



# Getting National NCD Commissions **UP AND RUNNING**

A Framework for the Establishment and Strengthening  
of National NCD Commissions in the Caribbean

Towards a More Effective Multisectoral Response to NCDs

PART II



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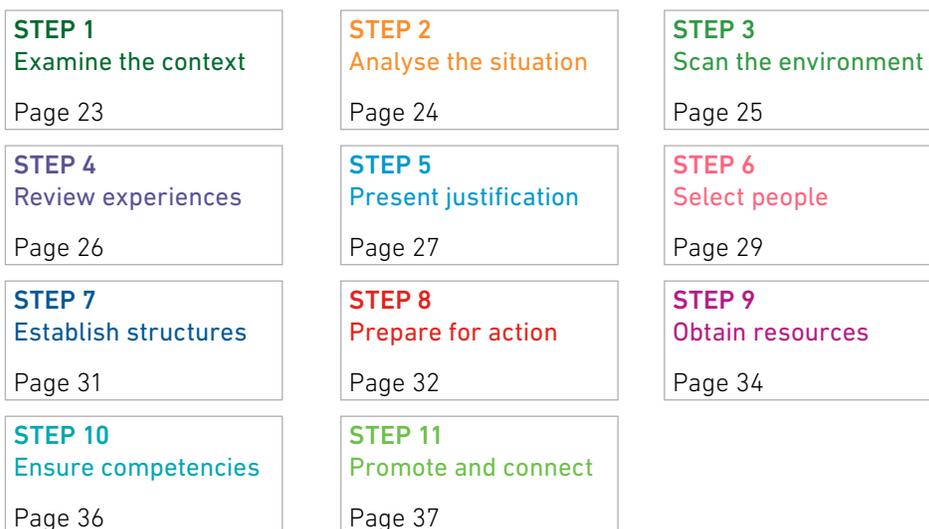
PART II



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# Message from the Commonwealth Secretariat

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

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

At a first-in-the-world NCD summit in 2007, the CARICOM Heads of Government issued the Port of Spain Declaration, indicating their endorsement of, and support for, national and regional actions to address NCDs and their risk factors. In July 2009 the CARICOM Heads of Government agreed to advocate for a United Nations (UN) General Assembly Special Session on NCDs, and later that year the Commonwealth Heads of Government endorsed the proposal, suggesting that the NCD Summit be held in September 2011. The Commonwealth Heads of Government also pledged action to integrate NCD prevention and control into their national health systems, and called for global engagement of the private sector, civil society, and governments to combat these diseases.

The Commonwealth Ministers of Health met in 2011 and further endorsed the commitment of the Commonwealth to respond to the global NCD epidemic. The advocacy and collaboration of the Ministers and their technical advisors, especially Ministers from the Caribbean region, contributed significantly to the 2011 UN High-Level Meeting on the Prevention and Control of NCDs and the resulting Political Declaration. The UN Political Declaration provides a blueprint for global, regional, and national efforts to address NCDs.

Assisting Member States of the Commonwealth to tackle NCDs through strengthening national health frameworks and policies is a strategic aim identified by COMSEC, and is one of two major areas of focus in the Secretariat's Strategic Plan for 2013-2017.

COMSEC has partnered with the Healthy Caribbean Coalition (HCC), as the regional implementing organisation, to develop a framework for the establishment and/or strengthening of National NCD Commissions and facilitate multisectoral action to reduce and control NCDs in the Caribbean.

Thus, it is our pleasure to support this implementation framework as a tool to assist Member States in the Caribbean in the development of National NCD Commissions that will advise on national policies, programmes, and interventions for the prevention and control of NCDs.

**Dr. Joanna Nurse**

Head of Health and Education  
Commonwealth Secretariat

# Message from the Board of Directors, Healthy Caribbean Coalition

This framework and Part I of the series are prepared by, and viewed through the lens of, civil society. Although this series is produced for the Caribbean – Small Island Developing States ranging from low- to high-income – it is hoped that there will be wider applicability.

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

The role of civil society and its organisations cannot be overstated, and should not be underestimated. The 2030 Sustainable Development Goals emphasise the importance of partnerships in achieving equitable national development, and health development is no exception.

We, the Directors of The Healthy Caribbean Coalition, together with our members, are eager to continue to work to make a difference in Caribbean countries and beyond, to reduce the scourge of noncommunicable diseases and the toll they take on people and productivity.

We look forward to working with, and supporting the further establishment and strengthening of, National NCD Commissions in the region, in collaboration with Ministries of Health, civil society organisations, appropriate private sector partners, regional institutions, and international agencies.

## Acknowledgements

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

Special thanks are extended to Mrs. Denise Carter Taylor and Dr. Beverley Barnett, the primary authors of the document. Mrs. Carter Taylor is a Senior Health Promotion Officer in the Ministry of Health, Barbados, the Secretary of the Barbados National NCD Commission, and a member of the HCC. Dr. Barnett is a retired staff member of the Pan American Health Organisation (PAHO), and is currently a public health consultant.

We express sincere appreciation to the Ministries of Health and NNCDs or equivalent bodies in the Caribbean, such as Wellness Commissions, which piloted the draft Implementation Framework – Antigua and Barbuda, Grenada, and St. Vincent and the Grenadines – and all the NNCDs in the region that reviewed the draft and provided comments. Comments were also received from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) through its office in Barbados. The feedback from the piloting and the reviews provided invaluable input for the finalisation of the document, and PAHO/WHO's technical cooperation contributed to the final product.

We thank Dr. Magna Aidoo, who was Health Advisor in the COMSEC Health and Education Unit at the inception of the project and Dr. Joanna Nurse, Head of Health and Education, COMSEC, as well as Professor Sir Trevor Hassell, HCC President, Mrs. Maisha Hutton, HCC Executive Director, and Board Members of the HCC, all of whom contributed to the Framework.

# Executive summary

Caribbean Community (CARICOM) Member States are convinced of the need for a multisectoral response to non-communicable diseases, including whole-of-government, whole-of-society, and health-in-all-policies (HiAP) approaches, with collaboration among health and non-health ministries of government, the private sector, and civil society, including academia. National policies and practices in non-health sectors have significant influence on NCDs and their risk factors, as evidenced by considering the social determinants of health (SDH). The World Health Organisation (WHO) defines the SDH as the “conditions in which persons are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.”

Establishing a National NCD Commission is seen as a viable mechanism for facilitating a multisectoral approach and addressing the many factors that influence NCD prevention and control, and health in general. Commissions were mandated in the 2007 Port of Spain Declaration and have been widely recognised by the CARICOM Heads of Government and the WHO as ideal platforms to nurture and strengthen the multisectoral response to NCDs by regional and global stakeholders. A National NCD Commission is defined by WHO as *“a high-level commission, agency or task force for engagement, policy coherence and mutual accountability... to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of NCDs, including social and environmental determinants.”*

The following core principles guide a well-established and effective Commission: political legitimacy, multisectoral membership, transparent and efficient organisational structure and operations,

credibility, strategic planning and management, accountability, procedures to address conflicts of interest, and sustainable resources and systems, including financial sustainability.

Political, social, and demographic factors influence a country’s capacity to establish and maintain a Commission. Countries with limited human resource capacity may consider establishing a Commission with a mandate broader than NCDs, to tackle health and wellness, and include other priority risks and diseases. Depending on past experiences and social arrangements, some countries may consider various locations for the Commission outside of the Ministry of Health (MoH). Options may include the Prime Minister’s Office or outside of government altogether, in civil society or in the private sector. In the Caribbean, health is seen as a right, with the government as duty-bearer and the MoH as the entity that is responsible and accountable for national health systems, health infrastructure and resources, and overall national health development. Thus, existing National NCD Commissions in the region are located in the government and led by the MoH.

In light of the priority given to NCDs and NNCDs at the highest levels of government in CARICOM countries, several partners have been supporting the establishment and/or strengthening of the Commissions (or their equivalents), including COMSEC, HCC, and PAHO/WHO. These entities have contributed to the development of a strategic framework for implementation of the recommendations made in the first of this two-part series, *A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs, Part I*. The Implementation Framework (IF) – Part II – includes the following steps.



This Implementation Framework envisages the establishment of effective, multisectoral NNCDs, authorised by the country's highest decision-making body, led and initiated by the Ministries of Health, with partners from other government sectors, civil society, and the private sector integrally involved. Notwithstanding, an important challenge with MoH initiation and leadership is the likelihood that there will be continuation and amplification of the perception that NCDs are exclusively a "health problem", leading to less-than-optimal involvement of other government sectors, civil society, and the private sector. Strategies must be implemented to counter this perception and fully engage non-health sectors.

The roles and functions of NNCDs and their members include planning, prioritising, engagement, advocacy, advice, communication, monitoring, and evaluation. NNCDs must be professional, objective, and evidence-based in their work, establishing efficient and effective administrative and managerial structures that enable their sustainability. Given their multisectoral nature, managing conflict of interest is a key component for their effective functioning, and the identification and mobilisation of resources is critical.

Strengthened, fully functioning NNCDs will be most effective when policy and programming priorities are informed by global frameworks such as the WHO "25 by 25" targets, WHO "Best Buys", the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, and the 2030 Sustainable Development Goals; regional strategic frameworks such as the Caribbean Cooperation in Health; and national health or NCD-specific policies, strategies, and plans. NNCD functioning will also be enhanced by interactions and linkages with national multisectoral entities at policy-making level, such as Interministerial NCD Committees or Task Forces; by networking and information-sharing among themselves and with similar Commissions in other regions; and by partnerships with, and technical cooperation from, regional and international development agencies working in NCDs and wider health development issues, taking advantage of the tools and resources made available by these agencies.

# Introduction

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

The HCC was formed in 2008 in response to the 2007 Port of Spain Declaration of CARICOM Heads of Government: *Uniting to Stop the Epidemic of Chronic Non-communicable Diseases* (1). It is a regional alliance of health-related non-governmental organisations (NGOs) and other civil society organisations (CSOs) with the remit to address NCDs. The HCC works closely with regional and international leaders to strengthen and support its membership, and to leverage the power of civil society in the implementation of NCD prevention and control programmes to reduce the incidence, morbidity, and mortality of these diseases.

The Framework is the second of a two-part series on NNCDs. The document *A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs, Part I* (2) provides a detailed assessment of the status of National NCD Commissions in CARICOM Member States (MS). It makes recommendations for their future structure and roles as key instruments of national coordinated multisectoral action, based on varying country contexts and realities. Part I was developed in partnership with the NCD Alliance and Medtronic Philanthropy as part of their broader funding of the HCC under the global programme 'Strengthening Health Systems, Supporting NCD Action', and its wide dissemination was supported by COMSEC.

The NNCDs are multisectoral in composition, having representation from sectors within (whole-of-government) and outside of government (whole-of-society), and are therefore seen as mechanisms for bringing about a structured approach to policy development. They aim to enable the implementation of policies and interventions that address the broad determinants of NCDs, many of which fall outside the traditional health sector. In this context, non-health ministries, such as Ministries of Agriculture, Education, Urban Planning, and Transport need to collaborate with the MoH, civil society, and the private sector to implement policy initiatives that create conditions to enable healthy choices.

National NCD Commissions have significant potential to drive a coordinated whole-of-government, whole-of-society, multisectoral response to the NCD epidemic, and have achieved varying levels of success in the Caribbean. Lessons learned from the experiences of NNCDs in the Caribbean are documented in Part I of this series, and **much of the background for Part II has been reproduced in Part I**. Thus, the documents complement and support each other; Part II provides practical guidance for the establishment and strengthening of NNCDs based on the experiences of past and existing Commissions in the region, as presented in Part I. Part II also benefited from feedback on the initial draft from three CARICOM MS (Antigua and Barbuda, St. Vincent and the Grenadines, and Grenada) and comments on the revised draft from several MS and PAHO/WHO.

## The Framework

*The Framework for the Establishment and Strengthening of National NCD Commissions: Towards a More Effective Multisectoral Response to NCDs, Part II* presented here:

- Is designed as a user-friendly, action-oriented resource to be used by those charged with the task of initiating, leading, and participating in national NCD Commissions, including Ministries of Health, non-health ministries, representatives of civil society and the private sector, and existing NNCCDC Chairs and Commissioners;
- Builds on the recommendations set out in Part I of this series and provides guidance for Governments and Ministries of Health interested in establishing and/or strengthening NNCCDCs or their equivalents;
- Outlines the role of NNCCDCs and the approaches that they may adopt in strengthening country-led policy frameworks and programmes to respond effectively to NCDs;
- Provides a stepwise approach to the establishment and operationalisation of NNCCDCs, and their maintenance, using a strategic framework as an analytic tool;
- Details contributions and actions of non-health ministries and other sectors of society in the prevention and control of NCDs;
- Has been designed primarily for use in the Caribbean, as it is based on the experiences and lessons learned from NNCCDCs and their equivalents in CARICOM MS;
- Is intended to be adaptable to country circumstances, so that the NNCCDC is consistent with the local context and is sustainable in each country; and
- Is also applicable in those settings seeking to establish broader Health and Wellness Commissions tasked with addressing health priorities such as mental disorders and HIV and AIDS, in addition to NCDs.

# 1 | Background and Rationale

## 1.1 Context

Non-communicable diseases, particularly diabetes, cardiovascular diseases<sup>1</sup>, cancer, and chronic respiratory diseases – the four major NCDs – are recognised to be the leading causes of illness and death globally. The Caribbean has the highest prevalence of NCDs in the Region of the Americas, resulting in significant illness and premature death, and tremendous individual, societal, economic, and productivity losses (3). The Caribbean region, comprising many Small Island Developing States (SIDS), is often impacted – for better or worse – by the effects of global developments in health and non-health sectors, and exhibits significant vulnerability to external factors.

The social determinants of health – the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life – exert significant effects on health and wellbeing. NCDs are driven by population ageing and social determinants such as modernisation, urbanisation, and poverty. These issues create environments that facilitate an increase in the four main behavioural risk factors for NCDs – physical inactivity, unhealthy diets, tobacco use, and harmful use of alcohol – and the resultant high rates of biological risk factors: elevated blood pressure, glucose, cholesterol, and body mass index, the last manifesting as overweight and obesity. As noted in the 2011 UN High-Level Political Declaration on NCDs (4) and the 2012 Note by the UN Secretary General transmitting the report of the WHO Director General regarding options for strengthening multisectoral action for NCD prevention and control (5), addressing NCDs and their risk factors requires a multisectoral approach that can be facilitated by efficient and effective National NCD Commissions.

There is strong evidence showing that NCDs can be prevented and controlled through comprehensive, multisectoral, integrated actions. These include: enacting policies, laws, and regulations that enable healthy choices; tax and price interventions that

### THE 4 MAJOR NCDs

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CARDIOVASCULAR  
DISEASES

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DIABETES

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CANCER

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CHRONIC  
RESPIRATORY  
DISEASES

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**ARE RECOGNISED TO BE THE LEADING  
CAUSES OF ILLNESS AND DEATH GLOBALLY**

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<sup>1</sup> WHO's list of cardiovascular diseases includes coronary heart disease (commonly manifesting as heart attack), cerebrovascular disease (commonly manifesting as stroke), peripheral arterial disease, rheumatic heart disease, congenital heart disease, and deep vein thrombosis and pulmonary embolism.

See 

<http://www.who.int/mediacentre/factsheets/fs317/en/>

discourage unhealthy choices; improving the built environment; strengthening health systems; empowering communities to take charge of their health; improving health literacy and health education; advocating for health; and forming alliances and partnerships for health. Appendix 3 of the WHO Global Action Plan for NCDs presents policy options and cost-effective interventions for NCD prevention and control, while Appendix 5 gives examples of cross-sectoral government engagement to reduce risk factors, and the potential health effects of multisectoral action (6). NNCDs have a critical role to play in brokering these interventions.

The 2007 Port of Spain Declaration (POSD) on NCDs (**see Annex 1**) strongly encouraged the establishment of NNCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic diseases. In the POSD, the Heads of Government of CARICOM Member States signalled a strong collective recognition of the multidimensional nature of the NCD problem and high-level political commitment to a multisectoral approach to the emerging health crisis. The leaders of CARICOM MS demonstrated their acceptance

of the need for a whole-of-government, whole-of-society, and health-in-all-policies approach to NCDs that involves collaboration among government sectors, and among government, civil society – including academia – and the private sector.

The value of this approach was subsequently endorsed and echoed in the Political Declaration emanating from the 2011 UN High-level Meeting on NCDs (4), which is also in **Annex 1**; the WHO Global NCD Action Plan 2013-2020 (6); the PAHO NCD Regional Action Plan 2013-2019 (7); and the Outcome Document of the 2014 UN NCD Review (8).

The Outcome Document provided a **definition of a National NCD Commission** in its call for the establishment, as appropriate to the respective national context, of a national multisectoral mechanism, such as: “... a high-level commission, agency or task force for engagement, policy coherence, and mutual accountability of different spheres of policy making that have a bearing on NCDs, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of NCDs, including social and environmental determinants”.

#### Whole-of-society, whole-of-government, health-in-all-policies approaches were reinforced by:

- Endorsement by the PAHO Directing Council of the Organisation's 2014 Health in All Policies Action Plan (9).
- Development of the UN Sustainable Development Goals (SDGs) in 2015 (10), which include several NCD targets under SDG 3, the goal directly addressing health. The SDGs are summarised in **Annex 1**.
- Endorsement in September 2016 by the CARICOM Council for Human and Social Development (COHSOD) of the fourth iteration of the Caribbean regional health agenda, the Caribbean Cooperation in Health, Phase IV (CCH IV), 2016-2025 (11), which highlights NCDs as a strategic priority.
- Endorsement by the September 2016 COHSOD of the evaluation of the POSD, which proposes accelerated action on NCDs (12).

**The Outcome Document of the 2014 UN NCD Review included national and international commitments that are tightly linked to the need for a multisectoral response, and WHO has developed a set of indicators to report on progress towards achieving these commitments (see Section 10.2 under Monitoring and Evaluation). The progress report will be presented at the Third UN High-level Meeting on NCDs in 2018.**

## 1.2 Whole of government

In the **whole-of-government**, multisectoral approach, each sector will be called upon to recognise its own unique contribution to addressing the social determinants and risk factors that lead to NCDs. The health sector will provide guidance and leadership and take action to reduce the health consequences of such conditions, and educate the population about NCDs, their associated risk factors, and interventions for desired health outcomes. Non-health sectors of government must develop guidance and implement actions appropriate to each sector that support healthy lifestyles in a variety of settings, in order to reduce the NCD risk factors among individuals, families, communities, and the population as a whole.

### GOVERNMENT REDUCE NCD RISK FACTORS among



INDIVIDUALS



FAMILIES



COMMUNITIES

## 1.3 Whole of society

The **whole-of-society** approach is of the utmost importance, as chronic diseases have a major economic impact on individuals, families, society at large, and the health system. NCDs impact populations in their productive years, reducing productive labour and earning capacity at the household level. In addition, treatment of NCDs puts considerable strain on already overburdened health systems, due to the resources required to address these diseases and their complications. National policies and practices in sectors other

than health have a significant influence on NCDs and their risk factors, and the successful implementation of a whole-of-society approach will require planning and coordination. Communication among all sectors of government (health and non-health), communities, and individuals at all levels is imperative to address the factors that influence health status.

Thus, leadership at the highest level of government and within all organisations, including civil society

and the private sector, is needed to make **health in all policies a reality**.

In its 2014 report on responses to NCDs in CARICOM (13), the HCC confirmed the major role that civil society, especially health NGOs, plays in NCD prevention and control, highlighting provision of services and financial support to persons with NCDs, and community outreach and education.

This sector is less engaged in advanced advocacy efforts such as the drafting and enactment of national legislation and policies, and has the potential to strengthen its role in holding policymakers accountable (“watchdog role”). The importance of civil society engagement in a strong multisectoral response to NCD prevention and control has been supported at the highest levels globally and regionally by the WHO, the NCD Alliance, PAHO, CARICOM, and CARPHA. The NCD Alliance and the HCC have been strong advocates for the inclusion of civil society in the planning, implementation, and evaluation of NCD policies and programmes at the national level. In recognition of the critically important coordination, advisory, and implementation roles of strong, well-functioning NNCDs in driving NCD policy and programming in the region, the HCC has prioritised the promotion of active civil society participation in the Commissions.

The involvement of the private sector in the whole-of-society approach has significant potential. In its 2015 final report, Working Group 3.1 of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs noted that though governments have the primary role and responsibility of responding to the challenge of NCDs and should lead national responses to NCDs, they need the contribution and cooperation of private sector entities, which are key players as providers of goods and services that can have important effects on health and health inequities (14).

Relevant private sector entities include the media; sports, fitness, insurance, health service, banking, advertising, entertainment, pharmaceutical, service, and transport industries; and industries responsible for the built environment. In addition, all private sector entities employ workers, and are therefore responsible for protecting the health and safety of their workforce; they can contribute directly to promoting and supporting good health.

## SOCIETY

### Chronic diseases have a MAJOR ECONOMIC IMPACT



INDIVIDUALS



FAMILIES



COMMUNITIES



HEALTH SYSTEM

The WHO Working Group report also noted that the term “private sector” has limited value on its own when considering effective action to prevent and control NCDs. There may be reservations about engaging or collaborating with some private sector entities in tackling NCDs, such as some food and beverage industry organisations. However, other private sector entities have no direct conflict in being involved, and may have objectives that align closely with those of governments, particularly with regard to national public health goals for NCDs (14). In order to effectively address unhealthy diets, engagement with the food and beverage industry is almost inevitable.

Emphasis on national health and development goals, innovative strategies that support health while having minimal or no impact of profit margins, good corporate citizenship, and avoidance of conflict of interest may facilitate mutually beneficial collaboration with this sector. Conflict of interest is a key consideration when partnering with the private sector and relevant policies should guide

the types and terms of relationships with private sector Commissioners.

The UN Political Declaration on NCDs calls on the private sector to strengthen its contribution to NCD prevention and control. It has a role to play in bolstering information, communication, and logistical systems for the delivery of goods and services that contribute to health. The sector can promote healthy lifestyles and raise consumers' awareness of healthy products, and can also contribute to the development of innovative solutions in terms of the goods and services required to "make the healthy choice the easy choice" (4). However, WHO Working Group 3.1 cautioned that "governments need to carefully safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest. Furthermore, a clear

and transparent framework for management of conflict of interest at country level is a prerequisite to be able to engage with the wide range of private entities" (14). Notwithstanding, there should be no collaboration with, or involvement of, the tobacco and firearms industries in health.

The HCC's 2015 assessment of the Caribbean private sector's response to NCDs (15) documented the sector's involvement in NCD prevention and control initiatives, but found that the involvement centred on advocacy and philanthropy, with little participation in other local or national initiatives in partnership with government or civil society. The report presented a framework for action to secure greater participation of the private sector.

## 1.4 NNCDs initiatives in the Caribbean

Following the 2007 Heads of Government Summit on NCDs, CARICOM MS took steps to implement the provisions of the POSD, and the establishment of intersectoral NNCDs or analogous bodies to guide NCD policies and programmes was included as an expected result under "Priority Action #5: Programme Management" in the *Strategic Plan of Action for the Prevention and Control of Non-Communicable Disease in Country of the Caribbean Community, 2011-2015* (16). Several governments that had not already done so established NNCDs as vehicles for multisectoral collaboration, and as at the end of November 2014, 12 of the 20 CARICOM MS had established NNCDs or analogous bodies, and 9 were active (2). They were, for the most part, established with specific terms of reference (ToR) aimed at providing guidance at the highest levels of government for NCD policy and programming, in addition to driving, supporting, and coordinating national actions (2).

As at the end of November 2016, 6 of the 12 NNCDs were active. Among those that were dormant, the main reason given for the inactivity was delay in reappointment of the Commission, the body having reached the end of its tenure and/or the country having had a change in government.

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**These developments highlight the importance of defining mechanisms for sustainability, including "carry-over" of Commissioners and continuation of the Commission's work, pending the appointment of a new Commission, adjustment of its mandate, or review of its ToR.**

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Against the background of a growing global focus on NCDs, there has been increasing attention to the value of NNCDs in achieving truly multisectoral, HiAP responses to the NCD epidemic. The HCC is committed to facilitating the engagement of all sectors of society around NCDs, and identifying and documenting the most effective mechanisms for achieving this objective, such as the NNCD model. A rapid assessment of NNCDs in CARICOM conducted as part of the HCC's Civil Society Regional Status Report: Responses to NCDs in the Caribbean Community (13), found that despite the fact that Commissions have achieved varying levels of success, they have not uniformly fulfilled their potential to play significant roles in the NCD response at country level.

Subsequent collaboration among the NCD Alliance, Medtronic Philanthropy, and the HCC resulted in a Caribbean regional report on NNCDs entitled: *A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs, Part I*. Its aim was to provide a detailed assessment of existing Commissions, summarise challenges, successes, and lessons learned, and make recommendations for the strengthening of these entities (2).

Dovetailing with these findings and recommendations was the strategic aim of the COMSEC Health Section to strengthen national health frameworks and policies in the Commonwealth, and the identification of NNCDs as structures through which NCD policies in the Caribbean can be implemented. HCC and COMSEC recognised the need to continue work in this area by providing guidance to support the establishment and operationalisation of effective Commissions through the NCD Commissions Strengthening Project.

In February 2015, as one of the project activities, a small regional multi-stakeholder meeting was held in Trinidad and Tobago to gain broad, region-wide buy-in and cultivate a sense of ownership around the NCD CSP. The meeting focused on reviewing the current situation of NNCDs in the region based on the draft civil society report on the Commissions, and key NCD CSP milestones were also discussed.

The group of 10 individuals, including NNCD Chairpersons and Administrators, Chief Medical Officers, and representatives of regional health organisations, was designated as the official working group for the project.

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**With the finalisation, publication, dissemination, promotion, and use of this Implementation Framework, it is anticipated that the functioning of National NCD/Wellness Commissions in the Caribbean will improve significantly, and that there will be positive and measurable short-, medium-, and long-term effects on NCD prevention and control in the region.**

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## 2 | Core principles of successful NNCCDCs

A well-established Commission should be guided by the following basic principles, which are based on direct experiences as discussed in Part I of this series and feedback from countries. These principles contribute to good governance of NNCCDCs.

### LEGITIMACY

This should be conferred by the highest competent authority in the country.

### AUTHORITY

The Commission should be given authority to effectively fulfil its mandate. Its level of decision-making and the mechanisms through which its recommendations and decisions will be implemented should be clear and agreed by policymakers. Based on country experiences and practices, there should be a determination of the type of legal status that is appropriate.

### MULTISECTORALITY

Membership should come from the relevant sectors to guide action on the social determinants of health, including government, the private sector, and civil society, including academia.

### CREDIBILITY

Highly visible leaders are needed, capable of convincing political leadership, partners, and the population of the need for action on NCDs, based on evidence.

### TRANSPARENCY

The Chair and Members of the NNCCDC should be appointed based on the defined mandate of the Commission and the knowledge, skills, and competencies that they possess, in their own right or representing various sectors. Desired characteristics or recommended profiles of the Chair and Commissioners can provide a useful framework for the identification of suitable persons. In addition, the Commission's operations should be guided by specific ToR.

### **ACCOUNTABILITY**

The existence of strategic and operational plans, and SOPs – including supervisory and reporting mechanisms – facilitates accountability. The Commission must be able to report on its activities, the extent to which it has achieved its objectives, the resources expended in doing so, and any adjustments needed to achieve the objectives, especially if the operating environment has changed. Incorporation of, or access to, formal mechanisms for monitoring and evaluation, including the management and monitoring of financial resources, is a prerequisite.

### **CONFLICT OF INTEREST PROCEDURES**

Collaboration among sectors and entities with varying mandates, remits, objectives, and structures, especially the private sector, demands that mechanisms be put in place to ensure that members' actions and decisions are not influenced by personal and professional biases and interests. The public health policy setting and implementation space must be protected from the commercial and other vested interests of the industry, and a conflict of interest policy is essential to guide NNDC actions.

### **ADEQUACY OF RESOURCES**

Resources – human, financial, and infrastructural – should be allocated by government and mobilised through development partner agencies and partnerships with actors in the private sector and civil society.

### **SUSTAINABILITY**

The Commission should transcend changes in political authority, because of its credibility, objectivity, adequate resource base, and demonstrated competence. These attributes should make it so valuable that its voice and actions would be noticeably absent if it were not allowed to function or were to be suspended for an inordinate length of time.

### **STRATEGIC PLANNING AND MANAGEMENT**

The Commission should develop strategic and operational plans to guide its work. The strategic plan states the Commission's objectives and outlines how it will fulfill its ToR over a specific time period, while the operational plan identifies the activities, deliverables, and resources needed for the achievement of the objectives. The Commission should also adopt standard operating procedures (SOPs) for conducting its business.

### 3 | Strategic framework for the establishment of an NNCCDC

The steps for the establishment of an NNCCDC are illustrated below and described in detail in this section. The key principles of NNCCDCs outlined in the previous section are cross-cutting and inform the steps of the Framework, which are summarised in the figure below. **The MoH, NNCCDC precursor body (see Section 3, Step 1, Key actions), and/or the NNCCDC should request technical cooperation, as appropriate, from development partners such as PAHO/WHO, other UN agencies, COMSEC, HCC, UWI, and others, in implementing these steps.**

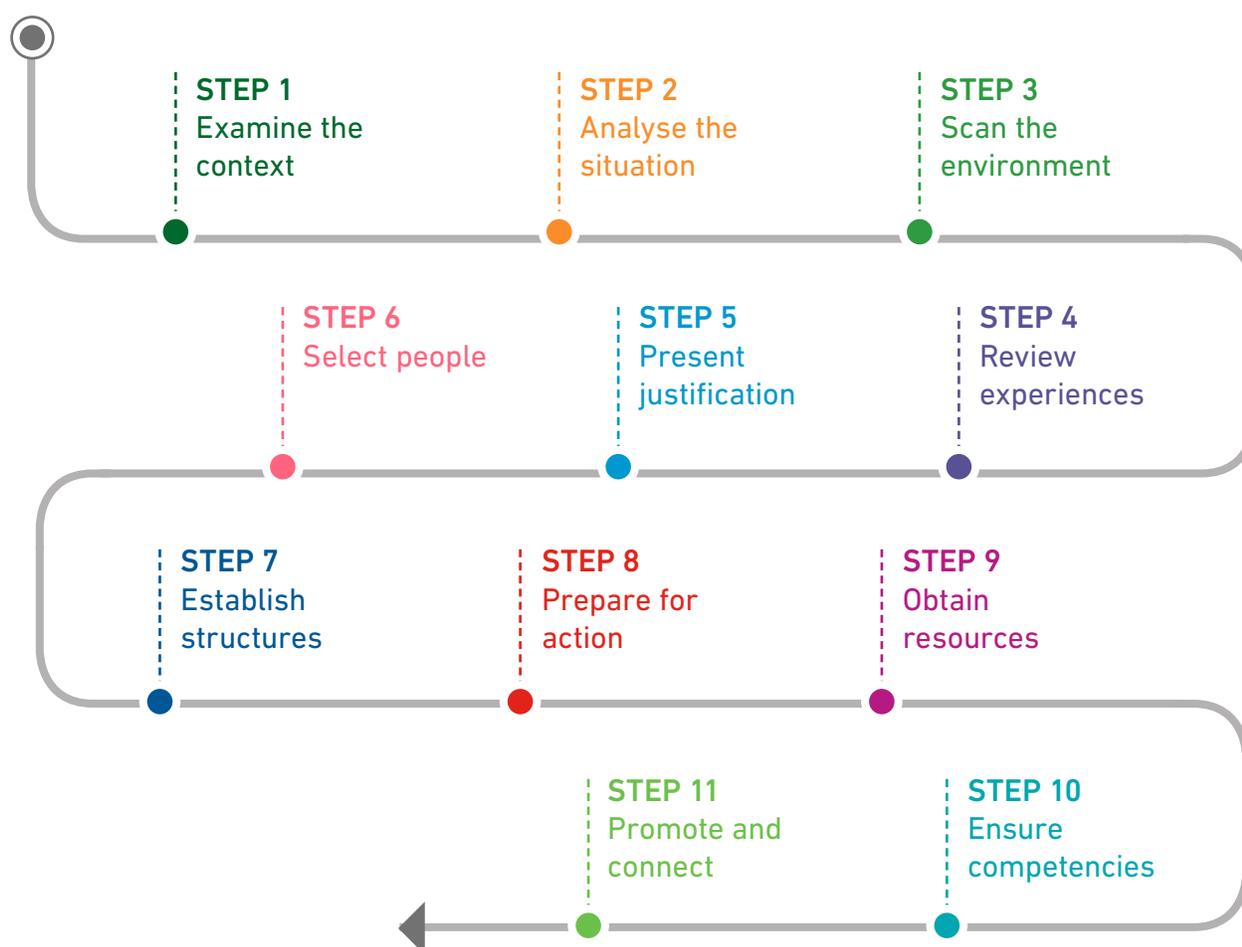


Figure 1: Steps in establishing an NNCCDC

## STEP

## 1

**Examine the context**

Review mandates, recommendations, agreements, and frameworks for NNCD establishment

## Why do we need a National NCD Commission and how should it be structured?

In recognition of the national and regional burden and impact of NCDs, the Port of Spain Declaration strongly encourages CARICOM MS to establish National NCD Commissions, which are mechanisms for strengthening multisectoral action around the national NCD response. Other global and regional mandates, recommendations, agreements, and frameworks that will be facilitated by the establishment of an NNCD have already been mentioned (**see Section 1**). The POSD itself (1) and the 2016 POSD evaluation (12) have several other recommendations related to NCD prevention and control that should be considered, and WHO's "Best Buys" provide a guide to cost-effective interventions to reduce the burden of NCDs (17, 18).

### Key actions

- Set up a small working group (NNCD precursor body) to carry out tasks related to this and other preparatory steps, and to help guide decision-making related to the establishment of the NNCD. The group will ideally be multisectoral, but may be drawn from the health sector exclusively<sup>2</sup>.
- Review regional and global frameworks that are related to NCDs and that call for the establishment of NNCDs, especially those that the country has agreed to, signed, or ratified. These include, but are not limited to, the POSD, the WHO Global Action Plan on NCDs 2013-2020, and the SDGs.
- Determine the 'best fit' or type of structural arrangement for the NNCD that is consistent with the local context. **Annex 2** summarises types of organisational structures and management arrangements that may be considered, based on a discussion paper prepared for the First Global Ministerial Conference on Healthy Lifestyles and NCD Control held in 2011 (19).

<sup>2</sup> A Wellness Committee and a Task Force, respectively, comprising mostly health sector representatives, performed relevant tasks in two countries, developing ToR and suggesting membership for the Commission. One country is discussing the possibility of retaining the Committee with specific functions to support the Commission, while the other decided to dissolve the Task Force, once the Commission was established.

**STEP**  
**2**
**Analyse the situation**

Assess current national NCD programme and related issues, including the evidence base

### What are the country's needs and capacity with regard to NCD prevention and control? What are the challenges and problems?

A determination of the current situation, to facilitate analysis of how an NNCD will strengthen the governance and success of the NCD prevention and control programme, should be made. The assessment should include evidence-based actions that target vulnerable populations in particular, facilitate the reduction of inequities, and involve the whole of society – government, civil society, and the private sector – in the response to NCDs.

#### Key actions

- Summarize the current status of NCDs and their major risk factors in the country, including the existence of a national NCD plan or a national health plan that includes NCDs, and the availability of updated NCD epidemiological data that are disaggregated by sex, geographical location, ethnicity, socio-economic status, and other factors, to identify groups most at risk. While this and related information may be available from national data, summary information may also be obtained from situation analyses and other documents developed by entities such as CARPHA, the UWI, PAHO/WHO (Basic Indicators, Health in the Americas), the World Bank, and HCC. Most of these documents are available through the respective entities' websites.
- Determine the availability of an economic analysis of the burden of NCDs, such as data on productivity losses and spending on tertiary care.
- Identify health system responses to NCDs, including current MoH NCD programmes and interventions at primary, secondary, and tertiary levels of care.
- Identify responses to NCDs by civil society and the private sector.
- Review monitoring and evaluation reports of the responses, if available, and identify their strengths and weaknesses, opportunities for improvement, and threats to their success, including the allocation, mobilisation, and sustainability of resources.

**STEP**  
**3**
**Scan the environment**

Review policies and programmes in non-health government sectors that influence NCDs and their risk factors

### How do non-health ministries influence NCD prevention and control, and what are the most important policies in those ministries that affect health?

The social determinants of health highlight the impact on health of policies and programmes in non-health sectors. HiAP and whole-of government approaches aim to ensure that actions in non-health sectors enable and facilitate the achievement of health and development objectives. PAHO, WHO, and the Ministry of Social Affairs and Health of Finland – among others – have developed documents and tools to guide analysis and action in the HiAP approach (9, 20, 21, 22).

#### Key actions

- Become aware of policies and programmes in sectors such as Education, Agriculture, Trade, and Social Services, and their impact on health, positive or negative (**See Section 5**).
- Become familiar with the HiAP and whole-of-government approaches to health and its determinants, and the value of health impact assessments.
- Determine how multisectoral collaboration has been approached in the country, what examples exist, and what lessons have been learned and applied, for example with expanded HIV programmes.
- Gain an understanding of the existing matrix of relevant entities, their missions, capabilities, and political perspectives. The “stakeholder engagement” section of the WHO NCD Multisectoral Action Plan (MAP) tool provides guidance for this action (23).
- Review records of procedures and successes for possible member organisations; these reviews will not only give information on the work of the sectoral member, but also provide guidance on the optimal structure for a multisectoral Commission.

**STEP**  
**4**
**Review experiences**

Explore successes, challenges, and lessons learned from other in-country commissions and other NNCCDCs

### What was done in this country in establishing other commissions? What was done in other countries? How do their Commissions work? How can we learn from them?

Several Caribbean countries have established NNCCDCs or equivalent bodies, with varying degrees of success. Part I of this series provides case studies and experiences of NNCCDCs in the region; **Section 8** and **Annex 7** of this document include updated information on selected NNCCDCs.

#### Key actions

- Obtain and analyse information pertaining to existing in-country national commissions and their establishment, noting areas applicable to the NNCCDC.
- Review case studies and other documents related to NNCCDCs or their equivalents in the region, in particular those in similar settings with respect to population size, scope of national programme, available human and financial resources, and other factors, in order to explore their methods of operation, successes, challenges, and lessons learned.
- Establish regular virtual contact with other NNCCDCs through their Chairpersons, with the aim of developing a network that facilitates information- and knowledge-sharing, and exchange of expertise and experiences.
- Ensure that the information and communication technology available to the NNCCDC will be adequate to serve the relevant needs of the Commission.
- Collaborate with organisations, agencies, and entities such as PAHO/WHO, other UN agencies, COMSEC, HCC, and the UWI or other academic institutions that are well-placed to foster technology and knowledge transfers among NNCCDCs.

## STEP 5

### Present justification

Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority

#### How best can the establishment of a National NCD Commission address the issues and challenges for NCD prevention and control in the country? What information does the Minister of Health and Cabinet need to be persuaded to approve the NNCCDC? What legal or statutory steps need to be taken?

Having considered and documented the issues highlighted in the Steps 1-4 above, a well-written, evidence-based policy brief will be required to justify the establishment of an NNCCDC, secure political support and legal authority, and advocate for high-level leadership across sectors. Political support is critical to the success of the Commission, and where such support is at the highest level, the NNCCDC is likely to function in an environment that will facilitate the achievement of its mandate.

**The MoH should take the lead in placing the need for a Commission on the political and public agenda**, but NGOs can play a critical role in keeping the issue in the public arena, as well as advocating to government. There will be occasions when CSOs are uniquely positioned to be effective spokespersons, especially those that are well-respected and have credibility with the public.

#### Key actions

- **Develop a policy brief summarising the justification and rationale for the NNCCDC, including:**
  - > The epidemiological profile of the country, specifying groups particularly affected by NCDs and their main risk factors.
  - > A strategic approach to tackling NCDs in the country, including the rationale for establishing a Commission and the framework for action, such as a national NCD plan.
  - > The proposed mandate, composition, and organisational structure for the Commission, with identification of reporting relationships, accountability mechanisms, and provisions to prevent and manage conflict of interest.
  - > Proposed terms of reference for the NNCCDC that include its primary roles and functions. These may be advisory to the government; and/or oversight/monitoring of NCD and NCD-related programmes and government commitments; and/or operational/implementation, with the Commission having its own programmes that either supplement or complement those of other bodies. **Annex 3** provides sample ToR.

## STEP 5 Present justification

- > Consideration of the legal status of the Commission:
  - The NNCCDC may function with Cabinet approval only, without any explicit legal status, or it may function under explicit legislation that creates the body.
  - The NNCCDC may also function under an existing statute for private entities or not-for-profit organisations such as charities or foundations.
  - The legal status will determine its location, whether in a ministry, in the private sector or in a non-governmental organisation.
  - Whatever the option chosen, **a mechanism for the effective implementation of the NNCCDC's mandates and decisions is essential, and should be included in the policy brief.**
- > The Commission's suggested multisectoral membership, with the rationale for inclusion of the sectors, so that the optimal size of the Commission is taken into consideration. In most countries the NNCCDC Chair and members are selected and approved by the Minister of Health, through a process that is not always readily apparent (2). Concern has been expressed that there may be over-representation of the health sector on some Commissions, and Part I of this 2-part series noted the "need for greater stakeholder representation by women's groups, trade unions, and environmental and consumer groups" (2).
- > Identification of the financial, human, and technical resources needed to support the Commission, with an indicative annual budget. **Annex 3 provides sample budget items for consideration.**
- Conduct briefing meetings, first with the Minister of Health and then with other policymakers, members of the Cabinet, and leaders/opinion-makers in civil society and the private sector, raising the NCD issue and NNCCDC establishment on the national agenda.
- Become aware of windows of opportunity, that is, short periods of time in which a problem is recognised, a solution is available, and the political climate is positive for change. **Initial establishment of the NNCCDC around a specific strategic topic, theme, or challenge, to define the membership that would enable it to perform its agreed functions and demonstrate "quick wins", may be considered.** Relevant experiences from Finland may provide parallels for NNCCDCs (22).

**STEP  
6**
**Select people**

Identify high-level leadership, agree on membership, and engage cross-sector partners based on recommended profiles, obtaining their participation and support

### How do we select the Chair and Commissioners of the NNDC, and encourage partnership and teamwork?

Leadership is an essential component in the successful establishment of an NNDC. The right leader, one who has passion, conviction, and zeal about the NCD response, will contribute significantly to the NNDC's effective functioning, visibility, and viability. The Minister of Health, Cabinet, or Head of Government may appoint the Chair of the Commission; less commonly the Commissioners themselves select the Chair.

In its recommendations to the Minister of Health regarding the membership of the Commission, the working group or task force initiating the process should ensure that the Commission has political support across society. One way to do this is to select members who represent a broad range of partners, including government, the private sector, and civil society, inclusive of faith-based organisations, NGOs, labour, academia, the media, community groups, and older persons. In addition, the inclusion of youth and persons with NCDs, or their legitimate representatives, will, respectively, keep the Commission up-to-date with emerging trends in popular culture and contribute creativity, authenticity, and innovation to plans and programmes.

Consideration should also be given to ensuring representation of specific geographic areas in countries that have multi-island topography, such as Barbuda in the case of Antigua and Barbuda; Carriacou and Petit Martinique in the case of Grenada; the Grenadines, in the case of St. Vincent and the Grenadines; and Tobago, in the case of Trinidad and Tobago.

**It is advisable to identify members who have a passion for, and interest in, making progress on NCDs and who fulfill most, or many, of the criteria in the recommended profiles for the Chair and Commissioners.**

Members are expected to report to the entities/sectors that they represent and advocate for, and facilitate, appropriate actions by the respective entities/sectors for NCD prevention and control.

Though work in partnerships, collaborations, and coalitions can be challenging, these diverse groupings provide different, but complementary, knowledge and skills, and can be powerful tools for mobilising action and achieving objectives (24). The Commission's members will need to come together as a team to effectively address the Commission's mandate, and attention to coalition-building will enhance the chances of success.

STEP  
6 Select people

Key actions

- Seek a leader who commands respect, with personal and professional credibility; the capacity to effectively make a sustained case for NCDs in various settings with various target groups and opinion leaders; the capacity to relate to various groups, transcending gender, age, and ethnicity; and the ability to manage conflict and competing interests of members.
- Determine the requirements of membership of the Commission and make them known at the time of appointment, so as to indicate the level of responsibility required. **Annex 4 sets out recommended profiles** for the Chair of the NNCD and the Commissioners.
- Select and appoint Commissioners in a transparent manner; ensure adequate representation of sectors, entities, and geographical areas to maximise chances for the Commission's successful functioning, based on the priority themes to be addressed. **Annex 5 offers suggestions for the composition of the NNCD.**
- Engage people living with NCDs, or their valid representatives, as members of the NNCD, to ensure that the client/patient perspective is reflected in the activities and outputs of the Commission.
- Ensure inclusion of priority groups such as older persons and young people.
- Review WHO's Discussion Paper 2, which identifies multi-stakeholder involvement in health that may offer lessons for NCD prevention and control, and discusses models of partnership that may be useful to countries as they establish and/or strengthen their NNCDs (25).
- Undertake coalition-building, using materials and methods such as those noted in the Prevention Institute's eight-step guide for developing effective coalitions (26).

## STEP 7

### Establish structures

Provide administrative and managerial mobilisation for sustained functioning and management of conflict of interest

#### How do we get the Commission started?

Once a decision to establish a Commission has been made, political support assured, and the mandate, ToR, composition, structure, and other key inputs and components as outlined above have been approved, administrative and managerial tasks will need to be undertaken in order to implement policy and make the Commission a reality. **Annex 6 offers examples of documentation – agenda, minutes, and annual report formats – to assist with NNCCDC functioning.** Managerial instruments such as SOPs, code of ethics, and conflict of interest policy may be developed based on examples from similar entities or with technical cooperation from development agencies.

#### Key actions

- Issue a formal invitation to proposed Commissioners, accompanied by the requirements of membership.
- Prepare letters of appointment.
- Identify a meeting space.
- Arrange the first meeting.
- Select a Chairperson (**if not previously done by the Minister of Health, Cabinet, or Head of Government**).
- If a budget has not been approved by Cabinet (Step 5), identify budget line/resources for the Commission's sustained functioning (**see also Step 9**).
- Identify and procure administrative support for the Commission, with duties to include scheduling meetings, taking minutes of meetings, and documentation of the Commission's work and legacy.
- Establish a regular schedule of meetings – frequency, dates, and times – at the outset, with the agreement of all members.
- Plan and implement a formal launch of the NNCCDC. This provides an opportunity for the MoH and government to send a strong signal to the community that action is being taken on NCDs.
- Develop a conflict of interest policy that clearly defines the industries and entities with which the Commission will not collaborate, and how the Commission will deal with instances where private sector or other interests may be inimical to the Commission's objectives and national health goals (**see Section 5.4**).
- Develop standard operating procedures, a code of ethics, an organisational structure, and other managerial tools and guides for the Commission's effective and transparent functioning, and to avoid prolonged suspension of its work after expiration of its tenure or following a change in government.

STEP

8

**Prepare for action**

Develop initial programme of work, strategic and operational plans, and accountability mechanisms

**What will the NNCD do to start addressing its mandate and NCD priorities?**

Once the Commission has been formed and is meeting regularly, it will be necessary to identify and document the initial tasks or activities to be undertaken. At this stage, it is not essential to produce a detailed strategic plan, but a list of short-term outcomes for the Commission will be beneficial. There should be consensus among members on this work agenda; **quick wins and short-term successes will motivate and build the confidence of NNCD members.**

Subsequent to the launch of the Commission and the completion of the administrative and managerial mobilisation, its leadership will assume full operational responsibility from the MoH or NNCD precursor body. After the identification of the initial programme of work, detailed strategic and operational/implementation plans for action over a specified period should be developed.

It is also critical to develop a monitoring and evaluation framework or plan related to the programme of work or strategic plan, for accountability, transparency, and documentation of results. There should be mechanisms for **reciprocity** – that is, to allow feedback on the Commission’s recommendations, activities, and results from key stakeholders, including the Minister of Health, the Cabinet, civil society – including the public – and the private sector.

Countries in and outside the region, and regional and international agencies, may offer examples and models of NCD policies, strategies, and plans, and of NNCD strategic plans and M&E frameworks that would assist in the successful implementation of this step. **Selected sources are cited below.**

## Key actions

- Reach consensus on initial priority, evidence-based, cost-effective intervention(s) based on the national NCD policy, strategy or plan, or related to an ongoing programme that can be enhanced and made more strategic. **Section 6, Recommended Actions for NNDCs, offers suggestions for consideration.**
- Develop a medium-term strategic plan for the NNDC, identifying goals, key outcomes, and the outputs, products, and services needed to achieve the outcomes, noting and analysing objectives and targets in international frameworks related to NCDs that may be adopted or adapted by the country, as appropriate for the national context. One outcome in the plan should be an “internal” one that addresses the efficient and effective functioning of the NNDC itself.
- Develop an implementation plan for the NNDC strategic plan, including identification of the resources needed to deliver the products and services, and formulation of an indicative budget.
- Develop a monitoring and evaluation (accountability) framework for the NNDC strategic plan, defining mechanisms for performance assessment, internal review, external evaluation/audit, and preparation and submission of periodic reports. The reports should include documentation of achievements against the stated goals and objectives, challenges, and lessons learned, as well as financial execution, to facilitate transparency and sharing of experiences.
- Identify mechanisms for the Commission to receive feedback on its activities and performance from key stakeholders, at both the policy-making and beneficiary levels.
- Advocate and lead the development of national NCD policy and/or strategy and/or plan, if these frameworks do not exist. **If such frameworks are absent, their formulation should be a priority output of the NNDC strategic plan.** The policy, strategy, or plan should have an accountability framework and consideration should be given to the inclusion of an active research agenda, perhaps focusing on applied research, especially in community-based projects and in evaluating various behavioural interventions. Useful guides for the development of a national NCD plan include:
  - Joint Assessment of National Health Strategies (JANS) tool of the International Health Partnership Plus (IHP+) (27, 28)
  - WHO NCD Multisectoral Action Plan (MAP) tool (23)
  - Recommendations in the POSD Evaluation Report (12)
- Consult examples of national NCD frameworks, available at the **WHO Global NCD Document Repository** (29), which provides access to over 1,300 technical documents containing information on NCDs, including examples of national NCD plans, risk factor policies, legislation, and guidelines. The documents were submitted by WHO MS in response to a 2015 NCD Country Capacity Survey.

STEP

9

**Obtain resources**

**Identify resources and implement resource mobilisation strategies**

**Have the resources that the NNCCDC needs – human, technical, financial, and infrastructural – been identified and allocated? Are there plans to mobilise resources to fill the gaps that are likely to exist?**

Financing the response to NCDs will require both resource allocation and resource mobilisation by Ministries of Health, NNCCDCs, and partners, to enable the implementation of relevant plans and programmes. Sources of NNCCDC funding for most countries will be primarily from the national budget, ideally from a budget line supporting the Commission. However, in the absence of such a line item, funding may come from the health budget lines for NCDs, health promotion, and primary health care, for example, to support the implementation of relevant activities. Other sectors, such as Education and Agriculture, may also have budget lines that support health-related themes, such as school health and food and nutrition security, respectively; these can also be used to support the Commission and its activities.

External funding will likely be required to support the full implementation of national NCD policies, strategies, and plans. It is probable that obtaining technical cooperation and mobilisation of resources will be important functions of the NNCCDC. Resources – including financial, human, and technical resources – may be mobilised from international intergovernmental organisations, charitable bodies, civil society, the private sector, and private/philanthropic sources. Fiscal policy options include taxation for products such as tobacco and alcohol, as well as the consideration of subsidies and incentives. Some countries are applying similar measures for unhealthy foods. As emphasised in the UN Secretary General’s transmission of the WHO Director General’s report on options for multisectoral action to address NCDs, raising taxes on tobacco, alcohol, and other products harmful to health can contribute substantial additional funding for governments, while directly improving the population’s health (5).

Where NNCCDCs are implementing bodies, associated staff needs and costs, and funds to execute activities are required; however, in the event that the NNCCDC is largely an advisory and accountability body, such staff and costs are not anticipated.

## Key actions

- Develop an indicative budget from the inputs and resources outlined in the NNCCDC's initial programme of work and its strategic and implementation plans, including resources for the administration and operation of the NNCCDC, and submit to the Minister of Health.
- Advocate for the earmarking of a budget line in the MoH budget to support the functioning of the Commission, and relevant allocation of resources.
- Identify budget lines in the MoH and other sectoral budgets that can support the implementation of NCD-related projects, programmes, and activities.
- Advocate for the allocation of a portion of the revenue from tobacco and alcohol taxes, or taxes on sugar-sweetened beverages (SSB), to help fund the Commission and NCD-related projects, programmes, and activities.
- Identify budget gaps and areas for resource mobilisation, as well as possible sources of technical cooperation and resources related to achievement of the objectives in both the NNCCDC strategic plan and the national NCD plan.
- Participate in NCD-related fora nationally and internationally – to the extent possible – and develop partnerships with national and international stakeholders for NCD prevention and control, including other NNCCDCs, in order to facilitate resource mobilisation, financial and non-financial.

**STEP**  
**10**
**Ensure competencies**
**Build NNCCDC membership and/or membership capacity**
**How will the NNCCDC ensure that all Commissioners can perform their functions effectively?**

Many Commission members will require capacity building to effectively serve on the NNCCDC, especially since several will come from non-health sectors, civil society, and the private sector. The Commission may, from time to time, establish work groups to accomplish specific tasks, and members could be assigned to such groups based on their skills, experience, and interest. The membership of the Commission may also need to be expanded to include additional sectors as appropriate to a particular priority theme or topic.

**Key actions**

- Sensitize NNCCDC members to expectations of the Commission and the Commissioners and enable full appreciation of the ToR, roles, and functions of the Commission.
- Arrange workshops, seminars, and other learning opportunities, virtual and face-to-face as appropriate, to enhance Commissioners' awareness and knowledge of NCDs, their risk factors, the relationship with their specific sectors, cost-effective interventions, and the need for HiAP, whole-of-government, and whole-of society approaches, among other topics.
- Provide training in communication techniques, including the use of social media, to enable Commissioners to be effective advocates. They should be skilled in advocacy within their own sectors and with their sectoral partners for the integration of agreed NCD prevention and control strategies into sectoral policies, plans, programmes, and budgets.
- Conduct team-building and change management workshops to enhance cohesion among Commissioners.
- Involve Commissioners from other NNCCDCs in capacity building exercises when and if feasible, to facilitate sharing of experiences and cross-training.
- Identify key sectors and entities that may need to be included as official or ex officio members of the Commission in order to effectively address specific NCD-related themes or topics.

**STEP**  
**11**
**Promote and connect**
**Develop and implement communication strategy**
**How will the NNDC promote its work and report to a wide audience on its achievements, challenges, and lessons learned, as well as progress in NCD prevention and control?**

In today's dynamic media environment, positioning and placement of information and information products is important, and health information is no exception. The Commission should be highly visible to the population, as a factor in maintaining its legitimacy. Elements of the communications strategy and associated budget should be included in the NNDC's strategic and operational plans. The availability of support staff should be considered when making a decision to use social media.

**Key actions**

- Develop, implement, monitor, and evaluate a communications strategy; develop a budget and identify key target audiences and appropriate communication products such as reports, policy briefs, public service announcements, social media posts, and summaries of regional and international agreements related to NCDs.
- Develop and use branding elements to increase the Commission's visibility, such as a logo and banner.
- Take advantage of the internet and social media to disseminate information on NCDs, the activities and experiences of the Commission, and useful materials, as well as to respond to queries and comments in a timely manner; develop a webpage if possible, linking to the MoH and key stakeholder websites, and keep it current.
- Ensure the availability of relevant human resource(s) and information communications technology (ICT) for effective implementation of the communications strategy, including procuring the services of a communications specialist to work with the Commission at least part-time.
- Establish and maintain strong collaboration with national media houses and media practitioners.

## 4 | Implementation of the Framework

The Framework presented above gives guidance for establishing a National NCD Commission or its equivalent, and outlines 11 steps, all of which are important for the successful establishment and maintenance of the Commission. **The steps are interlinked, and the order in which they are implemented may change depending on the country context.** The most important success factors are sustained political support, sustained commitment of the Chair and members of the Commission, and sustained provision of resources for the Commission.

It is recognised that political, social, and demographic factors will influence a country's ability to establish and maintain a Commission. Countries with limited human and financial resources may consider establishing a Commission with a broader mandate to tackle health and wellness, and include priority risks and diseases in addition to NCDs (**see Section 7**).

Depending on past experiences and social arrangements, some countries may consider locating the Commission in civil society or the private sector if this model works best for the country. However, there are no examples of these scenarios within the Caribbean region and one likely challenge in such situations is effective participation by government representatives on a long-term, sustainable basis.

**Multisectoral HIV Commissions have been successfully established in several countries.** In applying the Framework for NNCCDC establishment, the process used for HIV Commissions; success factors; challenges identified and overcome; and lessons learned can be used as models and examples for the establishment of the NNCCDC.

**Sections 7 and 8**, respectively, demonstrate how this Framework may be adapted to fit varying national contexts, suggesting scenarios in which a regional NCD Commission might be considered and providing profiles of, and issues faced by, selected Caribbean NNCCDCs.

Technical cooperation in implementing the framework should be requested from appropriate partners as deemed necessary.

## 5 | Recommended roles, functions, and interactions of NNCCDs and members

NNCCDs were established in the Caribbean to foster the multisectoral response to NCDs, recognising that all segments of society must play a significant role in tackling these diseases. Addressing the challenge of NCDs requires the concerted will, effort, and expertise of government, civil society, and the private sector, working in partnership. Commissions can cultivate stronger, more effective civil society and private sector NCD actors and 'activists' in settings where multisectoral collaborative and coordinated action is relatively new. **All members of the Commission must be given equal stake and value**; harnessing the power of these key actors can lead to synergies which effect positive change. The Commission should be open to adjusting its membership according to the situation in, and needs of, the country.

Figure 2 below illustrates the multisectoral nature of national NCD Commissions.



**Figure 2:** Key stakeholders in NNCCDs

The following sections provide guidance for the broad membership of NNCCDs, the roles that the specific sectors can play, and critical interactions that can add value to the Commissions' functioning and efficacy, and maximise the impact of the sectors, taking advantage of their unique roles in society.

## 5.1 General overview of stakeholder roles

The general roles of key stakeholders are outlined below:

### POLICYMAKERS

Understand the need for, and the role of, the Commission; give formal authority for it to be established and the legitimacy it will need to be effective.

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### MINISTRY OF HEALTH

Leads efforts to establish and maintain an effectively functioning National NCD Commission, assisted and supported by key partners; leads decision making; provides the evidence base, including examples of positive experiences; conducts advocacy and brings partners together to support decisions; prepares the necessary briefs and Cabinet papers to secure formal approval and documents the process; and carries out the administrative tasks to support the smooth working of the Commission. In performing the last-mentioned role, there should be clarity regarding the differentiated roles, responsibilities, and reporting lines of MoH personnel working with the NNCD<sup>3</sup>.

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### NON-HEALTH MINISTRIES

Understand their role and unique contribution to the national effort to address the risk factors and social determinants associated with NCDs. They are prepared to work collaboratively with the health sector.

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### CIVIL SOCIETY

Undertakes advocacy activities to strengthen the case for the establishment of the Commission; keeps the issue on the public agenda; secures support; and shares lessons learned from partners in the regional and global arenas.

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### PRIVATE SECTOR

Mobilises through organisations such as the Chamber of Commerce to support the NCD response and contributes expertise in financing and funding mechanisms. An important aspect of engagement of this sector in NNCDs is the consideration of conflict of interest. The tobacco, alcohol, and firearms industries should not be represented on NNCDs and those private sector businesses that are represented must be carefully selected and demonstrate transparency of function at all times.

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<sup>3</sup> However, based on the model in Grenada (GRD), it has been suggested that the MoH need not always be the entity charged with carrying out the Commission's administrative tasks; St. George's University in GRD performed very well as the secretariat of the GRD Commission.

## 5.2 Whole-of-government: Roles for government sectors

NCDs are perceived by many as solely a “health problem”. Ensuring wide representation of ministries beyond health engages and mobilises non-health ministries around NCDs as a national development issue, building a case for action across all sectors and increasing buy-in for a health-in-all-policies approach. The suggested roles of key ministries in, or related to, the NNCCDC include, but are not limited to, those described below. Table 9 of Section 2.2 “*Stakeholder engagement*” of the WHO NCD MAP tool (23) provides examples of stakeholder roles and responsibilities, including those of selected government sectors, which have been incorporated into the suggested roles below.

**It is recognised that government sectors in individual countries may be organised/titled differently than in the listing below.**



### Ministry of HEALTH

Coordinates, advocates and facilitates the contribution of other ministries, government agencies and stakeholders; leads and facilitates development of national NCD policy, strategy, plan, and programme.

Regularly briefs Members of Parliament and ministries on the status of NCDs in the country.

Seeks to have legislation enacted for risk factor reduction, for example tobacco and alcohol control.

Leads establishment of Interministerial NCD Committee (or equivalent) (**see Section 5.5**).

Establishes mechanisms for epidemiological surveillance on NCDs to monitor trends.

Provides treatment, care, and management of persons with NCDs.

Develops and implements nutrition and physical activity policies.

Develops and implements mental health policies and action plans.

Provides support to the NNCCDC to strengthen multisectoral action.

Provides information to the NNCCDC on priority health issues, including international and high-level resolutions, agreements, and declarations related to NCDs, for example from the WHO and PAHO governing bodies.



## Ministry of EDUCATION

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Develops school health policies and programmes that promote healthy diets, physical activity, and smoke-free environments.

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Ensures the implementation, monitoring, and evaluation of health education curricula in primary and secondary schools, including the Health and Family Life Education (HFLE) programme.

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Reviews policies on participation in physical education for all students.

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Reviews existing school meal programmes.

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Develops policies on the quality of snacks and vending in the school environment, and ensures that children are not exposed to the marketing and promotion of unhealthy foods in schools.

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Trains teachers and other staff to promote healthy behaviours among students.

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Establishes mechanism for the involvement of Parent-Teachers Associations in healthy lifestyle programmes.

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## Ministry of LABOUR

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Ensures the adoption of labour laws that encourage public health measures promoting healthy lifestyles at workplaces.

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Develops policies on workplace health promotion.

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Liaises with trade unions on matters related to health in the workplace.

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Strengthens occupational health and safety programmes for workers' health and incorporates workplace health initiatives into these programmes.

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## Ministry of AGRICULTURE and FISHERIES

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Reviews and revises policies on food security.

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Develops measures to make fruits and vegetables more available and accessible.

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Supports local food producers, such as farmers and fishermen, to increase production.

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Collaborates with the Ministry of the Environment for the development of marine-protected areas and restriction of over-fishing.

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## Ministry of TRADE and COMMERCE

Ensures the adoption of multilateral and bilateral trade and investment instruments that are compliant with all global health laws, prioritising the health of citizens.

Develops and implements trade and retail policies that create supportive environments for reduction of NCDs and their risk factors, increasing access to healthy, quality products and supporting food and nutrition labelling.



## Ministry of URBAN DEVELOPMENT/ Town and Country Planning Department

Ensures the development of building codes and town plans that keep a public health focus.

Approves developments and structures that are conducive to health.

Establishes policies for the development of recreational and green spaces in communities to facilitate physical activity.

Establishes policies to promote physical activity, for example the location of schools within or close to communities so that children can walk or cycle to school.



## Ministry of PUBLIC WORKS

Improves the built environment with structures conducive to health.

Improves facilities for walking and cycling, through the provision of sidewalks and pavements, establishment of cycling lanes in appropriate areas, and closure of streets to vehicular traffic, where feasible.

Ensures that road safety is considered in environmental and other assessments for new projects



## Ministry of TRANSPORTATION

Develops transport policies that promote walking and non-motorised options.

Develops and analyses transportation policy to minimise vehicular emissions and reduce air pollution.

Promotes road safety, reviews road safety targets, and establishes national road safety plans.



### Ministry of FINANCE

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Ensures finance is available to support NCD policy implementation.

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Encourages use of fiscal and taxation policies that promote and protect public health.

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Earmarks a percentage of taxes from tobacco and alcohol to fund NNCDs.

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Considers placement of taxes on foods that are high in fat, sugar, and salt, and SSB.

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Reviews fiscal measures in relation to the importation of food.

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### Ministry of SOCIAL WELFARE

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Maintains opportunities for physical activity and social integration among the elderly.

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Establishes policies to support healthy food options among vulnerable groups receiving welfare grants.

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Promotes sustainable approaches that benefit health and the environment.

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### Ministry of the ENVIRONMENT

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Sets standards to reduce indoor and outdoor air pollution, and water pollution.

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Enforces environmental guidelines and conducts monitoring of regulations.

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Collaborates with other ministries and regional institutions to address climate change adaptation.

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### Ministry of FOREIGN AFFAIRS

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Negotiates, analyses, and ensures adoption of normative international agreements and frameworks that may be directly linked to public health-related issues.

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### Ministry of CONSUMER AFFAIRS/ INFORMATION AND BROADCASTING/PUBLIC AFFAIRS

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Ensures the dissemination of relevant public health information to all stakeholders through appropriate means, including through packaging and labelling of products and public services announcements using both traditional and new media, the latter including the internet and social media.

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## 5.3 Whole of society: Roles for civil society

Civil society groups are representatives of 'the people', providing services and educating individuals to increase awareness and change behaviours, and empowering communities to advocate for equal access to high-quality health care. Some CSOs also undertake a "watchdog" function, counteracting industry influence in the implementation of public health policies; highlighting conflicts of interest; and monitoring policy implementation. NNCCDs should have broad representation from civil society, including health and non-health NGOs, faith-based organisations, academia, media, community leaders, older persons, youth, and persons living with NCDs.

The formation of national NCD alliances (national coalitions of NCD-focussed CSOs, including both health and non-health NGOs) as vehicles for more effective coordinated civil society representation on NNCCDs has been a priority for the HCC. National NCD alliances present a potentially powerful mechanism for collective CSO lobbying to reduce common NCD risk factors such as tobacco use and harmful use of alcohol, and address priority NCD issues such as childhood obesity and the implementation of fiscal measures, such as taxation on unhealthy foods and beverages, to fund national NCD control programmes. However, the only national NCD alliance in the Caribbean is the recently-formed Trinidad and Tobago (TTO) National NCD Alliance, which has yet to serve on an NNCCD, as the TTO Partners' Forum for Chronic Non-Communicable Diseases (NNCCD equivalent) is currently dormant.

### SUGGESTED ROLES

#### for civil society members of NNCCDs include:

- **Contribute to the development**, implementation, and evaluation of the NNCCD strategic and operational/ implementation plans, promoting and supporting NNCCD initiatives.
- **Support the NNCCD and MoH** (and other ministries where applicable) in the monitoring and evaluation of national NCD and NCD-related policies, plans, programmes, and interventions.
- **Share successes** of the NNCCD and NCD best practices with the respective CSOs and institutions.
- **Advocate** for NCD policies and programmes to fill gaps in the national NCD response.
- **Act as "watchdogs"**, holding key partners (public and private) accountable for the implementation of NCD-related commitments, both as members of the NNCCD and as CSOs outside of the NNCCD.
- **Identify**, and contribute to the management of, conflicts of interest.
- **Counteract industry** influence in the implementation of public health policies.
- **Conduct capacity-building** exercises to enhance participation in the NCD response.
- **Deliver** high-quality services that fill public service gaps, where appropriate, and monitor and evaluate the services to ensure quality.
- **Provide information** for national surveillance systems through participation in quantitative and qualitative research studies, and documentation and analysis of the CSOs' own activities.
- **Contribute** to academic research to guide actions of the NNCCD.
- **Participate** in national, regional, and global multisectoral NCD response mechanisms.

## 5.4 Whole of society: Roles for the private sector

Private sector entities are significant employers and producers with core competencies which can be leveraged to positively influence NCD policy development and programming. They can play a substantive, positive role in helping to identify and advance innovative solutions to prevent and control NCDs. The NNCCD provides a unique platform for selected private sector representatives to work closely with other key stakeholders to promote healthy lifestyles.

However, NNCCDs should have clear conflict of interest policies regarding which private sector actors should be engaged and the scope of their involvement, with a clear statement of zero engagement with the firearms and tobacco industries, except where this is focused on the industries' role in implementing government policy. The following may be useful to inform NNCCDs' strategies in addressing conflict of interest:

- Guidelines for Implementation of Article 5.3 of the WHO FCTC, which provide a useful template for NNCCDs' engagement with the tobacco and other private sector businesses (30);
- WHO's Framework for Engagement with Non-State Actors (FENSA) (31); and
- Report of a 2015 WHO technical consultation to address emerging conflicts of interest in nutrition (32).

### SUGGESTED ROLES

#### for private sector members of NNCCDs include:

- **Contribute to the development, implementation, and evaluation** of the NNCCD strategic and operational/implementation plans, promoting and supporting NNCCD initiatives.
- **Comply with government legislation** that promotes and enables NCD and NCD risk factor prevention and control.
- **Establish business advocacy groups** on NCDs to profile the business response and make a case for greater engagement of the private sector.
- **Publicly commit** to addressing NCDs in the workplace and in surrounding communities and schools.
- **Assert corporate social responsibility** by promoting and implementing, or contributing to the implementation of, healthy lifestyle interventions such as nutrition education and physical activity in workplace, community, and school settings.
- **Reformulate products** and introduce new ones to provide consumers with healthier options and stop marketing unhealthy foods, beverages, and tobacco products to minors.
- **Provide consumer-friendly, fact-based nutrition labelling.**
- **Identify roles** for umbrella organisations such as Chambers of Commerce and local employers' confederations to be involved in the NCD agenda. However, care must be taken where the tobacco industry is represented on the Board of Directors of the Chamber of Commerce or is otherwise positioned to influence the decisions of the Chamber.
- **Ensure that participating** private sector entities have strong smoke-free policies.
- **Participate in regional efforts**, as appropriate, with governments and CSOs, including NGOs and professional organisations, to promote healthy lifestyles in workplace, community, and school settings.

## 5.5 Selected critical interactions for the NNCDC and its members

The NNCDC members should not only interact and collaborate among themselves, but should also form key linkages with a national Interministerial NCD Committee (or Task Force), the Office of the Prime Minister or President, and regional and international agencies.

### Interministerial NCD Committee

The Interministerial NCD Committee, comprised of ministers from health and health-related sectors, is an integral part of the HiAP approach, providing the national high-level, policy-making counterpart of the NNCDC. The Committee's functions may be performed by existing high-level multisectoral entities where deemed appropriate, including a national COHSOD or the Cabinet.

#### SUGGESTED ROLES

##### for an Interministerial NCD Committee/Task Force include:

- **Promote, foster, and lead policy development** for a whole-of-government, multisectoral response to NCDs, using the HiAP and health impact assessment approaches to address priority NCD issues and guide NNCDC activities and functioning.
- **Provide oversight**, guidance, and support to the HiAP concept, particularly as related to the national NCD strategic plan.
- **Enact national policies** to address the social determinants of health.
- **Consider proposals** from the Commission to enhance national responses to NCDs.
- **Provide** high-level multisectoral oversight of the NNCDC.

### Office of the Prime Minister/President

As the highest political office, with ultimate responsibility for national development, the Office of the Prime Minister/President has a critical role to play in enabling and supporting the multisectoral approach to NCD prevention and control. This Office may also be called on to report on progress made at high-level international fora such as Summits of the Americas and the UN General Assembly.

#### SUGGESTED ROLES

##### for the Office of the Prime Minister or President include:

- **Provide authority**, commitment, and support for the national multisectoral response to NCDs.
- **Receive briefings** and progress reports on the national response to NCDs from the Minister of Health, Interministerial NCD Committee/Task Force, and NNCDC as appropriate, and provide guidance and resources for enhancement of the response.
- **Take leadership** at the highest national level to include NCD prevention and control in national development plans and initiatives, with a view to implementing national, regional, and international commitments.

## Regional and international agencies

The POSD, and the Framework Convention on Tobacco Control (FCTC) and the SDGs, are examples, respectively, of regional and international frameworks that can guide support from these agencies. The UN Political Declaration on NCDs mandates WHO to support countries in their NCD prevention and control efforts. Through its office in Barbados, PAHO/WHO is prioritising and continuing its technical cooperation with Caribbean countries to help develop, implement, monitor, and evaluate NCD policies, strategies, plans, and programmes, and to establish and strengthen NNCDs.

Other UN and development agencies, such as the **United Nations Children's Fund** (UNICEF) and the **InterAmerican Institute for Cooperation in Agriculture** (IICA) may also provide technical cooperation related to NCD prevention and control.

**COMSEC** has signalled its support for NNCDs in the Caribbean through the development and implementation of the NCD Commission Strengthening Project, in collaboration with HCC. It is anticipated that the Secretariat will continue its collaboration to enable the effective use of the outputs of the project, including this Implementation Framework.

**CARPHA**, a CARICOM regional institution, is expected to play a key role in providing epidemiological information and evidence, and in designing systems for monitoring and evaluation. The mandates of other CARICOM institutions, such as the **CARICOM Regional Organisation for Standards and Quality** (CROSQ) that addresses food and tobacco package labelling, also facilitate and enable regional support for a multisectoral approach to NCDs.

At the CARICOM policy-making level, the **COHSOD** oversees the development and implementation of the regional health agenda and advises the Heads of Government on health and other social issues. Interaction, cooperation, and coordination among the COHSOD and other CARICOM organs such as the **Council for Trade and Economic Development** (COTED), the **Council for Finance and Planning** (COFAP) and the **Council for Foreign and Community Relations** (COFCOR), focused on multisectoral action for NCD prevention and control, would complement national, regional, and international efforts.

### SUGGESTED ROLES

#### for regional and international agencies include:

- **Provide leadership** and guidance on multisectoral action, as well as technical cooperation in areas identified by the NNCD.
- **Discuss** with the CARICOM Secretariat the establishment of a mechanism for close interaction among CARICOM organs and bodies to enable regional high-level coordination of multisectoral actions to address NCDs, and for such a coordinating mechanism to interact with the Chairs of NNCDs in the region.
- **Establish/strengthen collaboration** with NNCDs, civil society, and the private sector within the framework of national policies, strategies, and plans, and regional and international agreements.
- **Provide regional and/or international public goods** that create a supportive environment for NCD prevention and control interventions.

# 6 | Recommended actions for NNCDs

## 6.1 General recommendations for action

Despite differing country contexts, epidemiological profiles – including age and sex distributions – and human and financial resources, there are recommended actions and policy and programming focus areas that may be useful for all NNCDs across the Caribbean, as listed below. Commissions should not restrict themselves to risk factor reduction, but should also have an active role in the arena of care for those living with NCDs.

### The National NCD Commission should:

#### PLAN

- 1 Develop a strategic plan for the NNCD, with an accountability (M&E) framework which details the work that it will do over a set period for NCD prevention and control.
- 2 Advise and collaborate with the Interministerial NCD Committee/Task Force as it plans and implements the whole-of-government response.
- 3 Lead the production of a national strategic NCD plan, if one does not already exist, in collaboration with key stakeholders in health and other government sectors, civil society, and the private sector – the whole-of-society approach.
- 4 Monitor, support, and evaluate the implementation of the national NCD plan, in collaboration with key stakeholders.

#### PRIORITISE

- 5 Create a list of priority national NCD targets based on local evidence and burden, taking into consideration regional and global targets.
- 6 Prioritise and generate proposals for policy, legislation, regulations, and taxation regimes to reduce the risk factors for NCDs.

#### ENGAGE

- 7 Assist government in realising its commitments to engage with civil society, beyond health NGOs, and with the private sector to prevent and control NCDs (including conflict of interest challenges).
- 8 Assist in building capacity in the response to NCDs among various sectors of society, but especially among the private sector and civil society.
- 9 Convene meetings within sectors to raise awareness and enhance networking, e.g. meetings of school principals, faith-based organisations, food manufacturers or fast food retailers.

- 10 Plan and implement a comprehensive and sustained outreach programme on public health education for NCD prevention and control.
- 11 Establish and maintain a directory of all potential partners among CSOs, private sector entities, and government agencies.
- 12 Establish effective communication with partners to enhance collaboration.
- 13 Coordinate and promote 'Caribbean Wellness Day<sup>4</sup>/Week' activities in multiple sectors.

## ADVOCATE AND ADVISE

- 14 Identify government policies that result in increased NCD risk; advocate for, and advise on, the implementation of strategies that aim to reverse or correct such policies.
- 15 Advocate for, and advise on, the adoption or adaptation of international targets for NCD prevention and control in the context of the national situation, and the development of programmes aligned with the national priorities.
- 16 Advocate for, and advise on, the inclusion of NCD prevention and control in national development plans, and in national health policies, strategies or plans, to demonstrate their importance and increase the likelihood of development cooperation to address them.
- 17 Advocate for, and advise on, strengthened regional cooperation and support from regional institutions to countries in their response to NCDs.
- 18 Advocate for, and advise on, the delivery of quality care, improved control and management of NCDs – including screening – and universal access to health and universal health coverage.
- 19 Advocate for, and advise on, long-term care for all chronic diseases, including non-communicable and communicable diseases, the latter including HIV and tuberculosis.
- 20 Identify a user-friendly health impact assessment tool; advocate for, and promote, its use.

## COMMUNICATE

- 21 Develop NCD policy briefs targeting high-level policymakers across all relevant sectors to build a case for multisectoral action, including summaries of international declarations, agreements, and resolutions related to NCD prevention and control.
- 22 Foster close collaboration and coordination between the Ministry of Foreign Affairs, which represents the country in various international fora, and the Ministry of Health and other sector ministries, so that health and health-related interests are represented in such fora, where appropriate.
- 23 Create model toolkits for partners to support NCD action across various sectors, such as wellness programmes for faith-based organisations, workplaces, schools, and communities.
- 24 Identify and develop NCD Champions from popular culture to disseminate and communicate messages for NCD prevention and control, collaborating with persons such as athletes, entertainers, or other nationally recognised figures.

<sup>4</sup> Annual celebration of Caribbean Wellness Day was proposed in the Port of Spain Declaration.

- 25 Ensure networking with NGOs such as diabetes associations and cancer societies, and contribute to the development of networks among such NGOs.
- 26 Develop and sustain partnerships with the media to promote healthy lifestyles, interventions for NCD prevention and control, and the work of the Commission, enabling the Commission's visibility, and knowledge and appreciation of its work.

## EDUCATE

- 27 Develop a core training programme for partners with videos, graphics, and summary sheets that provide information on NCD burden and effective prevention and control.

## BE PROFESSIONAL AND OBJECTIVE

- 28 Exhibit commitment and dedication to the objectives and functioning of the NNCCDC; avoid partisanship, special interests, and individual agendas; and present evidence, where appropriate, to demonstrate any negative impact of sector policies on health.
- 29 Function in an ethical and evidence-based manner, with transparency and mechanisms to address conflicts of interest.

## MONITOR AND EVALUATE

- 30 Document targets and goals for reduction of NCDs and their risk factors, and monitor implementation of related activities in health and non-health ministries and government agencies, civil society, and the private sector, determining if stated policy becomes implemented policy.
- 31 Establish research priorities in collaboration with a multi-faculty consortium at universities and colleges, and facilitate annual reporting of relevant research to stakeholders.
- 32 Advocate for, and support the development of, national NCD registries.
- 33 Produce an annual report and evaluation of the work of the National NCD Commission.

## 6.2 Recommended actions for NCD policy and legislation

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

However, NNCDs should also be aware of, and be prepared for, opposition and resistance from manufacturers and importers of tobacco products, alcohol, and food and beverages that are targeted as part of the NCD strategy. The evidence base for relevant policies and programmes should be well-known and publicised, and there may be need for negotiation and compromise, where appropriate, with food and beverage industries.

The provision of recommendations for NCD policy and legislation, and advocacy for NCD-supportive policy coherence across all sectors of government, are critical functions of an NNCD. Policy and legislation provide the foundation for the creation of a supportive environment for healthy choices and enable the public health approach. This approach covers the broad population through measures designed to influence and enable behaviour change towards the reduction of NCD risk factors.

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

The process may vary from country to country, but typically will involve the preparation of a Green Paper proposing the legislation and inviting comments. The comments are incorporated as appropriate, resulting in the production of a White Paper with the legislative proposal, which is submitted to Cabinet. Other steps may include:

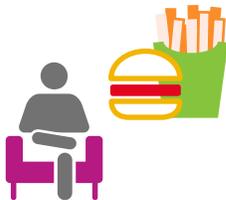
- securing approval of the Cabinet;
- sending instructions to the OCPC or equivalent for the draft legislation to be prepared;
- consultations between the MoH and the OCPC (or equivalent) to review and revise drafts;
- securing comments from key stakeholders that have an interest in the legislation, such as the agency that will be charged with enforcing it;
- certification of the legislation by the Attorney General;
- approval of the Cabinet;
- passage through Parliament; and
- official publication in the government Gazette.

**Tables 1 and 2** identify, respectively, focus areas for NNCD policies under each of the four main NCD risk factors and through the cross-cutting lens of health systems. WHO 'Best Buys' (18) have been included for the risk factors, along with some additional recommendations for policy options. An update of WHO's cost-effective policy interventions for NCDs is in Appendix 3 of the Global NCD Action Plan 2013-2020 (6). Appendix 3 of the Action Plan notes that in selecting interventions for NCD prevention and control, consideration should be given to effectiveness, cost-effectiveness, affordability, implementation capacity, and feasibility, according to the national circumstances. Attention should also be given to the impact of the interventions on health equity, and the need to implement both population-wide policy and individual interventions.

The Ministry of Health and other entities represented on the Commission can individually support policy implementation by – for example – ensuring that healthy food choices are available at their work places and various functions and events, and that their work environments offer opportunities for physical activity.

**Table 1:** Policy options for National NCD Commissions – NCD risk factors

RISK FACTORS	
UNHEALTHY EATING	<p>WHO 'Best Buys' promoting policies which:</p> <ul style="list-style-type: none"> <li>• Reduce salt intake and salt content of food</li> <li>• Replace trans fats with unsaturated fat</li> <li>• Raise public awareness of diet and physical activity through mass media and other programmes</li> </ul>
PHYSICAL INACTIVITY	<p>Additional policy options</p> <ul style="list-style-type: none"> <li>• Place taxes on sugar sweetened beverages</li> <li>• Develop and implement trade policies which reduce the importation of unhealthy foods and beverages</li> <li>• Develop and implement fiscal policies which promote increased consumption of healthier foods – such as fruits and vegetables – and beverages</li> <li>• Implement nutritional labelling policies which promote consumption of healthier foods and beverages</li> <li>• Develop and implement school policies which restrict the availability of unhealthy foods and beverages within schools and their surroundings</li> <li>• Create an incentives programme for restaurants offering healthy options</li> <li>• Develop population-based, age-specific guidelines on physical activity</li> <li>• Support community-based physical activity programmes such as Open Spaces</li> <li>• Identify incentives for workplaces offering physical activity programmes</li> <li>• Collaborate with Town Planning and Ministry of Transport to support policies aimed at increasing active transport and creating green spaces in communities</li> <li>• Review policies on physical activity in schools and ensure it is on the curriculum</li> <li>• Develop and implement policies which promote exclusive breastfeeding and the introduction of healthy foods during early childhood</li> </ul>



## RISK FACTORS

### HARMFUL USE OF ALCOHOL



#### WHO 'Best Buys' promoting policies which:

- Raise excise taxes on alcoholic beverages
- Regulate commercial and public availability of alcohol
- Enforce restrictions or bans on alcohol promotion and advertising

#### Additional policy options

- Collaborate with NGOs and Ministry of Transport to educate the public on the harmful use of alcohol
- Advocate for the introduction of breathalyser testing
- Develop comprehensive national alcohol policy

### TOBACCO USE



#### WHO 'Best Buys' promoting policies which:

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Protect people from tobacco smoke by creating, by law, completely smoke-free environments in all indoor workplaces, public places, and public transport
- Warn about the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Implement and enforce bans on all forms of tobacco advertising, promotion, and sponsorship

#### Additional policy options

- Ban the sale of tobacco to minors
- Support plain packaging and pictorial health warnings on cigarette packages
- Assess the usage and impact of e-cigarettes, and develop appropriate control measures if indicated, including through legislation and regulations for tobacco control

**Table 2:** Policy options for National NCD Commissions – health systems

HEALTH SYSTEM ELEMENTS	POLICY OPTIONS
<b>Leadership and governance</b>	<p>Integrate NCD plans into wider health system planning</p> <hr/> <p>Promote policies which support multisectoral approach to NCDs</p>
<b>Service delivery</b>	<p>Provide early detection and treatment services for people at high risk of heart attacks, strokes and curable cancers</p> <hr/> <p>Promote use of up-to-date, regionally-derived, evidence-based guidelines for the treatment and management of chronic diseases. (See <a href="http://www.who.int/nmh/publications/ncd_strategic_objectives.pdf">http://www.who.int/nmh/publications/ncd_strategic_objectives.pdf</a>)</p>
<b>Health financing</b>	<p>Develop health financing policies that move towards universal access to health and universal health coverage, for example, enabling all residents within CARICOM countries/territories to have access to basic defined packages of NCD care, irrespective of their ability to pay</p>
<b>Medical products and technologies</b>	<p>Establish policies that make generic medicines and effective and appropriate technologies accessible for all</p>
<b>Health workforce</b>	<p>Provide training for health workers at all levels of care</p>
<b>Health information and research</b>	<p>Support comprehensive national surveillance systems</p>

# 7 | Establishing a Commission in a context of limited capacity

## 7.1 National Health (and/or Wellness) Commissions

The experience in some CARICOM countries suggests that those with populations of less than 250,000 will be challenged to find the capacity to create and maintain a National Commission that is restricted to addressing NCDs. In these countries, a 'health (and/or wellness) commission' that includes NCDs and other conditions is suggested. As outlined in the NNCD profiles in Part I of this series, countries such as Bermuda, the British Virgin Islands, St. Kitts and Nevis, and St. Vincent and the Grenadines have adopted this model. **The Steps outlined in the framework will nevertheless be applicable, with**

**adjustments as needed to address agreed priority diseases and conditions, and the country context.**

Part I of this two-part series makes a case for closer collaboration with HIV/AIDS programmes, and notes that HIV/AIDS has transitioned from being an acute, fatal disease to a chronic communicable disease, due to successful antiretroviral therapy. It notes that in 2011 the Caucus of CARICOM Ministers of Health adopted the Chronic Care Policy and Model of Care for CARICOM (33), presents justification for Integrated Chronic Care in the Caribbean, and proposes the integration of HIV and NCD Commissions.

### Key actions

- **Determine** how a national health commission will contribute towards the achievement of public health goals, considering that its mandate will be broader than prevention and control of NCDs.
- **Decide** on the priority diseases and conditions that a national health commission would address in addition to NCDs, based on the epidemiological situation and other factors in the country and the objectives of the national health policy, strategy or plan.
- **Analyse** the advantages and disadvantages of integrating the NNCD with the HIV (or other) Commission, where the latter exists; it may be feasible to take advantage of HIV and NCD funding and other resources to build and implement the chronic care model.

## 7.2 Regional NCD or Health/Wellness Commission

It is further suggested that a group of countries with similar small population sizes might consider forming a regional NCD Commission with subcommittees established at country level. These subcommittees would likely have less rigorous and demanding requirements and functions than an

NNCD, as suggested in WHO's Discussion Paper 2 on lessons learned from multisectoral partnerships (24).

However, some countries noted challenges that might arise with a regional commission regarding

leadership, ownership, decision-making, and provision of supporting resources. Notwithstanding, they also noted possible advantages and emphasised that the vision of regional cooperation should not be lost. The Organisation of Eastern Caribbean States (OECS) and OECS entities such as

the Pharmaceutical Procurement Service (PPS) are considered to be successes, and they complement, rather than dismantle, national systems and entities. Similarly, consideration could be given to a regional NCD Commission that does not replace, but rather complements, national Commissions.

### Key actions

- **Determine** how a regional NCD or health commission will contribute to the achievement of national public health goals.
- **Analyse** the advantages and disadvantages of a regional commission, noting that:
  - A transparent process that is acceptable to all the countries involved will be needed for leadership selection; consideration could be given to rotating the leadership among the countries.
  - Decisions will be needed regarding funding of the commission, such as criteria for country contributions and allocations, and mechanisms for collection, disbursement, and accountability, in addition to the provision of other resources.
  - An administrative system will be needed to support the regional commission.
  - There should not be duplication of, or conflict with, the functions of current regional entities, including CARICOM and the OECS.
- **Consult** CARICOM, the OECS, the UWI, and other regional entities as appropriate for guidance, if this model is to be pursued. A regional NCD/Health/Wellness commission might be integrated into, or take advantage of, existing structures of the respective regional integration bodies. For example:
  - The CARICOM Health Programme, which, among other functions, acts as the secretariat for the COHSOD. The COHSOD comprises Ministers from the social sectors, and also plans and coordinates the CCH, in close collaboration with PAHO/WHO, the UWI, and other partners. CCH IV, 2016-2025, aims to produce regional public health goods related to strategic health priorities for the benefit of CARICOM MS.
  - The OECS PPS, which facilitates the supply of drugs to OECS MS at competitive prices, and the OECS Health Desk, which is to be established.
  - The UWI, which has main campuses in Barbados, Jamaica, and Trinidad and Tobago, as well as Open Campuses in many smaller Caribbean countries.

## 8 | Strengthening existing Commissions – lessons from case studies

Many CARICOM countries have established NNCDs (or equivalent bodies) since they were identified in the POSD as mechanisms for multisectoral collaboration among government, civil society, and the private sector. However, the assessment that constitutes Part I of this two-part series suggests that the Commissions are at different stages in their development (2). Building on the NNCD profiles in Part I, **Annex 7** contains updated profiles of NNCDs in five Caribbean countries – Barbados, Bermuda, British Virgin Islands, Dominica, and Grenada – summarising the date of establishment; membership; mandates; instruments and frameworks for operation and accountability; successes; and challenges.

### 8.1 General information on NNCDs in the Caribbean

The NNCDs vary significantly in size and the larger ones often have technical sub-committees or action groups that deal with different topics, including tobacco and alcohol control; maintenance of healthy weight; mental health; heart health; diabetes; cancer; and chronic kidney disease.

All NNCDs list advocacy and advice on policy, legislation, and programmes among their mandates; most mention resource mobilisation and monitoring and evaluation, and several include implementation of programmes. However, few mandates include hospital services review, and fewer include research.

Most NNCDs do not provide monetary incentives for their members; however, Barbados and St. Kitts and Nevis provide, respectively, a stipend and an honorarium, and at least two other countries are considering instituting similar incentives for the Commissioners.

In the countries that have adopted the model of Health and Wellness Commissions, the other issues dealt with include sexual and reproductive health, and mental health.

Some NNCDs, though not officially integrated with other Commissions, such as HIV Commissions, exhibit functional integration by including mental health in the NCD programme (Jamaica, St. Lucia); having the HIV focal point carry out the functions of the NCD focal point (Belize); incorporating representatives from HIV and mental health programmes in the NNCD and a Chronic Care Advisory Committee (Bermuda and British Virgin Islands, respectively); liaising with the HIV/AIDS programme to share successes and methodologies (Jamaica); and relating to mental health and HIV/AIDS through the MoH (Trinidad and Tobago).

## 8.2 NNCD success stories in the Caribbean

The Commissions' successes are often associated with advocacy, legislation, public education, and observance of events promoting healthy lifestyles, such as Caribbean Wellness Day/Week. However, there are instances of successes regarding strategic planning, capacity building, and research. The successes include, but are not limited to:

- **Production** of a video promoting NCD awareness (The Bahamas)
- **Contribution** to the passage of no-smoking legislation (Barbados)
- **Development** of a draft strategic plan (Belize)
- **Signing** of a Memorandum of Understanding between the MoH and lead agencies for NCD prevention and control (Bermuda)
- **Development of an implementation** framework for the 10-year Strategy for the Prevention of NCDs (British Virgin Islands)
- **Annual observance** of Caribbean Wellness Day, with month-long activities leading up to the Day, and increasing stakeholder participation (Dominica)
- **Hosting** of twice-weekly radio programmes and public consultancies on NCDs (Grenada)
- **Participation** in the formulation of the National Strategy and Action Plan for the Prevention and Control of NCDs, 2013-2017 (Jamaica)
- **Development of a "Healthcare Passport"** for persons with NCDs to guide their interactions with health care providers (Saint Lucia)
- **Collaboration** with the Department of Youth Empowerment to prepare and submit to regional and international bodies a research concept paper and programme plan on "Youth with Healthy Minds and Bodies" (St. Kitts and Nevis)
- **Completion and publication** of the STEPS NCD Risk Factor Survey (Trinidad and Tobago)

As corollaries to their achievements, Commissions cite the following success factors:



## 8.3 NNCCDC challenges and options for action

Regardless of their size, country of location, and available resources, the NNCCDCs face many challenges, including:

- 1 **Lack of clarity on the roles, responsibilities, and functions of the Commission.** In some cases, the relationship among the Commission, the MoH, and other sectors is not clear, and the NNCCDC's advice and recommendations may not be acted on in a timely manner.
- 2 **Resource limitations, human and financial.** Some NNCCDCs have no earmarked budget or full-time personnel, and are dependent on technical and administrative support from the MoH.
- 3 **Inadequate political support and lack of continuity, especially with changes in political administration.** At least three NNCCDCs have experienced an extended hiatus in their functioning, related to requirements for the Chair, appointment or re-appointment of Commissioners following a change in government, and the end of the term of the Commission.
- 4 **Inadequate authority to carry out the mandates and decisions effectively, and manage conflicts of interest.** None of the Commissions was provided with legal authority or instruments to implement policy (2), and though the legal authority may remain with Cabinet or sector ministries, an effective mechanism for implementation of agreed decisions and recommendations must be in place. Similarly, although Commissions recognised the importance of dealing with conflicts of interest, they addressed the issue informally; as at November 2016, none reported having a conflict of interest policy.
- 5 **Ineffective leadership.** Some Commissions have emphasised the importance of strong, motivating, and effective leadership as a major contributor to their achievements; the converse is seen as a challenge to the success of the NNCCDC.
- 6 **Insufficient appreciation and understanding of NCDs, their risk factors, and the need to address the social determinants of health through multisectoral action.** These issues are often seen as the purview of the health sector only, and not as a threat to national development. The importance of the social determinants of health is not broadly understood, including by many persons in the health sector itself.
- 7 **Limited stakeholder buy-in and involvement.** Non-health sectors, civil society, and the private sector often focus on health services – health facilities and health workers – as the solution to NCDs and other health issues, and do not give the needed emphasis and attention to the complementary and important public health approach.
- 8 **Insufficient communication with stakeholders.** Stakeholders, including sectoral entities not represented on the Commission, development partners, and the public, are often unaware of the work, achievements, and challenges of the NNCCDC.

9

**Competing national priorities.** There are many national issues that governments and partners need to address. However, especially in resource-limited settings, “the priorities among the priorities” should be given greater emphasis, and NCDs fall squarely into that category. National, regional, and global health and NCD-specific plans provide frameworks in which national NCD priorities and objectives can be determined.

10

**Difficulties in implementing strategic and operational plans related to NCDs.** The success of whole-of-government and whole-of-society approaches to NCD prevention and control depends on the insertion and integration of appropriate interventions into the plans of action, programmes, and budgets of each entity that has a role to play in the interventions. Alternatively, if the Commission itself is responsible for implementation of the plans, it must be given the resources and authority for the plan’s efficient and effective execution, and have, or have access to, needed technical expertise. This becomes even more important if the country has a multi-island geography, as, for example, in The Bahamas, St. Vincent and the Grenadines, and Trinidad and Tobago; the NNCCDC’s initial program of work should define mechanisms to include the “non-mainland” areas.

**Table 3** summarises options to address the main challenges identified above, **linked to the strategic framework described in Section 3**. The options for action include review or implementation of specific steps of the framework that will facilitate analysis of the challenges, and some of the benefits of carrying out the analysis are listed. **As with the establishment of a Commission, technical cooperation should be requested as needed from national entities, other NNCCDCs, development agencies, and other partners, in strengthening the Commission.**

**Table 3:** NNCCDC challenges, options for action, and benefits

CHALLENGES	OPTIONS FOR ACTION
<p><b>1</b>  <b>Lack of clarity on the roles, responsibilities, and functions of the Commission</b></p>	<p><b>S5</b> Present justification</p> <p>Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority</p>
<p><b>2</b>  <b>Resource limitations, human and financial</b></p>	<p><b>S5</b> Present justification</p> <p>Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority</p> <p><b>S8</b> Prepare for action</p> <p>Develop initial programme of work, strategic and operational plans, and accountability mechanisms</p> <p><b>S9</b> Obtain resources</p> <p>Identify resources and implement resource mobilisation strategies</p>
<p><b>3</b>  <b>Inadequate political support and lack of continuity, especially with changes in political administration</b></p>	<p><b>S1</b> Examine the context</p> <p>Review mandates, recommendations, agreements, and frameworks for NNCCDC establishment</p> <p><b>S5</b> Present justification</p> <p>Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority</p>

## BENEFITS

- Strengthening of the Commission's mandate, ToR, legal and administrative frameworks, standard operating procedures, and accountability mechanisms, with agreement on authority, and oversight and reporting relationships.
  - Review of the Commission's functioning and frameworks for action.
  - Agreement on mechanisms for the review, consideration, and implementation of recommendations/ advice/decisions from the NNCCDC, once agreed by the Minister of Health and/or Interministerial Committee/National COHSOD/Cabinet, including their reflection in the budgets and plans of actions of the entities responsible for relevant interventions.
- 
- Review of the rationale for the establishment of the Commission and the importance of political support.
  - Identification of mechanisms and resources for the Commission's effective functioning and sustainability, including an earmarked budget and a secretariat.
  - Identification of the areas on which the Commission will focus and the inputs/resources needed to achieve agreed objectives in the programme and plans, including human and financial resources.
  - Identification of possible sources for resource allocation and mobilisation, including from entities represented on the Commission and development partners.
  - Identification of technical cooperation needs and possible sources.
- 
- Ensuring political legitimacy and authority, which are critical success factors for the Commission.
  - Advocacy for continuity of actions to implement national policies, strategies, and plans related to NCDs, and fulfill international commitments and agreements, especially since the country's actions on the latter will be monitored.
  - Justification, advocacy, and agreement for the Commission's continued performance of its functions to bridge transitions in political administration and/or expiration of the Commission's term, until it is officially reappointed. This is particularly important where the Commission is given its instrument of office by a government or Minister of Health.

CHALLENGES	OPTIONS FOR ACTION
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**4**  
**Inadequate authority to carry out the mandates and decisions effectively, and manage conflicts of interest**

**S5** Present justification

Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority

**S7** Establish structures

Provide administrative and managerial mobilisation for sustained functioning and management of conflict of interest

**S8** Prepare for action

Develop initial programme of work, strategic and operational plans, and accountability mechanisms

**5**  
**Ineffective leadership**

**S4** Review experiences

Explore successes, challenges, and lessons learned from other in-country commissions and other NNDCs

**S6** Select people

Identify high-level leadership, agree on membership, and engage cross-sector partners based on recommended profiles, obtaining their participation and support

**S10** Ensure competencies

Build NNDC membership and /or membership capacity

## BENEFITS

- Strengthening of the Commission's mandate, ToR, legal and administrative frameworks, standard operating procedures, accountability mechanisms, and mechanisms to deal with conflict of interest, with agreement on authority, and oversight and reporting relationships.
- Agreement on mechanisms for the review, consideration, and implementation of recommendations/ advice/decisions from the NNCCDC, once agreed by the Minister of Health and/or Interministerial Committee/National COHSOD/Cabinet, including their reflection in the budgets and plans of actions of the entities responsible for relevant interventions.

- Optimal selection of the Chair of the Commission, based on recommended profiles.
- Determination of motivating factors for the Chair's service and provision of incentives – financial and/ or non-financial.
- Improvement in the Chair's knowledge, skills, and competencies, including team-building and management.

## CHALLENGES

## OPTIONS FOR ACTION

## 6

**Insufficient appreciation and understanding of NCDs, their risk factors, and the need to address the social determinants of health through multisectoral action**

**S2** Analyse the situation

Assess current national NCD programme and related issues, including the evidence base

**S3** Scan the environment

Review policies and programmes in non-health government sectors that influence NCDs and their risk factors

**S5** Present justification

Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority

**S10** Ensure competencies

Build NNCCDC membership and/or membership capacity

## 7

**Limited stakeholder buy-in and involvement**

**S4** Review experiences

Explore successes, challenges, and lessons learned from other in-country national and other NNCCDCs

**S6** Select people

Identify high-level leadership, agree on membership, and engage cross-sector partners based on recommended profiles, obtaining their participation and support

**S10** Ensure competencies

Build NNCCDC membership and/or membership capacity

**S11** Promote and connect

Develop and implement communication strategy

## BENEFITS

- Advocacy for, and information-sharing on, the burden and impact of NCDs; the contribution of each sector to NCD prevention and control; the effect on each sector and overall national development; and whole-of-government, whole-of-society, and health-in-all-policies approaches.
- Agreement on mechanisms for the review, consideration, and implementation of recommendations/advice/decisions from the NNCDC, once agreed by the Minister of Health and/or Interministerial Committee/National COHSOD/Cabinet, including their reflection in the budgets and plans of actions of the entities responsible for relevant interventions.

- Optimal selection of members, based on recommended profiles and themes to be addressed.
- Determination of motivating factors for Commissioners' service and provision of incentives for their participation – financial and/or non-financial.
- Improvement in Commissioners' knowledge, skills, and competencies.
- Promotion and communication of the work of the Commission and Commissioners, and progress made in NCD prevention and control, with use of communication products and media targeting various audiences.
- Procurement of the services of a full- or part-time communications specialist.

CHALLENGES	OPTIONS FOR ACTION
<p><b>8</b>  <b>Insufficient communication with stakeholders</b></p>	<p><b>S11</b> Promote and connect</p> <p>Develop and implement communication strategy</p>
<p><b>9</b>  <b>Competing national priorities</b></p>	<p><b>S2</b> Analyse the situation</p> <p>Assess current national NCD programme and related issues, including the evidence base</p> <p><b>S4</b> Review experiences</p> <p>Explore successes, challenges, and lessons learned from other in-country commissions and other NNCDs</p> <p><b>S5</b> Present justification</p> <p>Develop policy brief justifying the establishment of the Commission for presentation to the Minister of Health and Cabinet, and secure political support and legal authority</p>
<p><b>10</b>  <b>Difficulties in implementing strategic and operational plans related to NCDs</b></p>	<p><b>S2</b> Analyse the situation</p> <p>Assess current national NCD programme and related issues, including the evidence base</p> <p><b>S9</b> Obtain resources</p> <p>Identify resources and implement resource mobilisation strategies</p>

## BENEFITS

- Promotion and communication of the work of the Commission and Commissioners, and progress made in NCD prevention and control, with communication products and media targeting various audiences.
  - Increase in stakeholder awareness and analysis of strategies and mechanisms through which they can contribute to local, national, and regional efforts to prevent and control NCDs.
  - Procurement of the services of a full- or part-time communications specialist.
  - Establishment and/or strengthening of collaboration with the media, including media representation on the Commission.
- 
- Documentation of the adverse health, productivity, and economic effects of NCDs, and the availability of cost-effective interventions.
  - Advocacy for integration of NCD prevention and control programmes with others, where appropriate, such as HIV, maternal and child health, adolescent health, and health of older persons, and adoption of a chronic care model.
  - Exploration of the possibility of integrating the NNCCDC with an already existing health-related Commission, such as the HIV Commission, or of having a Wellness Commission that addresses issues in addition to NCDs.
- 
- Identification of priorities to be addressed, appropriate interventions, persons and entities best placed to implement them, and resources needed.
  - Identification of prospects for resource allocation and mobilisation, and technical cooperation.

## 8.4 Summary case studies of selected NNCCDCs

This section provides summary information on NNCCDCs in Barbados (BRB), Bermuda (BMU), Grenada (GRD), and Trinidad and Tobago (TTO).

### Barbados National NCD Commission

The NNCCDC in BRB is the oldest in the region, having held its first meeting in early 2007, pre-dating the Port of Spain NCD Summit and Declaration. Since its inception, there has been consistency of leadership. Its Chairperson, a well-known and internationally recognised academic and physician, has remained unchanged, despite changes in governing political parties and Ministers of Health. The strategic plan of the NNCCDC and the Barbados Strategic Plan for the Prevention and Control of NCDs are one and the same, and was produced in collaboration with the Health Promotion Unit and the Senior Medical Officer (NCDs).

The Government of Barbados has shown strong and consistent commitment to NCDs through the funding of national risk factor surveys in 2007 and 2013; the Barbados National Registry (the region's only active surveillance registry for heart attack, stroke and cancer); and a staff member dedicated to the Commission – the Senior Health Promotion Officer in the MoH is the Secretary of the Commission.

The Commission has had many successes, such as influencing product reformulation by a leading local bread manufacturer, with the result that the salt content of the products is lower than international targets, and contributing to enactment of legislation banning smoking in public places and prohibiting the sale of tobacco products to minors. It was also instrumental in securing inclusion of prevention and control of NCDs in Protocol V1 of the Social Partnership, which is a mechanism established at the highest level among government, private sector, and the trade union movement to determine and act on areas of major developmental concern in a collaborative and consensual manner (2).

### Grenada National Chronic NCD Commission

The GRD NNCCDC Commission meets monthly, but has no dedicated technical or professional staff of its own, no strategic plan, no specific budget, and limited access to Cabinet. However, it has easy access to the Minister of Health, and the Chief Medical Officer and a Senior Medical Officer are members of the Commission. Despite its challenges, the Commission has been extremely productive, and St. George's University, the entity from which the former Commission Chair came, provided a well-resourced meeting venue and administrative support.

The critical importance of strong leadership is evident in the success of this Commission; the former Chair demonstrated unwavering commitment, despite significant competing priorities, facilitating smooth transitions from one political administration to another. The Commission produces and submits biannual reports.

This Commission has catalysed trade unions, churches, media, and public and private employers to celebrate Caribbean Wellness Day annually, with resource mobilisation undertaken by relevant sectors for the implementation of activities. Public education activities included a series of twice-weekly radio programmes on NCDs and three public consultations. However, key challenges of the GRD NNCCDC, as with many others, are limitations in human and financial resources.



## Well Bermuda Partnership

The Well Bermuda Partnership (WBP) is an NNCD equivalent that has a mandate broader than NCDs. It meets annually, but has action groups that work to address 18 goals, most directly linked to NCDs and their risk factors. However, two of the goals address, respectively, mental health and sexual and reproductive health.

The WBP has staff and financial resources from the Health Promotion Office. It has a strategic plan, developed within the frameworks of the National Health Promotion Strategy, which is organised around the themes of health people, healthy families, and health communities; the Bermuda Health Strategy 2014-2019; and the Bermuda Health Action Plan 2014-2019. Collaboration and partnership among all stakeholders are identified as key success factors. Notwithstanding its successes, the WBP faces challenges related to human and financial resources, agencies taking ownership of the Health Strategy, and reporting.

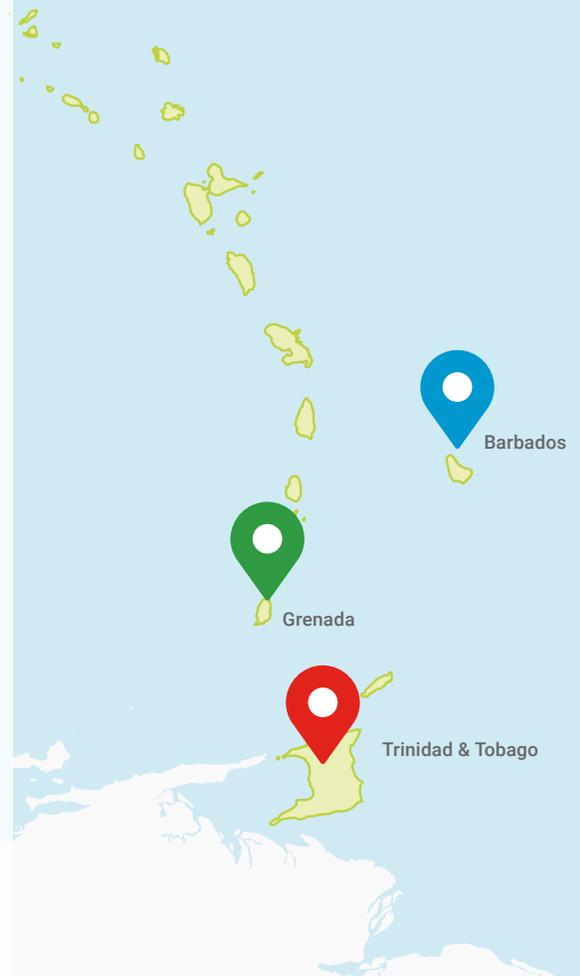
## Trinidad and Tobago Partners' Forum for CNCDs

The Partners' Forum for CNCDs (NNCDC analogue) last met in 2013 when its term came to an end. There has been a delay in reconstituting the group, although a Cabinet note including recommended membership has been submitted. In early 2015, discussions began around the establishment of a formal NCD Commission, supported by an Inter-American Development Bank loan. The proposal was that the current Partners' Forum would be dissolved and a national NCD Alliance established in its place; in September 2016 a National NCD Alliance was launched in TTO.

During its active phase, the Forum received personnel and budgetary support from the MoH and had its own strategic plan. TTO is a relatively large (1.2 million population), high-income country, but its Partners' Forum had several challenges in seeking to become a sustainable mechanism for effecting multisectoral action. Several subcommittees were established and the view was expressed that they were not sufficiently action-oriented, were possibly 'trying to do too much for too many', and needed greater focus and direction.

Despite the absence of an officially functioning Forum, two activities aimed at promoting healthy lifestyles were recognised: Caribbean Wellness Day and Cycloviva/Streets for Wellness. There was a high level of involvement, with annual celebrations of Caribbean Wellness Day supported by insurance companies, banks, and the oil and gas industry, in addition to the MoH.

From 2008 to 2015, a private sports goods retailer led a community-based initiative every Sunday from 6:00 a.m. to 9:00 a.m., in which streets were blocked to facilitate physical activity. It was a truly multisectoral initiative, led by private sector champions, sponsored by a private health insurance company, provided with logistics by police and ambulance services, and supported by the Ministry of Sport and the MoH.



## 9 | The cost of NCD Commissions

Funding continues to be a significant challenge for NNCCDCs in the Caribbean, as mentioned previously in this document and in Part I of this series. In countries with NNCCDCs, funds may be earmarked in national budgets to support the functioning of the Commissions, but these funds are generally relatively miniscule allowances which cover ad hoc, one-off NNCCDC-led initiatives.

In some instances the government provides the salary for one part-time or full-time staff member. More commonly, human resources for the NNCCDCs are largely voluntary or co-opted from MoH staff, and NNCCDC operation relies on the commitment and dedication of the Chair and the Commissioners. This has worked well in several settings such as Antigua and Barbuda, Grenada, and St. Vincent and the Grenadines, but there are concerns about the sustainability of the model.

In the absence of data on the costs of operating a well-functioning NNCCDC such as the Barbados Commission, it is impossible to ascertain whether or not these bodies are cost-effective mechanisms for coordination of the multisectoral response to NCDs. The inputs for administrative support and technical cooperation could be determined with some degree of accuracy; however, the costs associated with implementation of various policies and programmes would be more challenging to ascertain, as the health outcomes are linked to the national policies

and programmes which these Commissions often oversee, and to which they contribute.

Despite being significantly underfunded, several Commissions have achieved considerable successes at the output level, such as driving and enforcing tobacco legislation; implementing national population salt reduction campaigns; building the capacity of faith leaders to promote the NCD agenda to their congregations and integrate relevant activities in their programmes; promoting open spaces for increased physical activity; and advocating for taxes on sugar-sweetened beverages.

Research is needed to determine the extent to which these, and other activities of NNCCDCs, contribute to outcomes that reduce NCDs and their risk factors, as well as their cost-efficiency and cost-effectiveness. Monitoring budgetary inflows, analysing planned and actual expenditures for implementing activities and achieving outputs, and estimating the cost of in-kind resources will contribute to determination of the cost, cost-efficiency, and cost-effectiveness of NNCCDCs. Such actions should be integral components of the Commissions' strategic planning, programme execution, and accountability framework.

# 10 | Monitoring and evaluation

## 10.1 M&E of the National NCD Commission

Monitoring and evaluation are important components of NCD prevention and control programmes, including assessing the performance of the NNCCDC as a central mechanism for coordination and, in some cases, implementation. The action plan for the Commission should include a framework for monitoring and evaluating its performance in terms of process, outputs, outcomes, and impact.

This section presents a simple tool to monitor the process of establishment and maintenance of an NNCCDC and to determine its overall efficacy as an instrument of promoting national multisectoral action.

The simple checklist in Table 4 is meant to be a user-friendly basic tool for assessing the efficacy of a National NCD Commission. The checklist is not meant to be exhaustive and should be used to flag gaps and highlight areas for improvement.

**Table 4:** Checklist for basic assessment of NNCCDCs

ITEM	YES	NO	COMMENTS
<b>GOVERNANCE/ MANAGEMENT/ OPERATIONS</b>			
Does the NNCCDC have a vision/mission/mandate?			
Does the NNCCDC have a strategic plan?			
Does the NNCCDC have an operational/implementation plan based on the strategic plan?			
Does the NNCCDC produce annual reports?			
Does the NNCCDC operational/implementation plan have a monitoring and evaluation framework?			
Does the NNCCDC have a communication strategy? If so, what percentage of the planned activities been implemented?			
Does the NNCCDC have a conflict of interest policy?			
Does the NNCCDC have a code of ethics?			
Does the NNCCDC have standard operating procedures?			
Does the NNCCDC hold meetings according to the agreed schedule?			
Do enough NNCCDC members attend to reach a quorum at each meeting?			
Does the Chair have direct access to the Minister of Health?			
Does the Chair have direct access to the Prime Minister/President?			

ITEM	YES	NO	COMMENTS
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<b>LEADERSHIP</b>			
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Does the Chair participate in at least 90% of meetings?			
Is the Chair knowledgeable on the public health approach to control of NCDs and their risk factors?			
Does the Chair have strong motivational, inspirational, and communication skills?			
Has the Chair participated in national fora on NCDs over the past year? If so, how many?			
Has the Chair participated in international fora on NCDs over the past year? If so, how many?			
Personnel			
Does the NNCCDC have full-time administrative staff? If so, how many?			
Does the NNCCDC have part-time administrative staff? If so, how many?			
Does the NNCCDC have full-time technical staff? If so, how many?			
Does the NNCCDC have part-time technical staff? If so, how many?			

<b>MEMBERSHIP</b>			
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Do members understand the multisectoral nature of NCD prevention and control, and their roles and responsibilities?			
Do members have a variety of experience and skills? Please summarise skills available.			
Does the NNCCDC have members from ministries other than Health? If so, which ministries?			
Does the NNCCDC have civil society membership representing health NGOs? If so, which NGOs?			
Does the NNCCDC have civil society membership representing non-health NGOs? If so, which NGOs?			
Does the NNCCDC have civil society membership representing academia? If so, which institutions?			
Does the NNCCDC have private sector membership? If so, which entities/ companies/industries?			
Are the non-health ministry members active, attending at least 90% of meetings over the past year?			
Are the civil society members active, attending at least 90% of meetings over the past year?			

ITEM	YES	NO	COMMENTS
Are the private sector members active, attending at least 90% of meetings over the past year?			
Have the members been exposed to training related to their roles on the NNCCDC? If so, what type of training, and in what area(s)?			
Interventions			
Has the NNCCDC carried out advisory, and/or oversight (accountability) functions over the past year? If so, please summarise.			
Has the NNCCDC driven any NCD policies or programmes over the past year? If so, please summarise.			
Has the NNCCDC implemented any NCD programmes over the past year (stand alone or in partnership)? If so, please summarise.			

## RESOURCES

Does the NNCCDC receive funding from the Ministry of Health?			
Does the NNCCDC receive government funding from outside of the Ministry of Health? If so, from which entity/ministry?			
Does the NNCCDC receive non-government funding? If so, from which entity/entities?			
Does the NNCCDC request and/or receive technical cooperation to achieve its objectives? If so, from which entity/entities? And in what main areas?			
Does the NNCCDC actively undertake resource mobilisation? If so, from which entity/entities?			

## FINANCIAL EXECUTION

Does the NNCCDC keep a record of all funding received, and allocation to each activity and/or output?			
Does the NNCCDC keep records of the amount of funds spent, by activity and/or output?			
Does the NNCCDC develop and present financial reports that summarize its annual costs of operation?			

## 10.2 M&E of the National NCD Programme

NNCDCs should advocate for robust monitoring and evaluation of the national NCD policy, strategy, plan, or programme. A comprehensive M&E framework is a critical element of any NCD strategic or implementation plan, as it provides a basis for an integrated programme approach and for monitoring progress in reaching targets. Ideally, the framework will need to be reviewed from time to time to keep it in line with emerging research findings.

Both the Port of Spain Declaration (1) and the WHO NCD Global Monitoring Framework (34) provide models for M&E which will enable tracking of the NCD response in countries. The WHO NCD Progress Monitor 2015 (35) defines progress indicators to facilitate countries' reporting to the UN General Assembly High-level Meeting on NCDs and provides profiles of the situation in WHO Member States. The Progress Monitor can provide guidance to countries in establishing their NCD strategic plans, interventions, and M&E framework; the four time-bound commitments and ten progress indicators addressed in the Progress Monitor are summarised in Table 5 below. In addition, Barbados established an M&E framework for its NCD strategic plan which may be of interest to NNCCDCs (36).

**Table 5:** WHO NCD Progress Monitor 2015 – Summary of commitments and progress indicators

<b>Commitments</b>	
<b>A</b>	<b>By 2015, consider setting national targets for 2025</b>
PROGRESS INDICATORS	Member State has:
<b>1</b>	<b>Time-bound national targets and indicators</b>
<b>2</b>	<b>Functioning system for generating mortality data on routine basis</b>
<b>3</b>	<b>STEPS survey or comprehensive health examination survey every 5 years</b>
<b>B</b>	<b>By 2015, consider developing national multisectoral policies and plans to achieve national targets by 2025</b>
PROGRESS INDICATORS	Member State has:
<b>4</b>	<b>Operational multisectoral national strategy/action plan that integrates major NCDs and their shared risk factors</b>

## C By 2016, reduce risk factors for NCDs, building on guidance set out in WHO Global NCD Action Plan

### PROGRESS INDICATORS

Member State has:

**Implemented:**

#### 5 4 demand reduction measures of the WHO FCTC

Increase in tobacco excise tax

Legislation for completely smoke-free environments in indoor workplaces, public places, and public transportation

Effective health warnings and mass media campaigns on the dangers of tobacco and tobacco smoke

Ban on all forms of tobacco advertising, promotion, and sponsorship

#### 6 3 measures to reduce harmful use of alcohol

Regulations on commercial and public availability of alcohol

Restrictions or bans on alcohol advertising and promotion

Pricing policies such as excise taxes on alcoholic beverages

#### 7 4 measures to reduce unhealthy diets

National policies to reduce population salt/sodium consumption

National policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in food supply

WHO recommendations on marketing of foods and non-alcoholic beverages to children

Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes

#### 8 At least 1 recent national public awareness programme on diet and/or physical activity

## D By 2016, strengthen health systems to address NCDs through people-centred primary health care (PHC) and universal health coverage, building on guidance set out in the WHO Global NCD Action Plan

### PROGRESS INDICATORS

Member State has:

#### 9 Evidence-based national guidelines/protocols/standards for management of major NCDs through the PHC approach

#### 10 Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level

# Conclusion

NCDs are recognised as national, regional, and global problems to which much attention has been paid in recent years. However, evidence of improved prevention and control is, so far, limited to a few countries, and has occurred mostly because of the application of public health approaches in which Ministries of Health and the health sector have almost exclusive responsibility. However, it is recognised that the social determinants of health and risk factors associated with NCDs are largely outside of the control of the health sector and must, therefore, be addressed jointly with sectors other than health. It is necessary to engage non-health sectors to become active participants in the NCD response, and the health sector will have to work in a new way to advance NCD prevention and control.

A National NCD Commission is viewed as an effective mechanism for helping the health sector to make this transition. To get started, it will be necessary to:

- Use regional and international NCD-related mandates such as the Port of Spain Declaration, CCH IV, the UN Political Declaration, the WHO Global Action Plan, and the SDGs to strengthen the justification for a Commission.
- Make a decision and know what needs to be done.
- Understand the process for achieving the goal of establishing a Commission in the local/country context.
- Obtain support in the MoH and within wider government, and engage partners in civil society and the private sector.
- Identify mechanisms for sustainability of the NNCCDC, including financial and other resources.

NNCCDCs have the potential to make significant contributions to the prevention and control of NCDs, but establishing and maintaining an NNCCDC is a long-term endeavour requiring sustained commitment and resources. The government of the

country, Ministry of Health, Commission members, and partners must be committed to supporting and following the necessary steps to ensure that the NNCCDC is a viable entity with the capacity to fulfill its mandate.

The multisectoral approach is critical for the prevention and control of NCDs, and requires mechanisms, instruments, and platforms for use in its implementation. This approach in the Caribbean is premised on the fact that it is government's responsibility to lead the prevention and control of NCDs, even as it seeks greater engagement with civil society and the private sector. However, not only is there need to determine the most effective mechanisms for the multisectoral approach at the national level, but also to use international frameworks and templates to assist countries in implementing these mechanisms, as appropriate for the country context.

This Framework and Part I of the series provide useful guidance and practical recommendations for countries in the Caribbean – and beyond – to consider in establishing and strengthening NNCCDCs or their equivalents. Political will, technical cooperation, partnerships, networking, information- and knowledge-sharing, and resource mobilisation are among the key factors that will contribute to optimal efficiency and effectiveness of NNCCDCs or their equivalents, and their sustainability, in the fight against the epidemic of non-communicable diseases. Given the importance of these factors, **Annex 8** suggests possible areas for technical cooperation, resources for sharing, and partners, based on discussions with, and the expressed needs of, NNCCDCs in the Caribbean.



# 1. Selected NCD-related mandates – POSD, UNHLM Political Declaration, SDGs

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

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

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

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

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

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

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

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

### Declare -

- Our full support for the initiatives and mechanisms aimed at strengthening regional health institutions, to provide critical leadership required for implementing our agreed strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) and other relevant partners;
- That we strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs;
- Our commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control; urge its immediate ratification in all States which have not already done so and support the immediate enactment of legislation to limit or eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, insist on effective warning labels and introduce such fiscal measures as will reduce accessibility of tobacco;
- That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions;

- That our Ministries of Health, in collaboration with other sectors, will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors so that by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines;
- That we will mandate the re-introduction of physical education in our schools where necessary, provide incentives and resources to effect this policy and ensure that our education sectors promote programmes aimed at providing healthy school meals and promoting healthy eating;
- Our endorsement of the efforts of the Caribbean Food and Nutrition Institute (CFNI), Caribbean Agricultural Research and Development Institute (CARDI) and the regional inter-governmental agencies to enhance food security and our strong support for the elimination of trans-fats from the diet of our citizens, using the CFNI as a focal point for providing guidance and public education designed toward this end;
- Our support for the efforts of the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies in all international trade negotiations thereby promoting greater use of indigenous agricultural products and foods by our populations and reducing the negative effects of globalisation on our food supply;
- Our support for mandating the labelling of foods or such measures as are necessary to indicate their nutritional content through the establishment of the appropriate regional capability;
- That we will promote policies and actions aimed at increasing physical activity in the entire population, e.g. at work sites, through sport, especially mass activities, as vehicles for improving the health of the population and conflict resolution and in this context we commit to increasing adequate public facilities such as parks and other recreational spaces to encourage physical activity by the widest cross-section of our citizens;
- Our commitment to take account of the gender dimension in all our programmes aimed at the prevention and control of NCDs;
- That we will provide incentives for comprehensive public education programmes in support of wellness, healthy life-style changes, improved self-management of NCDs and embrace the role of the media as a responsible partner in all our efforts to prevent and control NCDs;
- That we will establish, as a matter of urgency, the programmes necessary for research and surveillance of the risk factors for NCDs with the support of our Universities and the Caribbean Epidemiology Centre/Pan American Health Organisation (CAREC/PAHO);
- Our continuing support for CARICOM and PAHO as the joint Secretariat for the Caribbean Cooperation in Health (CCH) Initiative to be the entity responsible for revision of the regional plan for the prevention and control of NCDs, and the monitoring and evaluation of this Declaration.

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

[www.caricom.org/jsp/communications/meetings\\_statements/declaration\\_port\\_of\\_spain\\_chronic\\_ncds.jsp](http://www.caricom.org/jsp/communications/meetings_statements/declaration_port_of_spain_chronic_ncds.jsp)

## POLITICAL DECLARATION OF THE UN HIGH-LEVEL MEETING ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (NCDs)

### KEY POINTS AND EXTRACTS

#### BACKGROUND

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

#### THE NCD CRISIS

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

#### A CHALLENGE OF EPIDEMIC PROPORTIONS

- 36 million global deaths are due to NCDs, principally heart disease, stroke, cancers, chronic respiratory diseases, and diabetes, including about 9 million deaths before the age of 60, with nearly 80% of those deaths occurred in developing countries.
- Mental, neurological, renal, oral and eye disorders are recognised as an important cause of morbidity.
- The most prominent NCDs are linked to four common risk factors: tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity.
- NCDs and their risk factors worsen poverty, while poverty contributes to rising rates of NCDs and may impact negatively on the achievement of the MDGs.
- Maternal and child health is inextricably linked with NCDs and their risk factors.
- The economic, social, gender, political, behavioural and environmental determinants of health contribute to the rising incidence of NCDs.

#### RESPONDING TO THE CHALLENGE

- Prevention, including exposure to the risk factors, must be the cornerstone of the global response to NCDs.
- Effective NCD prevention and control requires leadership, whole-of-government approaches and the involvement of all relevant stakeholders.
- Resources devoted to combating the challenges posed by NCDs at the national, regional and international levels are not commensurate with the burden.
- There is a fundamental conflict of interest between the tobacco industry and public health.
- Recognising that NCDs can be prevented and their impacts significantly reduced, with millions of lives saved, Heads of State and Government commit to five broad **areas of action**:

##### 1. Reduce risk factors

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

- > Accelerate implementation of the WHO Framework Convention on Tobacco Control, and note that price and tax measures are an effective and important means of reducing tobacco consumption.
- > Advance the implementation of the WHO global strategies on diet, physical activity and health, and to reduce the harmful use of alcohol, and promote the WHO recommendations on the marketing of foods and beverages to children.
- > Promote cost-effective interventions to reduce salt, sugar and saturated fats, and eliminate industrially produced trans fats in foods.
- > Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, and increased access to cost-effective cancer screening programmes.
- > Private sector called upon to reduce the impact of marketing of unhealthy food and beverages to children, reformulate products to provide healthier options, create an enabling environment for healthy behaviours among workers, and improve access to, and affordability of, medicines.

## **2. Strengthen national policies and health systems**

- > Support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of NCDs.
- > Strengthen and integrate NCD policies and programmes into health planning processes and the national development agenda of each Member State.
- > Identify and mobilise adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, and innovative financing mechanisms.
- > Promote production, training, and retention of health workers.
- > Promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of TRIPS flexibilities.
- > Strengthen health-care infrastructure, including procurement and distribution of medicines.
- > Recognise the importance of universal coverage in national health systems, especially through primary health-care and social protection mechanisms.

## **3. International co-operation (including collaborative partnerships)**

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

## **4. Research and development**

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

## 5. Monitoring and evaluation

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

## FOLLOW-UP

- The Secretary-General, in close collaboration with the Director-General of WHO, and in consultation with Member States, UN funds and programmes and other international organisations, to submit by the end of 2012 to the 67th General Assembly, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership.
- The Secretary-General, in collaboration with Member States, the WHO, and the funds, programmes and specialised agencies of the UN system to present to the General Assembly, during the 68th session, a report on the progress achieved in realising the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the IADGs, including the MDGs, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of NCDs.

The full document may be accessed at:

[http://www.un.org/ga/search/view\\_doc.asp?symbol=A/66/L.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1)

## 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT: SUSTAINABLE DEVELOPMENT GOALS <sup>5</sup>

- Goal 1** End poverty in all its forms everywhere
- Goal 2** End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
- Goal 3** Ensure healthy lives and promote well-being for all at all ages
  - 3.1 Reduce maternal mortality
  - 3.2 End preventable deaths of newborns and children under 5 years of age
  - 3.3 End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases
  - 3.4 Reduce premature mortality from NCDs and promote mental health
  - 3.5 Strengthen prevention and treatment of substance abuse, including narcotic drugs and harmful use of alcohol
  - 3.6 Halve the number of global deaths and injuries from road traffic accidents
  - 3.7 Ensure universal access to sexual and reproductive health care services
  - 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and to safe effective, quality, and affordable essential medicines and vaccines
  - 3.9 Reduce deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination
    - 3.a Strengthen the implementation of the Framework Convention on Tobacco Control
    - 3.b Support research and development of vaccines and medicines for communicable and noncommunicable diseases
    - 3.c Increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries
    - 3.d Strengthen countries' capacities for early warning, risk reduction, and management of national and global health risks
- Goal 4** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5** Achieve gender equality and empower all women and girls
- Goal 6** Ensure availability and sustainable management of water and sanitation for all
- Goal 7** Ensure access to affordable, reliable, sustainable, and modern energy for all
- Goal 8** Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all

<sup>5</sup> Targets are listed for SDG 3 – the “health goal” – only. However, many other SDGs and their targets are related to health.

## ANNEXES

- Goal 9** Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation
- Goal 10** Reduce inequality within and among countries
- Goal 11** Make cities and human settlements inclusive, safe, resilient, and sustainable
- Goal 12** Ensure sustainable consumption and production patterns
- Goal 13** Take urgent action to combat climate change and its impacts
- Goal 14** Conserve and sustainably use the oceans, seas, and marine resources for sustainable development
- Goal 15** Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective accountable and inclusive institutions at all levels
- Goal 17** Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

The UN Resolution, “Transforming our world: The 2030 Agenda for Sustainable Development” adopted 25 September 2015, is at: [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E).

A summary of the SDGs is at: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

## 2. Types of organisational structures and management arrangements

(Adapted from reference #19)

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

A Commission may be advisory or operational.

- A Commission that is '**advisory**' is one which gives guidance on long-range strategy for achieving the goal to prevent and reduce NCDs. In this role, it may give guidance and input concerning NCD policies and programmes, and overall health policy; make proposals for new research; review NCD programmes and make recommendations; and conduct monitoring and evaluation of NCD activities. An advisory Commission would act under the authority of the state and would not have legal or fiduciary responsibilities.
- A Commission which functions in an 'operational' role coordinates, recommends, and reviews changes to day-to-day activities with a view towards efficient outcomes. Note that an operational role is also 'advisory'. The business of the operation of health promotion in relation to NCD prevention and control remains the purview of the Ministry of Health.
- A Commission may also perform an '**accountability**' role, in which it holds government to account for policies and legislative action, as well as programmes and project implementation. The emphasis and extent to which a Commission includes one or more of these roles in its ToR should be determined by the specific needs of the country.

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

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

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

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

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

**Networks:** Flexible coordinated mechanisms composed of institutional partners.

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

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

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

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

### 3. Examples of tools to assist NNCCDC functioning – ToR and budget items

#### Sample terms of reference for an NNCCDC

1. Advise the Minister of Health on NCD policies and legislation, e.g. in relation to food availability, affordability, and importation; diet and nutrition; environmental and workplace issues; measures to increase participation in physical activity; tobacco control and all other strategies to promote healthy lifestyles.
2. Broker and promote effective involvement of all relevant sectors in programme implementation, including the private sector, trade unions, NGOs, and other civil society entities.
3. Assist in the mobilisation of financial and human resources (including the raising of philanthropic funds for extra-budgetary support) to facilitate the implementation of NCD prevention and control programmes.
4. Recommend relevant research and health care priorities, especially in relation to behaviour change and reduction of NCDs.
5. Promote the establishment of collaboration and partnerships with regional institutions such as UWI, CARPHA, CARICOM, and PAHO/WHO, and with international institutions and organisations, as appropriate for the pursuit of these goals.
6. Review the National Strategic Plan for Health and advise on the applicability of priorities, expected results, and activities relative to NCDs; if not yet formulated, promote and coordinate the development of a National Strategic NCD Plan or the development of a National Strategic Plan for Health that prioritises NCDs.
7. Monitor regional and international trends and provide direction for national responses to the threat of NCDs.
8. Assist the MoH in the commissioning of monitoring, review, and evaluation studies related to NCD programmes.

9. Recommend to the Minister of Health legal, policy, and service frameworks that encourage and promote behaviour change and the prevention of NCDs.
10. Develop communication strategies to promote the objectives and messages of the strategic NCD plan, educate the general public, and promote the NNCCDC.

#### Sample budget items for an NNCCDC (may be adjusted/adapted based on the Commission's functions and the level of technical and financial support provided from the MoH, other sectors, and development partners)

- Secretarial/administrative services – full-time or part-time
- Technical support – full-time or part-time, including communications officer
- Meeting room rental
- Preparation of standard operating procedures, code of ethics, conflict of interest policy, organisational structure and other administrative/managerial tools and guides
- Preparation of Commission's initial programme of work/strategic plan/operational plan/budget
- Preparation and implementation of communication strategy, including formulation and dissemination of reports; maintenance of social media presence; procurement of/access to computer, printer, and software; stationery; dissemination costs
- Grant/project proposal development for resource mobilisation
- In-country travel
- Out-of-country travel to regional and international fora for Chair and/or selected Commissioners, according to topic
- Financial incentives for Commissioners, if contemplated – stipends, honoraria

## 4. Recommended profiles for NNCCDC Chair and Commissioners

These desired characteristics or recommended profiles are proposed with the full realization that they are aspirational and unlikely to be 100% fulfilled. Countries will choose the "best fit" – persons who exhibit all, most, many, or at least some of the characteristics, or show the best alignment with the profile – that is, persons considered most likely to get the job done.

Capacity development should be available (through national efforts or technical cooperation) for persons who may need strengthening of their knowledge, skills, and competencies to improve their functioning and fulfill the expectations of the Commission.

### The Chair of the NNCCDC should:

- Be a person of high national standing, respected and able to relate to the highest political levels, including the Minister of Health, other government Ministers, and the Head of Government, as well as to key stakeholders in civil society and the private sector.
- Have proven leadership, team-building, management, and partnership skills, with the ability to lead the Commission in fostering a national multisectoral response to NCDs, and to form partnerships with various sectors and entities, including international development agencies and organisations.
- Be able to represent the Commission in high-level national and international fora, articulating the country's efforts, successes, and challenges in NCD prevention and control.
- Appreciate and understand the value of population-based strategies for the prevention and control of NCDs and their risk factors; a background in health and/or experience in NCD prevention and control is desirable, but not essential.
- Appreciate and understand the impact of the social determinants of health on NCD prevention and control, and the need for evidence-based, inclusive, health-in-all-policies, whole-of-government, and whole-of-society approaches.
- Be able to demonstrate the value and importance and contribution of each sector in addressing NCD-related issues, and the benefits of NCD prevention and control for each sector and the country as a whole.
- Be familiar with national, regional, and international frameworks for action to address NCDs and their risk factors.
- Be able to identify mechanisms for the adaptation of regional and international frameworks to national realities, as well as sources of technical cooperation for the formulation and achievement of national NCD objectives and the Commission's own goals.
- Be able to identify and facilitate resource mobilisation – human, technical, infrastructural, and financial – in order to achieve the Commission's objectives and national NCD prevention and control goals, and fulfill NCD-related international agreements to which the country is a party.
- Be a staunch and credible advocate and champion for NCD prevention and control, facilitating the development, implementation, and evaluation of a communication strategy for the Commission.
- Advocate for, and facilitate the development, implementation, and evaluation of, a national NCD policy and/or strategic plan, where none exists.
- Ensure that the Commission has standard operating procedures, a conflict of interest policy, a code of ethics, and an accountability (monitoring and evaluation) system that is based on agreed objectives; facilitates regular reporting to the Minister of Health, Head of Government, and other policy makers, as well as to the public and other key stakeholders; and fosters transparency and trust.
- Direct, coordinate, and monitor the fulfilment of the Commission's approved terms of reference.

**Each Commissioner on the NNCD should:**

- Be an influential and respected decision maker and/or thought leader in his/her sector.
- Demonstrate commitment to the efficient and effective functioning of the Commission, actively participating in meetings and adding value to national efforts for NCD prevention and control.
- Have, or have developed, an appreciation of the multi-faceted nature of health, including the social determinants of health, and the need for a multisectoral, evidence-based, inclusive, whole-of-government, and whole-of-society approach to NCDs.
- Be able to articulate, and advocate for, the respective sector's perspective on, and contribution to, the achievement of national health and development objectives
- Be aware of, and contribute to, the Health-in-all-Policies (HiAP) approach, and facilitate health impact assessments of sectoral policy.
- Identify opportunities for cross-sectoral work in pursuit of national health development objectives.
- Advocate for inclusion of health-related objectives in sectoral plans to facilitate allocation of resources, as agreed by the Commission and/or reflected in the national NCD strategic/action plan.
- Undertake resource mobilisation – human, technical, infrastructural, and financial – especially from the entity or sector he/she represents on the Commission, and contribute to the implementation of the Commission's recommendations, achievement of the Commission's objectives and national NCD prevention and control goals, and fulfilment of NCD-related international agreements to which the country is a party.
- Be a staunch and credible advocate and champion for NCD prevention and control, and contribute to the development, implementation, and evaluation of a communication strategy for the Commission.
- Be aware of, and participate in, activities to develop the capacity of Commission members; to facilitate the efficient and effective functioning of the Commission; and to fulfill its terms of reference.

## 5. Suggestions for composition of NNCCDC

- Chairperson
- Representative of Ministry of Agriculture
- Representative of Ministry of Education
- Representative of Ministry of Commerce
- Representative of Ministry of Transport
- Chief Town Planner
- Representative of health NGO
- Representative of academia
- Representative of trade unions
- Representative of private sector
- Representative of the media
- Youth representative
- Person with NCD or Client/Patient advocate

### **Ex-officio Members:**

- Chief Medical Officer
- NCD Focal Point
- Health Promotion Officer/Health Educator
- Nutritionist/Dietitian

## 6. Selected documentation for NNCDs – sample outlines

### Agenda

Agenda for the ...<sup>th</sup> Meeting of the National Non-communicable Diseases/Wellness Commission, (date), (venue), (time)

1. Welcome
2. Apologies for absence
3. Errors and omissions in the minutes of previous meeting (date)
4. Confirmation of the minutes of previous meeting (date)
5. Matters arising from the minutes/ review of action points from previous meeting
6. New matters
7. Agreement on action points
8. Any other business
9. Closing

### Minutes

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

- Date, time, and place of the meeting;
- Time the meeting started;
- Names of the person who chaired the meeting and names of members present;
- Decisions taken on each agenda item, action points, person(s) responsible for action(s), and time frame for actions;
- Date and time of the next meeting, especially if this varies from month to month; and
- Time of adjournment.

### Annual Report

- Executive summary
- Introduction
- Governance and administration
- Strategic approach
- Summary of achievements by outcome/output of the NNCD strategic plan
- Summary of achievements of National NCD Plan/ Strategy
- Financial report
- Challenges and issues
- Way forward
- Appendices, including terms of reference of the Commission

## 7. Selected NNCCDC profiles

### Barbados NNCCDC (as at November 2016)

#### ITEMS / INFORMATION

##### GENERAL

Country	Barbados
Name	National Commission on CNCDs
Date of establishment	The National Chronic Non Communicable Diseases Commission was launched by the then-Minister of Health, Dr. The Honourable Jerome Walcott on 26 January 2007
Date of first meeting	March 2007
Date of last meeting	10 November 2016
Number of meetings over past 12 months	10
Chairperson's name	Sir Trevor Hassell
<i>Title</i>	Professor of Medicine
<i>Organisational affiliation</i>	President, Heart & Stroke Foundation of Barbados
<i>Duration of tenure</i>	9 years, to date

##### ESTABLISHMENT

#### Summary of steps taken to establish the Commission

##### Specifically

Was there a planning group, (e.g. Task Force, Committee or other "precursor body") that worked to establish the Commission?

Yes. Background documents: Strategy for the prevention and control of CNCD & Cabinet Note (2005) 26/MH.03, Ministry of Health, Barbados (2004); International Consultation on a Strategy for the Prevention and Control of CNCD for Barbados; Ministry of Health, Barbados (2005); "Healthy hearts for life". Report of the Task Force on the development of cardiovascular services (Jan. 2007); Ministry of Health, Barbados

If so, does the group still exist? No

If it does, what is its relationship with the Commission?

Are there recommended profiles or desired characteristics for Commission Chair and Commissioners? No

Were these applied in selecting the Chair and Commissioners?

If yes, to what extent do the Chair and Commissioners satisfy them? Fully? To a large extent? To some extent?

**Barbados NNCD**  
(as at November 2016)

### GOVERNANCE AND MANAGEMENT

Legal authority/ reference	Cabinet of Barbados
Location (sector/entity)	Ministry of Health
Mandate/ Scope of work	Advise Minister of Health on CNCD policies and legislation; broker involvement of all sectors in program implementation; assist in mobilisation of resources to facilitate implementation of programs; recommend relevant research; promote collaborations and partnerships; monitor regional and international trends; facilitate commissioning of audits/evaluation of CNCD programs; recommend to Minister of Health framework that encourages and promotes behaviour change to prevent CNCDs. There is no explicit mandate for hospital services review
Terms of reference	Yes, as in mandate above
Conflict of interest policy	No
Code of ethics	No
Standard operating procedures	Yes
NNCDC strategic plan/ plan of action	Yes. The Commission's plan is the National NCD Plan of Action being implemented in conjunction with the Ministry of Health
Decision-making process (consensus, majority, other)	Yes

### MEMBERSHIP AND PERSONNEL

Membership and Personnel	14 members and 4 ex-officio members
Government sector membership and level of representation	Ministries of Health, Agriculture, and Education; Bureau of Standards
Civil society membership and level of representation	University of the West Indies, faith-based organisations, trade union, health NGOs, sports groups, and retired persons' groups
Private sector membership and level of representation	Health insurers, manufacturers, food retailers, advertising, and the media
Ex officio members	Chief Medical Officer, NCD Focal Point, Health Promotion Officer, and Project Manager
Secretariat exists? If so, please give date of establishment	Yes, since 2007
Full-time human resources/functions	No
Part-time human resources/functions	Yes. Professional staff members of the Health Promotion Unit provide administrative and secretarial support

## FUNCTIONS, OPERATIONS, AND INTERVENTIONS

**Main functions (advisory, accountability, strategic planning, project/programme implementation, other)**

Refer to ToR

**Main areas of interventions for NCDs and NCD risk factors**

Unhealthy diet, exposure to tobacco, physical inactivity, hypertension, obesity, cancer, diabetes, heart disease, and stroke

**Other health issues that the NCD/Wellness Commission addresses**

- **Is there integration – structural or functional, with other health-related Commissions, such as HIV Commissions?**

Yes, Physical Activity Task Force

- **If so, to what extent? Fully? To a large extent? To some extent?**

To some extent

**Framework(s) of reference (national policy, strategy or plan; international plans/strategies)**

Focus of interventions (legislation, taxation, policy development, project/programme development, project/programme implementation, capacity building, surveillance, monitoring and evaluation, other)

**Work groups/subcommittees/task forces and their functions**

None

**Accountability mechanisms (periodicity of monitoring, evaluation, reporting, and to whom; financial accountability mechanisms)**

Official minutes of meetings provided to Minister of Health; annual reports developed

**Main successes**

Contribution to enactment of legislation banning smoking in public places; heightened awareness about marketing and promotion of junk and unhealthy foods and beverages to children in schools; production of National NCD Strategic Plan; inclusion of NCDs in Protocol V1 of the Social Partnership; greater national awareness and conversation about NCDs; faith-based workshop on NCDs, including the Declaration of Bridgetown, gaining the commitment of over 25 faiths to prioritise NCDs in their communities; contribution to the establishment and subsequent funding of the Barbados National Registry; advocacy for the establishment of an Interministerial Commission for Health, which has a budget, chaired by the Minister of Health, and supported by meetings of Permanent Secretaries and Chief Technical Officers of several ministries; support for Caribbean Wellness Day

**Success factors**

Active engagement and participation by members of the Commission over a sustained period of time; strong technical support from staff of the Health Promotion Unit of the Ministry of Health; commitment of leadership of Ministry of Health

**Specifically**

- **Were there any successes due mainly to the participation of non-health sectors in the Commission**

Edu-drama project in schools around NCD risk reduction in children, using 'a play in a day', supported by Sagacor Insurance

- **If yes, please summarize, highlighting the role played by the non-health sector(s)**

**Main challenges**

Absence of specific funds to support Commission; disruptions in functioning with changes in Ministers of Health or end of period of appointment; difficulty in obtaining engagement of non-health sectors of government; monitoring curative services for NCDs; communicating with stakeholders; moving NCD prevention and control from knowledge to action

**Barbados NNCD**  
(as at November 2016)

**How were these challenges overcome?**

Project funds obtained from non-Ministry of Health source; meetings held despite not having the legal authority to do so but undertaken with agreement of Ministry of Health personnel

**Specifically**

- Did changes in administration disrupt the Commission’s functioning?

Yes, to a limited extent

- If yes, what were these changes and their effects?

Meetings were not held for a few months and/or they were held without having the specific legitimacy to do so

- If no, how was continuity of function maintained? What steps were taken?

Meetings were held with the agreement of Ministry of Health personnel

Partnerships, technical cooperation (TC) – summarize partners and relevant TC areas

**FUNDING**

Main source(s) of funding and approximate percentage of funding from each source	Ministry of Health, 100% Technical support and project funds for the Commission are provided out of the funds allocated to the Health Promotion Unit of the Ministry of Health; Commissioners are paid a stipend
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Indicative annual budget (USD)

Resource mobilisation, main areas

**SUSTAINABILITY**

Mechanisms for sustainability	No official mechanisms
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**ADDITIONAL INFORMATION/COMMENTS**

Additional information/comments	None
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## Bermuda NNCCDC (as at November 2016)

### ITEMS / INFORMATION

#### GENERAL

Country	Bermuda
Name	Well Bermuda Partnership
Date of establishment	2006
Date of first meeting	16th November 2006
Date of last meeting	27th January 2016
Number of meetings over past 12 months	Partnership members divided into 5 smaller action groups that meet monthly, bi-monthly or quarterly. 1 – Annual meeting of the Partnership; 3 – Well Bermuda Executive Committee, which consists of the Chairs and Facilitators from each of the Action Groups
Chairperson's name	Dr. Virloy Lewin
Title	Health Promotion Coordinator
Organisational affiliation	Ministry of Health and Seniors, Department of Health
Duration of tenure	since 2010

#### ESTABLISHMENT

##### Summary of steps taken to establish the Commission

##### Specifically

- Was there a planning group, (e.g. Task Force, Committee or other “precursor body”) that worked to establish the Commission?
- If so, does the group still exist?
- If it does, what is its relationship with the Commission?

In 2004 the Department of Health conducted a process to ascertain the health priorities for Bermuda. Twenty community and government organisations came together to review Bermuda's leading causes of death, the 2000 Census information of self-reported health conditions, the 1999 Adult Wellness Survey, and the 2001 Teen Wellness Survey

Through this process they established the most pressing health issues: overweight and obesity, heart disease, diabetes, accidents and violence, sexually transmitted infections, HIV/AIDS, mental illness, back spine problems, cancer, substance abuse, smoking, chronic renal disease, and arthritis. This process of prioritization was intended as a first step towards creating a common agenda for health across all sectors

Well Bermuda National Health Promotion Strategy is intended to provide direction, greater coordination; a way of assessing our progress and provides a unifying vision and set of goals for a healthy Bermuda

The Strategy is organized around three themes, each of which has identified goals, objectives and benchmarks. Eighteen health goals were identified as central to the country's health promotion efforts

Lead agencies for each of the eighteen goals were identified and form the membership of Well Bermuda Partnership

**Bermuda NNCCDC**  
(as at November 2016)

- Are there recommended profiles or desired characteristics for Commission Chair and Commissioners?
- Were these applied in selecting the Chair and Commissioners?
- If yes, to what extent do the Chair and Commissioners satisfy them? Fully? To a large extent? To some extent?

The Health Promotion Office of the Department of Health retains the principal responsibility for monitoring and reporting on the progress on the National Health Promotion strategy objectives

The Health Promotion Coordinator is the “Chair” of the Partnership by virtue of position

### GOVERNANCE AND MANAGEMENT

Legal authority/reference	Ministry of Health and Seniors
Location (sector/entity)	Department of Health, Ministry of Health and Seniors
Mandate/Scope of work	The mandate of the Partnership is to engender greater partnership and working together in the implementation of the National Health Promotion strategy
Terms of reference	Yes
Conflict of interest policy	No
Code of ethics	No
Standard operating procedures	Memorandum of Understanding
NNCCDC strategic plan/plan of action	Yes – updating in progress
Decision-making process (consensus, majority, other)	Consensus

### MEMBERSHIP AND PERSONNEL

Government sector membership and level of representation	Lead agencies for 12 of the goals are Government Sector
Civil society membership and level of representation	Lead agencies for 6 of the goals are Civil Society; NGOs also represented in the working groups
Private sector membership and level of representation	Private sector organisations are represented in the working groups
Ex officio members	–
Secretariat exists? If so, please give date of establishment	No
Full-time human resources/functions	No
Part-time human resources/functions	No

## FUNCTIONS, OPERATIONS AND INTERVENTIONS

### Main functions (advisory, accountability, strategic planning, project/programme implementation, other)

Communication about projects/programmes related to Well Bermuda; implementation of action plans; collaboration and coordination of activities to ensure optimal use of time and resources; and contribution to the evaluation of Well Bermuda implementation

### Main areas of interventions for NCDs and NCD risk factors

Obesity, heart disease, diabetes, cancer, chronic kidney disease, hypertension

### Other health issues that the NCD/Wellness Commission addresses

HIV/AIDS, asthma

- Is there integration – structural or functional, with other health-related Commissions, such as HIV Commissions?
- If so, to what extent? Fully? To a large extent? To some extent?

HIV/Safer Sex Practices is one the eighteen goals in the Strategy. There isn't a HIV Commission; Government and a local NGO collaborate to address HIV prevention and treatment

### Framework(s) of reference (national policy, strategy or plan; international plans/strategies)

Well Bermuda National Health Promotion Strategy 2008; Bermuda Health Strategy 2014-2019 - Priorities for Bermuda's Health System Reform; Bermuda Health Action Plan 2014-2019.

Well Bermuda 2020 coming out in 2017

### Focus of interventions (legislation, taxation, policy development, project/programme development, project/programme implementation, capacity building, surveillance, monitoring and evaluation, other)

Interventions are mostly project/program development and intervention, with monitoring and evaluation  
Need capacity building in policy development

### Work groups/subcommittees/task forces and their functions

The Partnership is divided into 5 action Groups. Each Action Group has a chair and facilitator to coordinate meetings and report on progress towards goals and objectives

### Accountability mechanisms (periodicity of monitoring, evaluation, reporting, and to whom; financial accountability mechanisms)

1. Annual Update of Action Plan objectives
2. Sign off on 2-year Memorandum of Understanding
3. Quarterly Monitoring Reports sent to Health Promotion Coordinator (Chair of Partnership)

### Main successes

Framework developed for Well Bermuda Strategy implementation – action plan and monitoring reports; Well Bermuda Action/Work Groups; Establishment of Annual Meetings to report on progress; Increased collaboration between Government/NGOs and Private Sector

### Success factors

#### Specifically

- Were there any successes due mainly to the participation of non-health sectors in the Commission
- If yes, please summarize, highlighting the role played by the non-health sector(s)

### Main challenges

Quarterly reporting; agencies taking ownership of the Strategy; competing priorities; resources – human and financial

**Bermuda NNCCDC**  
(as at November 2016)

How were these challenges overcome?

**Specifically**

Did changes in administration disrupt the Commission's functioning?

If yes, what were these changes and their effects?

If no, how was continuity of function maintained? What steps were taken?

Partnerships, technical cooperation (TC) – summarize partners and relevant TC areas

**FUNDING**

Main source(s) of funding and approximate percentage of funding from each source	Funding comes through the Health Promotion Office and is mainly for organisation of meetings/programs
Indicative annual budget (USD)	There is no separate annual budget
Resource mobilisation, main areas	-

**SUSTAINABILITY**

Mechanisms for sustainability	The Health Promotion Office of the Department of Health retains the principal responsibility for monitoring and reporting on the progress on the National Health Promotion strategy objectives
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**ADDITIONAL INFORMATION/COMMENTS**

## British Virgin Islands NNCD (as at November 2016)

### ITEMS / INFORMATION

#### GENERAL

Country	British Virgin Islands
Name	BVI National Health and Wellness Advisory Council
Date of establishment	November 2012
Date of first meeting	January 2013
Date of last meeting	September 27, 2016
Number of meetings over past 12 months	6
Chairperson's name	Mr. Elton Georges
Title	OBE
Organisational affiliation	President of BVI Diabetes Association
Duration of tenure	

#### ESTABLISHMENT

##### Summary of steps taken to establish the Commission

The establishment of the BVI National Health and Wellness Advisory Council was recommended in the 10year NCD Prevention Strategy, "Toward A Healthier Virgin Islands"

##### Specifically

- |   |   |
|---|---|
| • Was there a planning group, (e.g. Task Force, Committee or other "precursor body") that worked to establish the Commission? | Yes, NCD Task Force was established in 2009 |
| • If so, does the group still exist?  |   |
| • If it does, what is its relationship with the Commission?   | No  |
| • Are there recommended profiles or desired characteristics for Commission Chair and Commissioners?                           | Yes   |
| • Were these applied in selecting the Chair and Commissioners?  | Yes   |
| • If yes, to what extent do the Chair and Commissioners satisfy them? Fully? To a large extent? To some extent?               |   |

To a large extent. Effort was made to strengthen the council, using the 1st draft of the draft Framework for the Establishment and Strengthening of National NCD Commissions in the Caribbean –Towards a More Effective Multisectoral Response to NCDs Part II by The Commonwealth Secretariat and Healthy Caribbean Coalition

#### GOVERNANCE AND MANAGEMENT

Legal authority/reference	Cabinet decision approved by House of Assembly, September 2011.
Location (sector/entity)	Ministry of Health and Social Development
Mandate/Scope of work	NCDs and NCD Risk Factors Prevention and Control

**British Virgin Islands NNCD**  
(as at November 2016)

<b>Terms of reference</b>	Advises the Minister of Health on NCD matters; Coordinates and monitors the implementation of NCD Prevention Strategy; Advocates for NCDs programmes, and policies ; Assists in mobilizing resources ; Coordinates an All-of-Society response to NCDs; Presides over an annual forum which will provide interaction for various stakeholders and the general public
<b>Conflict of interest policy</b>	Persons involved in tobacco and alcohol enterprises will not be selected as members of the Council, Interdepartmental Technical Working Group or subcommittees. No donation or sponsorship will be accepted from businesses or persons that will be in conflict of the work of Council
<b>Code of ethics</b>	To be developed
<b>Standard operating procedures</b>	To be developed
<b>NNCDC strategic plan/plan of action</b>	Yes
<b>Decision-making process (consensus, majority, other)</b>	Consensus

#### MEMBERSHIP AND PERSONNEL

<b>Government sector membership and level of representation</b>	Government sector, Interdepartmental Technical working Group: Ministries of Education, Communication and Works (Transportation and Infrastructure), Labour and Natural Resources (Occupation Safety and Health, Agriculture and Fisheries, Climate Change), Finance (Department of Trade and Commerce), Health (Social Security Board, Public Health and Health Services); Physical Activity and Physical Literacy; lead Health/Sport, Police Force, Department of Sport, Town and Country Planning, Natural Park Trust, and Recreation Trust  Heads of Departments, Deputy Heads of Departments and Statutory bodies Chairman of the working group is a Junior Minister and he was appointed by the Minister of Health
<b>Civil society membership and level of representation</b>	H. Lavity Stout Community College, faith-based, youth, teachers' union, health NGOs, women, community health advocate, health professional associations, sports organisations, and construction industry Community arm of the Council has not been developed as yet. The aim of the Community Councils (which have not been developed fully) is to promote active community participation and to ensure that community members have an institutionalized avenue to be involved in the healthy development of communities
<b>Private sector membership and level of representation</b>	Food retailer and media, BVI Chamber Of Commerce and Hotel Association – experienced senior representatives from their respective companies
<b>Ex officio members</b>	Chief Medical Officer, Director Medical Services, BVI Health Service Authority, Coordinator of Health Promotion Services. The Coordinator of Health Promotion Services also serves as the national focal point for NCDs
<b>Secretariat exists? If so, please give date of establishment</b>	Yes, 2008
<b>Full-time human resources/functions</b>	No

<b>Part-time human resources/functions</b>	Health Promotion Unit, Ministry of Health, serves as the Secretariat. Provides administration and technical support to the Council, Interdepartmental Technical Working Group and the subcommittees. Roles include development of programmes and projects; policy development; information, education and communication (IEC); capacity building; monitoring implementation of programmes; and resource mobilisation
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## FUNCTIONS, OPERATIONS AND INTERVENTIONS

### Main functions (advisory, accountability, strategic planning, project/programme implementation, other)

Advisory and accountability - advocacy, advise on policy/ legislation and programmes, monitor implementation of 10-year NCD Prevention Strategy "Toward A Healthier Virgin Islands"

### Main areas of interventions for NCDs and NCD risk factors

Chronic care, treatment and management diabetes and hypertension, tobacco, alcohol, physical activity, healthy eating, and healthy weight

### Other health issues that the NCD/Wellness Commission addresses

School health, occupational health and safety, physical literacy, and the built environment

- **Is there integration – structural or functional, with other health-related Commissions, such as HIV Commissions?**
- **If so, to what extent? Fully? To a large extent? To some extent?**

N/A

### Framework(s) of reference (national policy, strategy or plan; international plans/strategies)

Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs, 2007; Recommendations from United Nations High-Level Meeting on NCDs; Framework Convention on Tobacco Control; WHO Global NCD Action Plan 2013-2020; PAHO NCD Regional Action Plan 2013-2019; Caribbean Cooperation in Health Phase IV (CCHIV, 2016-2025) and the National NCD Prevention Strategy 2011-2022

### Focus of interventions (legislation, taxation, policy development, project/programme development, project/programme implementation, capacity building, surveillance, monitoring and evaluation, other)

Legislation, taxation, policy development, programme and project development, capacity building, monitoring and evaluation

### Work groups/subcommittees/task forces and their functions

Technical Working Group does most of its work through 5 working subcommittees- Healthy Schools, led by Ministry of Education; Healthy Spaces and Places led by Town and Country Planning; Alcohol and Tobacco Prevention and Control, led by the Ministry of Health and Social Development, Healthy Workplaces led by Department of Labour, Chronic Services, Ministry of Health and BVI Health Services Authority; Physical Activity and Physical Literacy led by Department of Youth Affairs and Sport and Ministry of Health. Subcommittees are made up of representatives from government, NGOs, private sector and civil society. Food and Nutrition is coordinated by BVI Food and Nutrition Council

### Accountability mechanisms (periodicity of monitoring, evaluation, reporting, and to whom; financial accountability mechanisms)

An annual report is prepared; Ministry of Health participates in regional and international monitoring; internal reporting and reviews are held regularly.

## British Virgin Islands NNDC (as at November 2016)

### Main successes

Participated in the formulation of MOU between the Ministry of Health and Ministry of Education, to improve academic and Health in school age children; Implementation of Healthy School Programme promoting nutrition and physical education in 15 primary public schools in the territory; Integration of health and wellness into occupational health and safety; Development of 3-year Chronic Care Action Plan 2016-2019 to improve care and treatment of diabetes and hypertension in primary care of BVI Health Services Authority; Introduced 10,000 Steps Walking Programme to promote more physical activity in adult population aged 25-64 years

### Success factors

Built strong relationships with others sectors; developed an intersectoral structure which facilitated collaboration across sectors; sought to develop projects and programmes that had win/win for other sectors focused on risk factors and social determinants of health; promoted the All-of-Society Health Policy

### Specifically

- Were there any successes due mainly to the participation of non-health sectors in the Commission

Yes.

- If yes, please summarize, highlighting the role played by the non-health sector(s)

Chairpersons of subcommittees are from non-health sectors with the exception of Chronic Care subcommittee

### Main challenges

Resources: mobilizing, costing; moving from awareness-raising toward behaviour change in the IEC activities; NCDs seen as a health care issue; research and evaluation

### How were these challenges overcome?

We are still grappling with these challenges

### Specifically

- Did changes in administration disrupt the Commission's functioning?
- If yes, what were these changes and their effects?
- If no, how was continuity of function maintained? What steps were taken?

No

### Partnerships, technical cooperation (TC) – summarize partners and relevant TC areas

- Physical Literacy - Canadian Sport for Life, Canadian Olympic Committee, Caribbean Olympic Association, and BVI Olympic Committee; using physical literacy to improve physical activity in the whole population
- Healthy School Programme - Caribbean Public Health Agency
- Childhood Obesity - Stanford University
- Self-Management Programme for persons living with chronic diseases - PAHO /WHO

## FUNDING

Main source(s) of funding and approximate percentage of funding from each source	Government 50%, international source 35% , and regional source 15%
Indicative annual budget (USD)	Moving toward having budgets for programmes and projects integrated in the relevant ministries' budgets
Resource mobilisation, main areas	Physical activity, nutrition, chronic care

## SUSTAINABILITY

Mechanisms for sustainability	In the process of developing Health in All Policies Framework in 2017
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## Dominica NNCD

### (as at September 2016)

#### ITEMS / INFORMATION

##### GENERAL

Country	Dominica
Name	Dominica NCD Commission (DNCCDC)
Date of establishment	2008; active for~ 2 years followed by period of dormancy from 2010 to 2016. A new Commission was appointed in February 2016. Letters of invitation went out in June 2016
Date of first meeting	July 2016
Date of last meeting	September 2016
Number of meetings over past 12 months	3 (periodicity monthly to date: July, Aug, Sep)
Chairperson's name	Ms. Priscilla Prevost
Title	Health Coordinator
Organisational affiliation	East Caribbean Conference of Seventh Day Adventists/Lifestyle Health Consultant
Duration of tenure	2 years, to February 2018

##### ESTABLISHMENT

#### Summary of steps taken to establish the Commission

The Health Promotion Unit of the Ministry of Health (MoH) contacted individuals who would be able to contribute and be interested in the Commission; the names then were submitted to the Cabinet, which made the appointments. The MoH followed up to inform the members

#### Specifically

<ul style="list-style-type: none"> <li>Was there a planning group, (e.g. Task Force, Committee or other "precursor body") that worked to establish the Commission?</li> <li>If so, does the group still exist?</li> <li>If it does, what is its relationship with the Commission?</li> </ul>	No planning group
<ul style="list-style-type: none"> <li>Are there recommended profiles or desired characteristics for Commission Chair and Commissioners?</li> <li>Were these applied in selecting the Chair and Commissioners?</li> <li>If yes, to what extent do the Chair and Commissioners satisfy them? Fully? To a large extent? To some extent?</li> </ul>	The TOR do not provide characteristics for the Chair, but do stipulate a multisectoral nature of the Commission

##### GOVERNANCE AND MANAGEMENT

Legal authority/reference	Commission is appointed by Cabinet and is supposed to report (according to the ToR) every 6 months to Cabinet through the Minister of Health; supported by the presence of a legal representative on the Commission
Location (sector/entity)	Ministry of Health
Mandate/Scope of work	As set out in TOR
Terms of reference	Yes; old TOR revised and to be submitted to the Minister of Health
Conflict of interest policy	No

**Dominica NNCD**  
(as at September 2016)

Code of ethics	No
Standard operating procedures	No
NNCDC strategic plan/ plan of action	Not yet, but plan to develop this. Presently reviewing the draft Ministry of Health NCD Policy and Plan which would inform the Commission's own plan.
Decision-making process (consensus, majority, other)	No, not as yet

### MEMBERSHIP AND PERSONNEL

Government sector membership and level of representation	Ministry Education (Education Officer responsible for Health & Family Life Education); Ministry of Agriculture (Director of Agriculture); Ministry of Trade (Director of Trade); Ministry of Health (3 representatives: Health Promotion Coordinator – Mrs. James; CMO; Epidemiologist and Health Advisors to the Minister; Representative from Legal Affairs)
Civil society membership and level of representation	Dominica Cancer Society; Dominica Diabetes Association; East Caribbean Conference of SDA Health Ministries (FBO)
Private sector membership and level of representation	Dominica Association of Industry and Commerce (umbrella organisation)
Ex officio members	-
Secretariat exists? If so, please give date of establishment	Not as yet. The MoH Health Promotion Unit functions in this role for the time being
Full-time human resources/functions	No paid staff
Part-time human resources/functions	No paid staff

### FUNCTIONS, OPERATIONS AND INTERVENTIONS

**Main functions (advisory, accountability, strategic planning, project/programme implementation, other)**

Main roles in ToR, with primary focus on advisory role working closely with the Health Promotion Unit.

**Main areas of interventions for NCDs and NCD risk factors**

3 priority areas identified – childhood obesity; nutrition; physical activity (with an emphasis on built environment i.e. space for physical activity). Also legislation regarding smoking – FCTC

**Other health issues that the NCD/Wellness Commission addresses**

Advocacy for effective management of NCDs

- Is there integration – structural or functional, with other health-related Commissions, such as HIV Commissions?

- If so, to what extent? Fully? To a large extent? To some extent?

None

**Framework(s) of reference (national policy, strategy or plan; international plans/strategies)**

National NCD Policy in draft/ National NCD Strategic Plan – in draft?

**Focus of interventions (legislation, taxation, policy development, project/programme development, project/programme implementation, capacity building, surveillance, monitoring and evaluation, other)**

Legislation regarding smoking – FCTC, smoke-free spaces, and advertising. Draft developed by Health Promotion Unit and approved by Cabinet; to be sent to Legal for drafting

**Work groups/subcommittees/task forces and their functions**

Have not discussed this as yet, and the group is small. However, one subcommittee for press launch of the Commission

**Accountability mechanisms (periodicity of monitoring, evaluation, reporting, and to whom; financial accountability mechanisms)**

Commission reports directly to the Minister of Health, therefore has direct line of communication. Minutes of meetings prepared for each meeting and report made to the Minister 3 – 6 monthly

**Main successes**

Not applicable – newly formed. However for Caribbean Wellness Day (CWD) jointly with the MOH had a church service to launch the CWD, held at the Seventh Day Adventist Church.

**Success factors**

Not applicable – newly formed

**Specifically:**

- Were there any successes due mainly to the participation of non-health sectors in the Commission
- If yes, please summarize, highlighting the role played by the non-health sector(s)

Not applicable – newly formed

**Main challenges**

Not applicable – newly formed

**How were these challenges overcome?**

Not applicable – newly formed

**Specifically:**

- Did changes in administration disrupt the Commission's functioning?
- If yes, what were these changes and their effects?
- If no, how was continuity of function maintained? What steps were taken?

Not applicable – newly formed

**Partnerships, technical cooperation (TC) – summarize partners and relevant TC areas**

Not applicable – newly formed

**FUNDING****Main source(s) of funding and approximate percentage of funding from each source**

MOH Health Promotion Budget for Commissioner stipends

**Indicative annual budget (USD)**

To be developed. Stipend recommended as part of the TOR to cover meeting costs. Chair EC\$300 (1) and members EC\$150 (~11); funds would come from the Health Promotion Budget; recommendation will be approved

**Dominica NNDC**  
(as at September 2016)

**Resource mobilisation, main areas**      At the last meeting discussed the issue of the taxes on the SSBs to go towards the activities of the Commission. Issue in DMA with taxes going into the Consolidated Fund, however, so exploring with Ministry of Finance mechanisms for retrieving the revenue

**SUSTAINABILITY**

**Mechanisms for sustainability**      Not explored yet

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**ADDITIONAL INFORMATION/COMMENTS**

Would be interested in being connected with other Chairs across the region

## Grenada NNCDC (as at October 2016)

### ITEMS / INFORMATION

#### GENERAL

Country	Grenada
Name	National Chronic Non-communicable Disease Commission
Date of establishment	20 June 2010
Date of first meeting	July 2010 (This was the first meeting of the Commission, following more than 10 years as a precursor "National Advisory Committee on CNCD")
Date of last meeting	19 August 2016
Number of meetings over past 12 months	11
Chairperson's name	Dr. Sonia Nixon
Title	Interim Chair
Organisational affiliation	Senior Medical Officer with responsibility for Chronic Diseases
Duration of tenure	Interim Chair since August 2016

#### ESTABLISHMENT

##### Summary of steps taken to establish the Commission

Identification of key sectors; Cabinet appointment of Members and Chair

##### Specifically

- Was there a planning group (e.g. Task Force, Committee, or other "precursor body") that worked to establish the Commission/Coordinating Mechanism?
- If so, does the group still exist?
- If it does, what is its relationship with the Commission/Coordinating Mechanism?

There was an analogous body that existed with the Ministry of Health (MoH), which consisted primarily of members of the MoH. This group ceased to exist once the Commission was established

- Are there recommended profiles or desired characteristics for Commission Chair and Commissioners?

Members were appointed on the basis of positions or representations of institutions

- Were these applied in selecting the Chair and Commissioners?

More or less

- If yes, to what extent do the Chair and Commissioners satisfy them? Fully? To a large extent?

To some extent?

To a large extent

#### GOVERNANCE AND MANAGEMENT

Legal authority/reference	Cabinet appointment
Location (sector/entity)	St. George's University (SGU) until June 2016
Mandate/Scope of work	No
Terms of reference	Yes

**Grenada NNCD**  
(as at October 2016)

Conflict of interest policy	Does not exist
Code of ethics	Does not exist
Standard operating procedures	Do not exist
NNCDC strategic plan/plan of action	Does not exist
Decision-making process (consensus, majority, other)	Majority

### MEMBERSHIP AND PERSONNEL

Government sector membership and level of representation	Ministries of Health, Agriculture, Education; Grenada Food and Nutrition Council; Government Information Service
Civil society membership and level of representation	Trade union; health NGOs; faith-based organisations; sports groups; women's groups; college; university; Grenada Nurses' Association; Grenada Medical Association; Grenada Cancer Society
Private sector membership and level of representation	Private health sector; Grenada Chamber of Industry and Commerce
Ex officio members	Chief Medical Officer, Senior Medical Officer, Chief Health Planner, Chief Pharmacist, Chief Nursing Officer
Secretariat exists? If so, please give date of establishment	Pseudo-secretariat at SGU until June 2016
Full-time human resources/ functions	No
Part-time human resources/ functions	No

### FUNCTIONS, OPERATIONS AND INTERVENTIONS

Main functions (advisory, accountability, strategic planning, project/program implementation, other)

Advisory

Main areas of interventions for NCDs and NCD risk factors

Policy recommendations

Other health issues that the NCD Commission/Wellness Commission/Wellness Coordinating Mechanism addresses

All issues related to NCDs

- Is there integration – structural or functional – with other health-related Commissions, such as HIV Commission?
- If so, to what extent? Fully? To a large extent? To some extent?

No

Framework(s) of reference (national policy, strategy or plan; international plans/strategies)

Port-of Spain Declaration

Focus of interventions (legislation, taxation, policy development, project/program development, project/program implementation, capacity building, surveillance, monitoring and evaluation, other)

Policy recommendations

**Work groups/subcommittees/task forces and their functions**

As the occasion arises

**Accountability mechanisms (periodicity of monitoring, evaluation, reporting, and to whom; financial accountability mechanisms)**

Biannual reports to the Minister of Health

**Main successes**

Monthly meetings; production of biannual reports; participation in Caribbean Wellness Day (CWD) activities; discussions of NCD themes; participation in public education activities

**Success factors**

Excellent Chair, committed members, appropriate meeting facility, diversity of discussion topics

**Specifically:**

- Were there any successes due mainly to the participation of non-health sectors in the Commission?
- If yes, please summarize, highlighting the role played by the non-health sector(s)

Yes

Ministry of Agriculture, faith-based organisations, trade union movements, and business representations all participated in activities recommended by the Commission, e.g. CWD

**Main challenges**

Inconsistent attendance at meetings by some members; lack of secretariat

**How were these challenges overcome?****Specifically:**

- Did changes in administration disrupt the Commission's functioning?
- If yes, what were these changes and their effects?
- If no, how was continuity of function maintained? What steps were taken?

No

Briefing the new Minister on the existence of the Commission

Inviting the new PS and Minister to a meeting of the Commission

**Partnerships, technical cooperation (TC) – please summarize partners and relevant TC areas**

None

**FUNDING**

Main source(s) of funding and approximate percentage of funding from each source	None
Indicative annual budget (USD)	None
Resource mobilisation, main areas	None

**SUSTAINABILITY**

Mechanisms for sustainability

Dedication of membership

## 8. Possible areas for technical cooperation, resources for sharing, and partners related to NNCCDC establishment and strengthening

### Areas for TC

- **Provision of funding/resource mobilisation** for NNCCDCs and the implementation of NCD policy/strategic plan
- **Development of NCD policy and strategic/operational plans**; communication strategy; legislative framework for Commission's functioning
- **Capacity-building in monitoring and evaluation**; grant proposal writing; project development and management; social determinants of health; multisectoral approach to NCD prevention and control
- **Research**, data analysis and management
- **Establishment of NNCCDC network** for information-sharing and knowledge management
- **Monitoring and evaluation of NNCCDC** and **implementation of NCD** policy/strategic plan

### Resources for sharing among NNCCDCs

- **NNCCDC:**
  - > Legislative frameworks
  - > Terms of reference (for Commission, Chair, and Commissioners)
  - > Standard operating procedures
  - > Conflict of interest policy
  - > Code of ethics
  - > Strategic plan
  - > Communication strategy
  - > Document formats (meeting minutes, reports, policy briefs, others)
- **Legislation** and/or regulations for reduction of NCD risk factors, e.g. addressing tobacco, sugar-sweetened beverages, and salt
- **Strategic plans** – National NCD Strategic Plan and NNCCDC Strategic Plan
- **Monitoring and evaluation** frameworks – for National NCD Strategic Plan and NNCCDC Strategic Plan

## Possible partners

### **CARICOM Secretariat and CARICOM Regional Institutions**

<http://www.caricom.org/>

including

**CARPHA:** <http://carpha.org/>

**CROSQ:** <https://www.crosq.org/>

**OECS:** <http://www.oecs.org/>

**UWI:** <http://www.uwi.edu/index.asp>

and other universities and academic institutions in the Caribbean, such as the

**University of Guyana:** <http://www.uog.edu.gy/>

**St. George's University (Grenada):** <http://www.sgu.edu/>

as well as institutions outside of the Caribbean

**COMSEC:** <http://thecommonwealth.org/>

**PAHO:** <http://www.paho.org/hq/>

**WHO:** <http://www.who.int/en/>

### **Other UN agencies, such as**

**UNDP:** <http://www.undp.org/>

**UNFPA:** <http://www.unfpa.org>

**UNICEF:** <http://www.unicef.org/>

**UN Women:** <http://www.unwomen.org/en>

### **Organisation of American States:**

<http://www.oas.org/en/> and its institutions, such as **IICA:** <http://www.iica.int/en>

**US Centre for Disease Prevention and Control, CDC:** <http://www.cdc.gov/>

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# Acronyms and abbreviations

**CAREC**

Caribbean Epidemiology Centre

**CARICOM**

Caribbean Community

**CARPHA**

Caribbean Public Health Agency

**CCH**

Caribbean Cooperation in Health

**CFNI**

Caribbean Food and Nutrition Institute

**CNCD(s)**

Chronic non-communicable disease(s)

**COHSOD**

Council for Health and Social Development

**COMSEC**

Commonwealth Secretariat

**CRNM**

Caribbean Regional Negotiating Machinery

**CROSQ**

CARICOM Regional Organisation for Standards and Quality

**CSO(s)**

Civil society organisation(s)

**FBO**

Faith-based organisation

**FCTC**

Framework Convention on Tobacco Control

**FENSA**

Framework for Engagement with Non-State Actors

**HCC**

Healthy Caribbean Coalition

**HiAP**

Health-in-All-Policies

**IICA**

InterAmerican Institute for Cooperation on Agriculture

**IF**

Implementation Framework

**M&E**

Monitoring and evaluation

**MAP**

Multisectoral Action Plan

**MoH**

Ministry of Health

**MS**

Member States

**NCD(s)**

Non-communicable disease(s)

**NCDCSP**

NCD Commissions Strengthening Project

**NGO(s)**

Non-governmental organisation(s)

**NNCDC**

National Non-communicable Diseases Commission

**OCPC**

Office of the Chief Parliamentary Counsel

**OECS**

Organisation of Eastern Caribbean States

**PAHO**

Pan American Health Organisation

**POSD**

Port of Spain Declaration

**SDH**

Social determinants of health

**SGU**

St. George's University (Grenada)

**SSB**

Sugar-sweetened beverages

**TC**

Technical cooperation

**ToR**

Terms of reference

**UN**

United Nations

**UNDP**

United National Development Programme

**UNFPA**

United Nations Population Fund

**UNHLM**

United Nations High-Level Meeting

**UNICEF**

United Nations Children's Fund

**UWI**

University of the West Indies

**WHO**

World Health Organisation

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