CONFERENCE PROCEEDINGS REPORT

An NCD Prevention and Strategic Planning Workshop for Civil Society Organizations
MAY 27-29, 2012
Wyndham Kingston Hotel and the Knutsford Court Hotel, Jamaica

Colette Cunningham-Myrie (editor-in-chief)
Trevor Ferguson
Ishtar Govia
Trevor Hassell
Shelly McFarlane
Novie Younger

Supported by: Heart Foundation of Jamaica, Caribbean Office of the InterAmerican Heart Foundation, Jamaica Coalition for Tobacco Control, Health Action Partnership International - UK, National Heart Forum- UK, and member organizations of the HCC network.
The manuscript of this report has not been prepared in accordance with the procedures appropriate to formally edited texts. Some sources cited in this report may be informal documents that are not readily available. The findings, interpretations, and conclusions expressed herein are those of the authors and do not necessarily reflect the views of the Tropical Medicine Research Institute (TMRI) and/or Healthy Caribbean Coalition (HCC) and its affiliated organizations. The TMRI and HCC do not guarantee the accuracy of the data included in this work.

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Assistant editors: Trevor Ferguson*, Ishtar Govia**, Trevor Hassell***, Shelly McFarlane*, Novie Younger*
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**Department of Sociology, Psychology, and Social Work, The University of the West Indies, Mona, Jamaica
***Faculty of Medical Sciences, The University of the West Indies, Cave Hill, Barbados

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Email: info@healthycaribbean.org
Tel: 246 429 5455
Website: www.healthycaribbean.org/hcc-rallying-for-action-ncds-2012/

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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>CAFRA</td>
<td>Caribbean Association for Feminist Research and Action</td>
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<td>CARICOM</td>
<td>Caribbean Community</td>
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<tr>
<td>CDRC</td>
<td>Chronic Disease Research Centre</td>
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<td>CIBC</td>
<td>Canadian Imperial Bank of Commerce</td>
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<td>COPD</td>
<td>Chronic Obstructive Respiratory Disease</td>
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<td>CNCD</td>
<td>Chronic Non-communicable Diseases</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>EBV</td>
<td>Epstein–Barr Virus</td>
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<td>eHealth</td>
<td>Electronic Health</td>
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<td>FCIB</td>
<td>First Caribbean International Bank</td>
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<td>FCTC</td>
<td>Framework Convention for Tobacco Control</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HBV</td>
<td>Hepatitis B Virus</td>
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<td>HCC</td>
<td>Healthy Caribbean Coalition</td>
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<td>HFJ</td>
<td>Heart Foundation of Jamaica</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IAHF</td>
<td>International Advocates for Health Freedom Caribbean Network</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<tr>
<td>JCTC</td>
<td>Jamaica Coalition for Tobacco Control</td>
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<tr>
<td>mHealth</td>
<td>Mobile Health</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCD</td>
<td>Non-communicable Diseases</td>
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<td>NGO</td>
<td>Nongovernmental Organizations</td>
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<td>NHF</td>
<td>National Health Fund</td>
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<td>OECS</td>
<td>Organization of Eastern Caribbean States</td>
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<td>PAFNCDs</td>
<td>Partners Forum Working Committee for Action on NCDs</td>
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<td>P4P</td>
<td>Pay for Performance</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>POS Declaration</td>
<td>Port of Spain Declaration</td>
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<tr>
<td>RBF</td>
<td>Results-based Financing</td>
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<tr>
<td>UNHLM</td>
<td>United Nations High Level Meeting</td>
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<td>UWI</td>
<td>University of the West Indies</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WTO</td>
<td>World Trade Organization</td>
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ACKNOWLEDGEMENTS

A special thanks from the Healthy Caribbean Coalition, and collaborating organizations, the World Bank, LIVESTRONG, PAHO/WHO and the National Health Fund, Jamaica to the following individuals for their invaluable time, expertise, and assistance provided in the hosting of the NCD Prevention and Strategic Planning Workshop for civil society organizations, titled “Healthy Caribbean 2012 - Rallying for action on NCDs” May 27-29, 2012, Kingston, Jamaica:

Technical Support: Dr. Shiyon Chao, Dr. James Hospedales, Dr. Lynda Williams, Mr. Chris Hassell, Ms. Shivonne Johnson, and Mr. Ian Pitts.

Administrative and Logistics Planning: Ms. Christine Harris and Mrs. Deborah Chen of the Heart Foundation of Jamaica, Ms. Yulit Gordon of the Jamaica Cancer Society and Dr. Lynda Williams, Ms. Shivonne Johnson and Mr. Chris Hassell of the Healthy Caribbean Coalition.

Conference Support: Official representatives and speakers, Mr. Earl Jarrett, Dr. Eva Lewis Fuller, Dr. Kam Suan Mung and Hon. Ronald Thwaites; specially invited speaker Sir George Alleyne; moderators, Mr. David Affonso, Dr. Homer Bloomfield, Mrs. Deborah Chen, Ms. Joanne De Freitas, Ms. Flavia Cherry, Dr. Victor Coombs, Professor Trevor Hassell, Dr. Shiyon Chao, Ms. Carmen Carpio and Dr. James Hospedales; facilitators and panel chairpersons, Ms. Winsome Wilkins, Dr. Beatriz Champagne, Ms. Gina Pitts, Dr. Gilian Wharf and Ms. Ceila Morgan, and several presenters and panellists, all of whom contributed significantly to the workshop.

Conference facilitators: Ms. Christine Harris, Mr. Ian Pitts, Ms. Shivonne Johnson, Mr. Chris Hassell, Dr. Colette Cunningham-Myrie, Dr. Ishtar Govia, and persons who assisted with registration; Ms. Kay Morrish-Cooke, Ms. Sandrina Davis, Ms. Kerry-An Davis, Ms. Barbara McGaw and Mr. Alonzo Mothersill.

Contracted Support: Ms. Fay Gooding of Going Places Travel for providing travel arrangements for Caribbean delegates; Mr. Lajuane Gordon for hotel accommodation and conference facilities at the Knutsford Court Hotel; Ms. Shernett Barnett, facilities at the Wyndham Kingston Hotel; Ms. Jacqueline Cummins of JacStar for graphic artistic design of the programme booklet; Mr. Charles Cox of Office Solutions for printing of programme booklets; MPOWERED for Polo Shirts for delegates; Sign Station, banners; Mr. Giovanni Powell, official photographer; and Ms. Meisha Forrest for providing transcripts.
The Healthy Caribbean Coalition (HCC), in collaboration with the World Bank, the Lance Armstrong Foundation, PAHO/WHO and the National Health Fund, Jamaica, is pleased to make available this Conference Proceedings Report of a NCD Prevention and Strategic Planning Workshop for Civil Society Organizations, Rallying for Action on NCDs, held in Kingston Jamaica, 27-29 May 2012. The report is aimed at the widest Caribbean and international audience, with emphasis on civil society, and represents a significant resource with respect to issues related to NCDs in the Caribbean.

The HCC was established in 2008 as a regional alliance of health NGOs, other civil society organizations, and the private sector. The purpose is to contribute to the response to the epidemic of the NCDs, and their risk factors and complications; to harness the power of civil society, in partnership with government, private enterprise, academia, and international partners; to prevent and better manage chronic diseases through the promotion of healthy lifestyles, enabling and supportive environments; to foster better management of chronic diseases and develop empowered people. The workshop and report give practical expression to the mission of the HCC.

The workshop provided a forum for 104 delegates from 14 Caribbean countries to meet with policymakers and discuss civil society’s role in contributing to the “whole of society”, and to the collaborative and multi-sectoral response to the NCDs (cancer, heart disease, diabetes and lung disease). It is recognized that these conditions share the same risk factors, are lifestyle related and influenced by several non-health factors.

Among the outputs of the workshop will be the production of a Caribbean Civil Society Action Plan for responding to NCDs for the period 2012-2016. The plan will take into consideration the Political Declaration of the United Nations High Level Meeting on NCDs 2011, as well as the targets and indicators determined following the Declaration. The main emphases of the plan are increased and more effective advocacy by civil society, enhanced communication between and for health NGOs and civil society, the use of mHealth as an instrument for responding to NCDs, and capacity building of health NGOs so that they may be more effective in contributing to the NCD response.

It is a pleasure to record the significant contributions to the success of the workshop by many persons including presenters, moderators, volunteers, the delegates who attended, and several others too numerous to mention. Specific recognition is accorded to Dr. Colette Cunningham-Myrie and her team from the UWI Mona campus in Jamaica, for the production of this Technical Report of the workshop proceedings.

Professor Trevor A. Hassell
Conference Chairman and President
Healthy Caribbean Coalition
I am pleased to have been asked to write an introductory message for this publication on the proceedings of the workshop which the Healthy Caribbean Coalition (HCC) recently convened with the appropriate title of ‘Rallying for Action’. Since I hope that this publication will be received and read by many who were not there, it is of interest for me to try to capture some of the mystique of the meeting.

Perhaps the most gratifying aspect of the meeting was the breadth of the institutional participation. There were participants from the thematic NGOs, members from other civil society groups, academics, the public sector and business. This breadth in some ways shows the catholicity of the Civil Society and also shows that it is possible to engage a wide range of interests in health generally and more specifically in the NCDs. The workshop demonstrated vividly that there is a human face to NCDs and we must not only fix on the abstract statistics. There were frank and poignant presentations by persons who were suffering from one or other NCD.

The public sector was represented at several levels, and many of us were surprised and pleased by the presentation by a Minister of Government who did not mince words in his description of the machinations of the tobacco industry. He asked for the support of the public in strengthening the hand of the government in moving forward with legislation on tobacco, as the time had come in his own words to “mash down that Babylon”.

One hopes that the messages in this publication will go to a public wider than the participants in the workshop, because it is necessary to stress the value of the HCC and the need for collective action against the NCDs. It is clearly fallacious to think that NCDs concern only those persons affected directly and I was pleased that one of the stated objectives of the workshop was to address the benefits to the NCD approach. This was meant to emphasize the importance of a concerted and collective approach to the major NCDs which share risk factors. But I think that there was a sense that the Coalition is advocating for a healthy Caribbean and only using NCDs as the entry point to achieve this. This approach to collective action to mobilize political support is crucial for all aspects of health, but especially important for those diseases which do not have the outward manifestations that evoke public sympathy. We also know very well that the conditions necessary for a healthy Caribbean will not depend only on personal choice, but also on changing the enabling environment and this latter is essentially a political issue.

I was honored to be asked to be Patron of the HCC, and I accepted with alacrity. It is not that I seek office, but it is because I am wedded to the notion that we must support vigorously those health institutions which bear the appellation “Caribbean”. It is in the area of health that we have some of the more positive and outstanding results of the value of Caribbean collective action. Thus it is my hope that those who attended the workshop not only came away pleased that it had fulfilled its objectives and achieved the desired outcomes, but also valued that it was a good example of a successful cooperative Caribbean health initiative.

I trust that those who were not there and read this publication will seek to learn more about HCC and plan to support it in any way possible and particularly by attending the next such meeting. But none of what we enjoyed would have been possible without the foresight and dedication of Professor Trevor Hassell and we are all in his debt.

Sir George Alleyne
Patron
Healthy Caribbean Coalition
Healthy Caribbean Coalition
‘a civil society alliance for combatting chronic diseases’

CONFERENCE PROCEEDINGS
INTRODUCTION

Background and Rationale:

Chronic Noncommunicable Diseases (CNCDs), cancer, heart and blood vessel disease, diabetes and lung disease, are a major cause of sickness and death and present a significant developmental burden for the people of the sub-region of the Caribbean. They share the same risk factors and are lifestyle related and influenced by several non-health factors.

In September 2011 a global response to these diseases, was addressed at a United Nations High Level Meeting (UNHLM), at the conclusion of which a Political Declaration was issued and in subsequent months discussions held about targets to be met.

The workshop for health NGOs and other civil society organizations in the Caribbean, hosted by the Healthy Caribbean Coalition in collaboration with the World Bank, PAHO/WHO, LIVESTRONG, and the National Health Fund of Jamaica, is part of on-going multi-sector efforts in the Region to craft a whole of society approach for more effective response to NCDs, as called for in the Heads of Government of CARICOM Port of Spain Declaration - Uniting to Stop the Epidemic of NCDs, and the Political Declaration arising out of the UNHLM.

The workshop was preceded by a meeting at which attendees were updated on aspects of cancer prevention, both internationally and locally, and strategies discussed concerning best practice approaches to cancer prevention in the Caribbean.

Specific Objectives:

- Review the progress made since the Port of Spain Declaration, made by the CARICOM Heads of State in 2007
- Share some good practices on NCD prevention through NGOs
- Share experience of NCD approaches, globally and regionally
- Discuss and propose ways in which the NCD approach can be strengthened
- Build capacity among existing health NGOs for timely and effective response to the NCDs through whole of society approach
- Identify roles of international agencies in NCD prevention in the region

Expected Outcomes:

- Production of a Caribbean Civil Society Action Plan for tackling NCDs, for the period 2012-2016, for more effective contribution of health NGOs to the NCD response
- Production of a Project Plan for a regional cervical cancer advocacy and education campaign
- Strengthening of communication between and among Caribbean health NGOs and other civil society organizations in the response to NCDs
- Learning of achievements, challenges and opportunities of health NGOs
- Further development of mechanisms for active involvement and sustainability of the NGO and civil society response to NCDs
- Provide suggestions for the World Bank on supporting NCDs prevention in the Region
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<th>Session Title</th>
<th>Moderator</th>
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<td>13:30-13:45</td>
<td>WELCOME</td>
<td>MR. EARL JARRETT, Jamaica Cancer Society</td>
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<tr>
<td>13:45-14:00</td>
<td>MESSAGE FROM MINISTER OF HEALTH</td>
<td>DR. EVA LEWIS - FULLER, Chief Medical Officer, Jamaica</td>
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<tr>
<td>14:00-14:30</td>
<td>&quot;Cancer is mainly a lifestyle disease&quot;</td>
<td>DR. FITZROY HENRY, Caribbean Food &amp; Nutrition Institute, PAHO</td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>“Cancer prevention and treatment in Jamaica”</td>
<td>DR. WENDEL GUTHRIE, Jamaica Cancer Society</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>“How I fought cancer – a personal story”</td>
<td>DR. JENNIFER MAMBY - ALEXANDER, Surgipath</td>
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<tr>
<td>15:30-16:00</td>
<td>“Fighting back - a tobacco free Jamaica“</td>
<td>MS. BARBARA McGAW, Jamaica Coalition for Tobacco Control</td>
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<td>16:00-16:30</td>
<td>Cervical cancer</td>
<td>DR. TOMO KANDA, PAHO/WHO</td>
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<tr>
<td>16:30-17:00</td>
<td>Cervical cancer advocacy project</td>
<td>DR. LYNDA WIILIAMS, Healthy Caribbean Coalition</td>
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<td>17:00-17:30</td>
<td>GENERAL DISCUSSION &amp; CONCLUDING REMARKS</td>
<td>DR. HOMER BLOOMFIELD, Bahamas Cancer Society</td>
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<td>17:30-19:00</td>
<td>RECEPTION</td>
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## CONFERENCE PROGRAMME

### NCDs: A NECESSARY CHANGE IN DIRECTION

**VENUE: KNUTSFORD COURT HOTEL**

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<th>Moderator</th>
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<tr>
<td>8:30-8:40</td>
<td>WELCOME ADDRESS</td>
<td>DR. KAM SUAN MUNG&lt;br&gt;PAHO/WHO</td>
</tr>
<tr>
<td>8:40-8:55</td>
<td>OPENING REMARKS</td>
<td>HON RONALD THWAITES&lt;br&gt;Minister of Education, Jamaica</td>
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<tr>
<td>8:55-9:15</td>
<td>The United Nations High Level Meeting and Outcomes</td>
<td>DR. JAMES HOSPEDALES&lt;br&gt;PAHO HQ, Washington DC</td>
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<tr>
<td>9:15-9:35</td>
<td>5 years after the Port of Spain Summit: achievements, challenges and the role of civil society</td>
<td>DR. FITZROY HENRY&lt;br&gt;CFNI, PAHO</td>
</tr>
<tr>
<td>9:35-9:55</td>
<td>Key findings and recommendations from NCD studies in the Caribbean Region</td>
<td>DR. SHIYAN CHAO&lt;br&gt;World Bank, Washington DC</td>
</tr>
<tr>
<td>9:55-10:15</td>
<td>Adding value: the NCD approach to the specific chronic diseases</td>
<td>SIR GEORGE ALLEYNE&lt;br&gt;Director Emeritus, PAHO</td>
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<tr>
<td>10:15-11:00</td>
<td>REFRESHMENT BREAK</td>
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<td>11:00-11:45</td>
<td>Living with:</td>
<td>Moderator:</td>
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<tr>
<td></td>
<td>• Obesity</td>
<td>MS. JOANNE DE FREITAS&lt;br&gt;UNI Americas</td>
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<td>• Tobacco Addiction</td>
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<td>• Heart disease</td>
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<tr>
<td>11:45-12:45</td>
<td>PANEL DISCUSSION</td>
<td>Chair: MS. WINSOME WILKINS&lt;br&gt;Council for Voluntary Social Services, Jamaica</td>
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<td></td>
<td>A disease-specific approach with an NCD perspective</td>
<td>MRS. DEBORAH CHEN&lt;br&gt;Heart Foundation of Jamaica</td>
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<td></td>
<td>Policymakers working with civil society</td>
<td>DR. SONIA COPELAND&lt;br&gt;Ministry of Health, Jamaica</td>
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<td></td>
<td>Results based financing for NCDs</td>
<td>MS. CARMEN CARPIO&lt;br&gt;World Bank, Washington DC</td>
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<td></td>
<td>Social media for NGOs - the 15 minute workout!</td>
<td>MR. CHRIS HASSELL&lt;br&gt;Healthy Caribbean Coalition</td>
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<tr>
<td>12:45-14:00</td>
<td>LUNCH</td>
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MONDAY MAY 28, 2012
VENUE: KNUTSFORD COURT HOTEL

NCDs: A NECESSARY CHANGE IN DIRECTION

BREAKOUT SESSION: Crafting The Way Forward For Caribbean Civil Societies Response To NCDs
FACILITATORS: DR. BEATRIZ CHAMPAGNE, Inter American Heart Foundation and MRS. GINA PITTS, Heart & Stroke Foundation of Barbados

Group 1: Enhancing communication: Mr. Owen Bernard and Prof. Tim Roach

Group 2: Capacity building: Mr. Darshanand Rampersaud and Mr. David Hippolyte

Group 3: Advocacy: Mrs. Deborah Chen and Dr. Victor Coombs

Group 4: mHealth: Mr. Chris Hassell and Ms. Shivonne Johnson

Instructions for Working Group:
Each group will select a chairperson, rapporteur and a presenter.

Two (2) presentations will be made in each group to provide general information and stimulate discussion with the objective of sharing experiences and providing approaches to the group topics as they relate to NCDs.

The session will conclude with presentations and discussion in plenary.

16:00-17:00
PRESENTATIONS IN PLENARY AND WRAP UP
FACILITATORS:
DR. BEATRIZ CHAMPAGNE
Inter American Heart Foundation
MRS. GINA PITTS
Heart & Stroke Foundation, Barbados
## CONFERENCE PROGRAMME

### NCDs: ONE LOVE - PEOPLE GET READY

**TUESDAY MAY 29, 2012**  
**VENUE: KNUTSFORD COURT HOTEL**

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<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator</th>
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<tr>
<td>8:30-8:45</td>
<td>Welcome back - Day 1 reflections</td>
<td>DR. VIRGINIA ASIN-OOSTBURG</td>
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<td>Healthy Caribbean Coalition</td>
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<tr>
<td>8:45-9:05</td>
<td>NCDs: whole of society, whole of Government response</td>
<td>SIR GEORGE ALLEYNE</td>
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<td></td>
<td>Director Emeritus, PAHO</td>
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<tr>
<td>9:05-9:25</td>
<td>Learning from The HIV/AIDS experience on how to involve NGOs</td>
<td>MS. CARMEN CARPIO</td>
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<td></td>
<td>World Bank</td>
</tr>
<tr>
<td>9:25-9:45</td>
<td>CARPHA and the NGOs</td>
<td>DR. JEROME WALCOTT</td>
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<td></td>
<td>Caribbean Public Health Association</td>
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<tr>
<td>9:45-10:00</td>
<td>Rallying For Action</td>
<td>PROF. TREVOR HASSELL</td>
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<td>Healthy Caribbean Coalition</td>
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<td>10:00-10:30</td>
<td>REFRESHMENT BREAK</td>
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**Moderator:** DR. VICTOR COOMBS, Caribbean Cardiac Society

### PANEL DISCUSSION:

*Unique Caribbean approaches to NCDs*

- The National Health Fund & NCDs
- The Trinidad and Tobago Partners Forum
- The Church and NCDs
- Academia, research, and civil society – CDRC

**Facilitator:** DR. GILIAN WHARFE  
Jamaica Cancer Society

- MR. CECIL WHITE  
  National Health Fund
- DR. YVONNE LEWIS  
  Trinidad and Tobago Partners Forum
- DR. NOEL BRATHWAITE  
  University of the Southern Caribbean
- DR. KENNETH GEORGE  
  Ministry of Health, Barbados

| 11:30-11:35  | “STRETCH BREAK”                                                        |
# Conference Programme

**NCDs: One Love - People Get Ready**

**Venue:** Knutsford Court Hotel  
**Date:** Tuesday May 29, 2012

<table>
<thead>
<tr>
<th>Time</th>
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| 11:35-12:30 | Panel Interview Session:  
*Opportunities and Challenges in the Non health Sector in Responding to NCDs*  
Agriculture  
Education  
Trade  
Finance: Health insurance | Ms. Ceila Morgan  
RJR, Jamaica  
Prof. Winston Davidson  
University of Technology of Jamaica  
Dr. Leonie Clarke  
University of Technology of Jamaica  
Dr. Ballayram, CFNI  
Mr. Ed Clarke, Sagicor Life |
| 12:30-13:30 | Lunch                                                                  |                                                                            |
| 13:30-14:30 | Planning for the Future  
Looking back - Get the Message Campaign  
Going forward - mobile health & HCC  
Mobile banking and NCDs | Dr. Lynda Williams  
Healthy Caribbean Coalition  
Ms. Shivonne Johnson  
Healthy Caribbean Coalition  
Mr. George Thomas  
CIBC First Caribbean International Bank |
| 14:30-16:00 | Roundtable Discussion  
*Identifying Barriers, Incentives, Prerequisites and Policy Interventions for Implementing The Port-Of-Spain Declaration* | Dr. Shiyan Chao (Chair)  
World Bank  
Ms. Carmen Carpio  
World Bank  
Dr. James Hospedales  
PAHO HQ, Washington DC |
| 16:00-16:15 | Concluding Remarks                                                      | Sir George Alleyne  
Director Emeritus, PAHO |
| 16:15-17:15 | Business Meeting of the Healthy Caribbean Coalition                    |                                                                            |
SUMMARIES OF ALL PRESENTATIONS, WORKSHOPS AND DISCUSSIONS
Day 1
Cancer Prevention: Updates and Strategies

SUNDAY MAY 27, 2012
VENUE: WYNDHAM KINGSTON HOTEL

Moderator
MR. DAVID AFFONSO
Trinidad and Tobago Cancer Society
Mr. Earl Jarrett, President of the Jamaica Cancer Society, welcomed the participants to the afternoon’s session. He reminisced that some years ago, Cancer Societies from the Caribbean region met in Kingston with a view toward establishing the Caribbean Cancer Society. Regrettably this aspiration and goal was not achieved. It is hoped that this meeting will see the establishment of new acquaintances, possibly leading to the formation of a Caribbean Cancer Society and to the development and promotion of workable solutions to address the issues about cancer particular to the Caribbean.

He highlighted that the aim of this workshop was to discuss best strategies to arrest the prevalence of noncommunicable diseases (NCDs), particularly those that were cancer related. It has been acknowledged that cancer can be prevented and effectively treated, and it is this message that needs to be promoted. He conceded that there have been significant advances made in addressing the issues surrounding cancer as a disease, but also that the intensity of public education programmes, research and scientific work must be increased. The work done in awareness building and research related to HIV/AIDS might very well be used as a model applicable to cancer issues.

New advances pose new challenges and opportunities for the fight against cancer in the Caribbean. It was evident that there were particular strains of diseases that needed particular attention, especially prostate cancer and breast cancer. There is really no reason why our women, for example, should die from cervical cancer. The business of fighting cancer will require the adoption of certain strategies. Mr. Jarrett noted that NGOs fought for and strongly advocated for the reduction in the numbers, and brought meaningful solutions to the plight, of those who suffered from HIV by way of aggressive protests, petitioning of leaders to demand greater attention to the fight against the disease, and putting up the necessary funding and research in the area. As a result, HIV was no longer a mystery disease, and solutions had been found to address the issues. Similarly then, efforts must be aggressive in dealing with the different cancers.

The vaccination programmes employed in other countries might also be adopted. Solutions should not be restricted to certain classes of persons, and it was necessary that the solutions became more accessible to different groups of persons. Greater access to care and medication had also to be made available at costs that were affordable to all. This had worked in the fight against HIV, and similar strategies might very well be utilized in the fight against cancer.

The hope was that at the end of the conference meaningful solutions would be identified to advance the work towards greater awareness of the disease, and of opportunities to deal with it. He encouraged all groupings to be brave in addressing the issues and to put careers on the line to ensure that the disease was minimized or eliminated.
The Message from the Minister of Health, Jamaica, the Hon. Dr. Fenton Ferguson, was delivered by Dr. Eva Lewis-Fuller, Chief Medical Officer.

The Minister commended the Healthy Caribbean Coalition and the Cancer Societies across the Caribbean for their commitment to the fight against NCDs, in particular cancer. He deemed it a pleasure to participate in the conference, as the work continued to deepen the response against the growing threat of NCDs. He noted the urgency to promote healthy lifestyles, and the need for individuals to take control of their own health. Diet and exercise continued to play a significant contributing role to the fight against cancer, and efforts had to be aimed at promoting these to reduce the number of deaths linked to cancer and other NCDs.

Cancer represented 50% of all disease related deaths in Jamaica. As the country sought to develop strategies to counteract this, there were serious challenges with the costs associated with dealing with the issue. It had become a primary focus of the government to reduce spending on lifestyle-related illnesses, by focusing on preventing them in the first place. The behavioural practices of the population as they related to diet, alcohol consumption, smoking habits and physical activity had to be positively modified to result in healthier lifestyles. He emphasized that the Government of Jamaica had committed to providing protection against tobacco smoking by placing restrictions on smoking in public spaces.

The global United Nations High Level Meeting (UNHLM) on NCDs held in September 2011 sought to provide a global response to the prevention and control of NCDs. The outcome was the initiation of programmes and international solidarity, and the establishment of a strong UN agenda to tackle NCDs globally. The UN global monitoring framework for the prevention and control of NCDs, including indicators and a set of global targets, was currently being discussed and finalised. Jamaica was committed to playing its part in upholding the mandates of the Political Declaration produced at the conclusion of the UNHLM.

The socio-economic conditions in which people live affect their lifestyle and habits. For example, it is well recognized that the circumstances women face correlate with the risk factors for cancers. Many women were housewives, lived sedentary lifestyles, and indulged in unhealthy eating. The Government of Jamaica remained committed to giving greater attention to these issues and collaborative efforts would continue with PAHO and WHO.
Cancers are a group of lifestyle diseases, with associated related inherited mutations.

Overall, the prevalence of cancers affecting persons in the Caribbean is relatively lower than in the United States of America and Canada. However, the region has unacceptably higher cancer rates for certain specific cancers. The Caribbean ranks higher than the USA and Canada in cancers affecting the prostate, breast, cervix, lung, colon, rectum and stomach. As it relates to the prevalence of the top six types of cancers in the Caribbean, Jamaica continues to have unacceptably high rates of prostate, breast and cervical cancer, that far exceed the global figures. Similarly, the Caribbean overall has very high incidence rates in relation to the worldwide figures. The incidence of lung and colorectal cancers in the Caribbean are relatively low when compared with world statistics. However, statistics are showing that the prevalence of stomach cancers in Jamaica and the Caribbean are high in comparison to world figures.

Cancer of the breast and prostate are the leading causes of cancer-related deaths in Jamaica and the Caribbean, followed by cancers of the lung, cervix and stomach. The pattern over the past years (2000-2008) is that there has been an increase in the number of persons diagnosed with cancer in Guyana, Trinidad, Barbados and a slight decrease in Bahamas, Jamaica, Belize and Suriname. The USA has over the past few years been very effective in cancer prevention due to its commitment to a preventive approach to cancer and less so as a result of it having significant resources. It is believed that the Caribbean can also reduce the incidence of cancers if there were significant commitment to the preventative approach and there is greater collaboration among stakeholders.

**Attributable factors**

The evidence shows that diet and smoking continue to be the main causes of cancer, even though there has been an increase in the number of causes since the 1980s. This reinforces the view that cancer is more a lifestyle disease than anything else, and therefore preventable. Addressing these issues will also impact on other NCDs. Some of the recent evidence related to the risk factors for cancer shows that inherited mutations present as convincing evidence for risk of prostate, breast, lung and colorectal cancers. Other convincing and probable causes include dietary and lifestyle practices such as smoking, excessive alcohol consumption and body weight. Similarly, factors which appear to decrease the risk include dietary considerations and physical activity. Sexual behavior does not appear to be an attributable factor. Looking at the cancers in the Caribbean and the evidence presented, non-shared environmental lifestyle factors have proven to be the biggest contributing factors to the incidence of cancers in the Caribbean.

**Effect of Lifestyle Factors**

The likelihood of smokers being diagnosed with lung cancer is 15 to 30 times higher than among non-smokers, 6 times higher with larynx, pharynx and mouth cancers, and 4 to 7 times higher with cancer of the bladder. The likelihood of a heavy alcohol drinker to be diagnosed with cancer of the oesophagus is 4 times higher than in the non-drinker, and 2 to 10 times higher with cancer of the larynx and pharynx. Similarly, dietary practices are proven to cause colorectal, lung and breast cancer, and are a likely contributory factor to prostate and stomach cancers. The evidence shows that lifestyle factors are significant contributors to the increased likelihood of occurrence of cancer.
Challenges to Lifestyle Interventions

Evidence is now available that demonstrates that if a holistic approach - mind, body and spirit - is taken in cancer treatment, the incidence rates may fall. Exercise, diet, and meditation have proven to be particularly useful in the treatment process. Unfortunately, the resources directed to research on the prevention of cancer are limited, with more funding going towards focusing on cancer development and treatment. Politics also poses a significant challenge, as the issues that must be addressed affect food companies, the tobacco industry, breweries and distilleries, and the petrochemical and pharmaceutical industries.

Recommendations

Dietary issues must be addressed in order to combat the high incidence of cancer. Populations must be encouraged to eat more fruits and vegetables, limit salt intake, and increase physical activity levels. Populations must also be encouraged to limit alcohol consumption, cease smoking, and avoid second-hand smoke.

Conclusion

Cancer is largely a preventable disease, and incidences can be affected by a change in lifestyle practices. Effective action on diet and smoking can reduce cancers by significant numbers.
CANCER PREVENTION AND TREATMENT IN JAMAICA

Dr. Wendel Guthrie, Jamaica Cancer Society

Cancer prevention in Jamaica is challenged by numerous deficiencies. Perhaps the first and most important of which is that Jamaica does not have a national cancer registry although there is a Cancer Registry in place for the parishes of Kingston and St. Andrew. Statistics reveal that between the years 2003-2007 there were 4,981 cases of cancer in those parishes, of which 2,445 were females and 2,536 males. Prostate cancer accounted for a large number of cases, followed by breast and large bowel. Others included cancers of the bronchus, cervix and lymphoma. The leading sites in males were prostate, lung and stomach, while in females, the breast, cervix and colon.

The Registry also showed that cancer presented in children under the age of 14 years. These include lymphoma, leukaeemia, and cancer of the brain. In females there were also cases of urinary and ovary cancers. In the 14-25 age group, in addition to those mentioned above, there were diagnosed cases of bone, soft tissue, thyroid and brain cancer.

Risk Factors for Cancer

About 30% of cancers can be prevented. Early detection and effective treatment can lead to improved survival rates. In 1970, it was estimated that there was a 75% survival rate in women who had breast cancer. Today, the rate has increased to approximately 95% with early detection. Smoking continues to be a leading cause of cancer. Tobacco companies continue to promote smoking within populations, and this continues to have a detrimental effect on the levels. The association of smoking with more cancers has led researchers to claim that smoking will cause cancer. Second hand smoking is just as bad, with many carcinogens inhaled, especially in shared spaces.

There are genetic factors also responsible for the development of cancer. Research shows that an individual may be predisposed to cancers including colon, ovaries and prostate, largely as they are hereditary. The use of industrial chemicals is also a factor contributing to the development of cancer in populations. Infections such as viruses, bacteria and parasites are also risk factors for cancers. Skin cancers are particularly common where there is excess exposure to sunlight. X-rays in pregnancies are also shown to be linked to leukemia. Hormones have been good for women, but have also shown to be a contributing factor in certain doses in some cancers. There is an increased risk of breast cancer with prolonged use of estrogen/progesterone in hormone replacement therapy. However, it is also known that oral contraceptive use protects against ovarian cancer. Diets which are high in fat, low in roughage and low in anti-oxidants are shown to increase the risk of colon and breast cancer.

Obesity also increases the risk of breast and endometrial cancers. Symptoms usually present at very late stages in patients, and will often depend on which organ has been affected. Pain is usually present in the late stages. In considering preventative measures, one has to be aware of genetic predispositions and the appropriate tests ought to be done. Regular Pap smears have proven to detect cervical cancer at an earlier stage. The cheapest and most effective non-invasive preventative measure is vaccinations. In order to have a significant impact on cancer prevention, some 80% of the target population should be screened. Other simple recommendations include avoidance of excess exposure to sunlight, hormone replacement for the shortest periods possible, and menses should be induced in those women whose cycle is irregular. Diet and exercise are also important.

Other treatment methods include surgery, radiotherapy, chemotherapy, hysterectomy, visual inspection with acetic acid and palliative care. The Jamaica Cancer Society is engaged in prevention efforts through education programmes, administration of Pap smears, mobile clinics, mammography services and reach to recovery.
Dr. Mamby-Alexander shared her personal testimony about her struggle to survive breast cancer. She explained how, upon feeling a lump in her breast, she began her investigations while in the USA. A mammogram detected a lump in her breast and, later, a biopsy done in Jamaica confirmed that she did in fact have breast cancer. The overall time taken to confirm diagnosis was three years. Treatment was commenced immediately after confirmation of the diagnosis.

During her illness, Dr. Mamby-Alexander struggled with hair loss, weight loss, and the general adverse effects of radio- and chemotherapy. Her affected breast was surgically removed and she was later subjected to breast reconstruction surgery. Her approach to recovery focussed on self-preservation and holistic development. She received chemotherapy regularly and during these treatments strengthened her immune system by adopting changes to her diet. She was also encouraged by others who suffered from the illness. Her strong will and determination to survive pushed her to better management of her health.

After years of living with breast cancer, Dr. Mamby-Alexander was diagnosed with arthritis. In later years, the cancer spread to her sternum. Today, she is a 26-year survivor of Stage IV breast cancer, and continues to share her inspiring story with women all over the world.

Dr. Mamby-Alexander is now an award-winning author. Her own experiences led her to establishing Jamaica’s first hair loss replacement clinic. She strongly believes that cancer is no longer a death sentence, and that one can overcome the disease with firm determination, regular medical treatment, proper dietary practices and improved lifestyle behaviours.

**LEADING CAUSES OF CANCER DEATHS BY GENDER IN JAMAICA**

**MALE** .. Prostate, lung, stomach

**FEMALE** .. Breast, cervix, colon
The Jamaica Coalition for Tobacco Control (JCTC) was established on May 31, 2002, World No Tobacco Day. All members of the JCTC are from nongovernmental organizations (NGOs). The coalition seeks to support the government with the enactment of comprehensive tobacco control legislation.

The data confirms that tobacco use continues to be prevalent in the Caribbean, with an estimated use of about 15% in the young aged 15 or under and approximately 10% to 25% in the population over 15 years of age. Exposure to tobacco smoke is the single largest preventable factor contributing to the burden of disease and death in the Caribbean, and the use of smoked tobacco and the exposure to second-hand smoke are two of the principal risk factors for cancer.

Tobacco is the only legal product that kills when used exactly as the manufacturer intends. It is a risk factor for six of the eight leading causes of death in the world - ischaemic heart disease, chronic obstructive pulmonary disease (COPD), tuberculosis, and trachea, bronchus and lung cancer.

The Framework Convention for Tobacco Control (FCTC) is a legally binding treaty negotiated by the World Health Organization (WHO) and designed to reduce the devastating health and economic impacts of tobacco. All Caribbean countries (with the exception of Cuba and Haiti) are party to the convention. In fulfillment of the treaty obligations, Barbados and Trinidad have passed legislation to effect restrictions on smoking in public spaces. In Guyana, the government has imposed high taxes on cigarette products. Jamaica, Suriname and St. Lucia are expected to pass legislation to restrict the use of tobacco in all its forms.

There are significant threats to the enactment of tobacco legislation in the Caribbean region, including the lack of political will by some governments and the constant presence of the tobacco industry which seeks to undermine efforts towards comprehensive tobacco legislation. In Jamaica, as an example, the tobacco industry has increased its advertising and promotional activities under the guise of corporate social responsibility. There has also been a resurgence of tobacco farming in the country, and a significant amount of investment placed in the sponsorship of education, direct collaboration with government departments, the entertainment industry, and sponsorship of youth smoking prevention programmes across the region. The industry has also found innovative ways to introduce new and appealing tobacco options, including “Roll your Own” and e-cigarettes. It is such interference that has impeded several Governments in moving ahead with tobacco legislation.

The JCTC along with international partners has sought to combat this interference by increasing the number of articles and press releases on the issues in leading newspapers and media houses across the region. The FCTC is committed to garnering efforts in reducing the number of new smokers, helping current smokers to quit, and influencing others not to start. There is also a drive to reduce the incidence of illnesses arising from second-hand smoke. CARICOM health ministers in 2009 reaffirmed their commitment to the goals and timelines of the FCTC. It is this responsibility that the JCTC is seeking to enforce.

Public support for this movement continues to increase in Jamaica. A recent study on the air quality management in five countries in the region revealed that 100% smoke-free legislation is the most effective approach to significantly reduce the level of indoor air pollution. Advocacy efforts have resulted in graphic health warnings being placed on cigarette packages in Jamaica. The aim is to have this replicated in all countries in the region.

The JCTC remains committed to working with its regional and international partners to implementing the mission of the International Advocates for Health Freedom (IAHF) Caribbean Network: “To achieve early and strongest possible implementation of the most effective tobacco control measures prescribed by the WHO FCTC.”
Cervical cancer is a disease of social inequities, affecting an estimated 530,000 women worldwide each year and leads to more than 275,000 deaths annually, most of whom are from the poorer regions. Cervical cancer cases are more prevalent in areas with inequities in wealth, gender and access to health services. In the Caribbean there were over 2000 reported cervical cancer deaths in 2008 and this is projected to rise to over 3,500 in 2030.

Cervical cancer affects women during their most productive years, and this has proven to be a socio-economic challenge for developing countries.

Effective intervention must be comprehensive and integrated into the existing health care services. Of course, prevention is always better than cure. Support must be provided at the community level in the form of primary prevention, health education, vaccination and counselling. PAHO has provided support for patients with NCDs, in particular diabetes, and this support is to be extended to other conditions.

Based on assessments done, there are three major areas of weaknesses in the Caribbean in relation to the advocacy in health. These are self-management support, decision support and health provision system. Countries must find effective ways to provide community linkages in areas that do not have enough health care support. To meet this need, collaborations must be made with civil society groups and NGOs.

At the primary health care level, screening and early detection is key. A number of Eastern Caribbean countries provide free HPV vaccination to women, but not enough persons use these facilities. It has been recognized that this may be largely related to the fact that members of their communities are often employed in these health care facilities. There is a genuine concern about the confidentiality of medical records. Health care providers have to contemplate ways in which this may be addressed to increase use of the facilities.

Another deficiency found in the region is that health information systems are not adequate in many countries. Few cancer registries are in place. This poses a problem when information regarding health care is to be provided. The majority of countries in the Eastern Caribbean face this challenge.

Three different screening methodologies for cervical cancer are supported by PAHO. These are cytology, visual inspection with acetic acid and HPV/DNA. It does not matter what test is used. The key to an effective programme is to reach the largest proportion of women at risk with quality screening and adequate and timely follow-up and treatment. What is also necessary is the monitoring of the distribution of medications to patients.

The Caribbean reality is limited by the number of tests that are available for cervical cancer, a lack of highly trained personnel and well equipped laboratories that are needed for an effective system, and irregular visits by patients for follow-up treatment.
PAHO's regional strategy for the prevention and control of cervical cancer is multi-faceted. It involves the intensification of education campaigns, boosting of screening and pre-cancer treatment programmes, and establishing cancer registries in all Caribbean countries. There is also the need for equitable access to facilities for cervical cancer prevention. In areas where these are already in place, PAHO will focus on improving the quality of healthcare by improving the quality of screening tests and appropriate follow-up care for women with abnormal test results.

The efforts in cancer prevention and control in the region have been largely successful, with a number of declarations and commitments being decided at UN High Level meetings. PAHO continues to raise awareness about NCDs through strategic communications and publishing newsletters. Social media have also been utilised.

PAHO also continues to develop guides and norms that are translated into many different languages and disseminated in specific countries to support disease management at the country level. Advocacy for public education through multi-sectoral approach is fully supported by the organization.
The Healthy Caribbean Coalition (HCC) is an alliance of Caribbean NCD nongovernmental organizations and other civil society organizations, and academia and the private sector committed to the promotion of awareness, prevention and enhanced treatment of noncommunicable diseases (NCDs), particularly cancer, diabetes, heart disease and lung disease. HCC was established following a civil society conference in 2008, and focuses on key areas including advocacy, communication, mobile health (mHealth), and capacity building. The HCC also seeks to promote an alliance between in-country, regional and international agencies for capacity building in the fight against NCDs.

In 2011, the HCC ran its first NCD advocacy campaign titled “Get the Message”, and was able to garner the support of over 700,000 Caribbean nationals using mobile phones. The aim was to focus the attention of governments in the Caribbean in support of a United Nations High Level Meeting (UNHLM) on NCDs. The project was able to successfully utilise the electronic and traditional media in a major public health advocacy campaign in the Caribbean.

Electronic Health (eHealth) refers to the use of information and communication technologies (ICT) for health. It is recognized as one of the most rapidly growing areas in health today, with the distinct advantage of reaching people in all locations and across all socio-economic barriers. It also includes the use of social media networks. Mobile Health (mHealth) is an area of eHealth and is the provision of health services and information via mobile technologies such as mobile phones, patient monitoring devices, personal digital assistants and other mobile devices. Mobile phones are the most widely used communication technology in the world. In the Caribbean, it is seen as an effective tool for the promotion of health awareness.

It is against this background that eHealth and mHealth will be used to advance awareness about cervical cancer. Among the Caribbean population, many women are never screened for cervical cancer or are screened very late in their lives. PAHO has recognized this disease as one of major public health importance in the Caribbean. Thus a partnership was established between HCC and the American Cancer Society (ACS) to raise awareness and increase education and advocacy for cervical cancer. The view is to build on the successes and the networks developed by the “Get the Message” campaign by promoting the development of a major mHealth/eHealth campaign for cervical cancer in the Caribbean.

HCC is aiming to facilitate cooperation between Caribbean agencies involved in cervical cancer through the development of shared objectives for a major mHealth/eHealth campaign. Creative initiatives will be employed to increase the awareness of cervical cancer, and to create a model for health advocacy, education and promotion for other chronic diseases. mHealth and eHealth will be used as tools for educating and empowering communities and individuals, as well as for allowing Caribbean women to participate in their own cervical cancer care. The HCC will launch this campaign in the upcoming months.
Day 2
NCDs: A Necessary Change in Direction

MONDAY MAY 28, 2012
VENUE: KNUTSFORD COURT HOTEL

Moderators:
MS. JOAN DE FREITAS
UNI Americas

MRS. DEBORAH CHEN
Heart Foundation of Jamaica
Dr. Kam Suan Mung, Prevention and Disease Advisor of PAHO/WHO, delivered the welcome address.

The global report on NCDs in 2012 identified these diseases are the leading causes of death. The health and economic impacts of NCDs are hardest felt among lower and middle income populations. NCDs caused 63% of all deaths in 2008, with the major diseases including cancer, diabetes, chronic obstructive respiratory disease (COPD) and cardiovascular disease. The epidemic of NCDs and their complications and sequelae can be slowed by reduction of the risk factors, early detection and prevention and enhanced treatment. Importantly, NCDs also result in premature deaths in young people. The situation in the Caribbean is very similar to the global picture.

NCDs develop at an early age among people in the Caribbean, in comparison to those in Latin American countries. Economically, NCDs are costly, and are estimated to absorb approximately US $7 trillion dollars in resources between 2011 and 2025. Preventive measures are inexpensive and estimated to cost US$40 cents per person per year. The social and emotional burden are also costly. The Caribbean has made progress in its attempts at making an impact. Caribbean Wellness Day is acknowledged across the region, and an NCD Strategic Plan was the result of years of effort to raise awareness of NCDs. To aid in the effort, the 25 by 25 initiative was adopted recently, which aims at reducing the incidence of premature NCD mortality by 25% by 2025.

The initiatives of the HCC, including the hosting of this workshop, provide a timely opportunity to contribute to the efforts in the Caribbean to slow the epidemic of NCDs. The holistic society approach supported by the HCC will seek to advance the efforts of the 25 by 25 campaign. It is therefore important to use this workshop to encourage a paradigm shift in the fight against NCDs. The HCC alliance makes it possible to set and meet targets, and the PAHO and the WHO are committed to partnering with the HCC in reaching these goals. It is expected that a plan will be developed which will give guidance on how to proceed.
The Honourable Ronald Thwaites, Minister of Education, Jamaica delivered the opening remarks.

Minister Thwaites reminded participants that the cause for healthy living in the Caribbean and NCDs has long been established. The call had been made for the education system in Jamaica to be partners in the coalition in healthy living, and eventually, full partners in this venture. The Ministry of Education remained committed to partnering with the Ministry of Health to ensure appropriate sharing of information. It was the view of the Ministry that as early as the prenatal and postnatal stages, parents should be engaged in the issues related to NCDs, particularly they related to nutrition, parenting, health and lifestyle issues. Minister Thwaites acknowledged that there was a gap in monitoring the health of children between 18 months and three years old and guidance would be sought from civil society groups such as the HCC as how to address this issue. The Ministry was well aware of the urgency of the reforming of nutrition programmes in schools, and ensuring better nutritional programmes in the national school feeding programmes.

Minister Thwaites indicated that his Ministry was also concerned about the growing presence of the tobacco industry in Jamaica, and advocated for legislative reinforcement to control the burgeoning industry. The fact was that the financial stranglehold such industries had on the government was both implicit and explicit, and therefore restrained the passage of legislation against tobacco usage. However, the government was committed to reducing the bureaucratic issues in order that the relevant legislation could be passed. The call was therefore being made for support from civil society.

Cigarette lobbyists are powerful, and continue to garner support through their partnerships and disingenuous gestures aimed at conveying social responsibility. In many instances, it is difficult to refuse assistance from such organizations. However, the unrelenting pressures from coalitions such as the HCC would assist in fast-tracking the necessary changes. The Ministry was therefore requesting assistance from the HCC for insertion of healthy lifestyle related subjects in the school curriculum. In this way, the social and personal advantages of such coalitions could have tremendous potential.

The Minister reinforced that change did not easily come from the top down, but from the bottom up, and it was the unrelenting, data driven pressure from civil society that would be effective in making the necessary positive changes in Jamaica and the Caribbean in relation to NCDs. It would take the combined efforts and a multi-sectoral approach on the part of the government and civil society to tackle the issues related to tobacco addiction, alcohol misuse, the absence of physical education and the importance of proper nutrition.
The road to the United Nations High Level Meeting (UNHLM) began in September 2007 with the historic meeting of CARICOM Heads of Government. From this meeting, the idea for the UNHLM Political Declaration on NCDs was born, with clear positions on the NCDs being voiced. NCDs were considered a priority within the economic and development agenda of governments in the Caribbean.

About 250,000 people in the Caribbean live with an NCD. The UNHLM held in September 2011 focused on key priority areas including cancer, diabetes, heart disease, cardiovascular disease and respiratory disease. There was also an emphasis on the impact of obesity, tobacco and alcohol.

The UNHLM resulted in NCDs being placed on the global political agenda, and good progress was placed at the meeting around issues that included investment in NCDs, risk factor control, and the need to strengthen surveillance. One of the outcomes of the UNHLM was the stimulation into action of civil society alliances, including the Healthy Caribbean Coalition, the NCD Alliance (Global Advocacy), and the Preventative Health Partnership in the United States. The private sector also played its role where the International Food and Beverage Alliance committed to the improved labelling of food items. The aim was to find ways of broadening and deepening these efforts.

The support received for the UNHLM on NCDs was unprecedented. Some 113 member states participated, together with 35 heads of states and governments, and over 300 civil society groups. The UNHLM on NCDs was supported by the HCC which garnered some 700,000 messages from Caribbean people in support of the event. The HCC is looking to obtain some 1 billion messages for the UNHLM in 2014.

Overall, NCD mortality rates were decreasing, and the Americas region was on target to meeting the “25 by 25” goal. However, individual states such as Guatemala, Guyana and Peru require significant work in reducing their figures. The aim also was to reduce tobacco use, promote lower salt intake and reduce alcohol consumption.

Following the UNHLM, a decision was taken to develop a regional strategy and plan of action to meet the targets set for the region. This was the major focus of this conference, ensuring the Declaration was transformed into action. The aim was to implement the “best buys” and other cost effective measures in advancing the agenda from the UNHLM using a variety of communication and advocacy tools, as well as traditional and new media, to get the message out. The plan was also to strengthen and adapt the health services for better management of NCDs.

The Pan-American Forum for Action on NCDs held in May 2012 saw all three sectors of society, namely business, community and civil society, all accepting that they had a role to play in this effort. HCC was aiming to mirror the strategies used by the CARMEN Network in engaging the different sectors. To begin this effort, participating organizations had to be vigilant against conflicts of interest. Whistle blowing should be encouraged, and diverse parties should be engaged across the Caribbean towards a similar achievement. Summity was also an effective tool that could be used to control NCDs. Champions should also be recruited to push the cause of the HCC. This workshop would be influenced by several of the global, regional and national declarations made over the past 4 - 5 years and in so doing would seek to determine how best to accelerate implementation.
The UNHLM was born out of the Port of Spain (POS) Summit. Since the Summit five years ago, there had been a steady increase in the implementation of commitments and mandates of the Declaration. A review of the extent to which countries of the Caribbean had met their respective commitments to the Port of Spain declaration “Uniting to Stop the Epidemic of Chronic Diseases” was instructive.

**Commitment**

Over 55% of countries in the Caribbean have plans or protocols in place to reduce the incidence of NCDs, with another 20% having partial plans in place. Just about 35% of countries have budgets committed to the fight against NCDs.

**Tobacco**

All signatories to the treaty have had the FCTC ratified by their governments. However, only about 48% of governments have instituted smoke free public places, while others are working on this legislation, including Jamaica. A smaller percentage have bans on advertising and promotion and have implemented tobacco taxes.

**Nutrition**

Food and nutrition plans in schools and government entities have been implemented in about 60% of Caribbean states that are signatories to the treaty. Labelling continues to be an issue which acts as a deterrent to the ability of consumers to choose healthy foods. Most countries have been unable to implement any legislation to deal with trans-fat or to manage trade agreements to improve foods and beverages. Note was made of the absence of specific mention in the Port of Spain Declaration of trans-fats in diets, which in the view of the presenter was an unfortunate oversight.

**Physical Activity**

Mass physical activity spaces are place in about 80% of countries. Some 40% of schools make physical activity mandatory. Few countries require the provision of mandatory physical activity spaces in housing developments. This is an area that requires investigation.

**Education/Promotion**

Caribbean Wellness Day celebrations are present in almost every country, but there is still some uncertainty as to the number of persons actually participating in the Day’s activities. Funding presents a challenge in the use of media broadcasts to get the message out. Less than 50% of countries are in the process of rolling out education programmes regarding healthy eating programmes.

**Surveillance**

There is a global school health survey, global youth tobacco survey and other minimum data set reporting in place in most countries. The progress in this area has been reasonable.

**Treatment**

Fifty per cent of countries have projects in place for the diabetic population. Only some 25% are attempting to adopt them. Overall, Barbados has been able to fully implement many of the plans. Other countries with high implementation include Jamaica, Guyana and Trinidad and Tobago. Countries exhibiting least compliance with the recommendations are Haiti, Anguilla and Turks and Caicos. Based on the findings it has been concluded that the Port of Spain.
Declaration has been helpful and is an essential but not sufficient instrument for further action in the Caribbean around NCDs.

Challenges

The Caribbean continues to see high obesity rates in Barbados, Trinidad, Dominica and Jamaica. Obesity is one of the risk factors for many NCDs, and some 57% of deaths in 2000 were obesity related. Significantly also, almost as many men as women (80%) are obese. This means that the successes gained must be guarded, and preventative measures put in place to reduce the incidence of risk factors and NCDs.

Norway faced a situation similar to that in the Caribbean. To reduce the mortality rates from coronary heart disease, the Minister of Agriculture outlined three clear policy goals: decrease fat through gradual alteration; decrease the supply of fats and replace by foods containing starch, such as cereals and potatoes; and limit the proportions of sugar in the energy supply. To achieve these, nutritional foods were subsidized with low prices for vegetables, potatoes, grain and low-fat milk, high prices for sugar and butter, regulation of food labelling and marketing, and public education. Following this intervention Norway saw a sharp decrease in the number of coronary artery disease deaths. It is recommended that this model be replicated in the Caribbean.

The Way Forward

Given the challenges, the recommendation is that the strategy in the Port of Spain Declaration be refined to target and prioritise resources where they will make the most impact. Costs of intervention may be expensive at the outset, but the benefits outweigh the start-up costs. It was noted that the role of civil society would be important in achieving the targets set by the Port of Spain Declaration, and that multi-sectoral collaboration would also be key.
The World Bank (WB) as a financial institution supports programmes on noncommunicable diseases in the Caribbean. The WB’s interest in this area comes as a direct response to CARICOM’s request to support NCD control after the Port of Spain Regional Summit on NCDs in 2007. The World Bank is mandated to address the leading causes of death in the region, and is now seeing equal emphasis being placed on HIV/AIDS control programmes and NCDs. The World Bank also looks to learn from the experiences in NCD control from the Caribbean in order to implement similar strategies in other regions.

The WB undertook two assessments of NCDs in order to widen their understanding of NCDs in the region. The study focused on the populations in the OECS and Jamaica, and found that the economic and social burdens of NCDs in the Caribbean are overwhelming. The global rank of years of life lost due to NCDs sees Caribbean countries ranking among the highest in the world. Jamaica ranks 59 of the 195 countries.

In adult populations in Jamaica, the prevalence of chronic diseases continues to rise, and the gender gap in chronic illnesses continues to widen, with women showing an increase of about 20%. The incidence of obesity is steadily increasing, especially among women. Physical inactivity levels are high across the OECS and it appears that women are less physically active than men in each country.

The prevalence of tobacco smoking in the Caribbean is also of concern to the World Bank. The statistics show that tobacco smoking and excessive alcohol consumption are widespread across the Caribbean and the early age of initiation is of particular concern. These are two of the leading risk factors contributing to NCDs.

The study estimated that the economic burden of NCDs on the population is both direct, in terms of the cost of health care and the burden on the health sector, and indirect where persons are unable to work and thereby reduce productivity levels due to illness. The health expenditure on a diabetic patient ranges from US $322 to US $769 per year which is more than the annual per capita spending for health in the six OECS countries. Data for St. Lucia show that NCD patients spend 36% of their annual household expenditures on out-of-pocket healthcare costs for NCD care. In Jamaica, the economic burden of NCDs accounted for 3% of GDP in 2008. This does not include government or insurance expenditure. The introduction of the National Health Fund in Jamaica in 2002, while contributing significantly to reducing the cost burden, is still not adequate in addressing the economic problems caused by NCDs. The high economic burden of NCDs clearly necessitates immediate action. It was recommended that a comprehensive national strategy be built to tackle the

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<tr>
<th>Country</th>
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<td>Cuba</td>
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<td>Antigua and Barbuda</td>
<td>50</td>
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<td>Dominica</td>
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<td>Grenada</td>
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<td>Jamaica</td>
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<td>Saint Lucia</td>
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<td>Saint Kitts and Nevis</td>
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<td>Saint Vincent and the Grenadines</td>
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<td>Trinidad and Tobago</td>
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<td>Guyana</td>
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<td>Haiti</td>
<td>152</td>
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Source: WHO

Global Rank of Years of Life Lost (YLL) Due to NCDs
prevalence of NCDs by focusing on prevention. This would require a multisectoral approach, with the long term aim being to change people’s behavior. Efforts should also be focused on continuing to raise political awareness to secure commitment at the decision-making level and to mobilize resources. Regulatory acts on tobacco and alcohol must be implemented to address pricing policies, taxing tobacco products, enforcing smoke-free worksites and public places, and restricting alcohol sales outlets and their operating hours. This would require the engagement of NGOs and CSOs to lobby governments to implement the requisite legislative policies to supplement these efforts.
There is still relative uncertainty as to the meaning of the term NCDs. There is outstanding concern in some quarters that the term NCD does not adequately express the full range of issues about the relevant diseases. There is simply no perfect word to define NCDs. The fact that focus has been placed on the four major diseases – diabetes, cardiovascular diseases, cancer and chronic respiratory diseases - does not mean that other chronic and noncommunicable diseases do not warrant attention. The task is to market and brand the images that go together with the reality of these diseases because they are in fact the modern scourge of our time. These four diseases are the major causes of death in the Caribbean, and therefore require undivided attention.

The burden of NCDs can be reduced by the collective action of government, civil society and the private sector. The POS Declaration affirmed that the burden of NCDs can be reduced by comprehensive, integrative, preventative and control strategies at the individual, family, community, national and regional levels, and through collaborative programmes, partnerships and policies supported by government, private sector, NGOs and international partners.

The NCD Alliance formed in 2009 has been a shining example of the value of collective action in sharing a common vision and lobbying for a common goal which is what the NCD approach means. The Alliance has now formed other branches in all parts of the world. The HCC, which preceded the global NCD Alliance, was born out of the POS Declaration and has been able to demonstrate the importance of the NCD approach at the national and regional levels. The coalition welcomes the involvement of its partners and supporters in its shared goals aimed at the prevention of NCDs. It is now up to NGOs and CSOs to support the Caribbean governments in addressing the issues.

The NCD approach therefore refers to the determined sustained efforts at addressing NCDs, subsuming sectoral and organization hubris, with the task of prevention and control of NCDs in the Caribbean. This approach nurtures the partnership between civil society, government, private enterprises, academia and international partners to develop and implement a plan for the prevention and management of NCDs in the Caribbean. This requires commitment, trust and communication among the partners.

It is not the prerogative of the members of the coalition to wait for others to act, but the attitude should be “Ask not what HCC can do for you but what you can do for HCC”. Of course, there are intrinsic benefits in the promotion of the alliance. There is value in belonging to a group, providing not only monetary benefits, but also material and sociological benefits, contributing time, ideas and knowledge. There is also value in a collective approach to the work against NCDs. The size of these groups in the Caribbean provides even more salience to the efforts.

It is therefore important to remind individual governments of the commitments they made in Port of Spain to the goal of reducing the global mortality rates of NCDs. It is not hard to imagine the negative influences that can act against the attempts of Caribbean governments to honour the obligations to which they signed. The preservation of the NCD approach in no way diminishes the importance of the individual goals in the reduction of the prevalence of each disease. It just means that great strides can be made when there are coalitions to advance the goals of a collective NCD approach.

“Hang together or assuredly we shall all hang separately”.

Sir George Alleyne,
Director Emeritus, PAHO
John McGregor, Hugh Bruce and Javier Valenzuela shared their inspiring life experiences of living with a chronic disease and overcoming the challenges.

**John McGregor**

John began smoking at the age of 17, and never thought about quitting until he suffered a heart attack two years ago at age 54. While in the hospital, he was diagnosed to as having suffered a heart attack, and descriptions of how weak his heart muscles had become from years of chain smoking led to his giving up the habit. John received support from his family and friends while he struggled with his addiction and his illness. He laments that there are not enough advertisements to convey to populations the harmful effects of smoking. Today, he encourages young people not to start the habit.

**Hugh Bruce**

Hugh was diagnosed with COPD in 2007, after years of chain smoking. During the winter seasons while living in Canada, Hugh would suffer from shortness of breath and would frequently be admitted to the hospital. He returned to Jamaica where it was warmer but still suffered shortness of breath and was admitted to the hospital and diagnosed with COPD with less than 50% lung capacity.

Hugh explained that his addiction began from the early age of 13 when he, along with schoolmates, smoked cigarettes in the bathroom because it was “cool”. When he moved to Canada, cigarettes were much more accessible and his addiction grew. He also worked in a music studio where he constantly breathed second-hand smoke. Today, because of the effect of his years of smoking, he frequently puffs his asthma inhaler to regulate his breathing. He currently volunteers in a tobacco cessation programme, using visualizations to convey messages to young people. He recalls that his family and friends were very supportive of his efforts, and some were even encouraged to quit smoking by his own determination.

**Javier Valenzuela, “Master of Obesity from the University of Life”**

Javier struggled with obesity all his life, but had always accepted it as normal since everyone in his family was “husky”. His mother died from obesity and COPD. From a young age, he wanted to lead a healthier and more fulfilling life and realized that he had to take control of his own health. Just nine months ago, Javier weighed 298 lbs. Today he is 60 lbs lighter. He is proud that he was able to turn his life around and embrace a healthier lifestyle. His diet consists mostly of fruits and vegetables, and he very rarely snacks or eats “junk” food. He is now reaping the rewards of a healthier social and physical life.

**Conclusion**

Significantly more work needs to be done in the campaign on NCDs. The diversity of the population must be addressed, with the understanding that it is a complex mix of people from varying socio-economic backgrounds. This means that a multiplicity of approaches must be employed to achieve the best results, including the use of contemporary and traditional media forms. It was noted that there is a definite role for all sectors to play, including business, trade unions, civil society and government. The aim is to bring awareness to the population on issues related to the benefits of healthy behavioural practices.
PANEL DISCUSSION

Moderator

MS. WINSOME WILKINS

CEO, Council for Voluntary Social Services, Jamaica
“A disease specific approach with an NCD perspective”
Mrs. Deborah Chen, Heart Foundation of Jamaica

The Heart Foundation of Jamaica (HFJ) focuses on screening and management of cardiovascular diseases. It looks at the various risks factors for heart disease, in particular hypertension, diabetes and high cholesterol. The HFJ conducts a number of screening programmes across the island, using mobile units to assist in these efforts. Services offered include electrocardiogram (ECG), blood glucose, echocardiograms, 24-hour ECG monitoring, graded exercise stress testing (treadmill), pharmacy, laboratory, renal clinic, diabetes clinic, nutritional programmes, cardiopulmonary resuscitation (CPR) training and first aid.

The role of the HFJ fits well within the NCD perspective especially in its strong advocacy for tobacco control, recognizing that tobacco use is one of the core risk factors of NCDs. Other risk factors are of importance to the HFJ, as it seeks to reduce their prevalence, using a holistic approach to investigating the various risk factors that may be present in the patient. The fact that NCDs are lifestyle diseases means that the HFJ can make significant inroads by promoting behavioural changes.

The HFJ collaborates with other NGOs for tobacco control, and prevention of NCDs. It is therefore possible to have a disease-specific approach while making an impact on NCD prevention. It is also important to realize that all the diseases are interrelated, and impact in one area can lead to significant declines in another.

“Policymakers working with civil society”
Dr. Sonia Copeland, Ministry of Health, Jamaica

Public policy serves as one of the primary government actions used to address issues in a manner that benefits all of society. Public policy arises from the decision of government, or as a response to the agitation of civil society groups. In light of this, the aim is that while policy makers engage civil society, civil society should also engage policy makers. Public policy as an academic discipline touches many other disciplines, including economics, sociology, programme evaluations and politics.

The process of moving from policy to implementation is not necessarily as easy as it would appear. As civil society, there is opportunity to advocate and agitate about issues in order to maximize the health of the population, with the intention that government will begin to pay attention to those issues.

Public advocacy is the catalyst that leads to a policy agenda, that when approved by Cabinet and eventually by Parliament, is implemented as a national policy. In this way, agitation by civil society is necessary in bringing into focus the issues that are of interest to the society as a whole. Where the policy is proposed by the policy makers, the situation is similar, as there ought to be wide public consultations in ensuring that there is support from civil society.
Government action is largely focused on the shaping of policy and creating an environment for action. It involves the cooperation of different CSOs, NGOs, and businesses. The role of civil society is to facilitate dialogue and disseminate information on social issues in order to encourage stakeholders to engage in a broadened search for solutions and policy coherence. As an example, Jamaica’s National Commission on NCDs arose out of the Port of Spain Declaration, and represents an establishment of bodies to include civil society groups. Existing policies directly related to NCDs are drafted by the Commission, or the government seeks audience with the Commission for guidance in the drafting of these policies. Presently, there are a number of such policies in draft, and a large number which have already been implemented.

Despite the work of the National Commission on NCDs, there is still much more work to be done and gaps to be filled. No comprehensive policy has been developed for the promotion of physical activity, the reduction in harmful use of alcohol, surveillance and management of NCDs, workplace wellness, among other areas. These issues must be addressed if the goal of 25% reduction in premature deaths from NCDs by 2025 (25 by 25) is to be achieved.

“Results-Based Financing for NCDs”
Ms. Carmen Carpio, World Bank, Washington DC

Results-based financing (RBF) is a tool used for increasing the quantity and quality of health services, combining the use of incentives for positive health-related behaviours with a strong focus on results. It rewards the delivery of one or more health outputs. It can encourage a mother to attend to her child’s antenatal care, or reward the medical provider for improving the quality of service he provides. Payments or incentives are not received until results or performance is satisfactory.

In the health sector, RBF helps governments and donors to focus attention on outputs and outcomes with a view to achieving set goals. In this way, health systems are strengthened, and tend to accelerate progress towards set national objectives. This programme has been implemented in Argentina, Rwanda and Mexico, and in all cases, the health sector saw improvements in the use, quality and efficiency of services provided.

In Belize, the Pay for Performance (P4P) system was implemented in 2001 in which incentives were increased if performance of the health system increased. The focus was on the improvement in the use of pre and post natal care facilities, and for chronic illnesses (diabetes, hypertension and asthma). A National Health Insurance scheme was introduced to encourage mothers to utilize the service and to strengthen health prevention activities. Health facilities were given the autonomy to spend the money they collected, and the clinic administration determined payment distribution. In some public clinics, staff received a cash bonus.

The P4P system has shown commendable results. The county district with the highest maternal mortality rate prior to the P4P scheme reported no maternal deaths during the first two quarters of 2008. The additional resources that were required to ensure this outcome, including the hiring of adequate resources and purchase of extra pharmaceuticals, came from the Health Insurance. Further, many residents of the South Side of Belize City, the poorest part of the city, had never visited a general practitioner prior to 2001. The NHl P4P scheme has since provided people there with easier access to a clinic and its services. A formal impact evaluation was initiated in 2011. The RBF system can be replicated in the Caribbean to reduce the prevalence of NCDs through using incentives to address risky behaviors such as alcohol consumption, inadequate diet, and physical inactivity. Financial incentives can be provided through family health
programmes to reward screening, detection, and early management of NCDs. Incentives and performance bonuses may also be directed at health care providers to encourage quality health care.

“Social Media for NGOs - The 15 minute workout!”
Chris Hassell, Social Media Coordinator, Healthy Caribbean Coalition

Social media provides interactive dialogue to engage persons in various topics of interest. Social media includes web-based and mobile-based technologies that are used to turn communication into interactive dialogue between organizations, communities and individuals. The availability of social media such as Facebook and Twitter, and the use of emails, provide the ideal media for information to be transferred easily and quickly. Statistics also show that internet users utilize these modalities to find information related to NCDs. People of all ages use social networking, and is therefore not a technology exclusively for young people.

The “Get the Message” Campaign which was launched in 2011 was an initiative utilizing social media to raise awareness and support for political leaders attending the United Nations High Level Meeting (UNHLM) on NCDs. The aim was to develop an NCD advocacy initiative that would inspire young people to become involved. There were over 20,600 visitors to the Campaign page on Facebook. Interestingly also, fans who used the page remained subscribed even after the campaign ended. This demonstrates the effectiveness and usefulness of social media in the work of NGOs and showed that to get young people involved requires involvement in these spheres.

The “Get the Message” Campaign also utilized the traditional forms of media including radio, television, and newspaper advertisements, to push the campaign. A number of partners including mobile phone companies, PAHO and Sagicor supported the cause. The result was that there was a mutual benefit that accrued, where corporate sponsors received advertising on the “Get the Message” Campaign Facebook page, and vice versa.

Civil society groups can benefit tremendously by utilizing social media. Celebrities use popular social media platforms such as Twitter and Facebook and often attract thousands of followers daily. The benefit is that by engaging just one user, hundreds of other users are engaged simultaneously. What needs to be done is to seek ways to engage celebrities who can champion the cause of the civil society group. Users tend to want to talk about positive things and therefore issues related to NCDs give them a reason to do so. In the short term, individual member organizations of HCC will be provided with a social media guideline to assist in their use of these platforms. Key resource persons within organizations will also be identified to assist with development of their social media presence.

Social media is a cost-effective means of disseminating information. There is an opportunity for easy recruitment of volunteers and to form beneficial partnerships. There are applications that are easy to use and require limited resource capacity. Social media can be fun and all civil society groups are encouraged to use the available resources.
Day 3
NCDs: One Love: People Get Ready

TUESDAY MAY 29, 2012
VENUE: KNUTSFORD COURT HOTEL

Moderators:
MS. FLAVIA CHERRY
CAFRA
The Political Declaration of the United Nations High Level Meeting (UNHLM) on NCDs, paragraph 33 explains that NCDs “can be largely prevented and controlled through collective and multi-sectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels”. It is against this background that the work of the HCC is understood and operationalised. The political Declaration of the UN is therefore instructive in the role that NGOs and civil society groups can play in advancing the awareness of NCDs. Nothing good can happen in health unless there is multi-sectoral cooperation. The Political Declaration does not provide a consistent definition of what multi-sectoral really means. However, an understanding of the concepts of “whole of society” and “whole of government” may assist in providing better insight into the “multi-sectoral approach”. “Whole of government” refers to all the administrative divisions and institutions within government. “Whole of society” refers to the bodies of the state: government, civil society and private/business sector. It is important to understand the way in which these sectors interact, in order to determine which aspects of society are able to assist with the work of NGOs.

Government’s main powers lie in legislation, regulation and taxation. Civil society acts as the guardian of community values, and as the broker between government and the business sector, with its greatest strengths being its ability to agitate and inform. The primary role of the business sector is to produce goods and services and is focused on making a profit. The business community therefore utilises its tools of philanthropy, product power and corporate responsibility towards its own benefit. The interaction between all three sectors is what becomes important and civil society groups must be able to understand the relationship that exists if they are to make an impact. Therefore, there is a sectoral continuum: on the one hand, no common interests among all three sectors, and on the other hand, shared interests among all three sectors. Most multisectoral and intersectoral relationships fall in the middle of this continuum.

It is the government that is responsible for the health status of the society. More specifically, it is the Ministry of Health that is responsible for the advancement of the health agenda of the government. This does not mean then that no other government ministry has a role to play in ensuring a healthy population. Other ministries such as agriculture and education have the responsibility to support the work of the Health Ministry, largely because the government as a collective body sees it as important and because there is a “force from behind”, that is, the successful mobilisation of nongovernmental organizations that forces the hand of the government. Once the issue becomes a matter of public concern, and once this is supported by civil society, it becomes a political issue which the whole of government has to address. This is how “whole of government” operates and this is where NGOs come in – a multi-sectoral cooperation in terms of providing the agitation where the issues in health become a concern of the whole government.

Inter-sectoral cooperation is effected where all three sectors intersect to address the matters of concern. It is most common that only two sectors tend to come together to address the issues of national concern. The principle is that NGOs have two roles to play: intersecting with government and intersecting with business. In order to fulfil that role, the NGO has to develop certain competencies through a contractual relationship, depending on the nature of the issue to be addressed.

In addressing NCDs, the aim is to act more at the level of prevention. It must not be said that NGOs do not have a role to play in prevention. There is a shared responsibility in both prevention and intervention. However, it is well accepted that the greater significance must be at the prevention level. In health matters, it is recognized that the MOH has responsibility to provide information on NCDs, using a health impact assessment (HIA) where matters are ventilated and an assessment done on the means of assessing the impact. Major steps in conducting an HIA include responsibility in providing policy makers with evidence from elsewhere, and the role of agitation and influencing decisions. As it relates to inter-sectoral involvement in addressing NCDs risk factors, the government, civil society and private sector have different roles. The distinction must therefore be made between multi-sectoral and inter-sectoral, recognizing that this will be necessary in ensuring that the roles of NGOs are achieved.

In closing it needs to be stressed again that given the complexities of the different approaches, it becomes important that NGOs recognize what these roles are and use the appropriate approaches to achieve best outcomes.
The HIV/AIDS campaign in the Central American region was well supported by the World Bank, with a total of some US$663.86 million provided for projects in Brazil, Central America, and the Caribbean. At its height, there were twelve countries in the Caribbean involved in the project, with a total of US $156.86 million committed. The project is still active in Jamaica and Barbados.

Lessons from working with HIV make sense in addressing NCDs, as there are similarities in the indicators for both types of diseases such as behavioural risk factors, the need for a multi-sectoral response in addressing the epidemic, a need for a focus on prevention, and the high prevalence of both diseases.

In the HIV experience, there was limited capacity and manpower in government, thus it became necessary to involve the civil society organizations (CSOs).

CSOs were able to provide a greater geographical coverage and tailor their messages to suit specific populations. Many CSOs had previous expertise in managing groups or working in some communities and were best utilized in these areas. In this way, they were able to reach some of the most at-risk groups. Also, the concept of innovative thinking provided for openness and agility, as government ministries tended to have procedural and bureaucratic hurdles. Thus the response from CSOs relating to the HIV campaign made a significant difference. CSOs were also able to engage at a deeper level, and were better able to monitor and evaluate their targets.

In Guyana, Central America and Dominican Republic, the government received significant assistance from civil society organizations that were mobilised to fight against the spread of HIV, where the collective response from all working groups, including government, CSOs and the business sector, saw the effective operation of the campaign.

A number of lessons were learned from the HIV campaign that can be useful in the NCD cause. There was need for ongoing training, coaching and mentoring of volunteers. CSOs proved to have good reporting mechanisms, holding regular meetings in order to track developments. A database for tracking the progress of working groups was useful and, where possible, operation manuals were provided to organizations that were mobilised in the effort. These experiences taught that arrangements with partners and government groups should be formalised by the signing of MOUs.

The concluding view and perspective is that the experiences from the HIV campaign would prove to be useful in informing the NCD action plan.
The Healthy Caribbean Coalition arose as a direct response to the call for a collaborative and supportive role of civil society in responding to the chronic diseases. The HCC was launched at a conference, held in 2008 to look at chronic diseases, that was strongly supported by PAHO/WHO, the Ministry of Health of Barbados, the Caribbean Development Bank, the InterAmerican Heart Foundation, the Heart & Stroke Foundation of Barbados as well as over 110 attendees and representatives from several Caribbean countries and organizations and entities in Barbados.

The following were the outcomes of that conference:

- Caribbean Civil Society Declaration on Chronic Noncommunicable Diseases
- Caribbean Civil Society Action Plan for tackling CNCDs for 2009-2010
- Conference Report produced as a Technical Report of the Chronic Disease Research Centre, UWI
- Creation of an Organising Task Force to establish the HCC

The mission of the HCC is "to harness the power of civil society, in partnership with government, private enterprise, academia, and international partners, to prevent and better manage chronic diseases, through the promotion of healthy lifestyles, enabling and supportive environments and better management of chronic diseases among empowered people".

In October 2010, a follow-up civil society NCD conference was held to build on the successes following the 2008 meeting. The following decisions were taken at that conference:

- HCC to be established as a not for profit company, registered in the first instance in Barbados
- An eleven member Executive Committee selected, charged with the responsibility for directing the HCC for the next two years
- Projects: population salt reduction, adherence to ratification of FCTC by Caribbean governments, and the hosting of a workshop on Physical Activity
- An HCC Road Map leading to the UNHLM was finalised
- Capacity building initiatives identified: improvements to the HCC website, establishing partnerships with service clubs in the region and outreach into countries.

The mission of the HCC for the present workshop, “Rallying for action on NCDs”, is to evaluate the gains made by the HCC since 2008, and address the deficiencies that have surfaced. The workshop is also a coming together of various stakeholders to act, including Caribbean health NGOs, faith based organizations, mobile phone service providers, health care providers, academia, private and public sector groups, special interest groups such as the elderly, youth and women’s groups, international collaborators and representatives of the ministries of labour, education, urban transport and health.

Specifically, the HCC hopes to achieve the following objectives from this 2012 civil society multi-sectoral NCD workshop:

- Development of a HCC civil society NCD Caribbean Action Plan 2012-2016, post UNHLM
- Development of a Caribbean Advocacy Plan, post UNHLM
- Launch of a cervical cancer prevention advocacy and awareness campaign
- Launch of a Caribbean initiative around World Health Day 2012
- Consideration of enhancement of communication around Type 1 Diabetes using social media and other new methods of communication
- Taking the governance of the HCC to the next level

In concluding Professor Hassell announced that Sir George Alleyne, in recognition of his contribution to the HCC and to the Caribbean at large in response to the NCD epidemic, had been invited at a recent meeting of the Executive Committee of the HCC to be Patron of the HCC and had very readily accepted.
PANEL DISCUSSION

UNIQUE CARIBBEAN APPROACHES TO NCDs

Moderator:
DR. VICTOR COOMBS
Caribbean Cardiac Society
PANEL DISCUSSION

“The National Health Fund and NCDs”
Mr. Cecil White, National Health Fund

The National Health Fund (NHF) was established in Jamaica in 2003, as a mechanism to provide additional funding for healthcare and with a mission "to reduce the burden on healthcare". To do this, three additional sources of revenue were identified. These were a 20% special consumption tax on importation of tobacco products; a payroll deduction of 1% collected by the National Insurance Fund; and 5% of the Special Consumption Tax which is imposed on petroleum products, alcohol and tobacco.

The revenues derived from these sources are used to support the management and treatment of NCDs through three specific programmes - individual benefits pharmaceutical support for a specified list of chronic illnesses; institutional benefits support for health services development, infrastructure and capacity building; and health promotion of healthy lifestyles in an effort to influence the onset of NCDs.

The NHF was developed as a precursor to a National Health Insurance Programme. The initial model was based on support for NCDs. During the design phase, research conducted by the Epidemiology Unit at the Ministry of Health in Jamaica identified NCDs as the greatest source of disease burden on the health care system. Presently, the NHF provides support for work with 15 NCDs, namely arthritis, asthma, diabetes, epilepsy, prostate and breast cancer, ischaemia, high cholesterol, glaucoma, hypertension, major depression, psychosis, rheumatic heart disease, vascular disease and benign prostatic hyperplasia. It was also estimated that these 15 diseases had an estimated prevalence of 1.5 million cases, and that 750,000 persons were affected. Data from the Epidemiology Unit of the Ministry of Health suggested that if individuals with these conditions were not properly treated, average length of hospital stays could be as long as 10 days. Later research estimated that the NHF’s intervention could potentially reduce the hospital load by up to 40%.

NHF individual benefits are delivered through two programmes of benefits: the NHF Card and the JADEP card. The NHF card provides universal coverage for beneficiaries of all ages who have been diagnosed with any of the 15 illnesses covered. The programme currently provides subsidies for the purchase of prescription drugs covering over 200 active pharmaceutical ingredients, and over 1,200 presentations. Under the JADEP programme, the NHF provides 80 drug items free of cost for beneficiaries 60 years of age and over. Beneficiaries are asked to make a small contribution and pay a pharmacy fee of $40 for a month's supply of each drug.

Since the programme’s inception, the package of health benefits has been expanded to include non-prescription items. In 2005 the NHF added coverage for supplies for monitoring and managing diabetes. This support was critical given the catastrophic nature of this chronic disease and the risks associated with the complications that may arise from the condition. As a result, the NHF introduced the free glucometer and penfill applicators programme. In 2008, the NHF introduced the testing of glycated haemoglobin (HbA1c) as a benefit. The NHF also introduced subsidies for spacers and masks used to facilitate asthma treatment.

The estimated prevalence of the NCDs covered by the NHF was determined to be 750,000 persons in 2003. By the end of March 2011 over 290,000 beneficiaries had been enrolled for the NHF Card, and over 230,000 for the JADEP card. This means that over 520,000 persons with NCDs are currently receiving benefits. Enrolment data has shown that on average NHF beneficiaries are enrolled for approximately three conditions. Based on enrolment data, the NCDs with the highest prevalence are hypertension, diabetes and cholesterol, accounting for 51% of all cases.

The promotion of healthy lifestyle practices has also been at the centre of efforts to reduce the burden of chronic illnesses. The NHF has introduced wellness in the workplace through its popular “Work It Out” weight loss competition. The NHF’s own advertising campaigns and sponsorship of health promotion activities, during weeks such as Salt Awareness Week and Physical Activity Week, have focused on NCDs.
The NHF has played and continues to play a critical role in providing significant financial resources to individuals and institutions to support better outcomes for NCDs. Institutional strengthening both of physical infrastructure and personnel development with NHF grants ensures improved outcomes at hospitals and clinics; collaboration with other institutions promotes healthy lifestyle practices; and NHF support for research helps to drive evidence-based policies and programmes.

“The Trinidad and Tobago Partners Forum”
Dr. Yvonne Lewis, Director, Health Education Division

The Partners Forum Working Committee for Action on NCDs (PAFCNCDs) is a mechanism developed under the aegis of the Cabinet of the Government of Trinidad and Tobago. It operates using a multi-sectoral approach to tackle NCDs, and is focused on creating synergies and social and policy changes to prevent chronic diseases.

NCDs are the leading cause of death in Trinidad and Tobago. Trinidad and Tobago has one of the highest incidences of diabetes among Caribbean countries and over 55% of the adult population is overweight. Twenty-four per cent of children are overweight or obese. Thus the profile of the population necessitates action, and can only be achieved with all sectors being involved. In particular, civil society must work closely with the government to address the issues.

The PAFCNCD comprises of government, private and civil sector groups, and NGOs. Its terms of reference include the support of joint action and implementation of best practices to support health. The PAFCNCD is also aimed at developing and implementing joint, integrated and coordinated actions in support of health promotion, risk factor reduction and improved management of NCDs. Its focus is on addressing the social determinants of health and issues such as specific dietary adjustments, smoking cessation, workplace wellness and physical activity. The group is supported by a number of subcommittees.

Additional priorities of the PAFCNCD include the development of a mechanism for a trans-fat free Trinidad, investment in a trans-fat study, and partnerships with private sector and government to sign MOUs for the reduction and elimination of salt, sugar and trans-fat in locally produced foods. The provision of food labelling, product information and health education to support healthy food choices are also major priorities. Finally, the PAFCNCD is also committed to lobbying for the establishment of an environment to support and promote consistent and sustained physical activity for the general public.
“The Church and NCDs”
Dr. Noel Brathwaite, University of the Southern Caribbean

The Church represents one of the largest groups of CSOs and has access to a large proportion of the Caribbean population from all corners of society. The Church sees its role as equipping, training and empowering its members to be change agents in their communities and, by extension, embracing the health ministry. The main feature of the Church in light of NCDs is advocacy, along with prevention and control among members and within communities.

The Church believes in establishing lasting partnerships and, as such, has forged relationships with the Ministries of Education, Health and Agriculture. The Church also invests largely in wellness centres, not only to attend to the spiritual needs of members, but also to attend to physical wellness. Churches have therefore become centres for holistic healing.

Seventh Day Adventist Universities are becoming more interested in research related to NCDs. Common risk factors are being identified, and the research indicates that spiritual and family support are leading protecting factors against NCDs. This has led to an expansion in lifestyle centres.

The Church has its own challenges. These include attracting volunteer leaders, financing projects, reaching the population under 40-years-old with lifestyle change messages, and the availability of indigenously created and authored messages that locals can relate to. Notwithstanding, there are opportunities to celebrate. There are more opportunities to collaborate with other faith based networks and NGOs, as well as engagement in policy formulation and best practices. It is evident that behaviour modification is a complex challenge. However, the mission of the Church remains that of “making man whole”.

“Academia, research, and civil society”
Dr. Kenneth George, Ministry of Health, Barbados

Academia and research have always been allies. Civil society also does research but maybe more ‘operational’ in nature than academic. Nonetheless, civil society continues to play an important role in the process. Civil society requires valid and reliable information for health education, advocacy, communicating messages to constituents, and programme development.

Civil society is the engine used to harness public opinion on areas of public health. It is also important to harness and participate in research, to direct research emphasis, and as a source of funding. Community based participatory research (CBPR) is the model best used to define all models of the three groups. It provides the vehicle and opportunity for more effective results. An example of how this worked was in the HCC’s “Get the Message” campaign, during which an editorial in the West Indian Medical Journal targeting the medical community was co-authored with HCC.

In order to make academia more relevant to civil society, academics must speak in a language that civil society groups understand. There must be greater collaboration between the groups, and increased reciprocity. There must be an appreciation of the public health issues of greatest concern and an ability to appreciate the strength and weaknesses of all involved.
Discussion

Arising from the previous presentations, the following points were made:

- The NHF in Jamaica will begin to support patients recovering from tobacco addiction, in the long term.

- As it relates to academia, research and civil society, it is important to provide greater opportunities for collaborative work. There often is not enough documentation of Caribbean experiences relevant to research in NCDs, despite the vast store of Caribbean knowledge. Emphasis should therefore be placed on publishing, especially from institutions such as the Universities and PAHO and these institutions utilized to deliver messages relevant to NCDs.

- In dealing with sensitive issues such as sexual behavioural practices, the Church has no single methodology. The Church provides a combination of guidance in appropriate behaviour, and restoration in the form of counseling and family support. In the Anglican Church, confession is facilitated, which provides one-to-one encounter to engage the issues in a confidential manner. All Churches have their own mechanism and management style for such issues, which may also be unique to the community. The important fact is that sensitive issues are held in the strictest confidence, and the Church is now embracing a more compassionate approach.

- The Church’s established lifestyle centres provide opportunities for physical activity, screening for diseases, promotion of healthy diets, and a general view that members should care for their bodies - seeing the body as “the temple of God”. Training sessions are also made available to teach others how to implement programmes in healthy lifestyles and living. Despite these interventions, the Church still has a large percentage of its population being obese. Part of the role of the Church is to challenge the accepted norms vocalized in popular culture without offending its members. The Church must take a position on this issue, and explore ways in which its population can also be informed about the risk factors of NCDs. Efforts should be made to re-orientate its members in healthier lifestyles.
PANEL INTERVIEW SESSION

OPPORTUNITIES AND CHALLENGES
IN THE NON HEALTH SECTOR
IN RESPONDING TO NCDs

Facilitators
MS. CELIA MORGAN
RJR, Jamaica
and
MRS. GINA PITTS
Heart & Stroke Foundation, Barbados
“Agriculture”
Prof. Winston Davidson, University of Technology, Jamaica

The relationship between public health and agriculture is a strong one. Public Health is concerned with the relationship between man and his environment and, in particular, the harmful adaptation of man to his environment. From the standpoint of agriculture, one can understand the direct relationship between agriculture and public health. In fact, after 184 years of shackled slavery, the Consolidated Act of 1792 was the first act which recorded the pattern of diseases in slaves. This historical context is important in determining how we use our institutional capacity to change lifestyle habits, and to distinguish the nexus between Public Health, agriculture and trade to effect policy changes.

“Education”
Dr. Leonie Clarke, University of Technology, Jamaica

Education plays a significant role in dealing with NCDs.

Reach – Education is one of the best media to reach large groups of individuals who need information on NCDs, from the pre-school to tertiary level. There may be constraints in reaching the desired groups, as it may not be very easy to reach everyone. Funding is also an issue, and the pledge of the Ministry of Education (MOE) in responding to NCDs is a step in the right direction.

Receptivity – Individuals want to be informed, as knowledge puts them in a position to act. What is important is that the knowledge received is acted upon.

Reputation – Teachers have a reputation, and persons generally believe that teachers know, thus teachers have something that they can use to assist with the NCDs. There are enough teachers in the education system that have been trained in areas such as Home Economics, Nutrition, and Health and Family Life Education and are in strategic positions to assist in the campaign. Whilst teachers are knowledgeable, persons are still more willing to listen to health professionals regarding health issues than they are to the teacher. This challenge must therefore be recognized.

Relation – We relate things in teaching, thus it may be beneficial to relate what is being taught in the classroom to what children are actually involved in. When the child learns about good nutrition, they will be willing to replicate the information. The challenge is that our public schools do not have a culture of good nutrition, and schools are often the very providers of unhealthy dietary choices for children. This represents a counter-intuitive position.

Research – Individuals in academia must be encouraged to undertake research and make the research consumable. It must be presented in a format that is adaptable to all audiences.

The campaign against NCDs can be effected in education if the above considerations are contemplated.
Poor health means an increase in health insurance costs. Many countries in the Caribbean cover employees for health insurance. Poor health, often due to NCDs, has significant impact on performance among the workforce due to absenteeism, presenteeism (inability to function effectively when present), loss of critical skills at an early age, and disability. Loss of expertise is also a real issue, with employees either dying prematurely, or no longer able to work.

A review of the NCD claims experience at Sagicor revealed that all age groups are affected somewhat equally, except those under 19 years old. There also appears to be a greater number of claims from women than men, either because men do not visit the doctor regularly, or because women are generally unhealthier. It becomes evident therefore that emphasis must be placed on overcoming the stigma associated with some NCDs so more individuals would confront their conditions. Sagicor settles hundreds of claims each year, with some 1/3 of such claims directly related to NCDs. Unfortunately it is the most productive age groups that suffer most from NCDs.

In order to effectively address the prevalence and effects of NCDs, efforts must be concentrated on preventative measures. Efforts should be targeted at addressing behavioural risk factors that lead to the incidence and prevalence of NCDs. Additionally, steps must be taken to improve the health care delivery system in order to effectively attend to needs of patients. Where possible, rewards and incentives should be offered to all stakeholders who participate in the NCD campaign.

### SAGICOR NCD CLAIMS PAID AS A % OF TOTAL CLAIMS PAID

<table>
<thead>
<tr>
<th>TERRITORY</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbados</td>
<td>30%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>OECS</td>
<td>30%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>26%</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>Trinidad</td>
<td>30%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>28%</strong></td>
<td><strong>28%</strong></td>
<td><strong>28%</strong></td>
</tr>
</tbody>
</table>

Funding of the right projects is also important, and should be on a needs basis. Young persons must also be lobbied and efforts made to ensure that they buy into the campaign to adopt healthier practices from an early age. As best as possible, the wider community should also be brought on board. A more accessible health insurance scheme should be in place to assist patients in managing their illnesses. It was felt that making this investment would protect and save financial and human resources in the long run as well as provide benefits during the process.
“Trade”
Dr. Ballayram, Caribbean Food and Nutrition Institute

Over the past 30 years, there has been a considerable amount of liberation of trade between countries in the world, and this has led to a reduction of tariffs and barriers. Countries have been able to trade more freely, and this significantly impacted on the food chain, in terms of food production, advertising, processing and costs. The environment in which these foods are marketed is also of concern, since it always results in making foods that are less healthy more attractive and more expensive. The ways in which foods are advertised also present a real challenge.

Despite this environment, households must make the right choices. The typical household tends to consume foods high in calories, sweeteners and salt (sodium chloride). Numerous researchers have shown the causal relationship between food choices and NCDs. Much more research needs to be directed at trade as it relates to NCDs.

There are three main factors that closely relate to liberalization of trade. The expansion of transnational cooperation throughout the world has been able to concentrate efforts at moving large amounts of food across borders. Also, there has been a highly developed foreign direct investment in food which has seen an increase in trade. Finally, there has been a mushrooming and globalization in the advertising of foods. These developments all have implications for the Caribbean food market, largely because most Caribbean countries are food importers. Imports in the Caribbean have increased by 24% in the past 10 years. As such, one of the greatest concerns is that there is a disproportionate distribution of foods from outside the region: often resulting in foods that are high in calories being easily available and cheap, while there is a deficit in legumes and vegetables.

There are ways in which to strengthen trade and thereby tackle the problems caused by trade in relation to NCDs. The CSME facilitates bilateral trade and provides an avenue through which health issues can be addressed. The most effective approach to rigorously addressing the negative effects on health with resulting increase in NCDs due to trade policies and practices is to address these by getting food producers, importers, and manufacturers to be guided by food standards. Also, this can be done by making manufacturers, importers and food producers more aware of the link between trade and NCDs.

Discussion

Health Insurance:

There are opportunities for linkages between insurance companies and civil society groups to provide better treatment options for persons living with NCDs. Some insurance companies do not accept claims for preventable diseases, and this provides a challenge for persons living with NCDs. It was explained that this was based on the insurance coverage that would have been negotiated by the client. But, as noted before, the cost for coverage of NCDs tends to be very expensive. This is another reason to insist that individuals adopt healthier lifestyles, as “prevention is better (and cheaper) than cure”. It was recommended that insurance companies should be lobbied to include at least one major NCD screen
for clients per year.

_Agriculture and Trade:_

Studies show that a healthy lifestyle is promoted by increasing the demand for fruits and vegetables. If this is to be pursued, then facilities for storage, food processing and marketing must be identified. The United States of America has been developing new standards of exports for processed foods, and the stringency of these criteria means that there are more trade barriers and greater inequities in the trade between the US and the Caribbean. The most practical response then is for the region to eat more of what it produces. This goes to the heart of the matter: what are communities eating?

What has been seen is a change in the globalization patterns in food culture. In order for individual countries to remain competitive, governments must introduce subsidies in agriculture. The issue is a complex one, and requires a multi-disciplinary approach in addressing it, particularly the involvement of public health and academia to provide evidenced-based analysis. Once a policy is in place to support this, changes will be seen.

Concern was raised that the Caribbean has been poisoned by the Western culture. The research shows that countries in the Caribbean are over-consuming foods from animals and processed foods. The Caribbean has enough local produce from which its population can be fed and, in the interim, avoid some of the risk factors associated with NCDs. However, there are no incentives for this effort for members in the agriculture sector. The link between food production and health must be emphasized, and steps should be taken to get local farmers involved. WTO protocols can also be utilized and subsidies introduced to allow countries to support their farmers. There is potential for real sources of productive growth, but these require the fiscal support of the governments.

It was also recommended that incentives could be provided to persons who wish to open health food stores. It does not appear that the vision for the Caribbean is well articulated, and this must be done if the region is to move forward. Each territory must also be encouraged to initiate its own health agendas.

The question of nutrition is “shifting sand” in terms of best evidence presented. It was therefore recommended that as a region, we should reflect on the habits and diets from the past that have been beneficial to our lifestyles. A study done in 2004 showed significant improvement in working with industries and schools to change nutritional demands. The civil society group at that time had to work closely with policymakers to get changes implemented, which took approximately five years. The point is that it can take years to get these policies implemented, but groups should not be discouraged.

_Education:_

There has been enough access provided for the Caribbean to use technology in education. The ability of the education ministry and CSOs to access these technologies and use the equipment to get messages to children and young people only requires direction. In Jamaica, the private sector has been involved in making technologies available in schools through the e-learning programme. These resources which are already in place should be tapped into.

Greater involvement of PTAs and other units in the education process can also see to the transmission of messages about healthy lifestyle practices. Parents must become more pro-active in the management of their children’s health and well-being. Parents must therefore be educated in order to appreciate the benefits of good health. It must be decided if the curriculum is presently being used to implement these policies before efforts are garner to expand into the use of other technologies. It was also suggested that programmes that were in place years ago and proven to be effective
PANEL DISCUSSION

PLANNING FOR THE FUTURE

Facilitator

PROF. TREVOR HASSELL
“Looking Back - Get the Message Campaign”
Lynda Williams, Healthy Caribbean Coalition

The two main aims of the HCC’s “Get the Message” campaign, a mobile phone text based advocacy campaign in support of the UN Summit on Chronic Diseases (September 2011), were to raise awareness about NCDs and to develop an initiative dedicated to that cause. The campaign’s specific objectives were: 1) to engage and educate the general Caribbean population about NCDs, and, 2) to develop awareness about the prevalence of specific NCDs in the Caribbean. Using this campaign as a vehicle, the HCC hoped to inspire both a popular ‘peoples movement’ to agitate for change in lifestyles, and support from Caribbean leaders.

The HCC experienced a number of challenges in the design and implementation of the campaign. Some of the key challenges included: 1) designing messages that would be appropriate for and attractive to diverse target populations (i.e. in language, culture, life experiences, and social backgrounds); 2) setting realistic targets in the absence of regional precedents for such campaigns; 3) managing groups of volunteers in each country team across the region; and 4) attracting corporate sponsorship.

The campaign used both traditional and social media strategies to disseminate the message. Traditional strategies included: public service announcements, posters, stickers, flyers and T-shirts. Other strategies included free SMS text messages, and social media such as Facebook and Twitter blasts and updates. In addition to the dissemination of the messages about NCDs, the campaign’s other key successes included the mobilization of a Caribbean-wide effort and the buy-in from mobile providers who viewed their help with the campaign as fulfilling their corporate responsibility of health promotion.

A few crucial lessons from the campaign will be applied in future campaigns. It was important to identify partners and develop regional NCD alliances from the outset. Furthermore, within these partnerships, setting clear agendas and goals to be achieved within reasonable timeframes allowed the teams to work with clear targets and for reporting on progress using quantifiable measures. It was also important to report about the campaign to the funders and other stakeholders. The campaign showed that mobile phones could be used as an effective tool for advocacy. For the future, the “Get the Message” campaign will be used as a specialized tool for advocacy particularly in the cervical cancer campaign and the heart disease campaign which will be launched shortly after the HCC 2012 Conference.

“Going forward - Mobile Health and HCC”
Ms. Shivonne Johnson, Healthy Caribbean Coalition

Mobile Health (mHealth) is a tool which will be very useful in advancing the work of HCC and healthcare provision in the Caribbean. mHealth refers to the use of mobile devices for delivering healthcare needs to the population, such as medications, advocacy, monitoring, maintenance and care. Mobile health holds great potential for health-related work in the Caribbean. Mobile phones are a part of the lifestyle of most people in contemporary Caribbean societies and many people own at least one mobile phone or other mobile device, which they carry as they make their day-to-day movements.

mHealth can be an important tool for health work in Caribbean countries. It can offer assistance in those remote areas where persons may not have regular access to healthcare. It can be used to increase education and awareness of health issues. In contexts in which persons do not have immediate access to a healthcare provider, mHealth can act as a resource that provides information about specific health issues. The technology can also be used for disease and emergency tracking, as has been seen in communicable diseases, where people share information about vaccination facilities. It can facilitate the collating of information in remote areas during data collection. It also facilitates certain tasks for health care administrative systems such as monitoring patients’ NCD care and management. In these ways, mHealth benefits both persons who visit doctors’ offices, and those who wish to take the data with them.
Many Caribbean countries face a shortage of healthcare workers which makes it challenging to track patients. mHealth makes it easier to communicate with patients through text messages or other software applications. Patients are also able to receive support in their health programmes, receive feedback and share experiences. Patients also want to be able to manage their own healthcare as best as possible. Health agencies usually want to educate the population or get data, and engage in advocacy efforts. Most stakeholders want to empower their patients, and assist them to better manage their health. mHealth as a technological tool can be used to facilitate each of these needs. mHealth strategies also capitalize on technological advancements as new strategies to assist with NCD-specific preventative care in younger, technologically savvy populations. mHealth thus assists with the diversification of health care.

Examples of mHealth programmes exist internationally and can be easily integrated into the Caribbean system. In the United Kingdom, the Text2quit programme is a tobacco cessation programme that sends text messages to phones regarding lifestyle issues, and allows tobacco users access to health care providers at all times.

To implement mHealth technology in the Caribbean, key technologies available to support the tool can be engaged. These include wi-fi and bluetooth, which are readily available in most Caribbean countries. It is also important to ensure that the basic, non-smart-phone devices used by the majority of the population are supported.

The 2011 “Get the Message” campaign utilized mHealth tools, with a concentration on the use of text messages. Lessons learnt from that campaign included the need to ensure that the software is the most accurate, a trial period should be introduced to determine the effectiveness of the proposed programme and user engagement needs to be assessed to confirm that the intended populations can receive the information. Finally, it must be remembered that one has to be realistic in the application of the mHealth programme.

“Mobile Banking and NCDs”
Mr. George Thomas, CIBC First Caribbean International Bank

Mobile banking is a relatively new phenomenon that is actively being used in North America and Europe. The CIBC/FCIB has invested in mobile banking that has already been successfully implemented in some Caribbean countries. It uses a software that does not limit it to smart phone users, and neither is it restricted by carrier barriers. The software uses SMS technology, and has had tremendous success in the 18-35 years age group. The level of utility has also expanded across other age groups.

The ‘mobile wallet’ is a new facility that will be introduced by the CIBC/FCIB. It allows purchasers to use their phone credit to purchase services. It is a secure facility, and has the potential to provide significant mobile health benefits. The software can assist civil society groups with the collections of charitable donations, aid distribution, disbursing of wages and pension, government benefits and health care insurance. CIBC/FCIB will be working closely with the Central Banks across the Caribbean to see to the full introduction of the facility. A pilot study is to take place in Barbados.

Mobile technology is not only useful in banking and financial services, but also in healthcare. The easy access to mobile phones suggests that they may be useful tools for the delivery of behaviour change messages. Knowledge transfer is now more accessible through the use of technology. This is therefore an opportunity for civil society groups to get their messages out using this technology. Likewise, technology changes rapidly, and it is expected that by 2015, a healthcare model that makes more use of technology will become prominent. In the meantime, mHealth can be an effective tool to increase the focus on preventative measures. mHealth has its particular benefits, affecting people’s lives in areas such as microsavings, insurance payments and medical records.
PANEL DISCUSSION

Discussion

mHealth/eHealth:
The HCC was commended for its efforts in 'going green' in its "Get the Message" campaign. It was noted however that traditional mechanisms used in campaigning were still useful and should not be abandoned. It was also noted that mHealth will serve as an additional resource, and is a key strategy in the promotion of good health largely because of its accessibility.

mHealth systems are already being used in some territories such as the Bahamas, but only by limited groups and thus greater collaborative work will be pursued with these groups and with mobile providers. It was emphasized that mobile phones are not only used by the wealthy; many persons from vulnerable groups own such devices. This provides opportunities for mHealth to be easily integrated in the lifestyle of ordinary citizens. The HCC will continue its discussions with partners in mobile banking and finance.

Mobile Banking:
Caribbean societies are embracing the innovative use of mobile technologies, particularly in the health and business sectors. Such innovations present strategic advantages that can benefit these sectors as well as the mobile providers in what might be considered win-win partnerships. For mHealth, for example, support from mobile providers is expected to be significant, since this is a direct business interest.

The POS Declaration mandates that governments reach at least 80% of the population with the NCD message, resulting in individuals responding to the call for preventative care. Mobile health is useful in achieving these goals. Many people can access mHealth applications because the technology is not restricted to smart phones. Key issues that need to be addressed, in addition to those previously highlighted as mHealth is further developed in the region, include system security concerns and pricing. Mobile phones have also been used to access medical records. In many jurisdictions where eHealth is being used, patient files have to be accessible to others. These types of purposes require the development of security systems and software to ensure that patient information and other confidential data are protected. To access mHealth services, it is expected that minimal fees will be charged by the mobile provider. In moving forward, it is important to consider how clients with few financial resources may be able to shoulder these costs.

Mobile wallets can be activated using the simple text menus available on most basic mobile phones. The easy access to mobile devices particularly among disadvantaged populations was a key driver in the development of this technology. It presents key advantages: it is cheaper than other point of sale devices, and cheaper than peer-to-peer (P2P) banking. As with mHealth, security for mobile wallets is a concern, and regulatory framework in individual countries will need to be developed to address these concerns. Other strategies which may likely be implemented include limitations on each transaction, and limited service dependent on the band of service.
ROUNDTABLE DISCUSSION

IDENTIFYING BARRIERS, INCENTIVES, PREREQUISITES AND POLICY INTERVENTIONS FOR IMPLEMENTING THE PORT-OF-SPAIN DECLARATION

Facilitator
DR. SHIYAN CHAO
Summary of the HCC Roundtable Discussion

Objective
The objective of the roundtable was to provide the participating Caribbean government officials with an opportunity to highlight the challenges being faced in advancing the NCD agenda and to provide an opportunity for brainstorming on the way forward. The meeting was chaired by the Pan American Health Organization (PAHO) and the World Bank.

Main Issues

Port of Spain Declaration There is insufficient awareness of the Port of Spain Declaration and its 15 points and 27 embedded commitments. Progress has been made in the area of education, but more needs to be done in the areas of trade and labeling. One of the weaknesses of the Declaration is that no funding plan was developed on how activities would be financed. There is also a need to raise awareness of the Declaration using social media and by engaging celebrity figures from the region.

An Evidence-Based Approach An evidence-based approach to curb NCDs in children under five years old has been piloted in the United States. The approach showed stronger improvements in Latino children, girls, and among lower-income children. The Caribbean can look to such an approach for an intervention that can demonstrate results.

Policy implications The roundtable discussion tackled the question of what would it take to accelerate the Port of Spain Declarations. Country responses emphasized the following:

- Funding. There is a need to address the lack of funding and to avoid mistakes from earlier funded projects which developed vertical capacity, but not a health systems base. Budgets are still treatment and management focused and need to shift to prioritize prevention and promotion.

- Multi-sectoral Approach. The NCD agenda should be visible at the COHSOD meetings and other forums that are not necessarily health focused (e.g., education, agriculture). Other sectors need to be invited to take ownership and leadership of the NCD agenda, e.g., education.

- Evidence. There is a need to make an economic case for NCDs and actively disseminate this message. This is critical particularly considering the many competing interests at the country and health sector levels.

- Communication. Dissemination materials and tools need to be developed in terms where anyone can describe NCDs and say what they are.

- Private Sector. A champion among private enterprise is needed, as is the engagement of the Chamber of Commerce to help build CSO capacity in applying for funding from the private sector.
The Way Forward

Healthy Caribbean Coalition

Advocacy  mHealth  Communication  Capacity Building
THE WAY FORWARD

The following represents a summary of the major points that emerged and recommendations presented as contributions to Caribbean Civil Society’s response to the NCD challenge, particularly in terms of inputs for the HCC 2012-16 Action and Advocacy Plan.

ADVOCACY

Civil society is neither private sector (for profit), nor government, and in its own right presents a powerful respected image. Civil society can assist in providing policymakers with information to make decisions that are in the best interest of the general population.

Regional Needs for Effective Advocacy

- Evidence presented in simple/layperson terms and talking points that allow it to speak to issues of importance to the general Caribbean population.
- A regional database of the scientific data and evidence on NCDs.
- Skills development in advocacy and literacy is important for effective advocacy. This can be facilitated by engaging civil society in what can be considered a “ground up” approach.
- Access to effective communications channels and social media.
- Enhanced health prevention and promotion campaigns within the education system, particularly by incorporating wherever possible across all subjects in the school curriculum. The focus should be on healthy lifestyle messages and the promotion of advocacy among youth.

Who Should be Targeted?

- Policy makers
- Special interest groups within communities and members of HCC
- Credible champions to advocate for the cause of NCDs

Action Plan

- Develop a regional database of civil society groups, interests, services and “best buys”
- Establish regional database of scientific evidence on NCD prevalence
- Establish a Secretariat for the HCC
- Establish HCC focal points in different countries
- Strengthen relationships with existing civil society networks in Caribbean countries
- Have access at the regional political decision making level
THE WAY FORWARD

CAPACITY BUILDING

Capacity building refers to empowering organizations by building on their resources, succession planning for continuity, pooling of available resources and creating vital linkages. Capacity building also requires that strengths are harnessed for a common goal, that weaknesses are identified, and that necessary measures are implemented to attend to these weaknesses.

What is Required?

- Increased awareness of the urgency of NCD prevention and control by the political directorate in order that issues related to NCDs are addressed
- Enhanced governance and administrative competencies
- Health information system and technical training

Key Regional Needs

- Evaluation of the performance of Caribbean countries in achieving the goals in the Port of Spain Declaration
- Training of civil society groups in surveillance, monitoring and evaluation
- Concerted efforts by the academic community to make information translatable and actionable for civil society

Specific Actions and Observations Around NCD Risk Factors

- Tobacco
  ⇒ Learn from regional partners who are more advanced in tobacco prevention with regard to control legislation, taxation, etc.
  ⇒ Capacity building in tobacco should include enhancing the knowledge base about the FCTC and its articles
  ⇒ NGO assistance in administrative function and legal competencies
- Obesity
  ⇒ Public education on major contributing factors to this illness
  ⇒ Training in the use of all available media to inform about obesity
  ⇒ Communication mechanism to channel public health information to manufacturers and distributors to influence healthy choices and encourage product reformulation
  ⇒ Public education on the dangers of obesity especially in schools
- Alcohol
  ⇒ Promote no alcohol among youth
  ⇒ Engage Ministries of Tourism to take alcohol out of the “fun and the sun”
  ⇒ Enactment, enhancement and enforcement of new and old legislation
  ⇒ Development of national guidelines for school nutritional programmes
- Physical activity
  ⇒ Physical Education should be mandatory in primary and secondary schools
  ⇒ Train teachers in healthy lifestyle practices
  ⇒ Engage schools in healthy lifestyles programmes
  ⇒ Involve and encourage private enterprise and insurance companies to participate in and conduct Wellness programmes.
mHEALTH

Mobile Health (mHealth) is a tool which will be very useful in advancing the work of HCC and healthcare provision in the Caribbean. mHealth refers to the use of mobile devices for delivering healthcare needs to the population, such as medication, advocacy, monitoring, maintenance and care.

Who Should be Targeted?

- The target population should be as broad based as possible to obtain the required multi-sectoral response to NCDs.
- The Church – to assist in education, motivation and teaching
- Ministries of Health – to develop policy, garner international support, and provide technical and financial support
- Banking/Private Sector – to provide financial and technical support
- Civil Society – to initiate advocacy
- Academia – to lead the way in evaluation and research
- Champions in the medical profession who promote mHealth and play an important role in the evaluation of the mHealth programme

Key Regional Needs

- Educate and communicate population about mHealth
- Determine the best practices across the country/region
- Secure strong partnerships with mobile phone service provider
- Develop a regional policy and strategy framework for eHealth/mHealth
- Identify most effective role for mHealth in the Caribbean and identify core audiences and messages
THE WAY FORWARD

COMMUNICATION

Communication is necessary for the dissemination of information, to stimulate behaviour and attitudinal change, to stimulate demand for healthy products and services, and to create awareness about the benefits of healthy life-styles. Effective communication can inspire listeners to change and so obtain an appropriate response.

Key Regional Needs

- Regional directory of civil society and nongovernmental agencies
- Determination of evidence-based best practice
- Need for consistency in messages
- Sharing resources and expertise
- Market research for communication
- Design messages with the audience in mind
- Partnership with private sector industries to use their strengths in communication

Action Plan

- Develop a directory of local and regional agencies
- Identify communications champions
- Consult with experts in communication from academia and media
- Encourage the participation of the community, civil society and experts in designing health messages
- Build on monitoring and evaluation mechanisms in communication interventions
- Explain the concept of NCDs and branding of NCDs with improved visuals
- Enhance inter-agency local and regional communication
- Create consistent messages based on evidence-based best-practice
- Create bold visuals and messages
- Create regional messages with assistance from PAHO/WHO
OTHER RECOMMENDATIONS

In considering the way forward for the HCC and Caribbean civil society the following recommendations were determined important in meeting the targets as established in the POS Declaration. These were as follows:

- Review taxation to enable access to healthier foods and increase number/quality of recreation options
- Impose importation restrictions, subsidies and taxes on food items on the basis of health considerations.
- Regulate the amount of trans fat, saturated fats, salt and sugar content of foods
- Make nutrient content disclosure mandatory
- Legislate against misleading advertisements
- Place restrictions on marketing practices in schools
- Implement more aggressive marketing of healthy foods
- Reduce the number of fast food outlets and monitor food offerings of outlets
- Provide subsidies for rural and remote area transport of fresh foods
- Curb advertising and promoting of nutrient poor foods, especially to children
- Reshape urban environment towards healthy options
- Promote Physical Education in schools
- Expand supply of relevant work force (nutritionists, public health nurses, etc.)
- Develop effective media advertising and public education campaigns
- Classify films according to health content (e.g. smoking)
- Promote smoke-free policies in public places
- Ensure cigarettes become significantly more expensive
- Regulate the supply of tobacco products and exposure to tobacco smoke
- Ensure smokers are encouraged to quit when contacting health services
- Reshape consumer demand to low risk drinking
- Reshape supply to low-risk products via taxation
- Legislate on responsible serving of alcohol
The following recommendations were made regarding the to NCDs from the non-health sector:

**Health Insurance:**
There are opportunities for linkages between insurance companies and civil society groups to provide better treatment options for persons living with NCDs. Some insurance companies do not accept claims for preventable diseases, and this provides a challenge for persons living with NCDs. It was recommended that insurance companies should be lobbied to include at least one major NCD screen for clients per year.

**Agriculture and Trade:**
Studies that increasing the demand for fruits and vegetables promotes healthy lifestyles. If this is to be pursued, facilities for storage, food processing and marketing must be identified. The most practical response is for the region to eat more of what it produces.

Governments must seek to introduce subsidies in agriculture in order for individual countries to remain competitive. The issue is a complex one and requires a multi-disciplinary approach, particularly the involvement of public health and academia to provide evidenced-based analysis. Once a policy is in place to support this, changes will be seen.

There must be incentives provided for people in the agriculture sector. The link between food production and health must be emphasized, and steps should be taken to get the local farmers involved as well. WTO protocols can also be utilized and subsidies introduced to allow countries to support their farmers. Fiscal support from governments must also be targeted.

It was also recommended that incentives could be provided to persons who wish to open health food stores.

**Education:**
There has been enough access provided for the Caribbean to use technology in education. The ability of the education ministry and CSOs to access these technologies and use the equipment to get messages to children and young people only requires direction. Already existing resources should be utilized.

Greater involvement of PTAs and other units in the education process can also assist with the transmission of messages about healthy lifestyle practices. Parents must be educated in appreciating the benefits of good health. Programmes that were in place in the past and were effective should be reintroduced to assist in the promotion of good health practices.
Appendices
Photo Gallery
List of participants
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For Civil Society Organizations Response to NCDs. May 22-29, 2012

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