



# Gaps in the Health Care Delivery Systems as Identified by the CARICOM NCD Regional Status Report (RSR)

Presented by:

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HSS Meeting | October 22<sup>nd</sup> 2014 | Dominica

# RSR Background

- NCD Alliance & Medtronic Philanthropy
- Strengthening Health Systems, Supporting NCD Action
  - 3 Implementing Partners - Brazil, South Africa, Caribbean Community (CARICOM)
    - HCC 'Implementing Partner' within CARICOM
  - Aim to strengthen civil society advocacy
  - Develop National/Regional Status Reports to inform a calls for advocacy action
  - Contribute to Health Systems Strengthening





# The REPORT

- *A Civil Society Regional Status Report: Responses to NCDs in the CARICOM Community*
- Launched in March 2014
- First time civil society developed such a report in the Caribbean
- Rapid Assessment *\*with associated limitations*
- Prepared by UWI and HCC
- Final Report produced with country summaries, available on the HCC website



A CIVIL SOCIETY REGIONAL STATUS REPORT

## Country Profiles: DOMINICA

HEALTHY CARIBBEAN COALITION  
March 2014



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The NCD Alliance was founded by:



### # 1: Raise priority of NCDs through international cooperation and advocacy

1.1	Inclusion of NCDs in current national development plan	
	Presence of National NCD Planning	
1.2	Government inclusion of NCDs in Official Development Assistance (ODA) Framework	
1.3	Operational national NCD alliance/coalition/network of CSOs that engages People Living with NCDs (PLWNCDs)	
1.4	Government led, supported or endorsed national NCD conference /summit/meeting held in the last 2 years with active participation of CSOs	
1.5	Government-led or endorsed public media campaign on NCD awareness or NCD prevention, partnering with CSOs and held in the last 2 years	

### # 2: Strengthen national capacity, multisectoral action and partnerships for NCDs

2.1	Operational National NCD Plan (number of key elements outlined below): If score less than 4, please refer to 2.2	
2.1 a)	National NCD Plan with a 'whole of government' approach ie with areas for action beyond the health sector	
2.1 b)	Functional national multisectoral NCD commission/mechanism (incl. CSOs, People Living with NCDs and private sector)	
2.1 c)	National budgetary allocation for NCDs (treatment, prevention + health promotion, surveillance, monitoring/evaluation, human resources)	
2.1 d)	CSOs and PLWNCDs engaged in National NCD Plan development	
2.2	Number of subnational jurisdictions (state, district, etc.) with an operational NCD plan that meets the full criteria outlined above	NA
2.3	Number of operational NCD Public-private partnerships supporting elements of National NCD Plan	
2.4	National Government partnerships with CSOs on NCD initiatives	

### # 3: Reduce NCD risk factors and social determinants

3.1	Number of tobacco (m)POWER policies/interventions in existence:	
	Existence of recent nationally representative information on youth and adult prevalence of tobacco use <sup>a</sup>	2009
	National Legislation banning smoking in health-care in all indoor public places including workplaces, restaurants and bars <sup>b</sup>	
	Existence of national guidelines for the treatment of tobacco dependence	
	Legislation mandating visible and clear health warnings covering at least half of principal pack areas	
	Legislation banning tobacco advertising, promotion and sponsorship OR Legislation comprehensively banning all forms of direct tobacco marketing in all forms of media and advertising	
	Tobacco taxation policy of between 2/3 and ¾ of retail price	
3.2	National strategies on the major NCD risk factors (out of total listed below)	
3.2 a)	Tobacco	
3.2 b)	Alcohol	
3.2 c)	Nutrition	
3.2 d)	Physical Activity	
3.3	Increased taxes on alcohol in last 5 years	
3.4	National policies and regulatory controls on marketing to children of foods high in fats, trans fatty acids, free sugars or salt	
3.5c	National action on salt reduction	
	National policies/regulatory controls on salt reduction	
	Number of voluntary company pledges to salt reduction	
3.6	Physical education in schools with resources and incentives	





# Aims of the REPORT

- To understand and assess the Caribbean response to non-communicable diseases (NCDs) from a variety of perspectives including civil society.
- To highlight **best practices**.
- To outline a **call to action** in those areas in which gaps have been detected.
- To provide an evidence-based platform, from which civil society can contribute to strengthened national and regional NCD policies and programmes through service delivery, monitoring of progress and advocacy.





# Target Countries

1. Belize
2. Barbados
3. Bermuda
4. Cayman Islands
5. Dominica
6. Jamaica
7. St. Kitts and Nevis
8. St. Vincent and the Grenadines
9. Trinidad and Tobago







# Areas of Investigation

- Roles of Regional Organizations
- Policy responses of National Governments
- Involvement of Civil Society Organizations
- Actions required to fill identified gaps



# Assessment Tools

- POS Evaluation Grid: 27 commitments in the 2007 Port of Spain Declaration
- \*NCD Benchmarking Tool :
  1. Raise priority of NCDs through international cooperation and advocacy
  2. Strengthen national capacity, multisectoral action and partnerships for NCDs
  3. Reduce NCD risk factors and social determinants
  4. Strengthen and reorient health systems to address NCDs
  5. Promote national capacity for research and development on NCDs
  6. Monitor and evaluate progress on NCDs
- Stakeholder Consultation Nov 2013 Meeting TT



*\*These are aligned with the 6 objectives of the WHO Global Action Plan, 2013-2020*

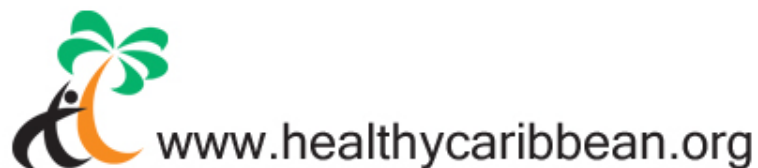
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# “STRENGTHENING HEALTH SYSTEMS, SUPPORTING NCD ACTION”

## Advocating for Policies and Action

Supported by the NCD Alliance and generously made possible by a grant from Medtronic Philanthropy





# Main Findings

- Fairly robust health systems provide services for NCDs in most CARICOM countries.
- Majority of drugs on the WHO essential drugs list available countries however absence of some drugs such as tamoxifen for breast cancer treatment.
  - Most NCD medications provided at highly subsidized cost at point of delivery.
- Lack of technologies for management of certain conditions.
- Inadequate uptake of often outdated guidelines.
- Lack of accountability in delivery of health services, including ongoing assessment of quality of care and performance.
- Absence of widespread use of the chronic care delivery model.
- Those with NCDs who are poorly insured or on low incomes may face real difficulties in accessing basic care.
- Poor or suboptimal initiatives to strengthen services for palliative care and rehabilitation.
- Only three countries reported recent research and monitoring and evaluation activities.



## 13. APPENDICES

**Table 7:** Summary of Reported Progress Against the NCD Scorecard Sections  
#4 - Strengthen and Re-Orientate Health Systems

Benchmark Indicator		Country / Territory								
		BAR	BEL	BER	CAY	DOM	JAM	SKN	SVG	T&T
4.1	Evidence based national guidelines on individual NCDs:									
	Cancer									
	Cardiovascular disease									
	Chronic Respiratory Diseases									
	Diabetes									
	Mental Health									
	Tobacco Dependence									
	Alcohol Dependence									
4.2	Government initiatives strengthening the capacity of primary health care for NCDs:									
	NCD health promotion and prevention									
	Screening and early detection									
	Treatment and referral									
	Rehabilitation and palliative care									
4.3	Number of NCD medicines in country essential medicine list made available free of charge to patients with limited resources	16/16	14/16			12/16	16/16	12/16	16/16	16/16
4.4	*NCD-related services and treatments are covered by health insurance system									
4.4 a)	Cancer Screening Services	8/8	4/8	7/8		7/8	6/8	7/8	6/8	
4.4 b)	Diabetes	6/7	2/7	3/7		5/7	4/7	6/7	4/7	
4.4 c)	CVD	6/6	1/6	6/6		6/6	6/6	6/6	5/6	
4.4 d)	Chronic Respiratory Diseases	3/3	2/3	1/3		1/3	1/3	3/3	1/3	
4.4 e)	Related NCD Treatments	4/5	1/5	1/5		3/5	5/5	1/5	3/5	
4.5	Operational NCD Surveillance system:									
	Areas included in national health reporting system									
	Cause-specific mortality related to NCDs									
	Population-based NCD mortality data									
	Population-based morbidity data									

### Key

	No or Little Progress
	Moderate Progress
	Good Progress
	Not Assessed
	Not Available

\*See Table 8a: Lists of World Health Organization NCD Essential Drugs and Services and Table 8b: Additional NCD Services on WHO Essential List



# Recommendations

- Advocate for active dissemination (and training) of up to date regionally derived evidence based guidelines for the treatment and management of NCDs.
- Advocating that all residents within CARICOM countries / territories have access to basic defined packages of NCD care irrespective of their ability to pay.
- Application of the chronic care model in the provision of primary health care services in countries.
- Advocating for adequate provision of palliative and rehabilitative care.
- Development and implementation of a framework for standardising the treatment of hypertension using available core medications.







# Civil Society's Role in Translating Recommendations into Action

- **Improving structures for engagement**
  - Developing and strengthening stronger collaborative networks between CSOs and with governments and regional bodies around service delivery / HSS
- **Advocating and acting**
  - Building community awareness to catalyse social movements and drive advocacy; improved service provision; advocating for improved policies and programmes
- **Holding governments and regional organizations to account**
  - Helping to get beneath policy statements to implementation



# Thank you



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