Presentation to the Healthy Caribbean Coalition (HCC) Caribbean NCD Forum – Supporting National Advocacy in Lead up to the 2018 HLM on NCDS

Kingston, Jamaica – 23 to 25 April 2018

Good morning Ladies and Gentlemen,

I would like to begin by expressing my gratitude to Sir Trevor Hassell and the Healthy Caribbean Coalition team for organizing this valuable event and for inviting me to contribute to the goal of this meeting. It comes at a timely juncture as the region prepares to participate in the 3rd High Level Meeting on NCDS, to be held 27 September 2018.

Introduction

As you may know, Jamaica has played key roles in the previous two high level meetings, having co-facilitated the negotiating processes in the lead-up to the UN High-level Meetings in 2011 and 2014. I must say, at the outset, that I am by no means an expert on the technical aspects of NCD prevention and control, but am happy to share my personal reflections, having served as co-facilitator of the 2014 HLM.

Outline of Presentation

Allow me to begin by briefly considering the first UN high level meeting on NCDS in 2011, before delving into the 2nd UN High-level meeting in 2014, highlighting its outcome and the expectations it created, before turning to preparations for the 3rd HLM.

Taking a big-picture view from 30,000 ft., it is important that the process reflects continuity between the various HLMs and that each successive meeting builds on the preceding HLM. This is so that the international community's efforts to combat NCDs embody a coherent overarching strategy that reflects measurable progression throughout the succeeding years. As such, any assessment of past HLMs must be based on whether the ensuing commitments made and actions taken have succeeded in identifying and addressing the gaps in each country's response to combating NCDs.

The Beginning – 2011 (HLM 1)

In September 2011, the UN took advantage of the presence of Heads of States and Governments in New York for the annual opening week of the UN General Assembly to discuss how best to address the prevention and control of NCDs. As the first high-level meeting on NCDs, it was imperative that the political engagement be at the highest level, to set the benchmark for the standard of commitment expected in subsequent follow-up and review processes.

The 2011 High level meeting was focused on developmental challenges, in particular the social and economic impact of NCDs on developing countries. This developmental theme was championed by developing countries as despite the global attention being placed on NCDs, many people still believed that they were lifestyle diseases of choice. The first HLM helped to dispel this myth by demonstrating that NCDs were inextricably linked to development and the built environment, which required a whole-of-government response.

It brought to the fore the fact that vulnerable and socially disadvantaged people get sicker and die sooner than people of higher socioeconomic status. This is because they are at greater risk of being exposed to harmful products and environmental factors, such as tobacco, unhealthy food and air pollution. Poor and vulnerable people also have limited access to health services. As those of us who live in developing countries are well-aware, healthcare costs for treating NCDs can quickly drain household resources, thereby perpetuating the vicious cycle of poverty.

The 2011 high-Level meeting was therefore a historic moment, as the UN General Assembly recognized that addressing NCDs could accelerate progress on the internationally agreed Millennium Development Goals.

This focus on the developmental impacts of NCDs was welcomed by CARICOM countries, as we were early advocates for addressing health as a developmental issue, which we proposed via the 2007 Port of Spain Declaration. This political declaration was specifically referenced in the UN resolution that mandated the convening of the first HLM.

The 2011 HLM concluded that NCDs was a challenge of epidemic proportions that presented a range of socio-economic and developmental problems. It underscored commitments to reducing NCD risk factors, while calling for the strengthening of national policies and health systems. It also highlighted the need for increased levels of international cooperation, with a focus on research and development, technical assistance and capacity building.

In recognition of the monumental challenges posed by NCDs, the first HLM highlighted the need for multi-stakeholder and multi-sectoral engagement

through partnership with civil society, while adopting a whole-of-government approach. The strong emphasis on the need for multisectoral approaches was reflected in the only time bound commitment that was agreed, ***which was to promote and strengthen multisectoral national policies and plans for the prevention and control of NCDs by 2013.***

The Stock-Taking Exercise – 2014 (HLM2)

Unlike the 2011 High Level meeting, the second HLM held in July 2014, which I co-facilitated, did not capture the highest levels of governmental participation.

In 2011, 15 Heads of State and 8 Heads of Government participated. This was in addition to representation from some countries at the Vice-Presidential, Deputy Prime Ministerial and Ministerial levels. By contrast, in 2014 no Heads of State or Government participated, with the highest level of representation being at Ministerial level.

This was undoubtedly due to the fact that the second HLM was held in July, as opposed to in September when world leaders make the annual trek to New York for the annual opening of the new session of the General Assembly. It was therefore significant that we succeeded last month in gaining agreement among ourselves that the 2018 High-Level Meeting will be held during the UN's High-Level Week in September. This will ensure that the highest level of political participation and advocacy is brought to bear on this important issue. The meeting will provide an opportunity for civil society organisations and NGO's, such as HCC, to engage in the process and to mobilise the Caribbean region to make a strong showing on the basis of a coherent and unified message.

We must not lose sight of the fact that it is our own Heads of State and Government who launched this entire process in 2011. It is essential, therefore, that we maintain our leadership role in the process. This can best be accomplished by adhering to the commitments we have made and by renewing our political will in this regard.

The second HLM was focused on assessing progress made in relation to the commitments that were made in 2011. It resulted in a call to enhance action in those areas that has seen least progress, which are the development of multi-stakeholder and national multi-sectoral responses to the prevention and control of NCDs.

Key successes included:

- the development by the WHO of 9 voluntary targets for achievement by 2025, accompanied by a set of 25 indicators;
- an updated WHO Global Action Plan for the Prevention and Control of NCDs 2013 – 2020 and its adoption of nine indicators;
- establishment of the UN Inter-Agency Task Force on the Prevention and Control of NCDs; and
- an increase in the number of countries with operational national NCD policies and implementation budgets, which moved from 32% in September 2011 to 50% in 2014.

Notwithstanding this progress, it was noted that national commitments had not been translated into action, particularly in the establishment of multi-sectoral policies and implementation of affordable interventions.

To this end, governments reaffirmed their commitment to addressing NCDs as a matter of priority through multi-sectoral action and introduced four time-bound commitments for advancing this goal:

- Firstly, by 2015, consider setting national targets and process indicators for 2025, taking into account the WHO's 9 voluntary global targets;

- Secondly, by 2015, consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025;

- Thirdly, by 2016, reduce the risk factors for NCDs through the implementation of interventions and policy options to create health-promoting environments; and

- Fourthly, by 2016, and as appropriate, strengthen and orient health systems to address the prevention and control of NCDs and under lying social determinants through people-centred primary health care and universal health coverage throughout the lifecycle.

Essentially, the unrealized 2011 commitments were subsumed within the 2014 commitments and supplemented with additional commitments.

Consideration was also given to the fact that the international community would soon embark on a discussion of the post 2015 sustainable development agenda. While the development aspect of NCDs was not the central point in 2014, it was an important consideration in the discussions.

Are we there yet? – 2018 (HLM 3)

The central question we are now asking ourselves in relation to our commitments and implementation targets is: “Are we there yet?” Unfortunately, we are still en route.

Will Member States in 2018 undertake yet another stocktaking exercise? Most definitely!

The WHO, in preparing its contribution to the 3rd HLM, developed 10 progress indicators based on the four time-bound national commitments I have mentioned. The objective is to assess how much progress UN Member States have made in meeting their commitments. The results of their work thus far show the following:

- Between 2015 and 2017 there was a 58% increase in the number of Member States that have set national targets to address NCDs, moving from 59 to 93 States;
- There has been a 48% increase in the number of Member States that have established operational multisectoral strategies to address NCDS, moving from 64 to 94 countries;
- There has also been an 80% increase in the number of countries that have developed guidelines for managing the four major NCDs, moving from 50 to 90 States.

Notwithstanding this progress, as of last year 138 countries had shown very poor or no progress towards implementing their time-bound commitments. This does not augur well for the stocktaking meeting that will be held in approximately five months.

Civil Society Hearing

My understanding is that the tentative date for the interactive hearing with civil society in advance of the HLM is the 5th July 2018. The intention is to ensure that countries benefit from the knowledge and expertise of those working at the grass roots community-based level, so as to keep us Member States focused on the production of a practical, realistic and implementable outcome document. The interactive hearing with civil society has been a feature of the past two HLMs and the research presented, and advocacy undertaken during this forum has proved to be of significant strategic value to Member States.

The theme selected for the 2018 meeting is similar to that of the 2014 HLM, viz. ***scaling up multistakeholder and multisectoral responses for the prevention and control of NCDs***. However, on this occasion the discussions will be squarely placed in that context of the adoption of the 2030 Agenda for Sustainable Development and its package of Sustainable Development Goals.

It will be important for developing countries to continue to shine the spotlight on addressing NCDs as a development issue**,** particularly given that the number of premature deaths continues to rise disproportionately in low-income and lower middle income countries, which account for 47% of (global) premature deaths from NCDs. This statistic is even more dire in the Caribbean context where NCDs are the predominant health problem and cause substantially more deaths and disability than infectious diseases. Not only are mortality rates high, but CARICOM countries have approximately twice the rate of premature deaths compared to richer countries.

Asa you can see, much work remains to be done, including in the following areas:

- **Strengthening health systems;**
- **Mobilizing financing -** for the prevention and control of NCDs,
- **Providing universal health coverage** - including through sharing evidence-based best practices, scientific knowledge and lessons learned;
- **Engaging governments, civil society and the private sector** - at global, regional and national levels; and
- **Promoting multisectoral** partnerships - for the prevention and control of NCDs and the promotion of healthy lifestyles.

Way Forward/New Approach

The 2011 Outcome document recognized that prevention must be the cornerstone of the global response to NCDs. While this is most certainly the first line of defence, governments and partners are compelled to exert maximum effort in addressing NCDs through bolstering health systems, securing predictable and adequate financing, leveraging partnerships, managing industry interference; and taking advantage of the legislative and regulatory tools at their disposal.

Naturally all policies need to be translated into effective implementation and in the lead-up to the HLM, I am pleased to see innovative regional initiatives, including the recent high-level meeting on the use of law to tackle NCDs. This forum also represents an example of the efforts that are

being made at the regional level to prepare Caribbean countries to effectively make their contribution on this process.

At a recent PAHO/FAO/Caribbean Court of Justice high level meeting on NCDs and the Law, in which I participated, one key point that emerged was that the revised Treaty of Chaguaramas already contains sufficient provisions to support the adoption of CARICOM Community law to regulate NCD risk factors.

There is a vital need to explore new ways of addressing the critical gap in financing national NCD responses. This is a priority discussion for our region and is expected to be a key source of contention between developed and developing countries.

Despite modest financing requirements and the cost-effectiveness of interventions, funding national programmes from domestic resources and international finance remain grossly insufficient in developing countries. This is highlighted by the fact that official development assistance (to middle income countries such as those in the Caribbean,) has remained close to zero since 2011.

From preliminary soundings thus far, developed countries are keen to highlight innovative financing mechanisms and domestic resource mobilization as solutions to the financing gap. They are unsympathetic to the stark reduction in ODA and the graduation from concessional financing windows that are affecting middle income countries, particularly those that are highly indebted, such as ours in the Caribbean.

Additionally, the proposed recommendations emanating from the UNSG's report to maximize the use of taxation on tobacco use, alcoholic beverages

as well as sugar-sweetened beverages is expected to meet strong opposition from countries with “big industry” lobbies, which are headquartered in their cities.

Another key issue, which I believe the region should support, is the call for universal health coverage (UHC). This is required to ensure financial risk protection and coverage for an essential package of NCD interventions, in order to address the entire cycle from prevention to treatment and care.

Other issues that are expected to arise include:

- An emphasis on the importance of effective public-private partnerships (PPP) in national NCD responses;
- Consideration of PPPs as a substitute for ODA
- Disregard for existing commitments
- Disregard for best buys and other recommended interventions endorsed at WHA 71

In closing, let me encourage Member States and all stakeholders to remain engaged in the preparatory process towards HLM3. In this regard, a key event is the 71st World Health Assembly to be held next month in Geneva, as decisions will be taken regarding NCDs. As far as the negotiations that will occur at the UN on the outcome document of the HLM, these are expected to begin in June/July 2018.

These negotiations are expected to be challenging and negotiators in New York will require the full support of their capitals and civil society partners, to ensure that priorities on investment in health, the development

dimension, research and development, strengthening health systems, achieving universal health coverage and innovative financing mechanisms, are included in the text.

As a final word, I would note that CARICOM delegations would benefit immensely from the presence of technical expertise to support our negotiators in New York, as was the case during the last two HLMs. This has yet to materialize but we remain hopeful.

Thank you for your attention.