

A CIVIL SOCIETY REGIONAL STATUS REPORT

RESPONSES TO NCDS IN THE CARIBBEAN COMMUNITY



HEALTHY CARIBBEAN COALITION
March 2014



For more information please contact the HCC at
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The NCD Alliance
Putting non-communicable diseases
on the global agenda

The NCD Alliance was founded by:



**International
Diabetes
Federation**



**International Union Against
Tuberculosis and Lung Disease**
Health solutions for the poor



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FOREWORD

The Healthy Caribbean Coalition (HCC) in association with the NCD Alliance and Medtronic Philanthropy is happy to make this regional NCD Status Report available to policy-makers, civil society and the private sector. The report aims to provide a detailed assessment of progress made in tackling NCDs in the Caribbean as viewed by civil society, and includes a call to action in those areas in which gaps have been detected and about which the HCC will encourage and assist civil society organisations (CSO) led advocacy.

The report is unique in many respects not the least of which is that it represents the first occasion, as far as is known, that CSOs in the Caribbean have come together to produce an in-depth and comprehensive assessment of NCDs as viewed through the lens of civil society. This is an important step in the development of a process and culture that seeks to lead to strong advocacy efforts by the people of the region for improvements in all aspects of health. It is an occasion for celebration by HCC and civil society as we reaffirm our commitment to continue to support the NCD response at organisational, national, regional and global levels in the sixth year of the formation of the HCC - a Caribbean NCD Alliance.

The NCDs are well recognised to be a major threat to health and a serious potential impediment to growth and development of Caribbean people. A concerted approach is needed in an effort to halt the potential of NCDs to reverse all the development gains made in the Caribbean since independence. It is for this reason that the Caribbean has strongly supported and contributed to many global initiatives, including the United Nations High Level Meeting, 2011, and the subsequent WHO Global Action Plan, 2013-2020 and the global NCD Targets, and is keen for NCDs to be included in the Millennium Development Goals, post 2015.

The need for a multi-sector approach and response to NCDs has been well recognised and underpins the response to NCDs at all levels. The challenge is to continue to recognise the need for such a response, assist all sectors of society in the appreciation of the role that they can play in the response, build capacity of sectors to respond, establish mechanisms to allow them to contribute to the response and wherever possible generate resources to facilitate such efforts.

Many persons have contributed to this report including the leadership, staff, members, volunteers and Manager of the HCC, and members of the advisory Technical Working Group established as a direct result of this initiative, however the report would not have been possible without the significant roles played in its production by our UWI collaborators Professor Nigel Unwin, Dr. Alafia Samuels and Ms. Lisa Bishop, from the Public Health Group, Cave Hill Campus, University of the West Indies to whom we say a big “thank you”.

An important aspect of the production of the Regional Status Report was an online interview of several stakeholders including representatives of civil society, regional public health institutions and government. A tremendous amount of information and many different perspectives were provided and distilled for this report. However a significant amount of additional information could not be included in this report. Comments and questions on the content of this report are welcome, and should be directed to the HCC.

Finally, this report provides a resource that forms the basis for action by several sectors of the society and is intended to contribute to more comprehensive assessments, undertaken by governments and/or regional health institutions, of the response to NCDs. The Caribbean Region is poised for change. Civil society in the region has become over the past 6 years more “fit for purpose” to contribute to that change, even as we advocate for “The Caribbean: a Healthy Lifestyle and Wellness Region”.



Professor Sir Trevor Hassell
President of the Healthy Caribbean Coalition
– A Caribbean NCD Alliance

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INTRODUCTION AND BACKGROUND

NCDs are the predominant health problem in CARICOM countries and cause substantially more deaths and disability than infectious diseases. Not only are mortality rates high, but CARICOM countries have approximately double the rate of premature deaths compared to richer countries. Additionally, high rates of the biological risk factors exist, especially obesity, diabetes and hypertension driven in turn by behaviours arising out of environmental and social conditions.

This report seeks to understand and assess the Caribbean response to non-communicable diseases (NCDs), from a civil society perspective. It highlights best practices and identifies areas for further action. It provides an evidence-based platform, from which civil society can monitor progress as well as complement regional and national NCD policies and programmes.

The work for this project was completed within a few weeks and within a relatively small budget thus precluding the active examination of all CARICOM countries. NCD responses were examined in 9 carefully chosen CARICOM countries. These countries were chosen to have a range of socio-economic conditions, to include at least one mainland country, to include at least one United Kingdom Overseas Territory, to represent the range of population sizes within CARICOM, and to have a full range of National policy responses to the 2007 CARICOM Heads of Government Port of Spain Declaration on NCDs. Additionally, data on NCDs in the 20 CARICOM countries were abstracted from readily available data sources to provide a narrative description of the prevalence of their risk factors, their contribution to the burden of disease, their social and economic burden and their social determinants. The restriction of the survey to about half of the CARICOM countries is a limitation of this study, especially since neither Guyana, CARICOM’s only lower middle income country nor Haiti, CARICOM’s only low income country and its most populous at 10 million, were included. This report however, provides a valuable snapshot of regional action on NCDs and makes recommendations that may resonate for other CARICOM nations that haven’t been studied at this time. ‘Responses to NCDs in the Caribbean Community – A Civil Society Regional Status Report’ represents the first ever civil

society assessment of the NCD response in the region and seeks to provide the base for continued multisectoral action and improvements. Heads of Government of CARICOM in a demonstration of significant leadership, regionally and internationally, recognised the need for a multisectoral approach to NCDs in the Declaration of Port of Spain: Uniting to Stop the Epidemic of Chronic Diseases, 2007. Many initiatives have been undertaken in the region since the declaration by several sectors; much more however needs to be done by all sectors to achieve a slowing of the epidemic of NCDs including ongoing and comprehensive assessments of the regional response. This report represents a major contribution by civil society in the Caribbean to such efforts.

MAIN REPORT FINDINGS

The NCD response, regionally and nationally, is overall a satisfactory response, led by regional public health institutions (PAHO/WHO, CARPHA), CARICOM Secretariat, National Governments and their Ministries of Health, with the support of the University of the West Indies, and in-country health non-governmental organisations and the recently formed civil society NCD Alliance, the HCC. The response may be characterised as being strong on statements of support, agreements and policy positions but less so with respect to implementation, monitoring and evaluation. The Region has played a significant role globally in advancing the response to NCDs.

Governments of the Region have theoretically accepted the concept of a ‘whole of Government’ response, but for the most part have not put this into practice and NCDs have not been inserted into national development plans in the majority of CARICOM countries. Fledgling multi-sectoral activity has been embraced by quite a few CARICOM countries, led by NCD Commissions in the larger CARICOM countries where these have been established. In other CARICOM countries, particularly those with small populations, the multi-sector approach to NCDs has mostly been in the form of NCD meetings. However, in all CARICOM countries Caribbean Wellness Day has contributed to wide stakeholder involvement in the NCD response. The ‘whole of society’s’ response at the Regional level in CARICOM is led by the regional NCD Alliance HCC, but remains weak with HCC,

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having no official relations with the major regional public health institutions, CARICOM Secretariat or the Political leadership of the Region.

Civil Society, especially health NGOs, play a major role in the Caribbean especially in provision of services, provision of financial support, outreach and education and consider these to be important advocacy efforts. They are less engaged in advanced advocacy efforts such as in the drafting and enactment of national legislation and policies.

Almost all CARICOM countries have ratified the Framework Convention on Tobacco Control (FCTC) but few have implemented the provisions of the Treaty, with for example only four of them enacting legislation banning smoking in public places, very few having programmes in place for treatment of tobacco dependency and only very few having enacted legislation against tobacco company sponsorship and advertising of tobacco products. There are no national policies against advertising of unhealthy foods to children, none against the harmful use of alcohol and national population salt reduction initiatives in only a single country. Community based physical activity is encouraged and supported, and some countries have put specific policies in place to this end.

Fairly robust health systems provide services for NCDs in most CARICOM countries, with the majority providing medications for NCDs at highly subsidised cost at point of delivery. Some gaps identified in health systems included lack of equipment for management of certain lung conditions, absence of some drugs such as tamoxifen for breast cancer treatment, lack of well-established rehabilitative services, inadequate uptake of guidelines, many of which are outdated, lack of accountability in delivery of health services, and absence of widespread use of the chronic care delivery model.

RECOMMENDATIONS FOR ACTION

Based on the foregoing it is recommended that the following actions be taken by CARICOM countries at national level and collectively at the regional level:

- Address risk factors and social determinants of health, in particular: banning the marketing of energy dense, high salt foods and sugar sweetened beverages to children;

promoting reduction in consumption of salt and sugar sweetened beverages (including fruit juices); banning the use/sale of trans-fats; regional standards for clear, consistent, food labelling; policy on physical activity: development, implementation and monitoring of national strategies on the promotion of physical activity and policy on reduction in harm from alcohol.

- Strengthen health systems and improve access to effective health care by ensuring the active dissemination and monitoring of the use of up to date regionally derived evidence based guidelines for the treatment and management of NCDs, including a framework for standardising the treatment of hypertension using available core medication. The chronic care model should be applied in the provision of primary health care services for NCDs in all countries, and there should be advocacy for all residents within CARICOM countries/territories to have access to basic defined packages of NCD care irrespective of their ability to pay.
- Build a truly ‘all of society approach’, with health in all policies, with NCDs fully addressed within national development plans, and opportunities sought for a multi-stakeholder approach to the response to NCDs by engaging all major groups of the society such as faith-based organisations, groups of retired persons, women’s groups, and workers’ representatives.

Meeting this, or a similarly ambitious, agenda for NCD action across the CARICOM countries and territories will require national capacity building, regional leadership and a multistakeholder response. From a civil society perspective, HCC is committed to undertaking a regional leadership role, to building the capacity among its member organisations and to holding, together with other CSOs, policy makers to account as part of the traditional civil society “watch dog” role. ■