



Caribbean Civil Society Organisations **STATEMENT OF COMMITMENT** on Health Systems Strengthening

Background

The WHO Global Action Plan, for the Prevention and Control of NCDs, 2013-2014 identifies “*Strengthening and orienting health systems to address the prevention and control of NCDs and the underlying social determinants through people centred primary health care and universal health coverage*” as one of the approaches to achieve the overarching goal of a 25% relative reduction in risk of premature mortality from NCDs by the year 2025, and the Chronic Care model has been recognised as a framework with application to NCD Health System Strengthening. <http://www.who.int/chp/knowledge/publications/icccglobalreport.pdf?ua=1>. The Outcome Document from the 2014 UN GA NCD Review calls on countries to strengthen and reorient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle.

Against this background the HCC, supported by NCD Alliance and Medtronic Philanthropy, mindful of the role that civil society can play in health systems strengthening both directly and indirectly, embarked on a series of steps to contribute to health systems strengthening in the region. These have included hosting a multi-stakeholder meeting; production of a Civil Society NCD Regional Status Report; production and implementation of a Civil Society Advocacy plan; leading to the hosting of health systems strengthening multi-stakeholder meeting and the production of a CSO Statement of Commitment on Health Systems Strengthening.

To facilitate meaningful civil society led advocacy in the area of Health Systems Strengthening, the HCC developed this framework for action. This framework for action or 'Statement of Commitment' is based on the WHO 6 building blocks of HSS (http://www.who.int/healthsystems/strategy/everybodys_business.pdf) and was developed through a series of consultations with civil society. The first draft was informed by findings of the HCC 2014 Caribbean Community Regional NCD Status Report. Feedback gathered during the CS working group session at the October 22nd, 2014 HCC/NCDA/PAHO/CARPHA Health Systems Strengthening (HSS) Meeting, was incorporated into the draft statement. The HCC NCD Advocacy TWG provided the final layer of inputs and approval during the December 2014 meeting. The final Statement is aimed at civil society organisations in the Caribbean and outlines and guides specific actions and steps to be taken by civil society using the tools available of advocacy, service delivery, education and outreach, networking and monitoring, and holding to account.

The commitments of CSOs at the national and regional level will seek to address gaps and weaknesses in health systems as identified in the RSR NCD Status Report and through consultations with key multisectoral stakeholders in the region. Some of these include: unavailability in some countries of some drugs on the WHO essential drugs, such as tamoxifen; ongoing challenges with provision of 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 and effectiveness of health services; absence of widespread use of the chronic care delivery model; persons with NCDs who are poorly insured or on low incomes facing difficulties in accessing basic care; poor or suboptimal initiatives to strengthen services for palliative care and rehabilitation and very limited research, monitoring and evaluation of quality and effectiveness of delivery of health care services provided.

The CSO Commitments

We, the Caribbean Civil Society Community, commit to the following in support of national and regional Healthy Systems Strengthening (HSS).

HCC CSO COMMITMENT STATEMENT ON HEALTH SYSTEMS STRENGTHENING Built on the 6 (Six) WHO Building Blocks	
1. Service Delivery	
a.	Identify and undertake international best practice in the provision of NCD services and network and share these practices through the NCD regional alliances and networks.
b.	Advocate for Universal Health Coverage throughout the Region.
c.	Advocate for the upgrade of public services to allow for optimal care of persons with NCDs and complications using innovative strategies such as fully integrated HCP teams offering comprehensive care to patients with NCDs.
d.	Seek where appropriate and feasible to provide services to Government on a contractual basis in the delivery of NCD services.
e.	Continue to provide service delivery in countries and in areas where there are gaps in NCD service delivery especially in disease screening.
f.	Seek to contribute to an approach that involves the end users more directly in the delivery of health care, and that gives a voice and a face to those who have an NCD.
g.	To advocate for the improvement in public outreach through the establishment of mobile or satellite clinics targeting week-day workers and men, e.g. 'After work NCD clinics'; 'Healthy Man' clinics.
h.	Support wider and more comprehensive programmes of palliative and rehabilitative care.
2. Healthy Workforce	
a.	To advocate for the availability of trained data and information technology support professionals; statisticians; research scientists; system administrators; and, HCPs to improve country capacity for efficient information use and management.
b.	Advocate for and support wherever possible the updating of NCD guidelines and their uptake by health care providers.
c.	To advocate/lobby for the establishment of posts and employment of medical specialists.

d. To advocate/lobby for the establishment of residencies/training programs.
3. Health Information Systems
a. Advocate for the development of coordinated, integrated and structured national health information system to facilitate improved country-level monitoring and surveillance of NCDs.
b. Encourage and support monitoring and evaluation.
c. Collaborate with the Public Sector and provide regular reports of services provided by CSOs, and the outcomes as contribution to monitoring and surveillance.
d. Advocate for the further development of Health Information Systems in the Region and decision-making and legislation and policies based on the data obtained by such systems.
4. Equitable Access to Medicines and Technologies
a. Advocate for the availability, affordability and uninterrupted supply of WHO essential medications.
b. Advocate for an increase in networking and multi-sectoral collaboration in the sharing of medicines and technologies at regional and national levels using innovative platforms such as e-platforms.
5. Health Financing
a. Advocate for sustainable systems of financing of health care using innovative financing and cost sharing schemes.
b. Advocate for the strengthening of financial safety net programmes for vulnerable groups.
c. Advocate against exclusionary policies of private health insurance.
6. Leadership and Governance
a. Establish national CSO NCD Alliances to align HSS related advocacy and actions, share resources and avoid duplication.
b. Form strategic alliances to collaborate with government, private sector and non-health CSOs in prevention and control of NCDs.

The Signatories

1. Bahamas Association of Nutrition and Dietetics (BAND)
2. Barbados Association of Palliative Care
3. Barbados Diabetes Foundation (BDF)
4. Belize Cancer Society (BCS)
5. Better Birthing in Bim

6. Cancer Support Services
7. Caribbean Association of Nutritionists and Dieticians (CANDi)
8. Caribbean Cardiac Society (CCS)
9. Caribbean College of Family Physicians (CCFP)
10. Caribbean Nurses Organisation (CNO)
11. Caribbean Sport and Development Agency (CSDA)
12. Cayman Islands Cancer Society (CICS)
13. Central Health - Grenada
14. Commonwealth Medical Association (CMA)
15. Diabetes Association of Trinidad and Tobago (DATT)
16. Dominica Cancer Society (DCS)
17. Dominica Diabetes Association (DOMDA)
18. Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires (FHADMIC)
19. Heart & Stroke Foundation of Barbados (HSFB)
20. Heart Foundation of Jamaica (HFJ)
21. Heart Foundation of Trinidad & Tobago
22. Heartbeat International Trinidad & Tobago (HBITT)
23. Jamaica Cancer Society (JCS)
24. Jamaica Coalition for Tobacco Control (JCTC)
25. Population Health Sciences, Chronic Disease Research Centre, University of the West Indies
26. St. Lucia Diabetes and Hypertension Association (SLDHA)
27. The Heart Lung and Blood Foundation St. Lucia
28. The University of the Southern Caribbean Barbados Campus
29. Trinidad & Tobago Cancer Society (TTCS)
30. Urgent Care Dominica
31. Yes She Can