Strengthening Health Systems, Supporting NCD Action

Caribbean Civil Society Health Systems Strengthening Meeting

MEETING REPORT
&
CSO HSS STATEMENT OF COMMITMENT

Healthy Caribbean Coalition
January 2015

The NCD Alliance
Putting non-communicable diseases on the global agenda

The NCD Alliance was founded by:

International Diabetes Federation · UICC · International Union Against Tuberculosis and Lung Disease · WORLD HEART FEDERATION

HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

CARPHA Caribbean Public Health Agency

Pan American Health Organization

CARPHA

HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

Pan American Health Organization

"STRENGTHENING HEALTH SYSTEMS, SUPPORTING NCD ACTION"

Advocating for Policies and Action

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

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1 MESSAGE FROM THE PRESIDENT

The Healthy Caribbean Coalition (HCC) is pleased to make available this report of a workshop on Caribbean Civil Society Health Systems Strengthening and a "*Caribbean Civil Society Organizations Statement of Commitment on Health Systems Strengthening*". The workshop was one of three deliverables by the HCC of an NCD Alliance (NCDA) titled grant "Strengthening Health Systems, Supporting NCD Action", with the other deliverables being hosting a multi-stakeholder NCD meeting; production of a Civil Society NCD Regional Status Report, production and implementation of a Civil Society Advocacy Plan.

Health care in the Caribbean is provided by public sector, private health sector and civil society organisations (CSOs). The recent hosting of a multi-sectoral meeting, led by the HCC on specific aspects of health systems improvement with the engagement and participation of civil society, including patient advocacy groups, was timely.

It created an opportunity for the three sectors to share experiences and lessons learned in the delivery of NCD care. It also provided an opportunity to share best practices in HSS in the prevention, treatment and care of persons with NCDs; permitted identification and discussion of HSS barriers and challenges in the provision of services and care; assisted in building CSO advocacy capacity in the area of HSS in the Region, and gave a platform for recommendations to be made on the way forward in addressing HSS barriers, building upon lessons learned and best practices.

The HCC highly recommends the "*Caribbean Civil Society Organizations Statement of Commitment on Health Systems Strengthening* which was an outcome of the workshop. It is hoped that the Statement of Commitment will be used as a guide, viewed through the lens of civil society, as to how health systems might be improved in the Caribbean with the provision of universal access to affordable high quality medicines and the delivery of the chronic care model in the prevention and management of NCDs.

On behalf of the Directors, volunteers and network of members of HCC, I would like to express my thanks to the several individuals and organisations, both regionally and extra-regionally, that contributed to this workshop and the production of the Statement of commitment, in one way or another. I look forward to this process leading to the further and expanded engagement of CSOs in the strengthening of health systems and enhanced universal health coverage in the Caribbean.

Sir Trevor Hassell, President, Healthy Caribbean Coalition

2 ACKNOWLEDGEMENTS

In my role as Executive Director I would like to extend special thanks to the following for their support of this meeting and their invaluable contributions in the preparation of the report.

- The NCD Alliance
- Medtronic Philanthropy
- The Ministry of Health of the Commonwealth of Dominica
- Pan American Health Association (PAHO)
- Caribbean Public Health Agency (CARPHA)
- The Dominica Cancer Society
- Meeting Rapporteur Mrs. Paula Trotter
- The Meeting Attendees
- The Board of Directors & Volunteers of the Healthy Caribbean Coalition
- Sagicor Life Inc.

Maisha Hutton, Executive Director, Healthy Caribbean Coalition

3 ACRONYMS & ABBREVIATIONS

BDF	Barbados Diabetes Foundation
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
CCS	Caribbean Cardiac Society
CSO	Civil Society Organisation
DCS	Dominica Cancer Society
FCTC	Framework Convention on Tobacco Control
HCC	Healthy Caribbean Coalition
HCP	Health Care Providers
HLM	High Level Meeting
MDGs	Millennium Development Goals
NCD	Non communicable disease
NCDA	NCD Alliance
NGO	Non Governmental Organisation
PAHO	Pan American Health Organisation
PHC	Primary Health Care
RSR	Regional Status Report
UN	United Nations
UWI	University of the West Indies
WHO	World Health Organisation

4 INTRODUCTION

The Healthy Caribbean Coalition (HCC) was awarded a grant from the NCD Alliance (NCDA) titled "Strengthening Health Systems, Supporting NCD Action" in September 2013. The grant supports the NCDA programme aimed at strengthening national and regional civil society NCD advocacy efforts in Brazil, South Africa and key Caribbean Community Countries (CARICOM) to raise demand and advocate to governments to strengthen health systems through an integrated approach to action on NCDs.

One of the deliverables of the grant is the hosting of this health systems strengthening (HSS) multi-stakeholder meeting. The meeting was held at the Fort Young Hotel, Roseau, Dominica on 22nd October 2014. It was organized by HCC in collaboration with the Pan American Health Organisation (PAHO) and the Caribbean Public Health Agency (CARPHA), with support of the Ministry of Health of the Commonwealth of Dominica and the local Dominica Cancer Society.

Chairman of the proceedings, Sir Trevor Hassell, President of the HCC, in his welcome remarks stated that '*This is the first time in the Caribbean that a wide range of stakeholders have been brought together to consider the issue of health systems strengthening and by extension the provision of better health care particularly in relation to the non-communicable diseases (NCDs). Careful consideration should be given to the use of this model in other areas of health care.*'

The Healthy Caribbean Coalition (HCC) was formed in 2008. It is a regional network of non-governmental and civil society organizations from across the Caribbean Region with a remit to address non-communicable diseases (NCDs). The formation of the HCC was catalysed as a result of the Heads of Government Summit of Caribbean Leaders on NCDs, 2007, at which there was a call for engagement of a wide cross section of society in the response to NCDs.

The mission of the HCC is to harness the power of civil society, in collaboration with government, private sector, academia, and international partners in the development and implementation of plans for the prevention and better control of chronic diseases. The recently developed 2012-2016 HCC Strategic Plan focuses on four key strategic areas: 1. Advocacy by empowered Caribbean people with a view to bringing about positive health changes; 2. Enhanced Communication about NCDs to build public awareness; 3. Capacity Building in and among health NGOs in the Region to make them more fit to contribute to the "whole of society" response to NCDs; and 4. Promotion of mHealth and eHealth in NCD prevention and management. These priority areas reflect that the HCC is a regional alliance with the expressed purpose of adding value to civil society in the Caribbean, and empowering people, specifically in the response to NCDs. It further reflects the HCC's mandate to encourage and foster the execution of NCD projects and programmes in-country, undertaken and led by local civil society organizations.

The HCC works closely with regional and international leaders in NCD prevention to leverage the power of civil society by strengthening and supporting our membership in the implementation of progammes aimed at reducing the morbidity and mortality associated with NCDs.

The organization serves over 60 Caribbean-based health NGOs and over 65 not-for-profit organizations and in excess of 250 individuals across the Caribbean and globally. Members include nongovernmental health organizations, professional health and other associations, faith based organizations, neighbourhood organisations, cooperatives charities, unions, social movements and special interest groups.

5 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 (PHC) 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 cardiovascular diseases, cancers, diabetes or chronic respiratory diseases by 2025. Further, the Outcome Document from the 2014 United Nations (UN) General Assembly 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.

In the Caribbean health care is provided by public sector, private health sector and by civil society organisations (CSOs); thus all three of these sectors have made valuable contributions towards health systems. Health services provided by the CSOs need to be acknowledged and CSOs generally need to be engaged in the dialogue about health systems strengthening - not only as service providers but also as civil society representatives of the people for whom the health care is provided. It is timely for a multi-sectoral meeting on specific aspects of health systems improvement to be held with the engagement and participation of civil society including patient advocacy groups.

The HCC NCD Regional Status Report (RSR), released at the NCD Child meeting held in Port of Spain March 2014, reported gaps in health systems which impacted negatively on NCD prevention and control. Building on the momentum created by the RSR, and using the WHO's HSS Framework for Action, this meeting was a catalyst for greater understanding of key issues around HSS and provided a roadmap for civil society led HSS advocacy working in partnership with public and private health care providers.


FRANCIS BURNETT
OECS Pharmaceutical Procurement Service (PPP)

6 MEETING OBJECTIVES AND EXPECTED OUTCOMES

The goal of the meeting was to encourage a greater understanding of what HSS means in the Caribbean and provide a platform for evidence-informed CSO-led NCD advocacy within the context of HSS.

The **Objectives** were:

- To share experiences and lessons learned in the delivery of NCD care provided by the public health, private health and civil society sectors of the community.
- To showcase Best practices in HSS and NCDs.
- To identify and discuss HSS barriers and challenges with regards to NCDs.
- To make recommendations for the way forward in addressing HSS barriers and building upon lessons learned and best practices.
- To build CSO advocacy capacity around HSS.
- To support a CSO 'Statement of commitment' for improvements in HSS as an important part of addressing NCDs.

The Expected Outcomes were:

- Civil society, public health sector and private health sector, better aware and informed of issues related to HSS in their own areas of health care delivery and that of others.
- CSO 'Statement of Commitment' for HSS improvements

7 PROGRAMME & PARTICIPANTS

7.1 PROGRAMME

The meeting was divided into three sessions.

Early Morning Session I: The opening session set the tone for the meeting with introductory remarks from HCC President and notable national and regional leaders. Official opening remarks were provided by Mrs. Helen Royer, Permanent Secretary, Ministry of Health Dominica; Dr. Godfrey Xuereb, PAHO /WHO Representative; Dr. Rudolph Cummings, Programme Manager, CARICOM Health Desk; Dr. James Hospedales, Exec. Dir., CARPHA and Special Advisor to the HCC; and Dr. Victor Coombs, HCC Director and Past Chair of the Trinidad and Tobago Partners Forum. Opening remarks were followed by a series of presentations aimed at building an understanding of Health Systems Strengthening and sharing diverse experiences from across the Caribbean to illustrate the varied roles played by the public, private and civil society sectors.

Mid Morning Session II: An open discussion panel, followed the presentations, during which, patients and providers were encouraged to have open dialogue about the primary health care system and management of NCDs. The primary aim of this exercise was to provide a stage for patients to feel visible, acknowledged and 'heard'. This was an opportunity to raise issues, identify bottlenecks in the system, and to collectively begin the process of problem solving.

Afternoon Session III: The afternoon was dedicated to developing sector based HSS action plans and finalising the 'CSO HSS Statement of Commitment'. Sectors worked as groups to identify HSS best practices, health system barriers and challenges, and made recommendations for action using the WHO six building blocks framework. The findings of the CSO group would inform the CSO HSS Statement of Commitment.

The meeting programme can be found in the Annexes of this report

7.2 PARTICIPANTS

Sixty participants[1] from twelve CARICOM countries attended the meeting. The group included representatives from academia, Caribbean civil society organisations, regional governments and private health care providers. The table below provides a breakdown of attendees.

CATEGORY	PERCENT
ACADEMIA	13%
FINANCE	2%
GOVERNMENT	31%
INDEPENDENT	2%
INSURANCE	4%
MEDICAL ASSOCATION	8%
NCD NGO	25%
PHARMACEUTICAL INDUSTRY	2%
REGIONAL ORGANISATION	2%
REGIONAL PUBLIC HEALTH	12%

The table below shows delegate representation across the key sectors.

CATEGORY	PERCENT
CIVIL SOCIETY	38%
PUBLIC HEALTH SECTOR	33%
PRIVATE HEALTH SECTOR	17%
REGIONAL PUBLIC HEALTH	12%

A detailed list of attendees can be found in the Annexes.

[1] The figure of 60 does not include the patients who participated only in the Patient Perspectives discussion panel but whose names are included in the annex on the Participant List.

8 SESSION SUMMARIES

Activities at the workshop included presentations, facilitated discussions, a breakout group discussion and a plenary session. The programme is shown in Annexes. The proceedings are summarized below in the body of the report.

8.1 WELCOME & INTRODUCTIONS

Sir Trevor Hassell, President, Healthy Caribbean Coalition (HCC) and Chair of the meeting opened the proceedings by welcoming all present. He explained that the meeting was organized by the HCC in partnership with the Pan American Health Organisation (PAHO) and the Caribbean Public Health Agency (CARPHA). He acknowledged the generous support of the sponsors, the NCD Alliance through a grant from Medtronic Philanthropy and Sagicor Life Incorporated, Barbados, and also expressed his appreciation for the assistance given by the Ministry of Health, Dominica and the Dominica Cancer Society in hosting the meeting.

The President noted the presence of over sixty delegates from twelve CARICOM countries and observed that this was the first time in the Caribbean that a wide range of stakeholders had been brought together to consider the issue of health systems strengthening and the provision of better health care in addressing the non-communicable diseases (NCDs). In reviewing the objectives and expected outcomes of the meeting, he made reference to the significant contributions of CSOs in health service delivery in the Caribbean and emphasised the importance of strengthening their health care systems along with the more traditional public and private sector systems of care. Before closing, he briefly outlined some key achievements prior to the meeting and the way forward.

8.2 OFFICIAL OPENING REMARKS

Mrs. Helen Royer, Permanent Secretary, Ministry of Health, Commonwealth of Dominica

Mrs. Royer extended a welcome on behalf of the Ministry of Health and the Government of the Commonwealth of Dominica and thanked the meeting organizers for choosing Dominica as the host country. She noted that the theme of the meeting pointed to the pivotal role of civil society in the prevention and control of NCDs and suggested that the meeting should be viewed as an opportunity to build networks and further accelerate the implementation of strategies in the fight against NCDs. She emphasized the need for multisectoral, coordinated and harmonized national responses to NCDs using a whole-of- Government and a whole-of-society approach.

The Permanent Secretary spoke about the increasing burden of NCDs in Dominica and the high prevalence of the shared risk factors. She informed participants that HSS was a priority area in her Ministry's strategic plan in recognition of its importance in mounting an effective response to NCDs and the attainment of the nine global targets related to NCD control. She listed examples of the types of NCD control interventions which were implemented in Dominica. In her

closing remarks, Mrs. Royer commented on the increased action at global level in addressing NCDs and the need for this momentum to be translated into improved and sustained action at national and community levels. She called on civil society to support Ministries of Health in their efforts at overcoming barriers in operationalising a whole-of-society approach to NCDs, and expressed the hope that the commitments given at this meeting will bring the region much closer to the goal of improving health outcomes.

Dr. Godfrey Xuereb, PAHO/WHO Representative, Barbados

Dr. Xuereb began his remarks by conveying greetings from Dr. Carissa Etienne, Director, PAHO, who he stated had a special interest in HSS, having worked formerly as Assistant Director General, Health Systems and Services, of the WHO in Geneva. He made reference to the six building blocks in the WHO Health Systems Framework and discussed the notion that these core components were not only aimed at Ministries of Health but that HSS required an all-of–government and all-of-society approach. Citing each of the components in turn, he explained how non-health sector involvement could contribute to HSS and improved disease prevention and control. In discussing the issue of leadership and governance, he called for stronger leadership in the health arena.

In closing, Dr. Xuereb noted the importance of the meeting and applauded the efforts of the HCC in this regard. He said he looked forward to the outcome of the meeting but reminded participants that seven years after the Port of Spain Declaration, NCDs still remained leading causes of deaths and disability in the region. He claimed that it was time to 'move from talk to walk' to reverse this trend. He stressed the need to place NCDs back on the agenda of the Heads of Government in the region, on national development agendas, and on the agendas of those who could offer assistance to countries in the region.

Dr. Rudolph Cummings, Programme Manager, CARICOM Health Desk

Dr. Cummings conveyed greetings from the CARICOM Secretary General and Assistant Secretary General both of whom, he stated, keenly supported CARICOM participation at the meeting and wished to applaud HCC for playing a leadership role in strengthening the civil society component in NCD action across the region.

In his remarks, Dr. Cummings referred to three issues of importance to HSS in support of NCDs. The first issue related to the role of health systems in the secondary prevention of NCDs, an area which still presented a major challenge to countries in the region. He stressed the need for the training of health care workers with the requisite clinical skills to deal with the complex issues related to preventing the deterioration of health. The second issue related to the type of interventions required for secondary prevention of NCDs with a particular focus on the role of screening. Dr. Cummings suggested that private and public health institutions should incorporate screening in their health culture and strategies to increase uptake, especially among males, should be explored. Further, the role of physician extenders should be re-examined in the context of the promotion of secondary prevention. The third issue, which he identified, was the need for countries to develop more advanced models for financing care delivery for increasing accessibility to quality NCD secondary prevention services.

Dr. James Hospedales, Executive Director, CARPHA

Dr. Hospedales extended greetings on behalf of CARPHA and the NCD Alliance. He added that given the current situation of NCDs in the region, the hosting of a multistakeholder meeting was a welcome development. He reminded participants that the Port of Spain declaration had called for an all-of–government and all-of-society approach in addressing NCDs. Dr. Hospedales indicated that CARPHA is involved, along with other regional agencies, in the annual monitoring of twenty countries' compliance with the commitments acquired under the declaration. The initial findings reveal that progress has been made in some of the 26 indicators but there were a number of areas in which no action had been taken; the latter are being addressed in the work of CARPHA.

In explaining the CARPHA response to NCDs, the Executive Director provided some background information on the regional agency and listed its main areas of work: surveillance and health information; policy and advocacy based on commitments in the Port of Spain declaration; prevention of child obesity; research and development; strengthening of laboratory services; and, the promotion of supportive environments. He also noted that a major part of CARPHA's approach involves the development of partnerships and resource mobilization. He stated that the joint work with HCC was valued and believed that CSO involvement was critical for accelerating progress in government policy implementation. He informed the meeting about a number of new and ongoing partnership initiatives. He mentioned his association with the NCD Alliance which he said was founded by four international NGO federations representing the four main NCDs – cardiovascular disease, diabetes, cancer, and chronic respiratory disease - and which focused on a post 2015 development agenda, but more recently introduced support to the strengthening of local coalitions.

Dr. Victor Coombs, Director, HCC

In his brief but stirring address, Dr. Coombs reminded participants that the problems in relation to NCDs were well known but enquired whether there was the passion or drive in the region to address them. He was of the view that the acute care model was not appropriate for addressing NCDs, and suggested that the chronic care model and the Innovative Care for Chronic Conditions Framework developed by WHO should be reviewed, and positive elements selected for moving forward. He warned that the NCD epidemic, if unchecked, would 'pauperize' the region. He expressed the hope that HCC will continue to provide the type of leadership which will bring about much needed change to stem the epidemic.

8.3 PRESENTATIONS

Building Blocks for Health Systems Strengthening

Dr. Alafia Samuels, Senior Lecturer, Faculty of Medical Sciences, UWI, Cave Hill

Dr. Samuels highlighted that although the focus of the meeting was on NCD care and the role of the CSO, a more holistic view of health systems should be considered. HSS must include all diseases and all actors not just the health sector. The "Health for All" vision espoused at Alma Ata was later iterated in the MDGs which did not explicitly include NCDs. Building on the MDGs, efforts are now focused on a larger sustainable human development framework, reflecting both

economic and social dimensions. Universal health care is crucial to the realization of sustainable human development goals and will require efficient and equitable health systems that can deliver quality care at an affordable cost. Quality HSS and adequate financing are essential for the achievement of universal health care.

The WHO defines a health system as the sum total of all the organizations, institutions and resources whose primary purpose is to improve health. HSS refers to the building of capacity in critical components to achieve sustained improvements in services and outcomes. The six health system building blocks as defined by WHO are one dimension of health systems, there is also need to consider the other two dimensions: the different program and disease areas and the performance drivers. There is a tendency to examine the "Cube View" of the building blocks in a single dimension with a focus on the provision of inputs, but HSS should involve a deeper analysis of the other dimensions including policies, structures and behaviours influencing the use of inputs to achieve lasting improvements in performance. Many interventions labelled as HSS in the Caribbean and globally have been focused on the strengthening of delivery of HIV care services. True HSS interventions, however, should provide benefits beyond a single disease should address policy and organizational constraints and seek to strengthen relationships between the six system building blocks. HSS is a long-term process, and should have systemic impact beyond the life of a project. It should not be prescriptive, and should be developed within a country specific context. These characteristics serve to distinguish HSS from health system supporting activities.

For effective HSS in the region, a paradigm expansion instead of a shift in the delivery of health care is suggested; an expansion from the acute care model to one encompassing both acute and chronic care.

The main challenges for HSS in the region include the need to address multiple health problems as well as maintaining past health gains while sustaining efforts aimed at the promotion of wellness and supportive environments. In confronting these challenges, changes will be required in the organization of health care along the following lines: be evidence-based; use of the team approach; more people-centred; improved access to clinical expertise and supportive health information. The WHO Chronic Care Model should be the guide to action for the NCD part of HSS.

Opportunities for improving Caribbean Health Care Delivery Systems – Perspective of a CMO

Dr. Patrick Martin, Chief Medical Officer, Ministry of Health, St. Kitts & Nevis

There is wide recognition in the Caribbean region of the need to improve performance in health systems and to engage CSOs in a more meaningful way in improving service delivery. The challenges to be faced in addressing NCDs are not insurmountable. In the past, governments were solely responsible for health care delivery and financing but this era has past. Increasingly, national health systems are forced to cope with a changing environment: the emergence and impact of new risks and disease threats mainly exogenous in origin, rising expectations and demand for more sophisticated and costly services, and the mounting opportunity costs of premature mortality and disability attributable to chronic disease. Lessons from the eighties in

dealing with NCDs and HIV confirm the need to address chronic conditions through integrated and comprehensive approaches with attention given to upstream determinants as well as existing constraints in health systems. Governments in the region still reeling from the impact of the 2008-2009 global financial crisis face severe fiscal constraints in responding to the competing demands for resources and consequently are actively seeking partners in health care delivery. This creates an opportunity for HCC and partners to engage more assertively with the public health sector in building partnerships for improving health outcomes. Four areas of achievement provide the basis for moving forward: a general recognition of the need for integrated, intersectoral responses for NCD prevention; a consensus on the major determinants fuelling the increasing trend in NCDs; the commitment on the part of national governments and regional and international partners to the achievement of a realizable target for reduction of premature mortality from NCDs by 2025; and, the availability of national strategies which focus on integrated and comprehensive approaches to combat the four major NCDs.

Key to HSS for effective and sustained NCD action will be the building of partnerships involving the public and private sectors and CSO. Suggested actions for the private sector and CSO in collaboration with national and regional partners include:

- Advocacy for and support to policy development and legislative action.
- Strategy formulation for improving quality of service delivery.
- Human resource development.
- Negotiations for affordable pricing of medicines and other medical products.
- Database development.
- Assistance with resource mobilization in support of national intersectoral bodies' plans of action should also be considered.

Gaps in health care delivery in the Caribbean as identified by the NCD Regional Status Report (RSR)

Mrs. Tina Alexander, Executive member, Dominica Cancer Society,
HCC CSO Advocacy TWG member

The NCD RSR was funded by the NCD Alliance through a grant from Medtronic Philanthropy and was launched in March 2014. This is the first time in the Caribbean that such a report has been prepared by civil society. The report is based on interviews of several stakeholders in nine CARICOM countries and was prepared by the UWI and HCC. Respondents included representatives of civil society, regional public health institutions and government. The purpose of the report was to understand and assess the Caribbean response to non-communicable diseases (NCDs), from a civil society perspective. It will be used to guide and strengthen CSO advocacy for effective NCD action. The four areas of investigation were: roles of regional organizations; policy responses of national governments; involvement of CSOs; and, actions required to fill identified gaps. Policy responses were compared to indicators in a NCD Benchmarking Tool and to the 26 commitments acquired under the Port of Spain Declaration.

The main findings indicate: fairly robust health systems provide services for NCDs in most CARICOM countries; the majority of drugs on the WHO essential drugs list are available in countries; most NCD medications are provided at highly subsidized cost at point of delivery; a lack of technologies for management of certain conditions; an inadequate uptake of often

outdated guidelines; the lack of accountability in delivery of health services; the absence of widespread use of the chronic care delivery model; poorly insured or low income individuals with NCD may face real difficulties in accessing basic care; a lack of attention to palliative care and rehabilitation; and, inadequate research and monitoring and evaluation activities. Recommendations included advocacy for: the development of evidence based guidelines; increased access to basic NCD care; wider application of the chronic care model; adequate provision for palliative and rehabilitative care, and the development and implementation of a framework for standardising hypertension treatment. Proposed actions by CSO in translating recommendations into action included improving structures for engagement; advocacy; and holding governments and regional organizations to account.

NCD care in the Caribbean – Experiences and Best Practices

Dr. Glennis Andall–Brereton, Epidemiologist/Acting Head of Department, NCDs and Life Course, Surveillance, Disease Prevention and Control Division, CARPHA

CAREC and now CARPHA, have been collecting health information from all CARICOM countries excluding Haiti (recently joined CARPHA). The data indicate that the epidemiological transition is already well advanced in the Caribbean, with NCDs fast replacing infectious diseases as the leading causes of disability and death. From 2000-2008, NCDs were among the top five leading causes of death, with diabetes mellitus as the leading cause followed closely by cardiovascular disease and ischemic heart disease. An analysis by broad case groupings reveals that NCDs contribute 75 – 78 per cent of deaths and there has been no reduction of the NCD burden in the past decade. A comparison by sub-regions reveals similar trends. NCDs are also leading causes of premature mortality (deaths before 65 yrs) in the region. Research in the English-speaking Caribbean indicates that diabetes and hypertension are implicated in the development and progression of chronic kidney disease and end-stage renal disease.

A shared set of modifiable risk factors are the main drivers of the increasing trend in NCDs. Population-based studies in 12 countries in the region show high levels of obesity and high values of waist circumference particularly among women which puts them at increased risk of diabetes and cardiovascular disease. The studies also reported a high prevalence of elevated blood pressure, which was more common in men than women. Another major cause for concern was the high prevalence of raised risk (having three or more risk factors) for NCD in the most productive segment of the population (25 – 44 years), reaffirming the need for urgent action to stem the heavy burden of NCDs.

Evidence-based clinical guidelines for the management of diabetes and hypertension in primary care in the Caribbean were prepared in the late nineties and have since been updated. Evaluations of the quality of care or control before and after the release of the guidelines reveal limited adherence to the clinical guidelines and poor glucose and blood pressure control in the majority of patients seen in the clinics surveyed. Best practices for NCD care should include an improvement in the primary care response. A multi-pronged approach is needed which must be comprehensive and multisectoral. There should be a shared goal, strategy and targets for NCD control, and a package of interventions for quality NCD care including strong commitment to HSS.

Hypertension as a model of HSS – CARPHA Guidelines and GSTHP

Dr. Kenneth Connell, PI GSHTP, Chair CARPHA Hypertension Guidelines Committee, Deputy Dean, Faculty of Medical Sciences, Cave Hill Campus, UWI

Eighty per cent of deaths due to cardiovascular disease take place in low-middle income countries including Caribbean countries. Hypertension is a main risk factor for cardiovascular disease. In Barbados, more than 60% of the drug budget is spent on the treatment of hypertension but control rates are less than 30%. The Centres for Disease Control and Prevention (CDC), PAHO, the HCC and other regional partners are collaborating on the implementation of the Global Standardized Hypertension Treatment Project (GSTHP).

In March 2013, a meeting of experts from different disciplines and CSOs in Latin America and the Caribbean was convened in Miami. The aim of the meeting was to build consensus on the development of a framework for improving hypertension control and the way forward. A pilot project is underway at two polyclinics in Barbados with the objective of achieving improved control of patients with hypertension applying approaches determined at the GSHTP Miami meeting. The focus of the GSHTP approach is to standardize and simplify treatment protocols. Key components include the identification of a core set of antihypertensive medications; ensuring their widespread availability; and strengthening elements of care delivery including the use of registries, to support improved hypertension management. Attention is given to the major barriers to optimal care and strategies for improving care delivery including organizational changes for strengthening primary health care-led service delivery.

Achievements to date of the GSHTP Barbados Pilot which was launched in April 2014 in collaboration with HCC, UWI and the Barbados Ministry of Health include: an analysis of existing practices in hypertension management, the introduction of a standardized hypertension treatment protocol and customized prescription; training of health workers; creation of a hypertensive registry and implementation of a screening programme at clinic sites.

The GSHTP is considered a model for HSS because of the use of a systems approach in addressing a major disease. Future efforts will be directed at expanding regional stakeholder engagement to fulfil its key mandate of improving blood pressure control in Caribbean and Latin America.

Health Care Financing in the Caribbean

Dr. Stanley Lalta: Research Fellow, Health Economics Unit, St Augustine, UWI

Health care financing is a major concern worldwide, both in developed and developing countries. There are a number of issues involved in trying to change or improve health-financing arrangements. If placed within the overall framework of HSS and the achievement of universal coverage, health financing mechanisms must seek to cover the total population and a package of services which is responsive to identified needs. Additionally, there should be adequate financing to avoid catastrophic payments by those accessing care and government subsidies to the poor and other disadvantaged groups to secure access. Revenue generation is one dimension of health care financing, the other two dimensions, the pooling and management of resources and the level of efficiency in the use of funds are equally important.

Three different types of health financing systems exist in the Caribbean: tax-based systems through budgetary allocations in the Ministry of Health; social/national health insurance arrangements; and, a mixed/hybrid system including taxes, social insurance and private payments). A review of health expenditure patterns reveals that in general about six per cent of the Gross Domestic Product is spent on health with the majority of funds coming from the public budget; out of pocket expenditure is very high; and very little external support is available except in Haiti. All countries face a widening resource gap brought on by the increasing demand for and cost of health services and a decline or stability in level of resources resulting from slow economic growth, high debt burdens, competing domestic sectoral demands and diminishing external support. Persistent operational inefficiencies within health systems contribute to excess costs which create gaps in service delivery and avoidable inequities in health. Higher levels of efficiency on both the demand and supply side will be required in bridging the resource gap. Likely NCD financing options include a mix of public-private initiatives. Given the nature of health systems, there will be need for pluralistic health financing schemes that are planned for and managed efficiently with the guaranteed provision of timely delivery of quality services.

8.4 PARTICIPANT DISCUSSION

The following section provides an overview of participant discussions emerging from the opening remarks and presentations. Please note that these are direct quotes from participants and do not necessarily represent the views of the HCC, neither have they been checked for accuracy of content.

Theme: Role of Insurance Companies

Comment (on Dr. Xuereb's remarks): I would like to hear a little more about the suggestion by Dr. Xuereb that insurance companies need to provide more incentives to persons with NCDs. It is an interesting idea because then it may be possible to track behaviors, monitor results and differentiate premiums for people making the right choices.
Reply: I think that we should incentivize financially, especially with insurance premiums, people who set targets with their health professionals and achieve them. So if a person is obese then he/she sets a target for x weight loss in x time and the achievement of this goal should be reflected in a change in his/her premium or someone who is hypertensive who is given medication with suggested lifestyle changes and if over a period of several months has achieved good blood pressure control, this should be reflected in his/her premium as an incentive. At present no distinction is made between persons who have poor blood pressure control and those who have achieved good stable control but the risk factor is different in the two cases and so premiums should be different.
Comment: Insurance companies should also include wellness visits two to three times a year for clients in insurance plans because if clients remain healthy, then companies save money on medicals.
Comment: Attendance at clinics does not necessarily result in improved control so I prefer Dr. Xuereb's suggested approach which is based on actual control of the condition.
Comment: In St. Kitts and Nevis, as a critical aspect of the national health insurance, we have asked the insurance companies to consider giving cash back, Christmas vouchers and other incentives to persons who maintain their wellness programs.

Comment: Some insurance companies have already started these initiatives in Trinidad and Tobago. Smokers on medical insurance are given a high-risk profile. If they are able to join a smoking cessation program, stop smoking and have random checks to prove they are nicotine free for one year, then their profile is amended and insurance premiums are reduced. In addition, doctors working in private industries also receive financial compensation based on clients' outcomes.
Comment: In addition to providing incentives through changes in premiums, the insurance companies should also provide glucometers to diabetic patients to encourage self-care. Many diabetics cannot afford the glucometers and strips and do not have adequate resources to manage self-care at home.
Comment: Blood pressure control is almost more important in diabetics than blood sugar control. Diabetics die from strokes and heart attacks and not from high blood sugar. The promotion of glucometers, some companies will even give them free of cost, is driven by economic interests because they want clients to purchase the blood glucose test strips which are expensive.
Comment: So to modify the suggestion, perhaps insurance companies should be asked to provide blood pressure machines instead.
Comment: A discussion with the insurance industry rather than individual companies should be an action item from this meeting.
Reply: These points are being recorded and will feature in the CSO 'Statement of Commitment'. The 'Statement' will include advocacy, a big tool of CSO.

Theme: Health Information Systems

Question: Who is taking the lead on the development of these health information systems, which will capture data on basic indicators including information from the private sector as well as establishing a link to the information systems in the insurance companies to ensure that incentives are given to clients?
Reply: The government should take the lead on the development of health information systems. Partnerships should be established with NGOs and the latter encouraged to work along with government agencies, but governments must take the lead because they have the legislative and political authority.
Comment: There should be a national information system. There is a lot of information we need which is not generated by the health sector but is available in other sectors such as education, agriculture, finance and trade. The development of an integrated system may be easier to accomplish in the smaller countries where it may be possible to create a unique ID which is assigned to each person at birth and used until death. This can form the basis of the birth and death registers which is one information system which can be used by all sectors to generate information on a range of indicators.
Comment: Capacity building is important in strengthening health information systems. In Sri Lanka, the University of Colombo developed a Masters of Science course in bio-medical informatics. In the past 5 years, seventy-three persons have graduated from the course and have been deployed throughout the country which has a population of 21 million. It is possible now in certain areas of the country to have online access to real time morbidity and mortality rates without having to wait years to obtain these data. How can CSOs help? In Sri Lanka, the initial part of the course was started by a CSO, the Sri Lanka Medical Association, and then further developed in collaboration with the University. We can make changes but this must be done in a coordinated way involving all stakeholders.


CHERYL ROLLE
Sagicor Life Inc.

Comment: There is a gentleman in Barbados with a US patent for a national information management system that integrates all areas from birth to death. A meeting can be arranged with him and key stakeholders at this meeting to discuss how the package works and whether it can be used across the Caribbean. Secondly, the Diabetes Foundation of Barbados has installed an electronic health record which is linked to the voter register database. The Foundation has asked the Ministry of Health to resuscitate the Act, which makes diabetes a notifiable disease, and to make the Foundation the reporting institution for all diabetes related data. The system can also be extended to the rest of the Caribbean. The Foundation is still awaiting a response from the Ministry.

Theme: Leadership in NCD Care

Question: It is generally agreed that the public sector is the best part of society to lead on acute diseases but is this necessarily so for chronic diseases? In view of the nature of chronic disease, should it be better led by the other two sectors, the private sector and CSO?

Theme: Inter-island cooperation in health care

Question: In Dominica, patients are usually referred to the French territories, but why can't there be a similar arrangement with our English-speaking sister Caribbean islands? The reality is that the doctors in Dominica can call French specialists and easily make arrangements for the transfer of patients whereas Barbados until recently was not accepting patients on weekends at a time when most accidents occur. There is no system for facilitating patient transfers to sister islands.
Reply: In Barbados, it is not the physician who makes the decision about accepting patients. This decision is based on the availability of beds as assessed by the hospital administration.
Comment: The challenge here is the problem of accessing care from public sector facilities which may have a limited number of beds and therefore give priority to nationals as in the case of Barbados. The situation may be different in Trinidad where there is a well-developed private system and may be easier and cheaper to arrange patient transfers. There is need at government level to discuss cooperation in assisting patients who are not nationals. The private sector should lobby governments to dialogue with their counterparts and to reach some agreement on facilitating patient transfers between countries.

Theme: Health Financing

Question (to Dr Lalta): In the Caribbean or elsewhere, have health economists done any research to compare the quantum of money going into curative and acute care versus preventive care and health promotion and to quantify which type of care gives greater returns?
Reply: There are data on how much is spent on curative and on preventive care from budgetary allocations in the public sector but little is known about this mix in the private health care or private health financing sector. There are no comparison data on returns or outcomes from any sector.

9 PATIENT & CAREGIVER PERSPECTIVES

What's Needed to Strengthen PHC Services on the Ground?

The purpose of this informal and interactive session was to meaningfully engage the patient voice in a discussion around the strengths, weaknesses and opportunities in the management of NCDs in the primary health care setting. The inclusion of this session highlighted the importance of providing a safe space for patients living with NCDs to share their experiences as clients and in many cases to offer their unique perspectives as patients and service providers working within civil society organisations. Health care providers were also invited to participate in the panel, and encouraged to have open dialogue with the patients in direct response to the issues raised. The session was highly interactive and sufficient time was allocated to allow for wide sharing and deep exploration of identified priority areas. A summary of the session is below.

Patient Perspectives

- Health teams should pay closer attention to monitoring hypertensive patients through clinic and home visits although it was acknowledged that Health Care Providers (HCPs) in the urban setting may be overburdened.

- Generally HCPs have been making a particular effort to educate patients but more patients need to accept responsibility for helping to manage their conditions.

- More information is needed on cancer prevention, screening and treatment; obesity prevention and maintaining a healthy weight; and, diabetes prevention and management including meal planning and timing of medications.

- More information forums should be organized providing opportunities for diabetics to share and discuss experiences and challenges.

- HCPs should have a more proactive approach in cancer treatment based on the patient's history.

- Increased assistance should be provided to cancer patients in accessing radiation treatment overseas because these facilities are not available locally.

- Increased attention should be given to improving the availability of affordable medication for cancer treatment. Some patients do not access care because treatment costs are too high.

- There is urgent need to train nurses in palliative care in cancer management. HCPs in hospital setting, need to demonstrate more caring attitudes in dealing with patients in the terminal stages of the disease.

- Physicians should provide more comprehensive diabetes care, for example, foot care is frequently neglected.

- HCPs should carry out more frequent home visits to diabetics especially those who do not readily or easily access medical care for improved monitoring and follow-up.

- In education and individual counselling sessions, HCPs, particularly physicians, should try to adopt a less paternalistic and directive style, and give patients more opportunity to participate and share their views. Doctors tend to "talk down" to patients which create fear which hinders effective communication.

- Research should be carried out to identify deterrents to male participation in preventive health services and appropriate strategies implemented to improve health-seeking behaviors by men.

- Health teams should work more closely with the CSOs (e.g. Diabetes Association; Cancer Society) in increasing patient support in the management of NCDs. HCPs need to be more aware of programmes and services offered by the CSOs and to be more involved in CSO-led activities.

Caregiver Perspectives

- There is an urgent need to address the shortage of HCPs which results in heavy workloads and inadequate time devoted to patient counselling and follow-up care.
- Increased attention should be given to patient counselling/education to strengthen self-care skills in NCD management.
- Educational programmes need to place more emphasis on the importance of patients' adherence to drug regimens.
- The need to change educational approaches to provide more opportunities for patient involvement and the open sharing of information between patients and HCPs.
- The need to address known deterrents to male participation in primary health care services (e.g. working hours; unwillingness to wait) and to increase collaboration with private sector and CSO in organizing outreach programmes targeting men, for example, organization of health fairs/campaigns; screening programmes at worksites.

Comments from Participants

- Reference was made to positive experiences in increasing male participation in preventive services in Trinidad, Jamaica and Dominica. Some of the successful strategies were:
    - Promotion to the entire family and involving family members in programme activities.
    - Collaborating with CSOs, promotion on radio and TV and also through the community health services to increase outreach.
    - Scheduling special clinics or outreach activities on the weekend.
    - Airing testimonies from males on TV describing experiences in health programs and benefits of prevention.
- Consideration should be given to the utilization of the expertise of medical social workers in health teams to assist with identification of needs and communication barriers.
- There is a need to promote the increased use of mobile phones, skype to communicate with HCPs for routine care (e.g. sharing test results; making appointments) freeing up time to deal with more serious cases.
- Experiences from Haiti (private foundation): A successful project on diabetes and hypertension care and education initiated in collaboration with the Lions Club includes daily screening and education; training of health workers to update clinical and communication skills; peer (patient- to- patient) counselling); training of young adults in communities to assist with patient education; use of testimonies of high-profile persons with NCDs in education programs; and, adaptation of educational materials from outside sources.
- Efforts should be made to conduct prevention programs in places where people meet to reach those who do not access traditional health services or who do not turn out for screening activities. There is also need to include information on NCD risk factors in school curricula and to address cultural attitudes to body image and size in public education.

10 HSS SECTOR BASED ACTION PLANS

Participants were divided into three groups: Civil Society; Public Health Sector; and Private Health Sector. Each sector group was required to identify HSS best practices, health system barriers and challenges, and make recommendations for action using the WHO six building blocks framework. Key perspectives to consider when undertaking the exercise were: integration, multisectoral involvement and patient involvement. The group reports were presented in plenary and are shown below.

10.1 CIVIL SOCIETY

Gaps	Priority Needs	Actions	Resources
1: Service Delivery			
1.1. The lack of a team approach in the delivery of NCD care.	❖ The development of fully integrated HCP teams offering comprehensive care to patients with NCDs.	1.1.1. Identify barriers to the implementation of the team approach in the delivery of NCD care. 1.1.2. Take action(s) to address barriers: o Provision of evidence-based data to support the role/benefits of the team approach. o Formulation of institutional policies. o Training of HCPs. o Post training evaluation of professional practice.	❖ Technical and financial support (from internal/external sources including CSO; UWI/HCC).

Gaps	Priority Needs	Actions	Resources
1.2 Limited accessibility to health care – inadequate outreach and prevention services	❖ 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.	1.2.1 Conduct discussions with Human Resource personnel/Trade Union Officials/Representatives of professional organizations re the recruitment and deployment of HCPs. 1.2.2 Organize and schedule outreach clinics. 1.2.3 Develop and implement communications and marketing plan to promote utilization of outreach services.	❖ CSO support in mobilizing resources for service provision from the business sector and other sources e. g. ***Courts*** for 'Healthy Man' Monthly Clinic. ***LIME*** for B-Mobile Health Clinic.
2: Health Workforce			
2.1. A shortage of medical specialists in the delivery of NCD care.	❖ The availability of required posts and trained medical personnel to ensure continuity of care across levels of care.	2.1.1. Advocate/lobby for the establishment of posts and employment of medical specialists. 2.1.2. Identify or establish residencies/training programs. 2.1.3. Identify/recruit eligible candidates for training.	❖ Scholarships/Grants for training from CSO and other public/private sources (UWI NCD). ❖ Provision of training leave in public and private sectors.
2.2. A shortage of staff resources for the efficient implementation of national health information systems.	❖ The availability of trained data and information technology support professionals; statisticians; research scientists; system administrators; and, HCPs to improve country capacity for efficient information management and use.	2.2.1. Advocate/lobby for the establishment of posts and employment of personnel. 2.2.2. Identify or establish training programs. 2.2.3. Identify/recruit eligible candidates for training/retraining.	❖ Financial support for training. ❖ NCD Registries including those led by CSO.

Gaps	Priority Needs	Actions	Resources
2.3. The lack of adequate attention to health manpower planning.	❖ The development of national manpower policies and strategic plans that will forecast future changes in the HCP workforce based on needs and resources.	2.3.1. Establish HR Task Force/ Committees to lead discussions /consultations. 2.3.2. Prepare relevant policy documents and national strategic plan. 2.3.3. Develop evaluation matrix to monitor process and assess impact of policies and plans.	❖ Technical and financial support from public and private sectors; CSO; regional and international agencies. ❖ Census data and registries ❖ Existing policies and plans; manpower surveys.
3: Health Information Systems			
3.1. Silos of independent unstructured health-related data.	❖ The development of coordinated, integrated and structured national health information systems to facilitate improved country-level monitoring and surveillance of NCDs.	3.1.1. Organize stakeholder consultations to achieve consensus on: o A common set of measurable core indicators and standardized data collection procedures. o Strategies for improved coordination and integration of information systems.	❖ Technical and financial inputs from major stakeholders (governments; private insurance companies; CSO).
3.2. Ineffective communication between HCPs and service recipients.	❖ The strengthening of HCPs' communication skills to enable them to more effectively guide and support patients in the management of NCDs.	3.2.1. Conduct training for all categories of HCPs involved in the delivery of NCD care. 3.2.2. Identify opportunities for networking among HCPs across levels of care and sectors for exchange of ideas, best practices.	❖ Technical and financial support from public and private sectors; CSO; regional and international agencies.

Gaps	Priority Needs	Actions	Resources
4: Equitable Access To Medicines, Vaccines, Technologies			
4.1. Limited access to essential medicines required for NCD management.	❖ The provision of easy and affordable access to uninterrupted supplies of essential medicines for NCD management.	4.1.1. Organize stakeholder consultations and lobby key principals to achieve consensus on: o List of essential medicines based on evidence-based guidelines. o Strategies for increasing collaboration across sectors in improving efficiency in procurement and distribution systems.	❖ Technical and financial support from public and private sectors (pharmaceutical companies); CSO; regional and international agencies.
4.2. Limited sharing across Caribbean region of updated information and technologies in the delivery of NCD care.	❖ An increase in networking and multisectoral collaboration in the sharing of information and resources at national and regional levels.	4.2.1. Identify appropriate mechanisms for information exchange on use of basic technologies in NCD care and sharing of resources within and across countries.	❖ Technical and infrastructure capacities in public and private sectors, and CSO. ❖ Technical cooperation assistance by HCC; CARPHA; PAHO.
5: Health Financing			
5.1. Limited funding for meeting treatment costs of NCDs.	❖ The bridging of deficits in national health budgets.	5.1.1. Develop innovative financing and cost sharing schemes.	❖ Existing partnerships between public sector and CSO. ❖ Existing CSO initiatives
5.2. Deficiencies in formal and informal social protection programmes.	❖ The strengthening of safety net programmes for vulnerable groups.	5.2.1. Identify household/groups most in need. 5.2.2. Organize initiatives to provide assistance to vulnerable groups 5.2.3. Advocate/lobby for equity and improved social protection for the poor.	❖ Knowledge, expertise and financial support of CSO.

Gaps	Priority Needs	Actions	Resources
5.3. Exclusionary policies of private health insurance.	❖ The improvement in data collection on number and types of exclusions or restrictions and the impact on NCD care and treatment.	5.3.1. Identify and disseminate information on exclusionary policies by private insurers. 5.3.2. Lobby/advocate for more equitable systems/business models.	❖ Technical support and advocacy skills of CSOs.
6: Leadership & Governance			
6.1. Fragmentation of CSOs.	❖ The establishment of a NCD Alliance of CSOs to avoid duplication of efforts.	6.1.1. Form alliance of CSOs. 6.1.2. Develop strategies for rationalization and sharing of resources.	❖ Cuban model of excellence as a reference for action. ❖ Existing collaborative efforts.
6.2. Tensions in government - CSO relations.	❖ The formation of strategic alliances and increased collaboration among government, CSO, and private sector in prevention and control of NCDs.	6.2.1. Establish multisectoral working groups on specific areas of common interest. 6.2.2. Organise open forum to exchange views and share information.	❖ Existing capacities within each sector. ❖ Lessons from current and past initiatives. ❖ Supporting evidence on role of CSOs in health. ❖ Advocacy and technical support by HCC; CARPHA; PAHO.
6.3. Inefficient deployment of resources in national health systems.	❖ The allocation of increased resources to prevention and early intervention services.	6.3.1 Advocate for more rational use of budgetary resources. 6.3.2 Enhance skills of nurses in providing preventive services.	❖ Technical support and advocacy skills of CSOs. ❖ Nursing Councils; Regulations regarding the nursing service. ❖ Financial support for training.

10.2 PUBLIC HEALTH SECTOR

Gaps	Priority Needs	Actions	Resources
1: Service Delivery			
1.1. Limited documentation of Patient /Client encounters.	❖ The development of robust, user-friendly platform to rapidly capture process and disseminate patient data.	1.1.1. Review best practice models of electronic patient data and record management systems. 1.1.2. Design/adapt and pilot –test appropriate information system.	❖ Technical and financial support from PAHO; CARPHA and international donor agencies.
1.2. Limited accessibility to allied health professionals.	❖ The availability of required posts and appropriate mix of health professionals to ensure improved quality of NCD care.	1.2.1. Advocate/lobby for the establishment of posts and employment of required mix of health professionals. 1.2.2. Identify relevant training programs. 1.2.3. Identify/recruit eligible candidates for training.	❖ Advocacy by professional associations. ❖ Scholarships/Grants for training from public/private sources and CSO. ❖ Provision of training leave in public and private
1.3. Lack of indicators for assessing quality of care in the prevention and management of NCDs.	❖ The development of core set of standards and indicators with regard to NCD care.	1.3.1. Develop a core set of standards and measurable indicators.	❖ Technical support of PAHO/WHO; CARPHA.
2: Health Workforce			
2.1. Communication styles of HCPs hinder patient understanding.	❖ HCPs' effective use of patient-centered communication skills based on principles of adult learning.	2.1.1. Identify communication barriers. 2.1.2. Conduct training for all categories of HCPs involved in the delivery of NCD care.	❖ Technical and financial support from public and private sectors; CSO; regional and international agencies.
2.2. A shortage of HCPs in public-health system.	❖ The maintenance of a responsive and competent public health workforce to ensure continuity of quality care across levels of care.	2.2.1. Establish/strengthen a health manpower planning and development process in the public health sector.	❖ Technical support of PAHO/WHO; CARPHA. ❖ Scholarships/Grants for training from CSO and other public/private

Gaps	Priority Needs	Actions	Resources
		2.2.2. Advocate/lobby for the establishment of required positions. 2.2.3. Identify or establish residencies and training programs. 2.2.4. Identify/recruit eligible candidates for training	sources (UWI NCD). ❖ Provision of training leave in public sector.
3: Health Information Systems			
3.1. The lack of reliable, accurate and timely public health information.	❖ The development of an integrated National Health Information System providing centralized access to timely and reliable data to facilitate improved country-level monitoring and surveillance of NCDs.	3.1.1. Design of system and development of relevant databases. 3.1.2. Conduct training of HCPs at all levels of public health system.	❖ Technical support of PAHO/WHO; CARPHA. ❖ Technical and financial support for training. ❖ NCD Registries including those led by CSO.
3.2. Inadequate capacity for data analysis and presentation to support evidence-based decision-making.	❖ Increased capacity within public health sector for efficient information management and use.	3.2.1. Identify/recruit staff with appropriate statistical and epidemiologic knowledge and skills. 3.2.2. Identify training programs and recruit eligible candidates for training.	❖ Technical and financial support from public and private sectors; CSO; regional and international agencies.
4: Equitable Access To Medicines, Vaccines, Technologies			
4.1. Low availability in public sector of essential medicines required for management of NCDs.	❖ The provision of adequate and reliable supplies of essential medicines for treatment of major NCDs in all public health facilities.	4.1.1. Establish viable financing options for sustainable provision of essential NCD medicines. 4.1.2. Increase efficiency in procurement and distribution systems. 4.1.3. Strengthen information systems to allow for greater accuracy in demand forecasting.	❖ Public and private health insurance. ❖ Technical support of PAHO/WHO; CARPHA.

Gaps	Priority Needs	Actions	Resources
4.2. High public demand for medicines.	❖ An increase in public education and greater emphasis on prevention with early detection and screening interventions.	4.2.1. Provide incentives for participation in preventive services. 4.2.2. Conduct outreach programs.	❖ Primary health care teams
4.3. Inappropriate prescribing practices by clinicians.	❖ Clinicians' increased use of and adherence to evidence-based therapeutic guidelines for management of NCDs.	4.3.1. Train clinicians in use of clinical guidelines. 4.3.2. Monitor prescribing practices.	❖ Copies of clinical guidelines and audit tools. ❖ Medical Care/Oversight Committees ❖ Health Professional Associations
4.4. Inconsistencies in professional practice standards by HCPs in both the public and private sector.	❖ The development/strengthening of legislative and policy frameworks governing professional practice.	4.4.1. Review/strengthen legislative and policy frameworks. 4.4.2. Conduct orientation sessions for HCPs.	❖ Medical Boards ❖ Nursing Councils ❖ Health Professional Associations
5: Health Financing			
5.1. Limited data on unit cost of treatment of major NCDs.	❖ The availability of costing data for decision-making.	5.1.1. Design and conduct costing studies for major NCDs.	❖ Technical support of UWI; PAHO/WHO; CARPHA. ❖ Financial support.
5.2. The inability of some health managers to effectively communicate with counterparts in departments of finance/budget.	❖ The strengthening of institutional capacity by improving the abilities of managers to interact with finance and other sectors.	5.2.1. Conduct sensitization/relevant training to increase understanding of sectoral policies and priorities; strengthen intersectoral engagement etc.	❖ Technical and financial support of PAHO/WHO; CARPHA.
6: Leadership & Governance			
6.1. A culture of monitoring and evaluation is not promoted.	❖ Work environments welcoming of constructive feedback and innovation.	6.1.1. Sensitize and train health managers.	❖ Technical and financial support for consultancy services in organizational development/renewal.
6.2. The lack of empowerment of NCD	❖ Appropriate institutional, legal and financial	6.2.1. Where necessary, relocate NCD Focal Points from	❖ Advocacy

Gaps	Priority Needs	Actions	Resources
Coordinating Focal Points.	arrangements are made for strengthening NCD program coordination.	Ministry of Health to Office of Head of Government.	
6.3. Lack of multi-sectoral approaches.	❖ The establishment of a national coordination mechanism to ensure successful intersectoral action	6.3.1. Convene key public sector, private sector and CSOs towards formation of inter-sectoral commission.	❖ Political will


NORMA SPRINGER
Barbados Diabetes Foundation (BDF)

10.3 PRIVATE HEALTH SECTOR

Gaps	Priority Needs	Actions	Resources
1: Service Delivery			
1.1. A shortage of HCPs including medical specialists which affects quality of service delivery.	❖ An assessment of training needs in the public and private sector to determine the resources needed for the provision of quality NCD-related services.	1.1.1. Develop/promote the 'Partnered Health Care Model' based on private – public partnerships at all levels of care.	❖ Mobilization of technical support from HCC; UWI; PAHO; CARPHA ❖ Financial support from international donor agencies.
1.2. Inadequate medical diagnostic equipment and supplies.	❖ Increased accessibility to required medical diagnostic equipment in all health facilities.	1.3.2. Determine equipment needs at all levels of care. 1.3.3. Provide concessions to private providers as incentive to provide diagnostic and other health services.	❖ Mobilization of technical support from HCC; UWI; PAHO; CARPHA ❖ Financial support from international donor agencies. ❖ National Health Policies/Plans. ❖ Existing inventories.
2: Health Workforce			
2.1. Brain drain – loss of highly skilled HCPs.	❖ The implementation of national strategies to halt the brain drain and improve staff retention rates.	2.1.1. Offer incentives to HCPs, e.g.: o Better remuneration packages; o More opportunities for training and professional development; o Improved working conditions.	❖ Financial support from public and private sectors; regional and international agencies.
2.2. Limited opportunities for training and professional development for HCPs.	❖ The maintenance of a motivated and competent workforce to ensure continuity of quality care across levels of care.	2.2.1. Organize training and certified continuing medical education programs (in/off country) for HCPs in the public and the private sector.	❖ Technical support of PAHO/WHO; CARPHA. ❖ Scholarships/Grants for training from CSO and public/private sources (UWI NCD). ❖ Provision of training leave in the public sector and private sector.

Gaps	Priority Needs	Actions	Resources
2.3. A shortage of allied health professionals e.g. medical technologists; biomedical engineers/ technicians.	❖ The acquisition of the most cost-effective skill mix required in the health workforce (public and private).	2.3.1. Advocate/lobby for the establishment of posts and employment of required professionals. 2.3.2. Identify relevant training programs. 2.3.3. Identify/recruit eligible candidates for training.	❖ Scholarships/Grants for training from CSO and public/private sources.
3: Health Information Systems			
3.1. The lack of information from private insurance companies and private health care providers.	❖ The integration of information from public and private sources in the National Health Information System.	3.1.1. Arrange meeting with Insurance Companies and private health care providers to discuss information exchange. 3.1.2. Design of data collection formats and reporting systems.	❖ Technical support of HCC; PAHO/WHO; CARPHA. ❖ NCD Registries including those led by CSO. ❖ Data from Insurance claims and medicals.
4: Equitable Access To Medicines, Vaccines, Technologies			
4.1. High cost of medicines particularly in relation to cancer treatment and cardiac care.	❖ The reduction in the cost of medicines used in NCD management	4.1.1. Provide subsidies or tax exemptions to lower prices. 4.1.2. Establish viable financing options for sustainable provision of essential NCD medicines at affordable costs.	❖ Revenue from 'sin taxes'; ❖ Contributions from the diaspora; philanthropic organizations (e.g. national community organization) ❖ Financial support of public and private health insurances. ❖ Technical support of PAHO/WHO; CARPHA.

Gaps	Priority Needs	Actions	Resources
4.2. Limited use of e-Health e.g. telemedicine.	❖ An increased use of IT technology in sharing knowledge and skill development; accessing specialist care.	4.2.1. Conduct informatics training.	❖ Technical support of the Commonwealth Medical Association; HCC; PAHO/WHO.
5: Health Financing			
5.1. Unequal access to private health insurance.	❖ Improved private health insurance coverage reducing financial burden on social insurance schemes.	5.1.1. Review/reform the role of private insurance in health financing systems. 5.1.2. Provide increased tax benefits for persons registering for private health insurance.	❖ Existing policies and regulations re private insurance. ❖ Technical support of HCC; PAHO/WHO; CARPHA.
6: Leadership & Governance			
6.1. Lack of sustained efforts in establishing public-private partnerships in health care planning and delivery.	❖ The public sector to adopt more proactive role in building and sustaining public-private partnerships.	6.1.1. Identify barriers and risks in establishing effective public-private partnerships in health. 6.1.2. Sensitize health leadership in public and private sectors to mutual benefits. 6.1.3. Review/adapt models for effective partnership.	❖ Technical support of HCC; UWI; PAHO/WHO; CARPHA.
6.2. Inadequate monitoring of generics.	❖ The establishment or strengthening of mechanisms for monitoring quality and safety of generic drugs especially from unregulated markets.	6.2.1. Discuss the monitoring of generics with Directors, Food and Drugs Department, Ministries of Health and other key stakeholders.	❖ Inspectorates, Food and Drugs Department, Ministries of Health. ❖ Customs and Excise Divisions ❖ Existing legislative provisions re drug importation and use. ❖ Technical support of Pharmacists' Associations; HCC;

Gaps	Priority Needs	Actions	Resources
			PAHO/WHO; CARPHA.
6.3. Low public awareness of importance of NCD prevention.	❖ Increased public awareness of the importance of annual medicals/check-ups.	6.3.1. Include importance of NCD prevention in health education curriculum in schools. 6.3.2. Incorporate annual check-ups in primary health care services. 6.3.3. Sensitize major funders on benefits of annual check-ups.	❖ Curriculum Units, Ministries of Education ❖ National health policies and plans. ❖ Private Insurance Companies; Credit Unions; Banks.

11 CSO HSS STATEMENT OF COMMITMENT

To facilitate meaningful civil society led advocacy in the area of Health Systems Strengthening, the HCC developed a framework for action. This framework for action or 'Statement of Commitment' is based on the WHO 6 building blocks of HSS and was developed through a series of consultations with civil society. The first draft was produced based on findings of the RSR. Feedback gathered during the CS working group session at the October 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 below is aimed at civil society organisations in the Caribbean. It is important to note that the public and private health sector representatives at the meeting both developed HSS Sector Based Action Plans (Section 10.2 and 10.3) which can be used by civil society as guidance for HSS advocacy targeted directly at these sectors.

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. The statement was developed in draft as one of the outputs of the October 22nd, 2014 HCC/NCDA/PAHO/CARPHA Health Systems Strengthening (HSS) Meeting. The CSO Statement of Commitment will outline and guide 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.
In seeking to contribute to health system strengthening in the region, CSOs will be guided by the core strategies (six building blocks) which the WHO applies in its approach to health systems strengthening;

health delivery, healthy workforce, health information systems, equitable access to medicines and technologies, health care financing, leadership and governance. http://www.who.int/healthsystems/strategy/everybodys_business.pdf.

Furthermore these CSO *Commitments* will seek to address gaps and weaknesses in health systems as identified in the RSR NCD Status Report at the national and regional level. Some of these include: unavailability of 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; limited research and community based research; insufficient monitoring and evaluation of quality of the 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) within the context of the WHO HSS building blocks framework.

HCC CSO HSS COMMITMENT STATEMENT 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.


5. Health Financing
Gaps
Needs
Health Economics Unit, UWI

12 SUCCESSES & CHALLENGES

The following is a summary of key successes and challenges arising out of an assessment of the meeting (the detailed meeting evaluation can be found in the annexes).

Successes

- Multi-stakeholder Representation
    - Sixty (60) individuals from a variety of disciplines were present at the meeting, following on the broadly multisectoral representation at the November 2014 NCDA funded Multi-stakeholder meeting in Trinidad & Tobago. The HCC had the continued support of major regional public health actors including CARICOM, CARPHA, and PAHO.
- Regional Partnerships Strengthened
    - The NCDA project has heightened the HCC's resolve to strengthen relationships and collaboration with government partners directly at the regional level and with national governments and indirectly through our CSO members at country level. The meeting provided a space to further engage the public sector (in particular CMOs and senior nursing officials) and to foster the growth of networks between government actors, civil society and the private health sector – around this issue of strengthening health systems.
- Increasing Awareness of Health Systems Strengthening
    - The WHO Building Blocks Approach provided a logical framework for understanding the concept of HSS thus delegates were able to effectively identify challenges, successes and solutions from their own unique perspectives within their particular sectors.
    - Participating civil society organisations had an improved sense of understanding of the concept of HSS and the potential role that they play as service providers and advocates.
- Patient Empowerment
    - The Discussion Panel provided a platform for patients and providers currently in the Dominica primary health care system, to discuss some of the major challenges prohibiting the delivery of high quality patient-centred care. Civil society partners from outside of Dominica, many of them living with NCDs and also PHC 'patients' in their home countries, were also able to contribute to the patient voice during this session.
- Consensus on priority areas for CSO-led advocacy action under the HSS umbrella
    - The action planning session provided a template from which the CSOs could work together to identify priority areas for CSO action and advocacy as it relates to HSS in the Caribbean.
- Development of the CSO HSS Statement of Commitment
    - As a direct outcome of the civil society consultations undertaken in this meeting and final approval by the HCC Advocacy TWG, the CSO HSS Statement of Commitment was finalised.

Challenges

- **Workshop Duration**
  - A substantial amount of information was condensed into 1 day. Funding restrictions prohibited longer workshop duration.
- **HSS Sector Based Action Plans Based On Gaps, Priority Needs And Resources: Break-out Session**
  - This activity would have benefited from additional time.

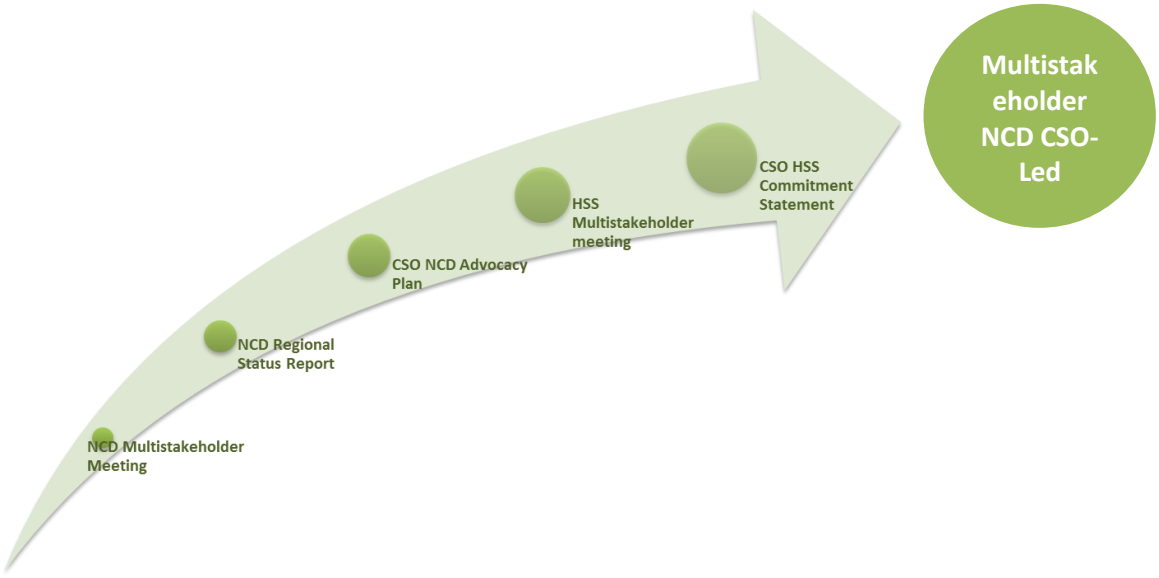
Workshop Achievements

The table below provides a snapshot of the workshop achievements against targets as guided by the objectives and outputs.

Objective/ Output	Targets	Achieved ✓ Not Achieved ×	Comments
• To share experiences and lessons learned in the delivery of NCD care provided by the public health, private health and civil society sectors of the community.	Presentations and discussions on the delivery of NCD care provided by all 3 sectors.	✓	None
• To showcase Best practices in HSS and NCDs.	Presentations on HSS Best Practices (WHO Building Blocks)	✓	None
• To identify and discuss HSS barriers and challenges with regards to NCDs.	Presentations, group discussion and action planning sessions on HSS challenges in the Caribbean.	✓	None
• To make recommendations for the way forward in addressing HSS barriers and building upon lessons learned and best practices.	To develop action plans making recommendations addressing HSS barriers in priority areas.	✓	None
• To build CSO advocacy capacity around HSS.	CSO to develop action plans identifying the CSO led HSS advocacy priority areas.	✓	None
• To support a CSO 'Statement of commitment' for improvements in HSS as an important part of addressing NCDs.	Final CSO 'Statement of Commitment' for improvements in HSS.	×	Insufficient time to complete during the meeting. Completed post meeting using the CSO action plan and in consultation with the HCC Advocacy TWG.

13 CONCLUSIONS & NEXT STEPS

The HCC has applied a strategic building blocks approach to strengthening evidence informed advocacy among Caribbean civil society with a focus on health related NGOs working collaboratively and in partnership with key stakeholders such as governments and the private sector. Funding and collaborative support provided by the NCD Alliance has contributed to a process that has given true meaning to civil society engagement, allowing civil society organisations to be at the front seat of NCD Advocacy in the Caribbean - leading in areas where civil society are traditionally absent and establishing credibility as strong partners throughout the continuum of NCD prevention and control (including research (RSR development), multi-stakeholder consultation, intervention design, high quality service delivery, monitoring and evaluation, accountability and advocacy as a cross cutting activity).



This meeting provided a platform for fruitful discussion around HSS and the roles played by the three sectors. There was reaffirmation of the importance of a comprehensive multistakeholder response in harnessing an effective response to NCDs. In this regard, the need to acknowledge the contributions of CSOs to various aspects of health care in the Caribbean was emphasized and particular attention given to their advocacy capacity, and their role in channelling increased community involvement in health planning and service delivery. The experiences shared by participants and the insights gleaned from best practices in HSS pointed to the great potential which exists in the region for the establishment and strengthening of partnerships among the public and the private sector and CSOs. Greater efforts are needed to identify barriers to establishing effective partnerships and to support intersectoral and multi-sectoral coalition building around strengthened health systems. There was a general consensus that cohesive cross-sector collaboration will improve service delivery; healthy workforces; (health) information systems; access to medical products, vaccines and technologies; financing; leadership and governance and the cross cutting issue of ensuring universal health coverage.

Ultimately, civil society representatives were able to gain a clear understanding of key HSS issues and work collectively to develop an evidence-based roadmap for priority actions, leveraging the comparative strengths of their public sector and private sector partners. Similarly, their counterparts and in the public and private health sectors, developed detailed HSS action plans.

Within the WHO building block framework for HSS, priority areas for urgent joint action were identified through a participatory, consensus building approach. Priority areas included:

- Strengthening of primary health care services to facilitate more integrated and quality patient-centred care.
- Development and promotion of simple standardized disease treatment guidelines and protocols.
- Human resource planning and development.
- Development of integrated health information systems to support more effective planning for NCD prevention and control.
- Adoption of alternative health financing models that reduce out-of-pocket expenditure and guarantee financial risk protection for persons affected by or at risk of NCDs.
- Advocacy for prioritizing NCDs within national development plans and accelerating progress in implementation of NCD national plans.

Next steps related to this meeting and more broadly to the NCD Alliance project are bulleted below:

- Dissemination of this **HSS Meeting Report** to participants and the HCC membership regionally and globally.
- Ongoing dissemination of the **NCD Regional Status Report**
- Dissemination of the **achievements** of the **HCC CSO Regional NCD Advocacy Plan**
- Dissemination of the **CSO Health Systems Strengthening Statement of Commitment**
- **Supporting CSO HSS advocacy** through the implementation of the CSO HSS Statement of Commitment
    - HCC will be holding a **webinar** to discuss the Statement, gain wider buy in and endorsement and to initiate dialogue with our membership around strategies for supporting implementation of elements of the Commitment.
- Continued HCC coalition building in support of a multisectoral NCD response
- Ongoing evidence informed NCD advocacy at national and regional levels

14 ANNEXES

14.1 PROGRAMME

MEETING PROGRAMME I OCTOBER 22, 2014 I FORT YOUNG HOTEL		
TIME	**ACTIVITY**	**SPEAKER**
8.00am – 8.30 am	Registration	HCC
8.30am – 8.45am	Welcome, Objectives & Expected Outcomes, & Introductions	**Sir Trevor Hassell** *Chair/ President, HCC*
8.45am – 9.15am	Official Opening Remarks MOH Dominica PAHO CARICOM CARPHA HCC	**Mrs. Helen Royer** *Permanent Secretary, Ministry of Health Dominica* **Dr. Godfrey Xuereb** *PAHO /WHO Representative* **Dr. Rudolph Cummings** *Programme Manager, CARICOM Health Desk* **Dr. James Hospedales** *Exec. Dir., CARPHA* **Dr Victor Coombs** *Director, HCC*
9.15am – 9.30am	Building Blocks for Health Systems Strengthening	**Dr. Alafia Samuels** *Senior Lecturer, Faculty of Medical Sciences, UWI, Cave Hill*
9.30am – 9.45am	Opportunities for Improving Caribbean Health Care Delivery Systems - Perspective of a CMO	**Dr. Patrick Martin** *CMO, St. Kitts & Nevis Ministry of Health*
9.45am – 10.00am	Gaps in the health care delivery systems in the Caribbean as identified by the NCD RSR	**Mrs. Tina Alexander** *Director, Dominica Cancer Society; HCC CSO Advocacy TWG member*
10.00 am – 10.15am	Discussion	Moderator: Sir Trevor Hassell
10.15 am – 10.30am	**HEALTH BREAK**	
Mid Morning Session		Chair: Dr. Martin Didier
10.30am – 10.45am	NCD Care in the Caribbean - Experiences and Best Practices	**Dr. Glennis Andall-Brereton** *Epidemiologist /Acting Head of Department, NCDs and Life Course, Surveillance, Disease Prevention and Control Division, CARPHA*
10.45am – 11.00am	Hypertension as a model of HSS – CARPHA Guidelines and GSTHP	**Dr. Kenneth Connell** *PI GSHTP, Chair CARPHA Hypertension Guidelines Committee, Deputy Dean Faculty of Medical Sciences, Cave Hill Campus, UWI*

11.00am – 11.15am	Health Care Financing in the Caribbean	**Dr. Stanley Lalta** *Research Fellow, Health Economics Unit, UWI*
11.15 am – 11.30am	Discussion	Moderator: Dr. Martin Didier
11.30am – 12.30pm	Discussion Panel Patient and Caregiver Perspectives: What's needed to strengthen PHC services on the ground?	**Dr. Tomo Kanda** *Moderator / Advisor on Chronic Diseases and Mental Health, PAHO* Local NCD Providers, Patients & Civil Society Reps
12.30noon – 1.30pm	**LUNCH**	
1.30pm – 3.00pm	HSS Sector Based Action Plans Based On Gaps, Priority Needs And Resources: *Break-out Session* Each sector to address: • Service delivery • Health workforce • Health information systems • Equitable access to medicines and technologies • Health Financing • Leadership and governance These will be discussed from perspectives of integration, multisectoral involvement and patient involvement and include identification of best practices, health systems barriers and challenges, and recommendations. The Civil Society group will finalise the '*CSO HSS Statement of Commitment*'. *Innovative ideas will be encouraged including the use of mhealth/ ehealth.	**Mrs. Maisha Hutton** *Moderator/ HCC* Public Health Sector Private Health Sector Civil Society
3.00pm – 4.00pm	Presentations in Plenary	Public Health Sector Private Health Sector Civil Society
4.00pm – 4.15pm	What I heard CSOs should be advocating for in HSS to contribute to "25 by 25": The '*CSO HSS Statement of Commitment*'	**Mrs. Maisha Hutton** *HCC*
4.15pm – 5.00pm	Evaluation, Group Photo, Closing Comments	**Mrs. Maisha Hutton** **Sir Trevor Hassell** *HCC*
5.00pm – 6.00pm	**SOCIAL ACTIVITY**	**DOMINICA CANCER SOCIETY**

14.2 PARTICIPANTS

TITLE	FIRST NAME	SURNAME	POSITION	NAME OF ORGANIZATION	EMAIL ADDRESS
Mrs.	Tina	Alexander	Director/ Exec. Dir.	Dominica Cancer Society (DCS)/ Lifeline Ministries	lifelinedominica@hotmail.com
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TITLE	FIRST NAME	SURNAME	POSITION	NAME OF ORGANIZATION	EMAIL ADDRESS
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Sir	Trevor	Hassell	President/ Chairman	Healthy Caribbean Coalition (HCC)/ NCD Commission, Barbados	trevor.hassell@healthycaribbean.org
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TITLE	FIRST NAME	SURNAME	POSITION	NAME OF ORGANIZATION	EMAIL ADDRESS
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ADDISON ST. JOHN
Healthy Caribbean Coalition (HCC)

14.3 MEETING EVALUATION

Twenty-four participants completed the workshop evaluation. Fifty-six participants were asked to complete the evaluation form (excludes HCC core team) with a response rate of 42%. It should be noted that the meeting closed late by which time some participants had left the meeting to catch flights or to meet personal or professional commitments.

Overall the workshop was well reviewed. The findings from the evaluation form are presented below in tabular format.

I. CONTENT

	Excellent	Good	Fair	Poor
1. Covered Useful Material	63%	33%	4%	0%
2. Practical to My Needs and Interests	42%	50%	8%	0%
3. Well Organized	71%	25%	4%	0%
4. Presented at the Right Level	57%	39%	4%	0%
5. Effective Activities	38%	50%	8%	4%
6. Useful Visual Aids and Handouts	54%	42%	4%	0%

For the presentations listed below, please rate your overall understanding of the material presented and/or your general assessment of the presentation/discussion:

	Excellent	Good	Fair	Poor
7. Official Opening Remarks	39%	43%	17%	0%
8. Building Blocks for Health Systems	71%	29%	0%	0%
9. Opportunities for Improving Caribbean Health Care Delivery Systems - Perspective of a CMO	58%	33%	4%	4%
10. Gaps in the health care delivery systems in the Caribbean as identified by the NCD RSR	50%	42%	8%	0%
11. NCD Care in the Caribbean - Experiences and best Practices	42%	50%	4%	4%

	Excellent	Good	Fair	Poor
12. Hypertension as a model of HSS - CARPHA Guideline and GSTHP	78%	22%	0%	0%
13. Health Care Financing in the Caribbean	52%	48%	0%	0%
14. *Discussion Panel:* Patient and Caregiver Perspectives: What's needed to strengthen PHC services on the ground?	58%	38%	4%	0%
15. HSS Sector Based Action Plans Based on Gaps, Priority Needs And Resources: Break-Out Session/Plenary Presentations	33%	52%	14%	0%
16. What I heard CSOs Should be advocating for in HSS to contribute to "25 by 25"; The CSO HSS Statement of Commitment	29%	59%	12%	0%

II. PRESENTATION

	Excellent	Good	Fair	Poor
1. Overall Instructor's/ Speakers Knowledge	70%	26%	4%	0%
2. Overall Instructor/Speaker Covered material clearly	63%	29%	8%	0%
3. Overall Instructor/Speaker Responded well to questions	46%	54%	0%	0%
4. Overall Instructor/ Speaker allowed for adequate participant input	38%	58%	4%	0%
5. The meeting was interactive	38%	58%	4%	0%
6. Well organized	50%	50%	0%	0%

7. Relevance of Panel Discussions	54%	38%	8%	0%
8. Relevance of Interview Session	61%	26%	13%	0%

III. SUMMARY FEEDBACK

Please indicate on a scale of 1 to 5 the extent to which you agree with the following statements (1= DO NOT AGREE AT ALL, 5= VERY MUCH AGREE)

1. Overall, I feel comfortable with the material presented in the meeting.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	0%	8%	17%	75%

2. I was able to benefit from the experiences of my colleagues/partners/ peers during the meeting.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	0%	8%	13%	79%

3. Overall, I believe a broad array of stakeholders, representing the 'whole of society', were represented at this meeting.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	9%	9%	35%	48%

4. Overall, I have a better appreciation of CSO NCD advocacy in the Caribbean.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	0%	21%	33%	46%

5. Overall, I am better aware of and informed of the extent to which selected CARICOM Governments have delivered on the mandates of the "Port of Spain Declaration", and national/ regional and international NCD commitments.

DO NOT AGREE AT ALL				VERY MUCH AGREE

1	2	3	4	5
0%	0%	17%	38%	46%

6. Overall, I believe that the Civil Society NCD Regional Status Plan was developed with the input of a broad array of NCD stakeholders.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	9%	4%	35%	52%

7. Overall, I believe that the recommendations included in the Civil Society NCD Regional Status Report reflect the input of a broad array of NCD stakeholders including those attending this meeting.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	4%	13%	30%	52%

13. This meeting has met my expectations.

DO NOT AGREE AT ALL				VERY MUCH AGREE
1	2	3	4	5
0%	0%	8%	38%	54%

14. Please list 2 other organisations you believe should have attended this meeting.

- CDRC
- Caribbean Development Bank
- Ministry of Health
- Directors of PHC services
- Insurance Adjusters
- Insurance associations
- Actuarial Associations
- Life Underwriters associations
- Food and Nutrition Departments and Councils
- More NGO's
- Allied Health Associations
- Caribbean Cardiac Society
- Union Reps of Health Care Workers
- Caribbean Association of Pharmacists
- Young Doctors
- Educators

- Presidents of Student Councils
- Heart Foundations

15. Do you have any suggestions for how the meeting could have been improved?

- Need Two days
- Well organized
- Minister of Health and Finance should be here
- Speakers need to stick to time allocated
- 10-15 minute preparation before breakout session
- Include a few key members of the Ministry of Health
- Location with better access in regards to travel
- Pre conference suggestions from the CSO's so that they include participating groups
- More group work sessions
- More time for Q & A and less presentations
- Time keeping: opening activities took too much time, No need for individual introductions as there is a participant list, more time for interaction: panel and breakout
- Concentrate on how HCC can assist organizations (role & aim of HCC)
- Prepared commitment statement distributed in time for comment
- Working groups be given more time
- Panel discussion given more time/ interaction

16. Do you have any general comments about this experience?

Generally Participants thought the meeting was excellent. It was described as "useful", "relevant", "refreshing", "rewarding", "informative", "good experience" and "Excellent networking opportunities".

- It allowed me to express my feelings on certain issues
- I would like to see more involvement of health care professionals in civil societies e.g. professors, doctors and nurses being members of diabetic/ cancer society.
- Great! Met my expectations
- Excellent networking opportunity
- More knowledge of resource persons, organizations in the Caribbean.
- Much appreciated. Good initiative
- New experience of such meeting at this level; same embraced. One Caribbean, different countries, similar health issues
- Good and useful. Very relevant
- Keep up the good work! You have the support of the St. Lucian private sector and the Caribbean Cardiac society.
- Excellent conference
- Refreshingly rewarding

- Very good experience. We need to sensitize everyone on what we have learned
- Great informative meeting in strengthening health systems
- Just right in terms of number of participants and speakers and issues discussed (wide range)

IV. BEYOND THE MEETING

1. Which individuals/ organisations within your sphere of influence, will you be sharing the experiences and outcomes of this meeting?

    - Cayman Island Health Authorities PCPs
    - CCFP
    - MOH
    - Other Civil Society Organizations and NGO
    - The Trinidad & Tobago Heart Foundation
    - The Rotary Club of St. Augustine, Trinidad
    - Staff, Head Office, My Clients
    - NMA, CMA, Caribbean Medical Journal
    - Career Society, GOTT
    - Caribbean Pharmacist Association
    - MOH – CMO – NCD (Report and Follow up)
    - Ministry of Social Care
    - St. Lucia Blind Welfare Association
    - Academic Community (Students I teach)
    - International Sponsors (Whom I do work for)
    - MOH Grenada – Director of Primary Health Care and Community Health Nurse
    - Care Personnel at the District level aim at improving Service delivery of CND's within my catchment area
    - Clients – Primary Health Care
    - Upcoming Caribbean Conference on Health Financing (November 4-6. 2014 in Tobago)
    - Ministry of Health – Health Promotion
    - The Executives and members of my organization
    - Students of my University (Ross)

2. What are your 'NCD Advocacy next steps' emerging from this meeting?
    - Share more with HCC
    - Assist by providing a young advocate in the area of Cardiovascular disease
    - Preparing a database of illnesses. Cost of NCD related
    - Pilot baseline data at National level
    - Education

- Greater utilization of WHO Building Blocks as foundation for HSS activities
- Participation in HCC and NCD (activities)
- Reporting to my organization – discuss how we can assist in spreading the information Reinforce the importance of HCC in CARICOM, especially OECS countries. Encourage focus on Hypertension and Prostate Cancer (especially in Jamaica)
- Report to key personnel at MOH level
- More educational session and integrated measures to help empower clients
- Writing articles for publication
- More need for sharing of special services
- Develop a Citizens of Excellence to be accessible by all Caribbean Citizens Regionally
- Capacity building
- Publish report in Caribbean Medical Journal

3. How can the HCC further support your organisation across the following key strategic focus areas?

Advocacy:

- Continue to articulate, promote and disseminate the views of this and other group meetings
- A more concentrated effort by the HCC for a period of time of 1 week to highlight cerain programs
- Assisting in technical and train personnel from HCC or others in workshops and other training undertaken
- Continue to provide useful- timely, relevant and accurate/objective – information for dissemination to the public.
- Provide finance for dissemination of information and production
- More sensitization about the role of HCC and contribution to the reduction of NCDs
- Appoint reps in representative countries or partner with established local groups to initiate the above key strategic areas. I had not heard of HCC and its efforts prior. Having key persosn doing grand work might improve the impact of awareness.
- Sensitize Governments / CARICOM
- Promote more professional development of PCPs. We cannot fix NCDs without training PCPs
- Sharing and alerting people to preventative care
- Support for improving relationships and representation to Government

Enhancing Communication:

- Keep communications via website
- A whattsapp or other media social ongoing conversation group
- Emails, updates on new trends, research data, newsletters etc.
- Assist in providing and producing educational material
- Quarterly newsletter /bulletin on HCC work/projects

- Workshop needed
- Advertising / training in school
- More material available for public information

Capacity Building:

- Consider organizing CME updates for improving knowledge within the Caribbean for all Health Care advocates
- Training opportunities; access to mere educational materials and experts in helping to manage CNCDs clients
- Work with key primary healthcare personnel at MOH in restructuring functionable (CDC) chronic disease clinics at the clinic levels
- Training of persons in Hypertension prevention
- Greater engagement of public sector/ other stakeholder together
- Target HR managers and Executive Management in RHH /MOH
- Share presentation with CCFP monthly online. CME presentations
- Sharing with other CARICOM countries, reinvent the wheel
- Provision of technical assistance

mHealth & eHealth:

- Keep in close relationship with MOH in our trajectory of Health Service Strengthening within the Region
- Setting up a database registry for diabetes and hypertension
- Strengthening /facilitating the introduction where appropriate. Will vary from country to country and the various target audiences according to the use and need.
- Documenting and sharing Best Practices
- M&E health is necessary and just like junk food advertising we should do so. eHealth is necessary for out generations and older people we can communicate in person.
- To support attempts to get all the NMAs involved.

14.4 PRESENTATIONS

All presentations are available on the HCC website in pdf format. They can be found at this link: http://www.healthycaribbean.org/hss-meeting-dominica-2014/resources.html.

14.5 MEETING MATERIALS

All meeting materials including the programme, handouts, video footage and photos, are available on the HCC website. They can be found at this link: http://www.healthycaribbean.org/hss-meeting-dominica-2014/.

Wise Financial Thinking for Life

The NCD Alliance
Putting non-communicable diseases on the global agenda

The NCD Alliance was founded by:

International Diabetes Federation · UICC · International Union Against Tuberculosis and Lung Disease · WORLD HEART FEDERATION

HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

CARPHA
Caribbean Public Health Agency

Pan American Health Organization