCDs

18.1 NNCD General recommendations for action

Despite differing country contexts (epidemiological profiles including age and gender distributions and human and financial resources), there are recommended actions and policy and programming focus areas for NNCDs across the Caribbean. These are listed in the panel below. The NNCD report provides a snapshot of the existing Commissions and successful NNCD-led initiatives, as well as case studies which explore successes, challenges and lessons learned.

NCD Commissions should:

Plan

1. Produce a national strategic NCD plan, in collaboration with the whole-of-society.
2. Advise and collaborate with the Interministerial Task Force as it plans and implements the whole-of-government response.
3. Where the NNCD is not responsible for development of the national NCD plan, the Commission should evaluate these plans with a view to collaboration.

Prioritise

4. Create an explicit priority listing of NCD targets and advocate for programmes aligned with national priorities based on local evidence and burden, and taking into consideration globally agreed targets.
5. Prioritise and generate proposals for policy, legislation, regulation and taxation regimes to reduce the risk factors for NCDs e.g. taxation of unhealthy foods, subsidising healthy foods, enactment and enforcement of tobacco control legislation, implementation of policies to control alcohol abuse.

Engage

6. Assist government in realising its commitments to engagement with civil society, beyond health NGOs, and with the private sector to prevent and control NCDs (including conflict of interest challenges).
7. Aim to assist in building capacity in the response to NCDs among various sectors of society but especially among the private sector and civil society.
8. Convene meetings within sectors to raise awareness and enhance networking, e.g. meetings of school principals, faith-based organisations, food manufacturers or fast food retailers.
9. Implement a comprehensive and sustained educational public health NCD outreach programme.
10. Establish and maintain a directory of all potential partners among civil society organisations, private sector businesses and organisations, and government agencies.
11. Establish effective communication with partners to enhance collaboration.
12. Coordinate and promote 'Wellness Week' activities in multiple sectors.

Advocate

13. Identify and advocate around government policies that result in increased NCD risk (e.g. subsidies for unhealthy food and drink) and aim to have such situations reversed/corrected.
14. Advocate for strengthened regional cooperation and institutions to support countries in their response to NCDs.
15. Recognise the critical role of improved control and management of NCDs (e.g. screening and access to, and delivery of, quality care). Commissions should not restrict themselves to risk factor reduction but should also have an active role in the arena of care for those living with NCDs.
16. Consider advocating for long-term care for all chronic diseases, including non-communicable and communicable diseases (e.g. HIV, tuberculosis).
17. Create a health impact assessment tool and develop capacity to promote its use.

Communicate

18. Develop NCD policy briefs to build a case for action across all sectors targeting high-level policymakers across all relevant sectors.
19. Create model toolkits for partners to support NCD action across various sectors, e.g. wellness programmes for faith-based organisations, workplaces, schools and community organisations.
20. Identify and develop NCD champions from popular culture using people such as athletes, entertainers or other nationally recognised figures.

Educate

21. Develop a core-training programme with videos, graphics and summary sheets for partners that target NCD burden and effective prevention and control.
22. Produce an annual report and evaluation of the work of the National NCD Commission

Be professionally independent

23. Function independently of government, to the extent that this is possible, and in particular aim to avoid political party affiliations, interests and agendas, and act as the national NCD watchdog to determine if *stated* policy becomes *implemented* policy.

Monitor and evaluate

24. Document targets and goals for NCD risk factor reduction; advocate for their adoption and monitor their implementation in non-health ministries and government agencies, the private sector and civil society.
25. Establish research priorities in collaboration with a multifaculty consortium at universities and colleges, and facilitate annual reporting of relevant research to stakeholders.
26. Advocate for, and support the development of, national NCD registries.

The following sections identify focus areas for NNCCDC policy and programming under each of the four key behavioural factors driving NCDs.

18.2 NNCDs Recommended actions focusing on key risk factors

National Commissions, as they seek to become established and aim to influence prevention and control of NCDs, may wish to consider focusing on policy and programming under the four primary risk factors as identified and outlined below. These should also be considered within the broader context of social determinants of health (social, economic, environmental) and mental health and well-being. These approaches should be included as appropriate to country context in national NCD plans as they are developed.

It is important to note that strengthened, fully functioning NNCDs will be most effective when policy and programming priorities are informed by global 25 by 25 targets; the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases; the Sustainable Development Goals embedded in the post-2015 development agenda; and regional and national strategic and action plans.

Unhealthy eating

- Promote multifaceted population salt reduction campaigns.
- Promote the reformulation of foods among local manufacturers, including salt and sugar reduction and the replacement of trans fats with polyunsaturated fats.
- Promote public awareness about diet and physical activity (WHO 'Best Buys').
- Tax sugar sweetened beverages.
- Promote increased consumption of fruit and vegetables through the promotion and implementation of policies which create environments supportive of healthier diets.
- Develop policies on foods available and served in the school environment.
- Create incentive programmes for restaurants offering healthy options.

Physical inactivity

- Develop population-based, age-specific guidelines on physical activity.
- Support community-based physical activity programmes.
- Identify incentives for workplaces offering physical activity programmes; collaborate with town planning and the Ministry of Transport to support initiatives for active transport and green spaces in communities.
- Review policies on physical activity in schools and ensure physical activity is on the curriculum.
- Promote physical activity through the media.

Harmful use of alcohol

- Develop a comprehensive national alcohol policy.
- Raise taxes on alcohol (WHO 'Best Buys').
- Restrict access to retailed alcohol (WHO 'Best Buys'), especially to minors.
- Enforce bans on alcohol advertising (WHO 'Best Buys').
- Collaborate with NGOs and the Ministry of Transport to educate the public on the harmful use of alcohol.

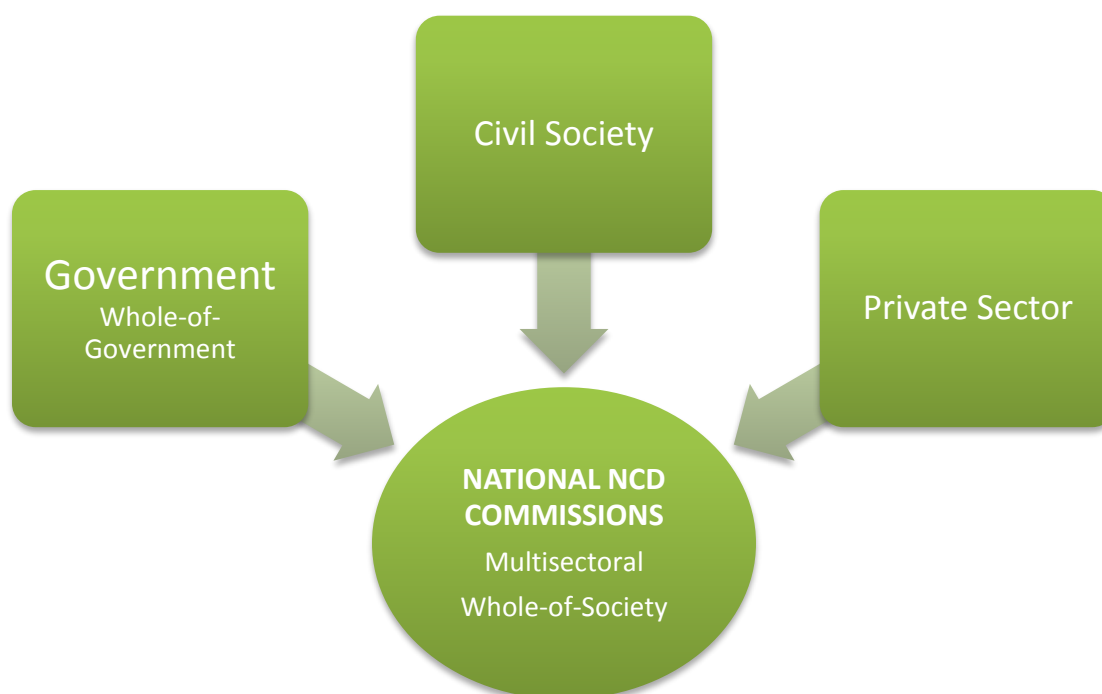
- Advocate for the introduction of breathalyser testing.

Tobacco use

- Implementation and enforcement of the WHO's Framework Convention on Tobacco Control (FCTC).
 - Raise taxes on tobacco (WHO 'Best Buys').
 - Protect people from tobacco smoke by implementing smoke free policies.
 - Warn about the dangers of tobacco.
 - Implement and enforce bans on tobacco advertising promotion and sponsorship (WHO 'Best Buys').
 - Ban the sale of tobacco to minors.
 - Place picture-based warnings on tobacco packages.

19 Recommended roles for sectors of NNCD Commissions

Addressing the challenge of NCDs requires the concerted will, effort and expertise of government, civil society and the private sector working in partnership. Harnessing the power of these key actors can lead to synergies which effect positive change. National NCD Commissions are multisectoral bodies with representation from whole-of-government and whole-of-society. The figure below illustrates this relationship.



The following two sections provides guidance for when one is considering the broad membership of NNCDs and the role that each specific government sector and sector of society can play as a member of these Commissions; adding value to the functioning and efficacy of the NNCD and maximising their impact within the context of their unique roles in society.

19.1 Whole-of-government: Roles for government sectors

Ensuring wide representation of ministries beyond health engages and mobilises non-health ministries around NCDs as a national development issue, building a case for action across all sectors and increasing buy-in for health-in-all-policies. The suggested roles of key ministries in the NNCDs to be considered are described below.

Office of the Prime Minister

- Coordinate annual steering committee on 'NCDs and National Development' or 'NCDs and meeting the Sustainable Development Goals.'

Ministry of Health

- Briefs Members of Parliament and ministries on the status of NCDs in the country on a regular basis.
- Seeks to have appropriate legislation enacted, e.g.: tobacco and alcohol.
- Leads development of interministerial committee or equivalent thereof.
- Establishes mechanisms for epidemiological surveillance on NCDs to monitor trends.
- Provides treatment, care and management of persons with NCDs.
- Develops and implement nutrition and physical activity policies.
- Promotes mental health policies and action plans.
- Provides support to the National NCD Commission to strengthen multisectoral action, and provide access to essential medicines and technologies for the treatment of NCDs.

Ministry of Education

- Ensures the implementation, monitoring and evaluation of health education curricula in primary and secondary schools.
- Reviews policies on participation in physical education for all students.
- Reviews existing school meal programmes.
- Develops policies on the quality of snacks and vending in the school environment; train teachers and other staff in health education to promote healthy behaviours among students.
- Establishes mechanism for the involvement of PTAs in healthy lifestyle programmes.
- Ensures children are not exposed to the marketing and promotion of unhealthy foods in schools.

Ministry of Labour

- Develops policies on workplace health promotion.
- Liaises with trade unions on matters related to health in the workplace.
- Strengthens occupational health and safety programmes for workers' health and incorporate workplace health initiatives into these programmes.

Ministry of Agriculture & Fisheries

- Reviews and revise policies on food security.
- Develops measures to make fruit and vegetables more available and accessible.
- Supports local farmers to increase production of local produce.
- Supports local fisherman.

Ministry of Commerce

- Develops policies on trade, and for food and nutrition labeling.
- Implements trade policies which create supportive environments for reduction of NCDs.

Town Planning Department

- Improves the built environment.
- Establishes policies for the development of recreational and green spaces in communities.
- Establishes policies to promote walking, e.g. location of schools within or close to communities so that children can walk to school.

Ministry of Public Works

- Improves the built environment.
- Improves facilities for walking, through the provision of sidewalks/pavements and closure of streets to vehicular traffic, if possible.
- Ensures that road safety is considered in environmental and other assessments for new projects and the analysis of transport policy.
- Reviews road safety targets and establish national road safety plans.
- Provides cycling lanes in appropriate areas.

Ministry of Finance

- Reviews fiscal measures in relation to the importation of food.
- Considers placement of taxes on foods that are high in fat, sugar and salt.
- Earmarks taxes from tobacco and alcohol to fund National NCD Commissions.

Ministry of Social Welfare

- Maintains opportunities for physical activity and social integration among the elderly.
- Establishes policies to support healthy food options among vulnerable groups receiving welfare grants.
- Promotes sustainable approaches that benefit health and the environment.

Ministry of the Environment

- Sets standards to reduce indoor air pollution.
- Enforces environment guidelines & monitoring.

Interministerial NCD Committees have the potential to be effective mechanisms for driving the whole-of-government approach to NCDs and are described in detail in the National NCD Commissions Report – Part I in this 2-part series.

19.2 Whole-of-society: Roles for civil society and the private sector

NNCDCs were established in the Caribbean to foster the multisectoral response to NCDs, recognising that all segments of society must play a significant role in tackling these diseases. Commissions can cultivate stronger, more effective civil society and private sector NCD actors and ‘activists’ in settings where multisectoral collaborative and coordinated action is relatively new.

Civil society groups are representatives of ‘the people’, providing services and educating individuals to increase awareness, change behaviours and empower communities to advocate for equal access to high-quality health-care. NNCCDCs should have broad representation from civil society including health and non-health NGOs, academia, media, and local public representatives on NCD steering committees at all levels. Below is a list of potential actions for civil society members of NNCCDCs.

- Contribute to the development, implementation and evaluation of the NNCCDC strategic plan and action plan.

- Promote and support NNCCDC initiatives.
- Conduct capacity-building exercises to enhance participation in the NCD response.
- Engage in academic research to guide actions of the NNCCDC.
- Disseminate successes of the NNCCDC to the media.
- Support the NNCCDC and Ministry of Health (and other ministries where applicable) in the monitoring and evaluation of NCD policies and interventions.
- Deliver high-quality services that fill public service gaps:
 - Monitor and evaluate services to ensure ongoing quality.
 - Feed into national surveillance systems.
- Advocate for NCD policies and programmes which may not be present in the current National NCD programmes or, if present, advocate for their implementation.
- Act as a watchdog holding key partners (public and private) accountable to NCD- related commitments in both capacities as members of the NNCCDC and as civil society organisations outside of the NNCCDC.
- Share NCD best practices with civil society organisations and support programme implementation.
- Participate in global, regional and national multisectoral NCD response mechanisms.

Private sector entities are significant employers and producers with core competencies which can be leveraged to positively influence NCD policy and programming. They can play a substantive, positive role in helping to identify and advance workable solutions to prevent and control NCDs. The NNCCDC provides a unique platform for selected private sector representatives to work closely with key stakeholders to promote active, healthy lifestyles, healthy diets and adequate physical activity. NNCCDCs should, however, have clear conflict of interest policies on partnering with the private sector which set out which actors should be engaged and the scope of their involvement with a clear statement of zero engagement with the tobacco industry except where this is focused on the industry's role in implementing government policy. Guidelines for Implementation of Article 5.3 of the WHO FCTC provide a useful template for NNCCDCs engagement with the tobacco and other private sector businesses (http://www.who.int/fctc/guidelines/article_5_3.pdf?ua=1). Below are suggested actions for private sector member organisations of NNCCDCs.

- Contribute to the implementation and evaluation of the NNCCDC strategic plan and action plan.
- Establish business advocacy groups on NCDs to profile the business response and make a case for greater engagement of the private sector.
- Publicly commit to addressing NCDs in the workplace and within surrounding communities.
- Assert corporate social responsibility by promoting workplace wellness programmes.
- Identify roles for umbrella organisations to be involved in the NCD agenda such as Chambers of Commerce and local employers' confederations.
- Ensure that participating private sector entities have strong tobacco exclusion policies.
- Reformulate and introduce new products to provide consumers with healthier options.
- Provide consumer-friendly, meaningful, fact-based nutrition labeling.
- Stop marketing unhealthy foods and beverages to children.
- Support nutrition education and physical activity programmes in local communities.

- Participate in national and regional efforts with governments, NGOs and professional organisations to promote healthy lifestyles in the workplace and in communities.

20 Monitoring and evaluation

M&E of the National NCD Commission

Monitoring and evaluation is an important component of NCD prevention and control programmes, including assessing the performance of the National NCD Commission as a central mechanism for coordination and, in some cases, implementation. The action plan for the Commission should include a framework for monitoring and evaluating its performance in terms of process, outputs, outcome and impact. This section presents a simple tool to monitor the process of establishment and maintenance of an NNCD; to determine its overall efficacy as an instrument of promoting national multisectorality.

The simple checklist below is meant to be a user-friendly basic tool for assessing the efficacy of a National NCD Commission. It is not meant to be exhaustive by any means; rather it should be used to flag gaps and highlight areas for improvement.

Activity	Yes	No	Needs work/ Comments
Governance/ Management/ Operations			
Does the NNCD have a vision/mission/mandate?			
Does the NNCD have a strategic plan?			
Does the NNCD have an action plan based on the strategic plan?			
Does the NNCD produce annual reports?			
Does the NNCD action plan have a monitoring and evaluation framework?			
Does the NNCD hold meetings as necessary to fulfill their role?			
Leadership			
Is the Chair committed?			
Does the Chair have direct access to the Minister of Health?			
Does the Chair have direct access to the Prime Minister?			
Personnel			
Does the NNCD have dedicated administrative staff?			
Does the NNCD have dedicated technical staff?			
Membership			
Do members have terms of reference and understand their roles and responsibilities?			
Do members have a variety of experience and skills?			
Does the NNCD have members from other ministries?			
Does the NNCD have civil society membership representing health NGOs?			
Does the NNCD have civil society membership representing non-health NGOs?			
Does the NNCD have civil society membership representing academia?			

Does the NNCCDC have private sector membership?			
Are the non-health ministry members active, attending most, if not all, meetings to date?			
Are the private sector members active, attending most, if not all, meetings to date?			
Have the members been exposed to training related to their roles on the NNCCDC?			
Interventions			
Has the NNCCDC implemented any NCD programmes (stand alone or in partnership)?			
Has the NNCCDC driven any NCD policies?			
Funding			
Does the NNCCDC have dedicated funding from the Ministry of Health?			
Does the NNCCDC have funding outside of the Ministry of Health?			
Does the NNCCDC have non-government funding?			

M&E of the National NCD Programme

NNCCDCs should advocate for robust monitoring and evaluation of the national NCD programme. A comprehensive M&E framework is a critical element of any NCD Strategic action plan. It helps provide a basis for an integrated programme approach and for monitoring progress in reaching targets. Ideally, the framework will need to be reviewed from time to time to keep it in line with emerging research findings (11). The WHO NCD Global Monitoring Framework is a model for monitoring and evaluation which will enable tracking of the NCD response in countries (13).

21 Conclusion

NCDs are recognised as a national, regional and global problem to which much attention has been paid. However, evidence of improved prevention and control is so far limited to a few countries. This has occurred mostly because of the application of public health approaches in which Ministries of Health and the health sector have the almost exclusive responsibility for prevention and control of NCDs. Yet it is recognised that the social determinants and risk factors associated with NCDs are largely outside of the control of the health sector and must, therefore, be addressed where they start, upstream or in sectors other than health. It is necessary to engage sectors outside of health to become active participants in the NCD response. Making progress on NCDs will require the health sector to work in a new way. A National NCD Commission is viewed as an effective mechanism for helping the health sector to make this transition. To get started, it will be necessary to:

- Make a decision and know what needs to be done.
- Understand the process for achieving the goal of establishing a Commission in the local/country context.
- Get support in the Ministry of Health, within the wider government and engage partners in civil society and the private sector.
- Use regional and international mandates to strengthen the need for a Commission. E.g.: the Port of Spain Declaration, UN Political Declaration.

NCD Commissions have the potential to make significant contributions to the prevention and control of NCDs at the national level. However, establishing and maintaining an NNCD is a long-term endeavour requiring sustained commitment and resources. The government of the country, Ministry of Health, Commission members and partners must be committed to supporting and following the necessary steps to ensure that it is a viable entity with the capacity to fulfill its mandate.

The multisectoral approach, laudable as it is for the prevention and control of NCDs, requires mechanisms, instruments and platforms for use in its implementation. The approach to achieving the multisectoral goal in the Caribbean is premised on the fact that it is government's responsibility to lead the prevention and control of NCDs even as it seeks to engage the private sector and civil society. However, not only is there the need to determine the most effective mechanisms for the multisectoral approach at the national level, but also a need for frameworks and templates to assist countries in operationalising these mechanisms and making them fit for purpose in the prevention and control of NCDs. This Framework and the preceding report, are prepared by, and viewed through the lens of, civil society. Although this series is produced for the Caribbean – Small Island Developing States ranging from low- to high-income - it is hoped that there will be wider applicability.

Against the background of the epidemic of NCDs and its crushing burden on health systems and threat to national development gains, this document is an important tool: showing the way forward in producing critical multisectoral mechanisms for a whole-of-society approach to prevent and control NCDs. It highlights approaches to policy and legislation determination and implementation, and details actions that a variety of sectors might undertake as part of the multisectoral effort.

22 Annexes

22.1 Examples of tools for implementation

ANNEX I: Sample terms of reference for an NNCD

1. To advise the Minister of Health on NCD policies and legislation, e.g. in relation to food availability, affordability and importation, diet and nutrition, environmental and workplace issues, measures to increase participation in physical activity, tobacco control and all other strategies to promote healthy lifestyles.
2. To broker and promote effective involvement of all relevant sectors in programme implementation, including the private sector, trade unions, non-governmental organisations and civil society.
3. To assist in the mobilisation of financial and human resources (including the raising of philanthropic funds for extra-budgetary support) to facilitate the implementation of NNCD prevention and control programmes.
4. To recommend relevant research and health-care priorities, especially in relation to behaviour change and reduction of NCDs.
5. To promote the establishment of collaboration and partnerships with regional institutions such as UWI, CARPHA, CARICOM, PAHO/WHO, and with international institutions and organisations, as appropriate for the pursuit of these goals.
6. To review the National Strategic Plan for Health and advise on the applicability of priorities, expected results and activities relative to NCDs.
7. To monitor regional and international trends and provide direction for national responses to the threat of NCDs.
8. To assist the MOH in the commissioning of monitoring, review and evaluation studies of aspects of NCD programmes.
9. To recommend to the Minister of Health a legal, policy and service framework that encourages and promotes behaviour change and the prevention of NCDs.
10. To develop major educational programmes to communicate and promote the objectives and messages of the strategic plan to the general public.

22.2 Types of organisational structures and management arrangements (14)

Commission: A group of persons charged with carrying out certain duties.

Partnership: Voluntary and collaborative relationship between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and responsibilities, resources and benefits.

Task force: A temporary grouping under one leader for the purpose of accomplishing a definite objective.

Interministerial Committee: A committee consisting of ministers from different departments of government.

Interdisciplinary Committee: A group of persons from diverse fields who work in a coordinated way to achieve a common goal.

Expert committee: A committee comprising experts from public sector structures, academic institutions, NGOs, think tanks or the private sector, often created ad hoc around a specific task. Composition can have a political balance.

Support unit: Unit within the Ministry of Health or other ministries with a mandate to foster multisectoral collaboration.

Networks: Flexible coordinated mechanisms composed of institutional partners.

Merged or coordinated ministries: Ministries with a mandate that includes several sectors or responsibility for intersectoral coordination.

Public health institutes: Public institutes with capacity to monitor public health and its determinants, and to analyse policies and their potential health implications across sectors.

A Commission may be advisory or operational.

A Commission that is '**advisory**' is one which would give guidance on long-range strategy for achieving the goal to prevent and reduce NCDs. In this role, it may give guidance and input concerning NCD policies and programmes; make proposals for new research; review NCD programmes and make recommendations; and conduct monitoring and evaluation of NCD activities. An advisory Commission would act under the authority of the state and would not have legal or fiduciary responsibilities.

A Commission which functions in an '**operational**' role coordinates, recommends and reviews changes to day-to-day activities with a view towards efficient outcomes. Note that an operational role is also 'advisory'. The business of the operation of health promotion in relation to NCD prevention and control remains the purview of the Ministry of Health.

A Commission may also perform an '**accountability**' role, in which it holds government to account for policies and legislative action, as well as programmes and project implementation. The emphasis and extent to which a Commission includes one or more of these roles in its terms of reference should be determined by the specific needs of the country.

A Commission may give advice on health policy.

Health policy refers to decisions, plans and actions that are undertaken to achieve specific health-care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short term and medium term.

22.3 Suggestions for Composition/Membership of a National NCD Commission

- Chairperson
- Deputy Chairperson
- Representative of Ministry of Agriculture
- Representative of Ministry of Education
- Representative of Ministry of Commerce
- Representative of Ministry of Transport
- Chief Town Planner
- Representative of health NGO
- Representative of academia
- Representative of trade unions
- Representative of private sector
- Representative of the media

Ex-officio Members:

- Chief Medical Officer
- NCD Focal Point
- Health Promotion Officer

22.4 Documentation

Sample agenda outline

Agenda for the 5th Meeting of the National Non-communicable Diseases Commission, Tuesday, May 12, 2014, at the Ministry of Health, at 1:00p.m

1. Welcome
2. Apologies for absence
3. Errors and omissions to the minutes of 2015-04-14
4. Confirmation of the minutes of meeting held 2015-04-14
5. Matters arising
 - Audit of NGOs
 - Report on funding for the Commission
6. Presentation by specially invited guest
7. Discussion on the development of a strategic plan
8. Any other business
9. Closing

Minutes

Minutes are important because they record the work of the Commission. They need not be a verbatim record of the meeting, but a concise account of what was discussed and any decisions taken. The format of the minutes should follow the agenda and should include the following:

- date, time and place of the meeting;
- time the meeting started;
- names of the person who chaired the meeting and names of members present;
- decisions taken on each agenda item;
- date and time of the next meeting, especially if this varies from month to month; and
- time of adjournment.

SAMPLE OUTLINE FOR AN ANNUAL REPORT

- Executive summary
- Introduction
- Terms of reference of the Commission
- Governance and administration
- Strategic approach
- Summary of achievements by topic/project/activity
- Summary of achievements of members
- Challenges and issues
- Way forward
- Appendices

22.5Mandates

DECLARATION OF PORT-OF -SPAIN: UNITING TO STOP THE EPIDEMIC OF CHRONIC NCDs, 15 September 2007

We, the Heads of Government of the Caribbean Community (CARICOM), meeting at the Crowne Plaza Hotel, Port-of-Spain, Trinidad and Tobago on 15 September 2007 on the occasion of a special Regional Summit on Chronic Non-Communicable Diseases (NCDs);

Conscious of the collective actions which have in the past fuelled regional integration, the goal of which is to enhance the well-being of the citizens of our countries;

Recalling the Nassau Declaration (2001), that “the health of the Region is the wealth of the Region”, which underscored the importance of health to development;

Inspired by the successes of our joint and several efforts that resulted in the Caribbean being the first Region in the world to eradicate poliomyelitis and measles;

Affirming the main recommendations of the Caribbean Commission on Health and Development which included strategies to prevent and control heart disease, stroke, diabetes, hypertension, obesity and cancer in the Region by addressing their causal risk factors of unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening our health services;

Impelled by a determination to reduce the suffering and burdens caused by NCDs on the citizens of our Region which is the one worst affected in the Americas;

Fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, private sectors, NGOs and our other social, regional and international partners;

Declare -

- Our full support for the initiatives and mechanisms aimed at strengthening regional health institutions, to provide critical leadership required for implementing our agreed strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) and other relevant partners;
- That we strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs;
- Our commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control; urge its immediate ratification in all States which have not already done so and support the immediate enactment of legislation to limit or eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, insist on effective warning labels and introduce such fiscal measures as will reduce accessibility of tobacco;
- That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions;
- That our Ministries of Health, in collaboration with other sectors, will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors so that by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines;
- That we will mandate the re-introduction of physical education in our schools where necessary, provide incentives and resources to effect this policy and ensure that our education sectors promote programmes aimed at providing healthy school meals and promoting healthy eating;
- Our endorsement of the efforts of the Caribbean Food and Nutrition Institute (CFNI), Caribbean Agricultural Research and Development Institute (CARDI) and the regional inter-governmental agencies to enhance food security and our strong support for the elimination of trans-fats from the diet of our citizens, using the CFNI as a focal point for providing guidance and public education designed toward this end;
- Our support for the efforts of the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies in all international trade negotiations thereby promoting greater use of indigenous agricultural products and foods by our populations and reducing the negative effects of globalisation on our food supply;
- Our support for mandating the labelling of foods or such measures as are necessary to indicate their nutritional content through the establishment of the appropriate regional capability;
- That we will promote policies and actions aimed at increasing physical activity in the entire population, e.g. at work sites, through sport, especially mass activities, as vehicles for improving the health of the population and conflict resolution and in this context we commit to increasing adequate public facilities such as parks and other recreational spaces to encourage physical activity by the widest cross-section of our citizens;

- Our commitment to take account of the gender dimension in all our programmes aimed at the prevention and control of NCDs;
- That we will provide incentives for comprehensive public education programmes in support of wellness, healthy life-style changes, improved self-management of NCDs and embrace the role of the media as a responsible partner in all our efforts to prevent and control NCDs;
- That we will establish, as a matter of urgency, the programmes necessary for research and surveillance of the risk factors for NCDs with the support of our Universities and the Caribbean Epidemiology Centre/Pan American Health Organisation (CAREC/PAHO);
- Our continuing support for CARICOM and PAHO as the joint Secretariat for the Caribbean Cooperation in Health (CCH) Initiative to be the entity responsible for revision of the regional plan for the prevention and control of NCDs, and the monitoring and evaluation of this Declaration.

We hereby declare the second Saturday in September “Caribbean Wellness Day,” in commemoration of this landmark Summit.

www.caricom.org/jsp/communications/meetings_statements/declaration_port_of_spain_chronic_ncds.jsp

Political Declaration of the UN High-Level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs): Key Points and extracts

Background

Heads of State and Government and representatives assembled at the United Nations from 19 to 20 September 2011 for a High-level Meeting on the prevention and control of NCDs, with a focus on developmental and other challenges and social and economic impacts of NCDs, particularly for developing countries.

The NCD crisis

NCDs undermine social and economic development throughout the world, threaten the achievement of internationally agreed development goals and increase inequalities between countries and populations and must occupy the attention of the international community and international cooperation.

A challenge of epidemic proportions

. 36 million global deaths are due to NCDs, principally heart disease, stroke, cancers, chronic respiratory diseases, and diabetes, including about 9 million deaths before the age of 60, with nearly 80% of those deaths occurred in developing countries.

. Mental, neurological, renal, oral and eye disorders are recognised as an important cause of morbidity.

. The most prominent NCDs are linked to four common risk factors: tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity.

. NCDs and their risk factors worsen poverty, while poverty contributes to rising rates of NCDs and may impact negatively on the achievement of the MDGs.

. Maternal and child health is inextricably linked with NCDs and their risk factors.

. The economic, social, gender, political, behavioural and environmental determinants of health contribute to the rising incidence of NCDs.

Responding to the challenge

. Prevention, including exposure to the risk factors, must be the cornerstone of the global response to NCDs.

. Effective NCD prevention and control requires leadership, whole-of-government approaches and the involvement of all relevant stakeholders.

. Resources devoted to combating the challenges posed by NCDs at the national, regional and international levels are not commensurate with the burden.

. There is a fundamental conflict of interest between the tobacco industry and public health.

. Recognising that NCDs can be prevented and their impacts significantly reduced, with millions of lives saved, Heads of State and Government commit to five broad areas of action:

Reduce risk factors

. Implement multisectoral, cost-effective, population-wide interventions to reduce the common NCD risk factors.

. Accelerate implementation of the WHO Framework Convention on Tobacco Control, and note that price and tax measures are an effective and important means of reducing tobacco consumption.

. Advance the implementation of the WHO global strategies on diet, physical activity and health, and to reduce the harmful use of alcohol, and promote the WHO recommendations on the marketing of foods and beverages to children.

. Promote cost-effective interventions to reduce salt, sugar and saturated fats, and eliminate industrially produced trans fats in foods.

. Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, and increased access to cost-effective cancer screening programmes.

. Private sector called upon to reduce the impact of marketing of unhealthy food and beverages to children, reformulate products to provide healthier options, create an enabling environment for healthy behaviours among workers, improve access and affordability for medicines.

Strengthen national policies and health systems

. Support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of NCDs.

- . Strengthen and integrate NCD policies and programmes into health planning processes and the national development agenda of each Member State.
- . Identify and mobilise adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, and innovative financing mechanisms.
- . Promote production, training, and retention of health workers.
- . Promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of TRIPS flexibilities.
- . Strengthen health-care infrastructure, including procurement and distribution of medicines.
- . Recognise the importance of universal coverage in national health systems, especially through primary health-care and social protection mechanisms

International co-operation (including collaborative partnerships)

- . Strengthen and support national, regional, and global plans for prevention and control of NCDs.
- . Call upon WHO and all other relevant UN system agencies, funds and programmes, international financial institutions, development banks, and other key international organisations to work together in a coordinated manner to support national efforts to prevent and control NCDs.
- . Urge continued technical assistance and capacity building to developing countries, especially to the least developed countries, in the areas of NCDs and promotion of access to medicines for all.
- . Foster partnerships between Government and civil society; promote capacity building of NGOs

Research and development

- . Promote investment in quality research and development, for all aspects related to the prevention and control of NCDs in a sustainable and cost-effective manner.
- . Promote the use of information and communications technology

Monitoring and evaluation

- . Call upon WHO, with Member States, and UN agencies, funds and programmes, and other regional and international organizations, to develop before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, to monitor trends and to assess progress made in the implementation of national strategies and plans on NCDs.
- . Call upon WHO, with Member States, through the governing bodies of the WHO, and with UN agencies, funds and programmes, and other relevant regional and international organisations, building on the work already underway, to prepare recommendations for a

set of voluntary global targets for the prevention and control of NCDs, before the end of 2012

Follow-up

. The Secretary-General, in close collaboration with the Director-General of WHO, and in consultation with Member States, UN funds and programmes and other international organisations, to submit by the end of 2012 to the 67th General Assembly, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership.

. The Secretary-General, in collaboration with Member States, the WHO, and the funds, programmes and specialised agencies of the UN system to present to the General Assembly, during the 68th session, a report on the progress achieved in realising the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the IADGs, including the MDGs, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of NCDs.

The full document may be accessed at:

http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1

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