



**PRESENTATION TO HEALTHY CARIBBEAN COALITION**  
**REGIONAL MULTISECTORAL NCD FORUM**  
**Kingston, Jamaica, 23-25 April 2018**

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**Day 2 – 24 April 2018**

***“Leveraging Every Caribbean Woman Every Caribbean Child to Meet the SDGs”***

Madam Chair;

Excellencies;

Distinguished Ladies and Gentlemen:

Good morning.

I must thank Sir Trevor Hassell and the organisers of this Multi-Sectoral Forum on NCDs in the Caribbean for inviting me to make this presentation on behalf of the newly-birthed Spouses of CARICOM Leaders Action Network (SCLAN), in the absence of our Chair, Hon. Kay Simplis Barrow, spouse of the Prime Minister of Belize and that country’s Special Envoy for Women and Children. Mrs. Barrow sincerely regrets that she is unable to be here due to a prior commitment and has asked me to convey to you her best wishes for a productive Forum.

It is fitting that this Forum is being convened in the same month in which we observe World Health Day and the Seventieth Anniversary of the World Health Organisation (WHO) under the theme, *“Universal Health: Everyone, Everywhere.”*

At the beginning of this century, CARICOM Heads of Government convened a Summit on NCDs and issued the Nassau Declaration – *“The Health of the Nation is the Wealth of the Nation.”* Over a decade ago, they met again on this issue and issued the Declaration of Port-of-Spain – *“Uniting to Stop the Epidemic of NCDs.”* They were conscious then, as now, of the importance of the health and well-being of their citizens to the growth and development of their respective countries.

The members of SCLAN are also concerned about the health and well-being of every Caribbean citizen.

SCLAN is not unmindful of the fact that our governments have a vested interest in the care and wellbeing of their citizens, especially the most vulnerable sectors of the population. We recognise that our governments are confronted by numerous challenges. The countries which make up the Caribbean Community are small and low-lying coastal states with small populations, limited land space and limited resources. They are at the mercy of natural disasters and shocks to the global economy. Some of them have been reclassified by international financial institutions as “middle income”, which makes them ineligible for the technical and financial assistance which may be available to poor and highly-indebted poor countries. These make the task of providing health and other social services more onerous.

Data from the Ministry of Public Health in my own country, Guyana, indicate that 70 per cent of deaths occur because of non-communicable diseases (NCDs), with cardiovascular diseases accounting for 32 per cent; diabetes, 16 per cent; cancers, 9.6 per cent; chronic lung disease, 2.3 per cent; and injuries and violence, 7 per cent. Add to these ageing, unplanned urbanization and unhealthy lifestyles, and we have a lethal combination.

Based on deep concern over some of the social issues affecting our respective countries within the Caribbean Community (CARICOM), a group of wives of CARICOM Leaders met in Belize last year and launched SCLAN. We agreed to champion the *Every Caribbean Woman Every Caribbean Child Initiative*, which was a spin off from that of former UN Secretary-General, Ban Ki Moon. The CARICOM initiative focuses on reducing:

- adolescent pregnancy (with the Caribbean having the dubious distinction of having the second highest rate of teenage pregnancy, after sub-Saharan Africa). We have to be concerned that the rate of teen pregnancy has increased by 33 per cent vis-à-vis the global rate. The law which stipulates that a minor must receive parental consent before she can legally access contraceptives has to be revamped;
- mother-to-child transmission of HIV/AIDS. Here, too, we note the increase in infection among our young people, particularly women and girls and use any means available to protect them. This includes PrEP for those prone to risky behaviour – a viable component of any HIV prevention programme. And please, while we are addressing this issue, ensure that the generic drugs prescribed are certified by the WHO and are not sub-standard or falsified medicines;
- cervical cancer. Here, we also have to re-examine the requirement of parental consent before a minor can access the HPV vaccine; and
- domestic violence.

The *Initiative* received the support of the Clinton Foundation and the pilot project is to be rolled out in Jamaica. The objectives of the pilot are:

- ✓ promotion of the health and well-being of the region's adolescents;
- ✓ expanding prevention and improving early diagnosis and treatment of cervical cancer;
- ✓ elimination of mother to child transmission of HIV and congenital syphilis; and
- ✓ advocacy for the reduction of gender-based violence including the requisite legislative reform, the provision of psycho-social support to victims and the inclusion of men and boys in the solution.

This pilot will be the template for roll out to other States, with adjustments based on national priorities.

The Spouses also agreed that they would each continue to focus on issues of burning need in their respective communities. In this context, Mrs. Reema Carmona, former First Lady of Trinidad and Tobago, is scheduled to share with you tomorrow her own experience in contributing to the NCD response in that country. Our Chair, Hon Kim Simplis-Barrow, focusses on women and children in Belize in her capacity as her country's Special Envoy for Women and Children, including girls' education, persons with disabilities, and administration of the HPV vaccine to prevent cervical cancer. Hon. Maria Browne, MP, of Antigua and Barbuda works toward empowering women. Hon. Patricia Minniss of The Bahamas works with teenage girls and towards the reduction of teenage pregnancy. H.E. Martine Moise of Haiti focused on vaccination of babies and young children and here in Jamaica, Hon. Juliet Holness includes the pilot project in Jamaica among the issues she addresses.

On my own part, I collaborate with the Ministries of Education, Public Communications, Public Health, Social Cohesion and Social Protection, NGOs and interested organisations and individuals on programmes relating to the education and empowerment of women, girls and young people. Thus, teen mothers are encouraged and supported in their efforts to continue their education, whether it be completion of their secondary education or the pursuit of technical and vocational education. They are also invited to participate in workshops coordinated by my office on Child Care and Care for the Elderly, upon completion of which they receive a certificate recognised by Guyana's Board of Industrial Training.

They have also participated in Self-Reliance and Success in Business workshops for women, which teaches them how to establish and successfully manage a business. The certificate awarded at the end of this workshop is recognised by the Small Business Unit and microfinance organisations. In addition, we coordinate ICT workshops for adolescents and out-of-school youth which include modules on sexual and reproductive health, preparing for the world of work and robotics. We also collaborate with STEMGuyana which is actively preparing our young people for life in the Age of Technology.

On the face of it, the priorities of SCLAN fall outside of the scope of Non-Communicable Diseases, which is the focus of this Forum. However, I wish to posit that a holistic approach to citizens' health and well-being assists in the creation and maintenance of a healthy, educated and productive population and will contribute to the achievement by our countries of the

Sustainable Development Goals (SDGs), which include anticipated achievements in health, well-being and empowerment of all sectors of our population, as well as equity in gender relationships.

By reducing adolescent pregnancy and combining this with adolescent-friendly health centres where young people can receive information and services relating to sexual and reproductive health, as well as training on how to care for themselves and their babies, we can anticipate that fewer girls will experience repeat pregnancies.

Through the inclusion of Health and Family Life Education in our schools curricula from the earliest stages, our young people will be educated about their bodies and the consequences of risky sexual behaviour. More of our young girls can complete their secondary education; they can become employed and earn decent wages; they will be better able to care for their children, having been made aware of the importance of proper food and nutrition. They and their children will not become burdens to the state, nor will they be trapped in the cycle of poverty.

Similarly, having been informed about the importance of a healthy diet and life style, they will be more active and less likely to consume foods loaded with saturated fats and preservatives (lowering their risk of contracting the NCDs that are so prevalent in our Region), or to engage willingly in risky sexual behaviour which may lead to them contracting diseases such as cervical cancer, STIs and HIV. They may also be encouraged to pursue tertiary education.

Bear in mind that adolescents and young people comprise the largest percentage of people in the world today. How they live their lives will greatly impact the development of the countries in which they live.

SCLAN also focuses on the reduction of domestic violence which has become so prevalent in our society and which impacts the psychological and physical health of many persons.

There is nothing new or innovative in pointing out that development is driven by girls and women. Because when women advance, their families advance with them.

The data indicate that investment in the health, rights and wellbeing of girls and women leads to improvement in the lives of all society. This is because –

- Girls and women spend 90 per cent of their earned income on their families, in comparison to the estimated 30-40 per cent spent by males.
- Each additional year of secondary schooling equals a 15-25 per cent increase in a girl's potential income.
- With the provision of modern contraception, there would be a marked decrease (about 70 per cent) in unintended pregnancies and unsafe abortions, and a concomitant increase in their education, participation in the labour force and earning potential.

In addition, women and girls are generally the primary care givers in the home, caring for children and parents or other elderly relatives, so their impact spans generations.

Further, encouraging our women and girls to desist from the use of alcohol and/or tobacco can lead to the delivery of healthier babies and, of course, a healthier population.

Logically, therefore, focus on the key elements of *Every Caribbean Woman Every Caribbean Child* can facilitate the attainment of the 2030 Agenda such as: Goal 1- No poverty; Goal 2: Zero Hunger; Goal 3: Good Health and Wellbeing of People; Goal 5: Gender Equality; Goal 8: Decent Work and Economic Growth; Goal 10: Reduced Inequalities; Goal 12: Responsible Consumption and Production and Goal 16: Peace, Justice and Strong Institutions. I would venture to add that they can also contribute to the SDGs pertaining to the reduction of Poverty and Hunger.

The Spouses of CARICOM Leaders are visible. Citizens are usually interested in what they say and do. They usually collaborate with line Ministers, professionals and interested members of the private sector, NGOs and individuals at all levels to achieve the results they desire. They can also lend their voices and their energies to campaigns aimed at reducing NCDs in our respective communities.

The challenge is to recognise how the goals of SCLAN and the Every Caribbean Child Initiative dovetail with those relating to reducing NCDs and to harness these resources coherently to achieve our objectives.

Thank you for your patience and your time.

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