



CARIBBEAN NCD FORUM

Supporting national advocacy in the
lead-up to the 2018 High-level Meeting
on NCDs: Towards 25*25 and the SDGs

23-25 April 2018

Knutsford Court Hotel, Kingston, Jamaica

TECHNICAL DOCUMENT



WORLD **DIABETES** FOUNDATION





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List of acronyms and abbreviations

CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
CDB	Caribbean Development Bank
COP	Childhood obesity prevention
CSO	Civil society organisation
CVD	Cardiovascular disease
FCTC	Framework Convention on Tobacco Control
GAP	Global Action Plan (WHO)
GDP	Gross Domestic Product
HCC	Healthy Caribbean Coalition
HLM1	First United Nations High-level Meeting on NCDs
HLM2	Second United Nations High-level Meeting on NCDs
HLM3	Third United Nations High-level Meeting on NCDs
HoGs	Heads of Government
NCDs	Noncommunicable diseases
NGO	Nongovernmental organisation
NNCDC	National NCD Commission
OAS	Organisation of American States
PAHO	Pan American Health Organisation
POSD	Port of Spain Declaration
SDG	Sustainable Development Goal
SSBs	Sugar-sweetened beverages
UHC	Universal health coverage
UN	United Nations
UNDP	United Nations Development Programme
UNGA	UN General Assembly
UNHLM	UN High-level Meeting
UWI	University of the West Indies
UWI OC	University of the West Indies Open Campus
WDF	World Diabetes Foundation
WHO	World Health Organisation

Contents

What is the purpose of this Technical Document?	6
What is the purpose of the Caribbean NCD Forum?	6
What are the objectives and expected outcomes of the Forum?	7
Objectives	7
Expected outcomes	7
NCDs in the Caribbean and beyond	8
Overview	8
Caribbean leadership	9
International action	11
Global	11
Region of the Americas	13
Has NCD leadership and progress in the Caribbean diminished?	14
Meetings of the Conference of CARICOM Heads of Government	14
NCD progress reports	16
UN Secretary General's Report	16
WHO NCD Progress Monitor	17
Port of Spain Declaration monitoring and evaluation	19
Challenges	22
Civil society, NCDs and HLM3 – selected issues	23
Caribbean	23
International	23
HLM3	24
The way forward	25

What is the purpose of this Technical Document?

The Technical Document, developed specifically for the **Healthy Caribbean Coalition (HCC) Caribbean NCD Forum**, is provided as a resource and background document for both civil society and non-civil society participants. However, it is also a valuable tool for wider use and will be a useful addition to the expanding collection of HCC information documents.

The Technical Document summarises the purpose, objectives, and expected outcomes of the Forum; gives an overview of the situation and history of noncommunicable diseases (NCDs) in the Caribbean region, including leadership responses and regional initiatives from the **Caribbean Community (CARICOM)**; provides examples of international frameworks and efforts to accelerate and strengthen NCD prevention and control, especially in the lead-up to the **Third United Nations (UN) High-level Meeting (HLM3)** on NCDs, scheduled for 27 September 2018; highlights milestones and challenges in NCD prevention and control in the Caribbean; and offers perspectives on the way forward, especially the role of civil society, in the context of the imminent HLM3.

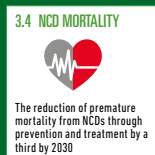
What is the purpose of the Caribbean NCD Forum?

The Forum is sponsored by the **World Diabetes Foundation (WDF)**. It is hosted by the HCC in collaboration with regional partners, including the **Pan American Health Organisation (PAHO)** and the **Caribbean Public Health Agency (CARPHA)**. Other contributors include the **University of the West Indies Open Campus (UWI OC)**; **Ministry of Health, Jamaica**; **Heart Foundation of Jamaica**; and **Diabetes Association of Jamaica**. All of the work of the HCC would not be possible without the kind support of **Sagicor Life Inc**. The Forum aims to mobilise civil society organisations (CSOs) in the Caribbean and other important stakeholders to ensure that the region is fully engaged at the highest level in the upcoming UN HLM3 on NCDs.

What are the objectives and expected outcomes of the Forum?

Objectives

- 1 Take stock of NCD progress in the Caribbean.
- 2 Harmonise Caribbean Community (CARICOM) priority areas for the UNHLM 2018.
- 3 Discuss strategies to encourage the highest level of political attendance at the UNHLM 2018.
- 4 Explore post-2018 strategies towards the achievement of the **World Health Organisation (WHO) 25 *25 Target** and the **Sustainable Development Goals (SDGs)**, especially **SDG 3**



“Ensure healthy lives and promote wellbeing for all at all ages” and Target 3.4 “By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being”.

Expected outcomes

- 1 Greater awareness of Caribbean civil society and other stakeholders in the following areas:
 - Regional progress to date in NCD prevention and control.
 - UNHLM 2018 and opportunities for advancing the regional NCD agenda.
 - Successes and lessons learned from CSOs and other key stakeholders in supporting the attainment of national NCD targets, with a focus on childhood obesity, tobacco control, and multisectoral action.
- 2 CARICOM CSO Statement on NCD Priorities.
- 3 “Getting Heads to the 2018 UNHLM” regional strategies.
- 4 Strengthened regional network of diabetes organisations and identification of opportunities for enhanced prevention and control of diabetes, working together and in collaboration with other NCD nongovernmental organisations (NGOs).
- 5 HCC Caribbean NCD Forum Report.

NCDs in the Caribbean and beyond

Overview

As in many other regions of the world, NCDs are the major causes of death and illness in the Caribbean, and the region has the highest NCD burden in the Region of the Americas. In 2010, NCDs were responsible for 73% of all premature deaths (ages 30-69 years) in the Caribbean, and four major NCDs – cardiovascular disease (CVD), diabetes, cancer, and chronic respiratory disease – were among the leading causes of death.¹ The major NCDs have four common risk factors – tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol, which provide a sound basis for intensified efforts at NCD prevention and control.

The following data for risk factor prevalence in the Caribbean were presented¹ at the 2015 **Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean**:

- Current **tobacco use** among Caribbean youth 13-15 years old reported from countries over the period 2005-2011 varied from 10.4% in males and 7.8% in females in St. Kitts and Nevis to 34.5% in males and 23.2% in females in Barbados.
- **Heavy episodic drinking** in males and females aged 15+ years varied from, respectively, 4.3% and 0.1% in Belize to 41.3% and 9.7% in Dominica.
- **Insufficient physical activity** among youth of both sexes aged 11-17 years varied from 78.3% in Antigua and Barbuda to 86.6% in St. Vincent and the Grenadines.
- **Overweight and obesity** in adults ranged from 28.9% for males and 42.2% for females in Haiti to 63.5% for males and 69.9% for females in The Bahamas.

In its **Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019**, CARPHA, a regional CARICOM institution, reports prevalence rates for overweight

and obesity between 28% and 35% among young people in Caribbean countries, with trend data showing an escalating problem, exemplified by studies in Trinidad and Tobago showing an increase in childhood overweight and obesity from 5% in 2001 to 26% in 2010. The **Strategic Plan of Action for Countries of the CARICOM 2011-2015** noted “a sharp increase in childhood obesity and the resultant occurrence of type 2 diabetes in adolescents” and included reduction of childhood obesity by 10% in at least 4 countries among its outcome indicators.

In addition to the toll that NCDs take on individual and population health, their economic burden cannot be ignored, especially in the CARICOM, which includes small island developing states (SIDS), low-income, and lower-middle income countries, in addition to a few middle- and upper middle-income countries. As noted in the **CARPHA Plan of Action for Prevention and Control of Childhood Obesity 2014-2019**, the economic cost of NCDs includes not only lifetime health care costs, but also indirect costs related to decreased productivity, household poverty, and forgone national income. The economic burden of two NCDs – diabetes and hypertension – was estimated for the Caribbean and found to be high and unsustainable, ranging from 1.4% of Gross Domestic Product (GDP) in The Bahamas to 8% of GDP in Trinidad and Tobago.²

¹ *Technical remarks – Impact of NCDs in the Caribbean*. Presentation by Dr. Anselm Hennis, Director, Department of Noncommunicable Diseases and Mental Health, PAHO, at the Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean, held in Bridgetown, Barbados, June 2015. http://www.paho.org/hq/index.php?option=com_content&view=article&id=11020&Itemid=41513&lang=en

² Abdulkadri AO, Cunningham-Myrie C, and Forrester T. Economic Burden of Diabetes and Hypertension in CARICOM States. *Social and Economic Studies*, 2009; 58 (3/4): 175–97. <https://www.jstor.org/stable/27866600>.

Jamaica's economy is projected to lose over 77.1 billion Jamaican Dollars (approximately 618.4 million United States Dollars) over the period 2017-2032 in terms of direct and indirect costs related to, respectively, treatment and lost productivity, due to CVD and diabetes complications alone.³

The **Lancet Taskforce on NCDs and Economics**, in its April 2018 Series, highlights the link between NCDs, poverty, and inequities within and across countries, and makes the case for investment in NCD prevention and control not only as a means of progressing towards achievement of SDG 3 and several other SDGs, but also to contribute to economic growth.

Caribbean leadership

Caribbean political leaders and their technical advisors have long recognised NCDs as a significant threat to the region, and have undertaken initiatives and provided frameworks to address them.

These include, but are not limited to:

- **Caribbean Cooperation in Health (CCH)**, the CARICOM health agenda, adopted by CARICOM Health Ministers in 1984 to optimize the utilization of resources, promote technical cooperation among Member States, and develop and secure funding for the implementation of projects in priority health areas. The initiative promotes regional collective and collaborative action to solve critical health problems and was approved by CARICOM Heads of Government (HoGs) in 1986, when CCH Phase I was launched. Since its inception, NCDs have been included as a health priority for the region; the CCH is now in its fourth iteration, 2016-2025.
- **Caribbean Charter for Health Promotion, 1993**, in which "Formulating healthy public policy", with multisectoral and multidisciplinary considerations, was identified as one of six strategies to be adopted. This recognises the importance of policies in both health and non-health sectors in providing an enabling environment for health – an environment that "makes the healthy choice the easy choice".
- **Charter of Civil Society for the CARICOM, 1997**, in which the governments set principles by which they committed themselves "to respect and strengthen the fundamental elements of a civil society".
- **Nassau Declaration, 2001** by CARICOM Heads of Government, "The health of the Region is the wealth of the Region", in which the HoGs mandated the development of regional strategic plans for HIV/AIDS, NCDs, and mental health.
- **Report of the Caribbean Commission on Health and Development, 2006**, which recognised NCDs and obesity as major threats to regional development.
- **Port of Spain Declaration, 2007**, "Uniting to Stop the Epidemic of NCDs", issued at the first-in-the-world Heads of Government summit on NCD prevention and control.
- **Declaration of St. Ann, 2007**, "Implementing agricultural and food policies to prevent obesity and NCDs in the Caribbean Community", issued by the CARICOM Ministers of Agriculture, demonstrating recognition of the need for a multisectoral approach to tackle NCDs effectively.
- **Strategic Plan of Action for the Prevention and Control of NCDs** in the countries of the CARICOM, 2011-2015.

³ PAHO/WHO, Ministry of Health, Jamaica, UNDP, and RTI International. Investment case for NCDs in Jamaica – Infographic (publication pending).

The **Port of Spain Declaration** (POSD) in particular called for, among other actions:

- Establishment of National Commissions on NCDs (NNCDCs) or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs;
- Use of public revenue derived from tobacco, alcohol, or other such products for preventing NCDs, promoting health, and supporting the work of the Commissions;
- Passage of the legal provisions related to the **WHO Framework Convention on Tobacco Control** (FCTC);
- Physical education in schools and promotion of programmes aimed at providing healthy school meals and promoting healthy eating;
- Labelling of foods or other measures to indicate their nutritional content; and
- Consideration of gender in all NCD prevention and control programmes.

With recognition of childhood obesity prevention (COP) as a burgeoning issue for the Caribbean that directly contributes to the burden of NCDs, both **CARPHA** and **HCC** have developed strategic plans for COP targeting, respectively, CARPHA Member States and CSOs. In addition, the 2014 CARICOM **Council for Health and Social Development** (COHSOD) agreed to make the reduction of alcohol-related harm a public health priority in the Caribbean and to commence the development of a regional, culturally-relevant comprehensive policy to reduce the harmful use of alcohol. In 2016, HCC, in collaboration with partners including PAHO, CARPHA, and the CARICOM Secretariat, launched the first **Caribbean Alcohol Reduction Day**.

Caribbean countries are complementing interventions aimed at individuals with strategic, population-based initiatives at policy and programmatic level. These interventions include, but are not limited to:

- Celebration of **Caribbean Wellness Day** (or Week) annually, in keeping with the POSD, highlighting NCD risk factor prevention. Several countries have broadened the remit from NCDs to promote immunization and other preventive strategies.
- Development and implementation of multisectoral strategic plans or plans of action for NCD prevention and control.
- Continued development and implementation of tobacco control measures, including legislation, taxation, and creation of smoke-free spaces, consistent with the FCTC, which all CARICOM Member States – except Haiti – have ratified; Jamaica raised tobacco prices through taxation, with resulting decrease in tobacco use.
- Formulation of national food-based dietary guidelines, usually developed with technical cooperation from the UN Food and Agriculture Organisation (FAO). FAO continues to be a valued partner in improving school nutrition policies and programmes.
- Establishment of multisectoral NNCCDCs with advisory and oversight functions, as recommended in the Port of Spain Declaration.
- Introduction of taxation on sugar-sweetened beverages (SSBs) as a step in preventing childhood obesity. Barbados, Dominica, and St. Vincent and the Grenadines have taken this action, which is being considered by other countries.
- Banning the provision and sale of SSBs in government and government-supported schools, as occurred in Trinidad and Tobago in 2017.

International action

Global

The landmark 2007 POSD led Caribbean leaders to advocate for consideration of NCDs at global level, and their efforts contributed to the first UN HLM on NCDs (HLM1) held in September 2011. At this historic meeting, the UN General Assembly (UNGA) adopted by consensus the resolution titled “**Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases**”. This resolution recognised the need for whole-of-government and whole-of-society efforts, and, among other strategies, the UNGA committed to “call on WHO, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds, and programmes, the international financial institutions, development banks, and other key international organisations to work together in a coordinated manner to support national efforts to prevent and control noncommunicable diseases and mitigate their impacts”.

Importantly for civil society, the Political Declaration also committed the UNGA to:

- “Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce noncommunicable disease risk factors, including through building community capacity in promoting healthy diets and lifestyles;
- Foster partnerships between Government and civil society, building on the contribution of health-related NGOs and patients’ organisations, to support, as appropriate, the provision of services for the prevention and control, treatment, care, including palliative care, of noncommunicable diseases; and
- Promote the capacity-building of noncommunicable disease-related NGOs at the national and regional levels, in order to realize their full potential as partners in the prevention and control of noncommunicable diseases.”

The 2011 Political Declaration provided the impetus for WHO to redouble its longstanding efforts targeting NCDs, with the formulation of many plans, frameworks, and guidelines for the benefit of its Member States. Chief among these are the:

- **WHO Global Action Plan (GAP) 2013-2020** with its **nine voluntary targets**, which will contribute to the overall target of a 25% relative reduction in premature mortality from NCDs by 2025 (WHO 25*25), and its Appendix 3, with recommendations

for cost-effective NCD interventions – the WHO “Best Buys”. Appendix 3 was updated in 2017 with **revised “Best Buys” and other recommended interventions for NCD prevention and control**, based on new evidence of cost-effectiveness or new WHO recommendations since the adoption of the GAP in 2013.

- **WHO Global Monitoring Framework.**
- **WHO Population-based Approaches to Childhood Obesity Prevention.**
- **Report of the WHO Commission on Ending Childhood Obesity.**

In 2014, the UNGA considered progress made in NCD prevention and control since the 2011 Political Declaration. The resulting **Outcome Document of the High-level Meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs** acknowledged that many countries, in particular developing countries, were struggling to move from commitment to action. The Outcome Document outlined several measures that countries should take within the national context and the international development agenda, and “with the engagement of all relevant sectors, including civil society and communities, as appropriate”. The measures included four time-bound commitments for 2015 and 2016, the former addressing setting national targets for 2025 and developing or strengthening national multisectoral policies or plans to achieve the targets, and the latter addressing reduction of NCD risk factors and

underlying social determinants, and strengthening and orienting health systems for NCD prevention and control.

The **Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority** was developed at the WHO Global Conference on NCDs in Montevideo, Uruguay, in October 2017. The Conference noted cross-linkages among the SDGs, especially between Target 3.4 and other SDGs, and promoted consideration of the social, environmental, and commercial determinants of the NCD burden. Among other issues, the Roadmap emphasised the need to reinforce the role of non-State actors, and committed to increase the opportunities for meaningful participation of – where and as appropriate – NGOs, private sector entities, philanthropic foundations, and academic institutions in building coalitions and alliances for NCD prevention and control.

Also in October 2017, the WHO Director General established the **WHO Independent High-level Commission on NCDs**, with a proposed life span of two years. Sir George Alleyne, internationally known and highly respected NCD advocate and influencer, Director Emeritus of PAHO, and HCC Patron, is a member of the Commission. The Commission held a **Technical Consultation in Geneva 21-22 March 2018** to determine innovative recommendations for the Commission to consider in areas related to NCD prevention and control, including governance; prevention and treatment; domestic and international financing; and accountability for results. Prior to the consultation, the Commission solicited input from stakeholders and collated the “bold ideas and recommendations” to inform discussions at the consultation. The **collated ideas and recommendations** addressed several areas of impact, comprising prevention; health systems; mental health; national capacity and governance; initiatives; domestic financing; international financing; accountability; policy coherence; civil society;⁴ and political choices/economy.

The **Report of the Technical Consultation**, released in early April 2018, highlighted 28 “bold and innovative recommendations” addressing societal approaches to promotion and prevention; health systems for NCDs; implementation science and research; innovation market place; multiple financing mechanisms; empowerment, partnerships, and advocacy; equity in all actions; and accountability. The final recommendations of the Commission will be aimed at influencing the highest level of government and public policy in order to enable world leaders to deliver on their commitments for tackling NCDs, and will feed into the HLM3.

WHO convened a **Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control** in Copenhagen 9-11 April 2018 to assess progress made on the issue since 2011, in preparation for the HLM3. The Dialogue involved approximately 300 invited participants, including representatives of WHO Member States; bilateral and multilateral development agencies; UN organisations, programmes, and funds; and relevant non-State actors (NGOs, academic institutions, philanthropic foundations, and private sector entities). The participants discussed existing and potential sources of finance and development cooperation to close the resource gap in the NCD response, including increased national investment in NCD prevention and control; various aspects of the NCD response such as digital health solutions and the health workforce; greater priority for NCD responses in provision of official development assistance; establishment of a global catalytic trust fund; new partnerships, including public-private partnerships; strengthened governance, especially to address the commercial determinants of health and establish clear conflict of interest policies and mechanisms for involvement of the private sector; and working with civil society.⁵

⁴ Civil society recommendations were: “Greater involvement of civil society and activists in all aspects of NCD work” and “To expand PAFN’s collaboration with civil societies, aiming to raise public awareness on NCDs and to apply pressure on decision makers to increase support and commitment on NCD prevention and control.”

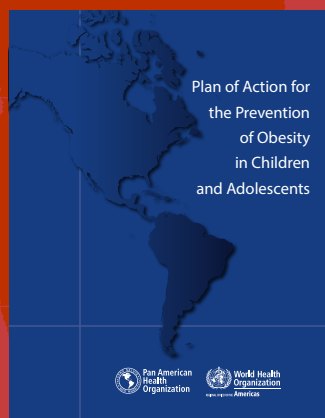
⁵ Sources: Twitter posts during the Dialogue by Menno van Hilten, Senior External Relations Officer, Office of the Assistant Director General for NCDs and Mental Health, WHO, and NCDA newsletter at <https://ncdalliance.org/news-events/news/financing-dialogue-hears-about-civil-society-advocacy-for-mobilising-resources>.

Region of the Americas

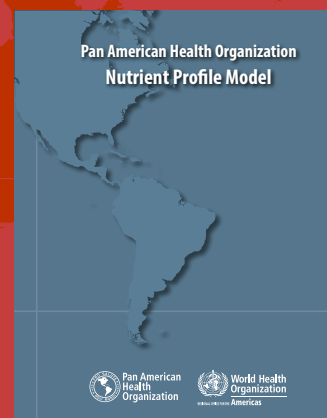
The Americas Region has taken the urgency of NCD prevention and control on board, and the Pan American Health Organisation, Regional Office for WHO for the Americas, has developed several strategic plans and frameworks adapted to the realities of the Region, among them the:



PAHO Regional Plan of Action for NCD Prevention and Control 2014-2019



PAHO Plan of Action for Prevention of Obesity in Children and Adolescents



PAHO Nutrient Profile Model

The Organisation of American States (OAS) also established the **InterAmerican Task Force on NCDs** in 2015, an outcome of the VII Summit of the Americas in 2015. There was a Joint High-level Session of the OAS Permanent Council and the Inter-American Council for Integral Development (CIDI)⁶ in Washington, D.C. on 19 March 2018 to discuss “Progress, partnerships and the way forward for the response to non-communicable diseases in the Americas”. During the session, the HCC President made a presentation on NCDs in the Caribbean and the role of civil society.

⁶Nation News report of the session at <http://www.nationnews.com/nationnews/news/145262/barbados-raises-political-mandate-action-ncds>.

Has NCD leadership and progress in the Caribbean diminished?

Despite the rich history, the numerous frameworks and guidelines, and the ongoing interventions for NCD prevention and control, there is a sense that the Caribbean leadership has waned, and a summary of NCD-related issues in the outcomes of meetings of the Conference of CARICOM Heads of Government tends to support this perception.

Meetings of the Conference of CARICOM Heads of Government

2011

32nd meeting welcomed the significant role being played by the Community in preparation for HLM1 on NCDs and committed to emphasise the four main NCDs, four main risk factors, and four strategic approaches.⁷ The HoGs also committed to ensuring representation of the Community at the highest level in HLM1; **of the 20 CARICOM Member States and Associate Members, 14 HoGs (70%) participated in HLM1.**

2013

34th meeting agreed to continue to prioritise action with regard to NCDs and congratulated Jamaica and Suriname for their recently passed national legislation for stricter tobacco control. The HoGs urged other Member States to accelerate efforts to address this issue.⁸

2014

35th meeting adopted the **Strategic Plan for the CARICOM 2015-2019**, which includes NCDs as a critical focus area under the Strategy "Advancing initiatives for health and wellness", with food and nutrition security including as a key issue under "Building economic resilience". The HoGs also issued the **CARICOM Declaration on the International Development Agenda Post-2015**, which recognised health – both communicable diseases and NCDs – among challenges to be addressed. However, the second UNHLM on NCDs (HLM2) took place that year; **of the 20 CARICOM Member States and Associate Members, no HoGs (0%) participated in HLM2.**

⁷ Communique at <http://bit.ly/2xUrZKr>.

⁸ Communique at <http://bit.ly/2fNlpuG>.



2016

37th meeting recognised the imminent 10th Anniversary of the POSD and the variable progress made in NCD prevention and control. The HoGs agreed on a more holistic approach and pledged to address issues such as the banning of smoking in public places; trade-related measures; banning advertisement of potentially harmful foods which specifically target children; and elevating taxes on foods high in sugar, salt, and trans-fats.⁹

⁹ Communique at <http://bit.ly/2wSEKWj>.

2017

38th meeting commemorated the POSD's 10th Anniversary; supported intersectoral approaches, strengthening of domestic food production, and promotion and consumption of nutritious and indigenous foods; and urged promotion of physical education in school-aged children, acceleration of the Public Education Programme on Healthy Lifestyles.¹⁰

There was no mention of the legislative, regulatory, and fiscal approaches identified at the 37th meeting of the Conference of HoGs, a point not lost on the HCC, which **issued a statement** expressing its disappointment in the outcome.

¹⁰ Communique at <http://bit.ly/2hvbDRQ>.

2018

39th meeting - ?

A major objective of this HCC Caribbean NCD Forum is to spark renewed enthusiasm, vigour, participation, and commitment among CARICOM leaders to tackle NCDs using innovative and creative means, for the health and development of their respective countries and the region as a whole.

NCD progress reports

Despite ongoing efforts in the Caribbean for NCD prevention and control, there is evidence of delays in the region's progress in achieving agreed indicators for NCD prevention and control, based on the UN Secretary General's December 2017 Report on Progress in the Prevention and Control of NCDs, the WHO Progress Monitor, and the monitoring of the POSD, as summarised below.

UN Secretary General's Report

As the December 2017 **UN Secretary General's Report on Progress in the Prevention and Control of NCDs shows**, the Caribbean region is not alone in its tardy progression towards NCD targets, but that fact provides scant comfort for the region. The Secretary General's report indicates that, globally:

- Action to realise the commitments made in 2011 and 2014 is inadequate, with the current level of progress being insufficient to meet Target 3.4 of the SDGs on NCDs.
- Political commitments have often not been translated into concrete action. Serious constraints, driven by economic and trade promotion interests, are impeding the implementation by many governments of some of the WHO "Best Buys" and other recommendations for NCD prevention and control. These include taxation of tobacco, alcohol, and SSBs, as well as policies to reduce the impact on children of the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt.
- Despite the modest financing requirements and the cost-effectiveness of interventions, funding for national programmes from domestic resources and international finance is still grossly insufficient in developing countries.
- While there are undeniable examples of progress, such progress is patchy and will not have a significant impact in terms of reaching SDG Target 3.4.

The findings summarised in the Secretary General's report apply to many Caribbean countries, which are still experiencing economic woes and dealing with myriad competing priorities. In its **2017 Caribbean Economic Review and 2018 Outlook**, the Caribbean Development Bank (CDB) notes that "the extreme vulnerability of the Caribbean Region was highlighted once again in 2017". Though the Bank's Borrowing Member Countries (BMCs) experienced overall economic growth of 0.6% in 2017, the Review states that the region continues to underperform in comparison to other country groups; since 2009, annual growth has averaged 0.8%, whereas other small developing states averaged 4.8%. The Bank predicts 2% growth for the region in 2018, due to a projected increase in global economic growth, but also notes that "risks are tilted on the downside" and identifies "improved human development" as one of the mitigating factors. Enhanced NCD prevention and control will contribute significantly to improved human development.

In addition, some countries were, or are, in "election mode", a time when many issues, including NCD prevention and control, tend to be relegated to the background.

The Secretary General's report establishes a set of intermediate targets for 2023 that address mortality from the four main NCDs, prevalence of the four main risk factors, and related issues. The report commits WHO to establish a platform to work with Member States and other partners in scaling up efforts to prioritize the implementation of interventions. Multisectoral action, including collaboration with civil society, will be an important facet of the scaling-up process.

WHO NCD Progress Monitor

In May 2015, WHO published a Technical Note on how it would report its Member States' progress regarding national commitments from the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs to the UNGA in 2017. The **WHO NCD Progress Monitor** tracks the extent to which WHO Member States are implementing their commitments to develop national responses to NCDs, providing data on a set of ten indicators that show the progress achieved in countries in the implementation of the four time-bound commitments for 2015 and 2016 included in the **2014 Outcome Document**. The **Technical Note** was updated in **September 2017** to reflect the update in Appendix 3 of the WHO GAP and be consistent with the revised set of WHO "Best Buys" and other recommended interventions for NCD prevention and control.

Review of the profiles of Caribbean countries included in the 2017 WHO Progress Monitor reveals that though 11 of 14 Caribbean countries assessed (79%) have national NCD targets, almost all have gaps in risk factor reduction interventions, including fiscal and trade measures; in guidelines for management of diabetes, CVD, cancer, and chronic respiratory diseases; and in drug treatment and counselling to prevent heart attacks and strokes, among other WHO "Best Buys".

A graphic representation of the 2017 Progress Monitor for Caribbean countries shows that of a total of 19 indicators and sub-indicators, Jamaica and Suriname have fully achieved the highest number – eight (42%); 50% of the countries have fully achieved only 4 (21%) of the indicators and sub-indicators.

Data for **selected** progress indicators from 14 CARICOM Member States¹¹ from the **WHO NCD Progress Monitor Reports 2015** and **2017** are summarised in **Table 1** (page 18).



¹¹ Antigua & Barbuda, ATG; The Bahamas, BHS; Barbados, BRB; Belize, BLZ; Dominica, DMA; Grenada, GRD; Guyana, GUY; Haiti, HTI; Jamaica, JAM; St. Kitts & Nevis, KNA; St. Lucia, LCA; St. Vincent & the Grenadines, VCT; Suriname, SUR; and Trinidad & Tobago, TTO.

Table 1:

Trends in selected WHO NCD Progress Monitor indicators in CARICOM countries,¹² 2015 and 2017

Indicators	1		3		4		5a		5b	
	2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
Countries										
ATG	DK	FA	NA	NA	NA	FA	NA	NA	NA	NA
BHS	NA	FA	PA	PA	NA	NA	NA	NA	NA	NA
BRB	-	FA	FA	PA	FA	FA	NA	NA	FA	FA
BLZ	FA	FA	PA	PA	PA	FA	NA	NA	NA	NA
DMA	NA	FA	PA	PA	NA	NA	NA	NA	NA	NA
GRD	NA	FA	PA	PA	NA	FA	NA	NA	NA	NA
GUY	NA	FA	NA	PA	FA	FA	NA	NA	PA	PA
HTI	NA	NA	NA	NA	NA	NA	-	NA	NA	NA
JAM	FA	FA	PA	PA	FA	FA	NA	NA	FA	FA
KNA	NA	NA	PA	PA	FA	FA	NA	NA	NA	NA
LCA	NA	NA	PA	FA	NA	NA	NA	PA	NA	NA
VCT	FA	FA	PA	FA	PA	NA	NA	NA	NA	NA
SUR	FA	FA	FA	PA	FA	FA	NA	PA	FA	FA
TTO	-	FA	-	PA	-	PA	NA	NA	FA	FA

FA = Fully achieved
 PA = Partially achieved
 NA = Not achieved
 DK = Don't know - = No data NR = No response

Selected progress indicators:

1. Time-bound national targets based on WHO guidance
3. STEPS survey or a comprehensive health examination survey every 5 years
4. Operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
- 5a. Increase in excise taxes and prices on tobacco products
- 5b. Elimination of exposure to second-hand tobacco smoke in all indoor workplaces, public places, and public transport
- 6c. Increase in excise taxes on alcoholic beverages
- 7c. WHO set of recommendations on marketing of foods and non-alcoholic beverages to children
8. National public awareness and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change
9. Evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
10. Provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level

¹² Montserrat and the five CARICOM Associate Members are not included in this assessment.

6c		7c		8		9		10	
2015	2017	2015	2017	2015	2017	2015	2017	2015	2017
NA	NA	NA	NA	FA	FA	NA	NA	NA	NA
FA	PA	NA	NA	FA	FA	NA	PA	DK	
PA	PA	NA	NA	FA	FA	PA	PA	NA	NA
NA	PA	NA	NA	NA	NA	NA	PA	NA	NA
PA	PA	FA	FA	FA	FA	PA	PA	DK	NA
PA	PA	NA	NA	FA	NA	PA	PA	NA	NA
PA	PA	NA	NA	FA	FA	NA	PA	NA	NA
-	NR	NA	NA	NA	NA	NA	FA	DK	NA
PA	PA	FA	NA	FA	FA	FA	FA	NA	NA
PA	PA	NA	NA	NA	NA	NA	FA	NA	NA
NA	PA	NA	DK	FA	FA	PA	PA	NA	PA
PA	PA	NA	NA	FA	FA	NA	NA	NA	NA
PA	FA	NA	NA	FA	FA	PA	PA	DK	NA
PA	PA	-	NA	-	FA	-	DK	-	FA

Port of Spain Declaration monitoring and evaluation

CARICOM, in collaboration with the UWI and PAHO/WHO, has been undertaking annual reviews of the implementation of the POSD and summarising Caribbean countries' self-reported progress in an **NCD grid** since 2008. As part of a formal evaluation of countries' compliance with these mandates initiated in 2014, the monitoring grid was validated, and, with input from countries, revised and expanded to include additional mandates from the **2016 Heads of Government NCD communique** and a section on monitoring alcohol harm reduction.

The **2016 Evaluation of the Port of Spain Declaration**, which began in 2014, was conducted by the UWI, in collaboration with CARPHA, HCC, and the University of Toronto, on behalf of CARICOM and PAHO/WHO. The evaluation resulted in several recommendations

for accelerating implementation of the Declaration, in the areas of supportive politics and governance; supportive environments; investing in NCD prevention and control; working with partners; and supportive health systems.

Table 2 presents a summary of **selected** progress indicators from POSD progress monitoring grids for **2010**, **2015** (Slide 9), and **2017** for CARICOM Member States (14 Member States as in Table 1, plus Montserrat, MSR), and Associate Members.¹³ Countries have made progress with observance of **Caribbean Wellness Day**, and with support from PAHO/WHO, have implemented the **Global School-based Student Health Survey** (GSHS), which provides much-needed data on NCD risk factors in children. However, there are delays in implementing mandatory (front-of-package)

¹³ Anguilla, AIA; Bermuda, BMU; British Virgin Islands, VGB; Cayman Islands, CYM; and Turks and Caicos Islands, TCA.

Table 2:

Trends in selected POSD Progress Indicators – 2010, 2015, and 2017

Indicators	1			2			3		
	2010	2015	2017	2010	2015	2017	2010	2015	2017
Countries									
AIA	-	-	-	-	+/-	+	-	-	-
ATG	+/-	+/-	+	-	+/-	+/-	-	-	-
BHS	-	+	-	-	+	+	-	+/-	-
BRB	+	+	+	+	+	+	+	-	-
BLZ	-	-	-	+/-	+/-	+	-	-	-
BMU	-	-	+	+	+	+	+	+	+
VGB	-	-	+	+	+	+	+	+	+/-
CYM	+	+	+	-	-	-	+	+	+
DMA	+/-	+/-	+	+/-	+/-	+	-	-	+
GRD	-	+	+	+	+	+	-	-	-
GUY	+/-	+	+	+	+	+/-	+/-	+/-	+/-
HTI	-	-	NI	-	-	NI	-	-	NI
JAM	-	+	+	+/-	+	+/-	+	+/-	+/-
MSR	NI	-	+	NI	-	-	NI	-	-
KNA	-	+	+	-	+/-	+/-	-	-	-
LCA	+	+	+/-	+	+	+	-	+/-	-
VCT	-	-	+	-	+/-	+/-	-	-	-
SUR	-	+	+	+/-	+/-	+/-	+/-	+	+
TRT	+	+	+	+	+	-	+	+	+
TCA	-	+	+	-	-	+	-	+/-	+

+ = Implemented

+/- = Partially implemented; in progress

- = Not implemented

NI = No information

Selected progress indicators:

1. NCD budget
2. Multisector National NCD Commission (or equivalent)
3. Tobacco advertising, promotion, and sponsorship bans
4. Mandatory labelling of packaged foods for nutrition content
5. Mandatory provision of physical activity spaces in new housing developments
6. Multisectoral, multifocal Caribbean Wellness Day celebrations
7. Global School-based Student Health Survey in last five years

4			5			6			7		
2010	2015	2017	2010	2015	2017	2010	2015	2017	2010	2015	2017
NI	-	-	NI	-	-	+	+	+	+	+	+
-	-	-	NI	NI	+	+	+	+	+	+	+
NI	-	+/-	NI	+	-	+	+	+	+	+	+
NI	+/-	-	+	+	+	+	+	+	+	+	+
-	-	-	+	+	NI	+	+	+	+	+	NI
+/-	+/-	-	NI	NI	-	+	+	+	-	-	-
NI	-	-	NI	NI	-	+	+	+	+	+	+/-
+/-	+/-	-	-	-	-	+	+	+	+/-	+	+
+/-	+/-	+/-	-	-	-	+	+	+	+	+	-
NI	-	-	NI	-	+	+	+	+	+	+	+
+/-	+/-	+/-	-	+/-	+/-	+	+	+	+	+	+
NI	-	NI	NI	-	NI	-	-	NI	-	-	NI
-	+/-	-	-	+/-	+/-	+	+	+	+	+	+
NI	-	-	NI	+/-	-	+	+/-	+/-	NI	+/-	NI
NI	-	-	NI	NI	-	+	+	+	+/-	+	-
-	-	-	-	-	-	+	+	+	+	+	+
-	-	+/-	-	-	-	+	+	+	+	+	-
+/-	+/-	-	-	-	-	+	+	+	+	+	+
-	-	+/-	-	-	-	+	+	+	+	+	+
-	-	-	-	-	+/-	+	+	+	-	-	NI

nutrition content labelling of packaged foods and in ensuring space for physical activity in new housing developments, both important factors in reducing the high prevalence of overweight and obesity in the region. Delays in banning the advertisement, promotion, and sponsorship of tobacco products are also noteworthy, given the ratification of the FCTC by all CARICOM countries, except Haiti.

In a few countries – Jamaica, Guyana, and Trinidad and Tobago – NNCDs that were established were not maintained up to the time of reporting for the 2017 POSD Grid, mainly for reasons associated with changes in political administration. However, in late

2017 both the [Guyana Presidential Commission](#) on NCDs and the [St. Vincent and the Grenadines National Health and Wellness Commission](#) were launched. The HCC maintains a [database of CARICOM NNCDs or equivalents](#).

The [2017 POSD grid](#) confirms the uneven progress made across the countries, with delays in implementation of taxation measures, establishment and functioning of Interministerial Task Forces, and placement of graphic warnings on cigarette packaging. An [HCC infographic](#) prepared for the 10th anniversary of the POSD summarises the NCD situation in the Caribbean at that time.

Challenges



Though many countries in the region have developed national plans and strategies for multisectoral action to address NCDs, the desired impact has not been realised due to inadequate implementation of the plans and strategies that have been produced to guide interventions. There is an “implementation deficit”, with limited dissemination, promotion, and monitoring of the frameworks, and insufficient resource allocation and mobilisation.

There are also challenges in meaningfully addressing the social determinants of health, including gender; advancing universal access to health and universal health coverage (UHC); and explicitly contributing to the reduction of health inequities.

Many of these challenges have their origin in, among other factors:

- Resource limitations – financial, human, and technical;
- Health systems that have not kept pace with changing epidemiological profiles and the need to strengthen focus on people and prevention; and
- Health information systems that often produce less-than-timely information and offer limited disaggregation of data by variables other than age and sex, such as geographical location, ethnicity, level of education, socioeconomic status, and disability status. These systems do not enable sufficient consideration of “the causes of the causes”, and have few links with data from non-health sectors.

Civil society, NCDs and HLM3 – selected issues

Civil society, **defined by the UN as the “third sector of society”** – government and business (private sector) being the other two sectors – comprises CSOs and NGOs, including health and non-health entities, faith-based groups, labour unions, professional groups, social movements, academia, and “grass roots” organisations, among others.

Caribbean

The roles and functions of health-related CSOs in the Caribbean have traditionally included service provision, patient and public education, and – to a much lesser extent – advocacy and the “watchdog” function, holding policymakers accountable for their commitments to improve health. In carrying out their advocacy and “watchdog” functions, CSOs are well-placed to highlight important issues, express controversial views, be the “voice of the voiceless” in helping vulnerable and disadvantaged persons to tell their stories, mobilise people and communities, build support across stakeholders, and promote transparency and accountability at all levels of society.

However, CSOs are increasingly also working “upstream”, to contribute to the development of national policies, legislation, and programmes. In keeping with the POSD, since its inception HCC has been working to build the capacity of CSOs in the region in order to enable their effective functioning in these

spheres, in partnership with other national, regional, and international CSOs, as well as development partners and governments. HCC has also collaborated with the private sector where appropriate, bearing in mind possible conflicts of interest. Continued efforts to strengthen CSOs and facilitate their advocacy for, and contribution to, multisectoral efforts to prevent and control NCDs demand the establishment of mechanisms for their long-term financing and sustainability.

The **UN Multicountry Sustainable Development Framework in the Caribbean** (MSDF) 2017-2021 includes Priority 3: A Cohesive, Safe, and Just Caribbean, with an outcome “Capacities of public policy and rule-of-law institutions and civil society organisations strengthened”. Based on the MSDF, CSO collaboration with the UN System in the Caribbean may provide opportunities for building the capacity of CSOs working in NCD prevention and control.

International

The **NCD Alliance** (NCDA) is a global coalition of CSOs working in NCD prevention and control. The NCDA hosted a session titled **Advocacy for resource mobilization for NCDs: The role of civil society for holding stakeholders accountable** at the April 2018 **WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control**. The session explored the roles of civil society in resource mobilisation for NCDs, which include advocacy on improving data, increasing resource allocation to NCDs within universal health coverage schemes, and accountability, as well as supporting and catalysing relevant government actions. Speakers at the session highlighted the importance of

establishing broad coalitions and engaging non-health sectors – including environment, urban planning, and transparency organisations – when advocating for fiscal and regulatory measures, and the need for on-going advocacy.

The NCDA developed four priorities for the modalities of the HLM3, in response to the **Zero Draft of the Modalities Resolution** from the co-facilitators of the intergovernmental consultations and negotiations in preparation for the meeting. The **NCDA's priorities for the UNHLM modalities** address the date of the HLM3, high-level participation, civil society engagement, and outcomes.

HLM3

HLM3 will be held on 27 September 2018 in New York, and the Caucus of CARICOM Ministers of Health is likely to be held at PAHO Headquarters in Washington, D.C. just before the Ministers' participation in the 56th Meeting of the PAHO Directing Council in Washington, D.C., 24-28 September 2018. The Caucus provides an opportunity for discussion of the CARICOM position to be taken at the HLM3 and relevant briefing of the Heads of Government.

In common with the NCDA, HCC member CSOs are likely to endorse:

- **Participation of Heads of State and Government throughout the UNHLM process and at the meeting**, since progress on NCDs requires attention and leadership at the highest political level to commit to and coordinate strategic action across all government sectors;
- **Facilitation of meaningful engagement of civil society, youth, and people living with, at risk of and affected by NCDs**, including through a UN Civil Society Task Force and an Interactive Hearing held no later than June 2018;¹⁴ and
- **An action-oriented Outcome Document with time-bound commitments**, including to boost NCD investment and accelerate implementation of cost-effective best practice interventions, free from commercial interests. The NCDA is calling for an **Outcome Document that addresses six priorities**:
 - Put people first
 - Boost NCD investment
 - Step up action on childhood obesity
 - Adopt smart fiscal policies that promote health
 - Save lives through equitable access to NCDs and UHC
 - Improve accountability for progress, results, and resources

HCC member CSOs should also consider:

- **Noting** the plethora of global and regional conferences, declarations, recommendations, roadmaps, strategic plans, and plans of action.
- **Calling for** a moratorium on the development of new frameworks and convening of global conferences (except those needed to monitor the implementation of existing frameworks and agreements), with diversion of those resources to contribute to meaningful allocation and mobilisation of domestic and international resources – financial and human – to implement and monitor the existing recommendations, especially the updated WHO “Best Buys” and other recommended interventions for NCD prevention and control, as appropriate to national situations.
- **Calling for** greater involvement of all UN agencies, funds, and programmes in addressing NCD prevention and control, and for greater inclusion of civil society in their technical cooperation/assistance programmes, thereby demonstrating that the UN Political Declaration on NCDs is for the entire UN system, and not just for WHO and PAHO, the specialised health agencies.
- **Emphasising** the significant role that civil society can play in advocating for, facilitating, and contributing to multisectoral, health-in-all-policies approaches in addressing the social, environmental, and commercial determinants of the NCD burden, dealing effectively with NCDs, and reducing health inequities.
- **Accelerating** their advocacy for national taxation of unhealthy foods and beverages, and for earmarking of a portion of the revenue raised to be used for NCD surveillance, prevention, and control.
- **Noting** the increasing use of tobacco industry tactics by other industries to undermine policy, legislation, and regulations aimed at addressing risk factors related to unhealthy diet and harmful use of alcohol, and calling for the development and implementation of global, regional, and national strategies to counteract such tactics, including building the capacity of CSOs to take relevant action.

¹⁴ A tentative date of 5 July 2018 has been suggested for the Interactive Hearing with WHO Member States, parliamentarians, local government representatives, UN agencies, NGOs in consultative status with the Economic and Social Council, philanthropic foundations, academia, medical associations, and the private sector. Source: Twitter post 13 April 2018 by Menno van Hilten, Senior External Relations Officer, Office of the Assistant Director General for NCDs and Mental Health, WHO.

The way forward

Despite the “slump” in the Caribbean’s response to NCDs and the continued resource limitations that the region faces, there is cause for optimism. Governments are taking note of, and analysing, mounting evidence on the impact on NCDs of legislation, regulations, and fiscal measures such as taxation of unhealthy products, and lessons to be learned. They have embraced childhood obesity prevention as a priority, and seem more open to multisectoral and whole-of-society approaches, including collaboration not only with traditional regional and international development partners, but also with national and international CSOs, and with the private sector on a case-by-case basis, taking conflict of interest into consideration. Encouraged by the 2030 Sustainable Development Agenda and emerging evidence on the links between NCD reduction and economic growth and development, there may be more scope for mutually beneficial partnerships and alliances that encourage and enable sustainability of interventions.

Sir Trevor Hassell, HCC President and member of the **WHO Civil Society Working Group for the HLM3**, noted at a March 2018 meeting on NCDs and legislation that, “CSOs exist for the sole purpose of working positively to reduce societal harm and increase societal benefits”. This NCD Forum is a prime example of civil society working in support of that premise.

An important outcome of the Caribbean NCD Forum is the development of a Caribbean Civil Society Statement on NCD Priorities, to be produced with input from participants. The Statement will focus on advocacy to Caribbean leaders in health – Heads of Government, Ministers, policy makers, and their technical advisors – to make their voices heard at the HLM3 on NCDs in September 2018. It will also call for civil society to be given an expanded role in the process to prevent and control NCDs, and begin to outline workable, equitable solutions to the economic, cultural, and social barriers that stand in the way of accelerated progress towards NCD prevention and control in the Caribbean, fulfilling the principle of the 2030 Sustainable Development Agenda of “**no-one left behind**”.

This Caribbean NCD Forum is a step towards having the Caribbean not only re-take its leadership role in NCD advocacy, but also in strengthening the development, implementation, and monitoring of creative, innovative interventions tailored to the resource-limited settings that characterise most of the countries, through collaboration among government, civil society, the private sector, and development partners.

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Design and layout: Mar Nieto



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