



# 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

## REPORT

July 2018



WORLD **DIABETES** FOUNDATION







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## List of acronyms and abbreviations

<b>CARDI</b>	Caribbean Agricultural Research and Development Institute	<b>IDF</b>	International Diabetes Federation
<b>CARICOM</b>	Caribbean Community	<b>IDRC</b>	International Development Research Centre
<b>CARPHA</b>	Caribbean Public Health Agency	<b>JCTC</b>	Jamaica Coalition for Tobacco Control
<b>CCH</b>	Caribbean Cooperation in Health	<b>MoH</b>	Ministry of Health
<b>CCM</b>	Chronic Care Model	<b>MS</b>	Member States
<b>CDB</b>	Caribbean Development Bank	<b>NCD</b>	Noncommunicable disease
<b>CHW</b>	Community Health Worker	<b>NCD A</b>	NCD Alliance
<b>CLAS</b>	Healthy Latin America Coalition	<b>NFITF</b>	National Food Industry Task Force
<b>COP</b>	Childhood obesity prevention	<b>NGO</b>	Nongovernmental organisation
<b>COTED</b>	Council for Trade and Economic Development	<b>NHI</b>	National Health Insurance
<b>CROSQ</b>	Caribbean Regional Organisation for Standards and Quality	<b>NNCDC</b>	National NCD Commission
<b>CRS</b>	CARICOM Regional Standard	<b>OAS</b>	Organisation of American States
<b>CSO</b>	Civil society organisation	<b>OECS</b>	Organisation of Eastern Caribbean States
<b>CVD</b>	Cardiovascular disease	<b>OOP</b>	Out-of-pocket
<b>DATT</b>	Diabetes Association of Trinidad and Tobago	<b>PAHO</b>	Pan American Health Organisation
<b>FCTC</b>	Framework Convention on Tobacco Control	<b>PHC</b>	Primary health care
<b>FOP</b>	Front-of-package	<b>POSD</b>	Port of Spain Declaration
<b>GA-CDRC</b>	George Alleyne Chronic Disease Research Centre	<b>PPP</b>	Public-private partnerships
<b>GAP</b>	Global Action Plan (WHO)	<b>SCLAN</b>	Spouses of Caribbean Leaders Action Network
<b>GDP</b>	Gross Domestic Product	<b>SDG</b>	Sustainable Development Goal
<b>GHAJ</b>	Global Health Advocacy Incubator	<b>SIDS</b>	Small Island Developing States
<b>GSHS</b>	Global School-based Student Health Survey	<b>SSBs</b>	Sugar-sweetened beverages
<b>GoB</b>	Government of Belize	<b>TTNCDA</b>	Trinidad and Tobago NCD Alliance
<b>GoJ</b>	Government of Jamaica	<b>UAH</b>	Universal access to health
<b>HCC</b>	Healthy Caribbean Coalition	<b>UHC</b>	Universal health coverage
<b>HFJ</b>	Heart Foundation of Jamaica	<b>UNDP</b>	United Nations Development Programme
<b>HFLE</b>	Health and Family Life Education	<b>UNGA</b>	United Nations General Assembly
<b>HIV</b>	Human immunodeficiency virus	<b>UNHLM</b>	United Nations High-level Meeting
<b>HLM1</b>	First United Nations High-level Meeting on NCDs	<b>UTECH</b>	University of Technology
<b>HLM2</b>	Second United Nations High-level Meeting on NCDs	<b>UWI</b>	University of the West Indies
<b>HLM3</b>	Third United Nations High-level Meeting on NCDs	<b>UWI OC</b>	University of the West Indies Open Campus
		<b>USD</b>	United States Dollars
		<b>WDF</b>	World Diabetes Foundation
		<b>WHA</b>	World Health Assembly
		<b>WHO</b>	World Health Organisation



## Message from the Healthy Caribbean Coalition

The Healthy Caribbean Coalition (HCC) is honoured to have hosted the Caribbean NCD Forum, 23-25 April 2018, in Kingston, Jamaica, with sponsorship from the World Diabetes Foundation (WDF).

As an important regional event in the lead-up to the Third United Nations (UN) High-level Meeting on Noncommunicable Diseases (NCDs) (HLM3) in September 2018, the Caribbean NCD Forum benefitted from the diversity, knowledge, and experience of the participants. They included representatives of national and international civil society organisations, the private sector, government policy makers and technocrats, regional institutions – political, technical, and academic – the diplomatic corps, and high-level NCD advocates.

The wealth of information and experiences shared contributed significantly to the development of the HCC Advocacy Priorities for the HLM3 Outcome Document, for submission to the Heads of Government of the Caribbean Community (CARICOM) at their next regular meeting, scheduled for 4-6 July 2018. The development of the Advocacy Priorities is one of several advocacy strategies aimed at promoting HLM3 and persuading the Heads of Government of the importance of their active participation in that international meeting, so that the Caribbean can again demonstrate high-level leadership in NCD prevention and control.

Governments in the Caribbean and elsewhere, in partnership with civil society and the private sector, must accelerate efforts to reduce NCDs and their individual, social, and economic impact, putting those affected by these conditions at the centre of policies, plans, and programmes. A multisectoral, multipronged approach that focuses not only on individual lifestyles, but also on fiscal and other policies, legislation, and regulations to provide an enabling environment and address the social determinants of health, is essential.

The HCC presents this report for the information and use of Forum participants and other stakeholders in the fight against NCDs in the Caribbean and the wider environment and looks forward to continuing its partnerships to appropriately strengthen and arm civil society to address NCD prevention and control.





## Message from the World Diabetes Foundation

The World Diabetes Foundation, with its unwavering focus on the prevention and treatment of diabetes in the developing world, is pleased to have been the main sponsor of the Caribbean NCD Forum, held 23-25 April 2018 in Kingston, Jamaica, hosted by the Healthy Caribbean Coalition.

The WDF, established in 2002, works to empower governments, civil society, and other non-State actors to deliver on global commitments through national and local action. The First United Nations High-level Meeting in 2011 (HLM1) identified diabetes as one of four priority noncommunicable diseases for global attention. While maintaining diabetes as the centre of its mission, the WDF has recognised the usefulness of extending diabetes prevention and control strategies to reduce the burden of other NCDs. HLM3, scheduled for September 2018, therefore represents an important milestone for the WDF.

Our partnership with the HCC, an umbrella organisation of civil society actors working in NCD prevention and control, and our contribution to the convening of the Caribbean NCD Forum, reflect the WDF's ongoing commitment to the region and its countries and territories, which face a high and increasing burden of diabetes and other NCDs.

We anticipate that the outcomes of the Forum will bear fruit in the form of significant numbers of Caribbean Heads of Government participating in HLM3 and acceleration of effective NCD prevention and control interventions in the region, to fill the acknowledged "implementation gap".

We reaffirm our commitment to support the Caribbean region and look forward to continued partnership with the HCC, as well as strengthened capacity for fruitful collaboration at local, national, and regional levels, in the quest for a better quality of life for those affected by diabetes and other NCDs.

# Acknowledgements

The successful staging of the HCC Caribbean NCD Forum would not have been possible without the contribution of many partners and stakeholders in the prevention and control of NCDs in the Caribbean and globally.

The Board of Directors and Secretariat of the Healthy Caribbean Coalition acknowledge, with gratitude, the invaluable sponsorship of the WDF; the ongoing sponsorship of HCC activities provided by Sagikor Life Inc.; the support of the NCD Alliance (NCDA); the collaboration of the Ministry of Health, Jamaica, the Heart Foundation of Jamaica, and the Diabetes Association of Jamaica; and the contributions of the CARICOM Secretariat, Caribbean Public Health Agency (CARPHA), University of the West Indies Open Campus (UWI OC), University of Technology (UTECH), Jamaica, and the Pan American Health Organisation (PAHO), Regional Office for the Americas of the World Health Organisation (WHO).

Sincere appreciation is also expressed to HCC Member Organisations, which are essential to the success of the HCC in mobilising civil society and partners to contribute to the fight against NCDs, their risk factors, and their social, political, environmental, and commercial determinants in the Caribbean and beyond.





## Executive summary

The HCC Caribbean NCD Forum – Supporting national advocacy in the lead-up to the 2018 UN High-level Meeting on NCDs: Towards 25\*25 and the SDGs was hosted by the Healthy Caribbean Coalition, 23-25 April 2018, in Kingston, Jamaica. The Forum was sponsored by the WDF and the HCC's ongoing sponsor, Sagicor Life Inc., and was convened in collaboration with regional partners, including PAHO/WHO and CARPHA. It also benefitted from the contributions of the University of the West Indies Open Campus; the University of Technology, Jamaica; the Ministry of Health, Jamaica; the Heart Foundation of Jamaica; and the Diabetes Association of Jamaica.

The Forum, organised in preparation for the Caribbean region's participation in the Third United Nations High-level Meeting on Noncommunicable Diseases scheduled for September 2018, was modeled after the WDF-sponsored Pacific NCD Summit – Translating global and regional commitments into local action, which took place in Nuku'alofa, Tonga, 20-22 June 2016.

The almost 100 participants, an eclectic gathering of national, regional, and international CSO representatives; high-level policymakers and NCD advocates; technocrats; diplomats; chairpersons of National NCD Commissions (NNCDCs) or their equivalent bodies; representatives from the main regional political integration body, CARICOM, and one of its regional institutions, CARPHA; representatives of regional and international development agencies and institutions, including the Caribbean Development Bank (CDB), PAHO/WHO, and the United Nations (UN) System in Jamaica (including UNAIDS); academic institutions, including UWI and UTECH; and persons living with NCDs, used a variety of methods to address the objectives and achieve the expected outcomes of the NCD Forum.

Fourteen of 15 CARICOM Member States (MS) and three of five CARICOM Associate Members were represented, as were 11 diabetes associations or foundations; three heart foundations; two regional CSOs; one national NCD alliance; nine NNCDs or equivalent bodies; and seven ministries of health. One regional and two national academic/research institutions participated, along with three private sector representatives, two members of the diplomatic corps, four international CSOs, and two international development organisations.

The methodologies used during the Forum included presentations that addressed both technical issues and stakeholder perspectives; panel discussions; and moderated question/answer and discussion sessions. The HCC took advantage of the presence of several chairpersons of NNCDs or equivalent bodies and HCC board members to have closed meetings of the NNCD Chairpersons and of the HCC Board of Directors.

The host Minister of Health, the Honourable Dr. Christopher Tufton of Jamaica, highlighted some of the country's NCD-related interventions, including the physical activity-promoting "Jamaica Moves" programme, in which several sectors participate. He suggested that this programme could provide a model for a "Caribbean Moves" initiative to contribute to the region's fight against NCDs.

The Forum provided a wealth of technical information on NCDs in the Caribbean, especially diabetes, and showcased interventions by CSOs and governments in NCD prevention and control. These included national anti-obesity campaigns; best practices in tobacco control advocacy and Framework Convention on Tobacco Control (FCTC) legislation implementation; cervical cancer prevention and control multicountry initiatives; examples of multisectoral collaboration; and selected regional and international diabetes management efforts, including, with WDF support, projects in Belize, Dominican Republic, Grenada, Guyana, Haiti, St. Lucia, Suriname, and Tanzania.

The economic aspects of NCDs were highlighted, and the implementation of social insurance programmes that used pooled funds was put forward as the most appropriate method of health financing for Caribbean countries in their quest to reduce inequities and progress towards universal access to health (UAH) and universal health coverage (UHC).

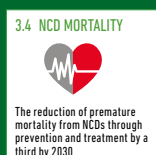
Presenters and discussants noted the importance of food and nutrition security in countering unhealthy diets that are often promoted through remote acculturation, notably through the influence of cable television. Emphasis was placed on the associated need to study and improve media literacy; national and regional food systems, taking gender issues into account; household and childhood nutrition; identification and promotion



# 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 HCC Advocacy Priorities for the HLM3 Outcome Document.
- 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.

of healthy indigenous foods; and the availability and accessibility of healthy foods.

The presentations and discussions also identified challenges related to limitations in financial, human, and infrastructural resources that have contributed to the documented implementation deficit in the Caribbean since the landmark 2007 Port of Spain Declaration (POSD) on NCD prevention and control by CARICOM Heads of Government, HLM1 in 2011 and the Second UN High-level Meeting on NCDs (HLM2) in 2014. Lessons learned were highlighted, including the need to involve the persons being targeted by the interventions – among them children, youth, and people living with, or caring for, those with NCDs – in the development and implementation of the actions, and to identify sustainability mechanisms, such as the integration of NCD prevention and control into other programmes, including maternal and child health, and HIV prevention.

The Forum highlighted the value of Caribbean input into the development of the Zero Draft of the Outcome Document of HLM3 and subsequent negotiations by the UN Member States' Permanent Missions in New York. The importance of the preparation processes for, and negotiations at, HLM3 were brought into sharp focus by the NCDA and participating diplomats, who noted that early inclusion of the Caribbean's desired elements in the Zero Draft of the Outcome Document is critical. Advocacy and provision of information to those developing the Zero Draft should be the focus of Caribbean stakeholders, in addition to lobbying for the inclusion of various elements during the negotiation process.

It was also suggested that there be advocacy for CARICOM leaders to assume prominent roles at HLM3, as moderators of, or panelists on, Roundtables, and as hosts of side events, in order to promote agreed-on positions and showcase the region, its efforts, and its future needs. This was especially so given that the region comprises mainly Small Island Developing States (SIDS), with associated vulnerabilities and constraints.

Possibilities for NCD-related resource mobilisation came to light, including collaboration and cooperation among the CSOs themselves; with CARICOM regional institutions, such as CARPHA; with the UN system in the Caribbean through the UN Multicountry Sustainable Development Framework (MSDF) and/or PAHO/WHO's technical cooperation programmes; with academic

institutions; through submission of proposals to regional financing institutions such as the CDB; and in collaboration with private sector entities, ensuring consideration of conflict of interest issues.

The First Lady of Guyana and the Former First Lady of Trinidad and Tobago recounted their experiences with NCD-related advocacy, including in the context of the Spouses of Caribbean Leaders Action Network (SCLAN), and encouraged participants to lend their presence and leadership to NCD advocacy in their respective countries. An innovative suggestion for NCD advocacy from Sir George Alleyne, PAHO Director Emeritus, HCC Patron, and internationally-known NCD advocate, was the initiation of a "WeToo" movement coming out of the Forum, reflecting the four billion people globally affected by NCDs, comprising persons with the disorders and their families, friends, and social support.

It was agreed that the launch of the recent HCC ePetition/Call to Action requesting CARICOM Heads of Governments to take action to prevent childhood obesity would complement the national and regional advocacy strategies recommended at the Forum. The Call to Action – available at [www.toomuchjunk.org](http://www.toomuchjunk.org) – requests implementation of a number of globally recommended policies, including the imposition of a tax of not less than 20% on sugar-sweetened beverages (SSBs); a ban on the sale, promotion, and marketing of SSBs and unhealthy foods and beverages in and around schools; mandatory physical activity in schools; adoption and application of regional standards for nutritional and front-of-package (FOP) labelling of foods and beverages; banning the marketing of unhealthy foods and beverages to children; and enacting legislation related to the International Code of Marketing of Breastmilk Substitutes.

The HCC's Call to Action aligned well with the childhood obesity prevention priority within the NCDA's global campaign "**ENOUGH. Our Health. Our Right. Right Now.**", which promotes the NCDA's six priorities for HLM3. First Lady Sandra Granger of Guyana used the occasion of the Forum to show her support and sign the HCC ePetition/Call To Action, while the HCC secretariat and member organisations embraced the NCDA "ENOUGH" branding and adopted the slogan for their HLM3 advocacy strategies.

The draft elements of the HCC Advocacy Priorities for the HLM3 Outcome Document, building on the six already-

developed NCD campaign priorities, were presented to participants during the Forum, and comments and recommendations for finalising the HCC Priorities were noted. The HCC secretariat was entrusted with developing the final Advocacy Priorities, to be submitted to the UN Interactive Hearing scheduled for 5 July 2018 as part of the lead-up to HLM3, and to the 39th Meeting of the Conference of Heads of Government of CARICOM, scheduled for 4-6 July 2018.

During the Forum, the Heart Foundation of Jamaica (HFJ) was served with a lawsuit by a food and beverage company in Jamaica over an advertisement in the

Foundation's mass media campaign "Are You Drinking Yourself Sick", which aims to reduce consumption of sugar-sweetened beverages (SSBs) and advocate for SSB taxation. There was overwhelming support from Forum participants for the HFJ and its campaign, and the HCC secretariat drafted and released a statement to that effect on behalf of the Forum. The statement, in the form of an **Open Letter to the Prime Minister of Jamaica**, appeared on social media and garnered considerable support from international CSOs represented at the Forum, and others.

The Forum arrived at nine consensus HCC Advocacy Priorities for inclusion in the HLM3 Outcome Document, **six NCD priorities**, with minor adaptations for the Caribbean context and **three priorities specific to the Caribbean**.

1



### Put People First

Those most affected by NCDs need to be at the centre of decision making around NCD policy and programming.

2



### Boost Financing for NCD prevention and control

NCDs are consuming national health budgets at astounding rates which cannot be sustained by our fragile economies.

3



### Step up action on childhood obesity

Childhood obesity is an urgent regional and global issue which threatens to undermine the health of entire generations and there are clear global, regional and national recommendations for action.

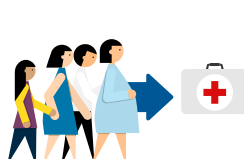
4



### Adopt Smart Fiscal Policies that Promote Health

i.e. taxation on unhealthy commodities namely tobacco, alcohol and SSBs, which are WHO recommended Best Buys.

5



### Save lives through equitable access to NCD treatment and UHC

Access to high quality health care is a basic human right.

6



### Improve accountability for progress, results and resources

Including investment in national health surveillance systems such as national NCD registries.

7



### Strengthen post disaster health response systems to provide NCD treatment and care in disaster settings

(i.e. hurricanes and flash floods) recognizing the unique vulnerabilities of SIDS in the context of climate change.

8



### Eradicate Cervical Cancer

Through the provision of the HPV vaccine throughout the region.

9



### Make the Caribbean a Smoke Free Zone

Through full compliance with Articles of the FCTC to which most of the countries are signatories.

The penultimate session of the Forum was perhaps its most powerful. Introduced as a demonstration of “putting people first” by Sir Trevor Hassell, HCC President and member of the WHO Civil Society Working Group on HLM3, four persons living with NCDs shared their personal stories and recounted significant lessons learned. The latter included:

- The paramount importance of education on the nature and management of NCDs, not only for the person him/herself, but also for the family and all levels of health care providers;
- The need for health system strengthening and availability, accessibility, and affordability of quality care, including essential medications and technology, which is the goal of UAH and UHC; and
- The importance of a holistic, client-centred approach to the care of persons living with NCDs.

In his closing reflections, Sir George Alleyne, Director Emeritus of PAHO and HCC Patron, noted that despite the slow progress in the Caribbean in advancing toward NCD prevention and control targets since HLM1, there has been increased awareness of, and concern about, these diseases. He exhorted participants to “see the glass as half-full, rather than half-empty” and advised that advocacy targeting the participation of CARICOM Heads of Government in HLM3 should address “their heads, hearts, and pockets”. Advocacy strategies should therefore involve provision of information on the NCD situation, risk factors, and social determinants in the Caribbean, as well as on the individual, social, and economic costs of these disorders.

Evaluation of the Forum showed that, from the perspectives of both the organisers and the participants, the objectives were achieved. Participants felt more informed, engaged, and motivated around HLM3, and

appreciated the diversity of stakeholder representation, the sharing of information and experiences, and the opportunities for networking.

The general feeling was that the HCC Caribbean NCD Forum was well worth the efforts made, time taken, and resources spent to convene the event. The WDF deemed the Forum “impressive”, noting that it provided an opportunity to reaffirm the Foundation’s commitment to supporting the Caribbean region, meet important regional stakeholders, and showcase its work in the region and other parts of the world. The HCC was congratulated for organising and hosting the Forum and was upheld as an inspiration to others.

Key success factors for the NCD Forum included the capturing of delegate voices through the interactive Forum Portal during the preparatory phase; the rich Forum materials, including the Technical Document and NCDA materials; the discussion and agreement on the HCC Advocacy Priorities for the HLM3 Outcome Document; and the boost to the HCC’s HLM3 advocacy campaign through engagement of key partners in the HCC HLM3 Action Team, which would spearhead continued actions to get CARICOM Heads of Government to participate in HLM3.

It was agreed that follow-up had to take place at both regional and national levels to target the CARICOM Heads of Government, their technical advisors, and the respective capitals of the foreign missions that would be involved in the negotiations of the HLM3 Outcome Document. The level of success of the advocacy strategies to be implemented by all stakeholders would be judged by the number of Heads of Government participating in HLM3 on 27 September 2018 and by the relevance, quality, and persuasiveness of their interventions.

# Introduction

Recognising the opportunity presented by HLM3 for revitalising Caribbean leadership and progress in NCDs; aware of the WDF's commitment to work with developing countries; and having noted the Foundation's sponsorship of the well-received **Pacific NCD Summit** held in Nuku'alofa, Tonga, 20-22 June 2016<sup>1</sup>, the HCC secretariat approached the WDF and succeeded in mobilising resources to convene the **HCC Caribbean NCD Forum – Supporting national advocacy in the lead-up to the 2018 UN High-level Meeting on NCDs: Towards 25\*25 and the SDGs**, 23-25 April 2018, Kingston, Jamaica.

The HCC was also successful in bringing on board key regional partners, including PAHO/WHO and CARPHA. Other contributors included Sagicor Life Inc., which provides core funding for the HCC; the NCD Alliance, which supported the attendance of the Chairpersons of National NCD Commissions (NNCDCs) or their equivalents in the Caribbean, and provided Forum materials; the CARICOM Secretariat; the University of the West Indies Open Campus; the University of Technology, Jamaica, which provided livestreaming and recording of the entire event; the Ministry of Health, Jamaica; the Heart Foundation of Jamaica; and the Diabetes Association of Jamaica.

Invitations were extended to a wide group of stakeholders and almost 100 persons participated, representing national governments – health and non-health sectors; civil society; private sector; regional organisations, agencies, and institutions, including academia; diplomatic corps; regional and international civil society organisations; and development partners. There was participation of both the policymaking and technical levels, as well as of high-level NCD advocates and persons living with NCDs.

This report outlines the process and outcomes of the HCC Caribbean NCD Forum. It presents summaries of remarks and presentations made, and of panel and plenary discussions, for the morning and afternoon sessions of each day. The report also highlights key messages from the Forum, memorable quotes from the participants, and the HCC Advocacy Priorities for the HLM3 Outcome Document, the last-mentioned being a key outcome of the meeting.

**The Forum materials, including copies of the presentations, remarks, photographs, and technical documents can be found on the Forum Portal<sup>2</sup> on the HCC website.**

<sup>1</sup> <http://www.spc.int/blog/pacific-non-communicable-diseases-summit/>

<sup>2</sup> <https://www.healthycaribbean.org/caribbean-ncd-forum-jamaica-2018/>

# Background

On 27 September 2018, HLM3 will be held to assess and follow-up on commitments made in the [Political Declaration of the First UNHLM on NCDs](#) in 2011<sup>3</sup> and in the [Outcome Document of the Second UNHLM on NCDs](#) in 2014<sup>4</sup>. Numerous recommendations have been made and frameworks for action developed for NCD prevention and control at regional and global levels before and since HLM1. Appendix 3 of the WHO [Global Action Plan \(GAP\) 2013-2020](#)<sup>5</sup> recommends implementation of several cost-effective interventions – Best Buys – to reduce the four main NCDs – cardiovascular diseases (CVD), diabetes, cancer, and chronic respiratory diseases – and the four main risk factors – tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. The [Best Buys were updated in 2017](#)<sup>6</sup> based on emerging scientific evidence and new recommendations.

Progress in NCD prevention and control in the Caribbean has been disappointing, as evidenced in monitoring the CARICOM Heads of Government [2007 Port of Spain Declaration](#) “Uniting to Stop the Epidemic of Chronic NCDs”,<sup>7</sup> through successive [POSD grids](#)<sup>8</sup> and a [2016 POSD evaluation](#)<sup>9</sup>. It is also unsatisfactory at global level, based on the [WHO Progress Monitor](#)<sup>10</sup> and the December 2017 [Report of the UN Secretary General on Progress in the Prevention and Control of NCDs](#)<sup>11</sup>. The latter report noted that current efforts are not enough to achieve the health goals and targets in the WHO GAP or those in the [2030 Sustainable Development Agenda](#)

[and its Sustainable Development Goals](#), specifically SDG 3 and Target 3.4.<sup>12</sup>

CSOs are essential contributors to progress in sustainable national development, as articulated in [SDG Target 17.17](#)<sup>13</sup> and numerous other documents, including the POSD. CSOs’ functions, among others, of advocacy, collaboration, and accountability – the last-mentioned including the “*watchdog*” function – are important in bringing issues to light and acting as a “*voice of the voiceless*”. CSOs also contribute to, and monitor, governments’ development and implementation of policies, legislation, and regulations, in fulfillment of international agreements and commitments.

Concerned by the waning of both Caribbean leadership and progress in NCD prevention and control after the fierce advocacy by Heads of Government and Ministers of Health that contributed significantly to the convening of HLM1 in 2011, and conscious of the opportunity presented by HLM3, the HCC approached the WDF in 2017 with a proposal to convene regional stakeholders around HLM3. The proposal was successful and planning began in earnest for the “*HCC Caribbean NCD Forum – Supporting National Advocacy in the Lead-up to the 2018 UN High-level Meeting on NCDs: Towards 25\*25 and the SDGs*”.

<sup>3</sup> [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/66/L.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1)

<sup>4</sup> <http://www.who.int/nmh/events/2014/a-res-68-300.pdf>

<sup>5</sup> <https://bit.ly/2qNeC9u>

<sup>6</sup> [http://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf](http://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf)

<sup>7</sup> <https://caricom.org/media-center/communications/statements-from-caricom-meetings/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds>

<sup>8</sup> <http://onecaribbeanhealth.org/wp-content/uploads/2018/03/POS-Declaration-country-grid-2017.pdf>

<sup>9</sup> <http://onecaribbeanhealth.org/wp-content/uploads/2016/10/ACCELERATING-ACTION-ON-NCDS-POSDEVAL-Report-1.pdf>

<sup>10</sup> <http://www.who.int/nmh/publications/ncd-progress-monitor-2017/en/>

<sup>11</sup> <https://bit.ly/2F9DUsc>

<sup>12</sup> [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)

<sup>13</sup> <http://indicators.report/targets/17-17/>

# Preparation and methodology

## Preparation

A document with the [concept note and programme](https://www.healthycaribbean.org/wp-content/uploads/2018/04/HCC-WDF-Caribbean-NCD-Forum-Concept-Note-and-Programme.pdf)<sup>14</sup> for the Forum was drafted, discussed, and finalised in consultation with WDF, and dates of 23-25 April 2018, venue Kingston, Jamaica, were confirmed. An interactive [Forum Portal](https://www.healthycaribbean.org/caribbean-ncd-forum-jamaica-2018/)<sup>15</sup> was launched in early April 2018 to facilitate online registration; dialogue with Forum participants, with resulting “delegate voices” on reasons for their commitment to NCD prevention and control; and posting of Forum materials. The last-mentioned included documents prepared by the NCD Alliance in the lead-up to HLM3; reports related to the WHO Independent High-Level Commission on NCDs; and

a [Technical Document](https://www.healthycaribbean.org/wp-content/uploads/2018/04/HCC-Caribbean-NCD-Forum-Technical-Document.pdf)<sup>16</sup> that HCC prepared specifically for the NCD Forum, which was very well received by development partners and delegates.

The Technical Document summarised the purpose of the Forum, condensed the history and progress of NCDs in the Caribbean – including through the regional health agenda, the Caribbean Cooperation in Health (CCH), now in its fourth iteration, [CCH IV 2016-2025](http://carpha.org/downloads/CCH-IV-Version7.pdf)<sup>17</sup> – and offered suggestions for consideration by Forum participants on the way forward.

## Methodology

- The programme for the Caribbean NCD Forum included:
- Remarks from high-level speakers, including the Minister of Health of Jamaica; the First Lady of Guyana; the Minister of Public Health of Guyana (via video); the Former First Lady of Trinidad and Tobago; Sir Trevor Hassell, HCC President and member of the [WHO Civil Society Working Group on HLM3](http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/);<sup>18</sup> and Sir George Alleyne, HCC Patron and member of the [WHO Independent High-Level Commission on NCDs](http://www.who.int/ncds/governance/high-level-commission/en/).<sup>19</sup>
- Presentations from national, regional, and international participants that provided technical information on NCDs, and their risk factors and determinants. The presentations focused on three key areas identified by CARICOM Heads of Government and supported by the HCC: childhood obesity prevention, tobacco control, and multisectoral action.
- Panel presentations and discussions that offered:
  - National, regional (Caribbean and Americas region), and global perspectives on HLM3, its processes, and its precursors;
  - Personal, professional, and organisational viewpoints;
  - Summaries of governmental, private sector, and CSO successes; and
  - International, regional, and national experiences and lessons learned in NCD prevention and control, as well as challenges, and recommendations to address them.
  - Dedication of a half-day to showcasing the work of national and international diabetes organisations.
  - Moderated questions/answers and discussion sessions.

<sup>14</sup> <https://www.healthycaribbean.org/wp-content/uploads/2018/04/HCC-WDF-Caribbean-NCD-Forum-Concept-Note-and-Programme.pdf>

<sup>15</sup> <https://www.healthycaribbean.org/caribbean-ncd-forum-jamaica-2018/>

<sup>16</sup> <https://www.healthycaribbean.org/wp-content/uploads/2018/04/HCC-Caribbean-NCD-Forum-Technical-Document.pdf>

<sup>17</sup> <http://carpha.org/downloads/CCH-IV-Version7.pdf>

<sup>18</sup> <http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/>

<sup>19</sup> <http://www.who.int/ncds/governance/high-level-commission/en/>

The methodology also included online surveys of participants regarding:

- Issues for inclusion in the HCC Advocacy Priorities for the HLM3 Outcome Document, comprising the six campaign priorities for HLM3 proposed by the NCDA<sup>20</sup> and four others proposed by HCC,<sup>21</sup> with space for participant suggestions, and
- Evaluation of the Forum.

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<sup>20</sup> 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 NCD Treatment and UHC; and Improve Accountability for Progress, Results, and Resources.

<sup>21</sup> Make the Caribbean a Smoke-free Zone; Strengthen the Post-disaster Health Response to Provide NCD Treatment and Care; Strengthen National NCD Commissions; and Eradicate Cervical Cancer through HPV Vaccine.



# Meeting objectives and expected outcomes

## 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 <a href="#">World Health Organisation (WHO) 25 *25 Target</a> and the <a href="#">Sustainable Development Goals</a> (SDGs), especially <a href="#">SDG 3</a>
	<div>   </div> <p>“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”.</p>

## Expected outcomes

1	Greater awareness of Caribbean civil society and other stakeholders in the following areas:
	<p>Regional progress to date in NCD prevention and control.</p> <p>UNHLM 2018 and opportunities for advancing the regional NCD agenda.</p> <p>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.</p>
2	HCC Advocacy Priorities for the HLM3 Outcome Document.
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.

# Participant summary

The participants comprised almost 100 persons, representing the following entities and/or sectors:



<sup>22</sup> Montserrat was not represented.

<sup>23</sup> Cayman Islands and Turks and Caicos Islands were not represented.



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### Academic/Research institutions

UWI – George Alleyne Chronic Disease Research Centre, Barbados; UWI Open Campus; Department of Community Health and Psychiatry, Jamaica; Health Economics Unit, Centre for Health Economics, Faculty of Social Sciences, Trinidad and Tobago

University of Technology, Jamaica

Diabetic Research Institute, The Bahamas

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### High-level NCD advocates

Her Excellency Ms. Sandra Granger, First Lady of Guyana and Chair of the Spouses of CARICOM Leaders Action Network (SCLAN)

Mrs. Reema Carmona, Former First Lady of Trinidad and Tobago

Sir George Alleyne, PAHO Director Emeritus and HCC Patron

Sir Trevor Hassell, HCC President

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### International development agencies

PAHO/WHO – Guyana office; Jamaica office; and Headquarters, Washington, D.C.; United Nations System in Jamaica

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### WDF-funded projects

Belize; Dominican Republic; Grenada; Guyana; Haiti; St. Lucia; Suriname; Tanzania.

Several participants represented more than one entity at the Forum. The Participant List is in **Annex 1**.

# Summary of Day 1

## Morning session – Setting the stage and taking stock

### Key Messages

- The diversity of organisational representation at the Caribbean NCD Forum is a reflection of the whole-of-society approach needed to effectively address NCDs.
- The Caribbean was a pioneer in the recognition of NCD prevention and control as a developmental, not just a health, issue, through the CARICOM Heads of Government landmark 2007 Port of Spain Declaration “Uniting to Stop the Epidemic of Chronic NCDs”. The region made a major contribution to putting NCDs on the global stage and to the convening of HLM1 in 2011. The Caribbean needs to re-take its leadership role in international efforts to prevent and control NCDs.
- Though several Caribbean countries have had successes in addressing some of the WHO Ten National Progress Indicators for the Time-bound Commitments detailed in the Outcome Document of HLM2 in 2014, many have not advanced as expected, especially in the areas of taxation and regulations. At this pace, the countries of the region will not achieve Target 3.4 of the Sustainable Development Goals by 2030.
- The human and financial resource limitations of small Caribbean countries have contributed to the limited advances made in addressing the NCD agenda.
- The lead-up processes to the HLM3 in September 2018 are as important as the meeting itself. The provision of technical inputs and multisectoral perspectives to the Caribbean Permanent Missions in New York, to contribute to the development of the Zero Draft of the HLM3 Outcome Document and subsequent negotiations, is critical.
- Civil society has many roles to play in the lead-up to HLM3, among them elevating the countless human stories related to NCDs, shifting from a technical to a person-centred narrative, and promoting and packaging the evidence, solutions, and success stories.
- Funding for NCDs should not be considered in a vacuum. Improving overall health system financing will take care of NCD financing, and implementation of social insurance systems using pooled funds is the way to go for the Caribbean, in order to facilitate universal access to health and universal health coverage.
- NCDs demand multisectoral, whole-of-government, and whole-of-society approaches involving government, civil society, and the private sector, using a range of tools that include law, regulations, fiscal measures, and health system strengthening. The focus should be on reorienting primary health care, universal access to health and universal health coverage, health promotion, and mechanisms for strategic planning and accountability, among other strategies.

## Welcome and introductions

### Sir Trevor Hassell, President, HCC

In welcoming participants, the HCC President underscored the need for a whole-of-society approach to NCD prevention and control, and noted that the [HCC](#) was established in 2008 to add civil society to the NCD response. The meeting ten years ago that resulted in the [Caribbean Civil Society Bridgetown Declaration](#)<sup>24</sup> had “*Wellness Revolution*” as its theme. Though it is uncertain whether or not such a revolution occurred, there has been much progress, but much more remains to be done.

Sir Trevor noted the wide representation and diversity of the Forum participants, and summarised the goals and expected outcomes of the meeting. He also highlighted other Forum activities, including the launch of an

online petition for childhood obesity prevention (COP); a meeting of the HCC Board of Directors that would discuss, among other issues, sustainable financing of civil society’s participation in NCD prevention and control; and a meeting of the chairpersons of National NCD Commissions, which would include consideration of engagement with the private sector in NCD reduction efforts at all levels.

The HCC President acknowledged the critically important information provided by the NCD Alliance for the Forum, and hoped for networking, information sharing, planning, and strategising, in an atmosphere of “structured informality”, as the HCC and partners embark on a second decade of the Wellness Revolution.



Let us go forward clothed  
in the armour of social  
justice, armed with the  
sword of information

Sir George Alleyne  
HCC Patron



No enterprise can exist for itself alone.  
It ministers to some great need, it  
performs some great service, not for  
itself, but for others; or failing therein,  
it ceases to be profitable and ceases to  
exist.”

President Calvin Coolidge  
30th President of the United States

## Greetings from the sponsors

### Mr. Bent Lautrup-Nielsen, Senior Programme Manager, World Diabetes Foundation

Mr. Lautrup-Nielsen noted that 2018 had been defined as a decisive year in the global fight against NCDs, given that HLM3 will take place in September 2018. He stated that the buildup to HLM3 has been going on for some time and will culminate in the coming months, hopefully leading to landmark decisions to strengthen NCDs as a priority at global level and result in resource mobilisation and political support. He characterised

the NCD Forum as part of the buildup, expressed WDF’s pleasure in supporting the Forum, and hoped that the outcomes would become part of the contribution to HLM3. He noted, however, that the central goal of WDF’s collaboration is to strengthen national NCD responses and ensure that countries and communities are able to respond effectively to NCDs.

<sup>24</sup> <https://www.healthycaribbean.org/caribbean-civil-society-bridgetown-declaration-2008/>

The **WDF** has been working with countries least equipped to respond, and the Caribbean region is very much affected by NCDs. Mr. Lautrup-Nielsen noted that the WDF has supported the Caribbean for over a decade, and reaffirmed the Foundation's support to the region in the fight against diabetes and other NCDs. He anticipated that the Forum would be productive and

valuable, showing the situation 'on the ground' and how solutions can be scaled up.

In closing, he thanked the Government of Jamaica (GoJ) and HCC for their hospitality and for organising and supporting the Forum, and offered thanks to other partners.

### **Mr. Edward Clarke, Chief Operating Officer/General Manager, Sagicor Life Inc.**

Mr. Clarke expressed his pleasure at being in Jamaica to extend greetings to persons who impact the lives and health of people in the Caribbean. He noted that **Sagicor** is the largest life and health insurer in the Caribbean, and is therefore interested in reducing NCDs across the region.

Sagicor's association with HCC began in 2010, when the HCC President brought his enthusiasm for regional NCD prevention and control to the company and floated the idea of the private sector contributing to such efforts. Highlights of Sagicor's collaboration with HCC include:

- *March 2011*: Launch of a healthy lifestyle awareness campaign. This has been followed by many other campaigns with HCC.
- *May 2012*: Provision of information at a regional HCC meeting on the impact of NCDs on Sagicor.
- *September 2012*: Signing of a formal Memorandum of Understanding with HCC, which was renewed after 3 years and will be renewed again in 2018.

Mr. Clarke noted that if NCD reduction across the Caribbean has not been achieved, reasons and solutions must be considered, the latter including the involvement of other private sector entities.

This takes hard work and persistence, and during the Forum he hoped to hear how it can be accomplished. All participants should encourage individual and collective CARICOM governments to strengthen their efforts at NCD prevention and control, as these diseases have emotional, as well as financial and social, impact.

Mr. Clarke opined that "*the knowledge is in this room*" to "*move the hands of the political leaders*". He noted that childhood obesity, for example, will not go away on its own; legislation must be passed, and the Health, Education, and Agriculture sectors must work together, and with other partners, to achieve success.



**The time is now to make a difference – Sagicor believes that it has the people, the passion, and the purpose to be 'Sagicor Strong' and achieve success.**

Mr. Edward Clarke  
Chief Operating Officer, Sagicor Life Inc.

## Opening address

### The Honourable Dr. Christopher Tufton, Minister of Health, Jamaica

Minister Tufton offered congratulations to the Forum organising team and expressed his pleasure at partnering with the HCC to host the event. He summarised the Forum goal and objectives, and noted that Caribbean leadership had been central to HLM1, in that the Caribbean had the first ever political commitment to NCD reduction through the Port of Spain Declaration in 2007. However, he noted that progress since then has been slow and uneven.

The Minister quoted PAHO statistics to demonstrate the region's high mortality from NCDs and the increasing prevalence of childhood obesity, and noted the urgent need for the Caribbean to accelerate implementation of NCD responses if it were to meet global targets. He identified HLM3 as an opportunity to renew regional commitment and advance to emulating the Caribbean's success in addressing vaccine-preventable diseases, HIV, and infant mortality. He cited political leadership, investment in cost-effective interventions, and acceleration of progress to UHC as critical factors for NCD reduction.

Minister Tufton stated that, as Minister of Health, he is cognisant of the challenges posed by NCDs and opined that it cannot be "*business as usual*". Jamaica is taking steps to strengthen its programmes, and through the Ministry of Health's "[Jamaica Moves](https://www.jamaicamoves.com/)" initiative,<sup>25</sup> the establishment of the National Food Industry Task Force (NFITF), and the [Bloomberg Philanthropies](https://www.bloomberg.org/)<sup>26</sup> project targeting SSB taxation, executed by the [Heart Foundation of Jamaica](http://www.heartfoundation.org.jm/),<sup>27</sup> the country has been able to galvanize a whole-of-society response. Stakeholders have pooled their resources to support the national response, and Jamaica's efforts can provide a model for a "*Caribbean Moves*" programme that can contribute to NCD prevention and control.

The Minister noted that at the end of the Forum there would be HCC Advocacy Priorities for the HLM3 Outcome Document, to be presented to CARICOM Heads of Government and other high-level meetings before the HLM itself. He exhorted participants to come away from the Forum with methods to tackle this critical issue and chart a course to achieve success for the people of the Caribbean. He thanked all the stakeholders and expressed the view that the wide representation of Caribbean countries augured well for the success of the efforts.



<sup>25</sup> <https://www.jamaicamoves.com/>

<sup>26</sup> <https://www.bloomberg.org/>

<sup>27</sup> <http://www.heartfoundation.org.jm/>



## Third UN High-Level Meeting on NCDs: WHO/PAHO perspective

### Dr. Anselm Hennis, Director, Department of NCDs and Mental Health, PAHO

Dr. Hennis provided information on global NCD mortality, highlighting that 70% of the 56 million deaths worldwide in 2015 were due to NCDs. He summarised milestones from the POSD; the [WHO Global Monitoring Framework](#),<sup>28</sup> and the [WHO Best Buys and other recommended interventions](#),<sup>29</sup> which comprised cost-effective interventions related to tobacco, alcohol, diet, physical inactivity, cancer, CVD, and diabetes. He also mentioned the December 2017 Report of the UN Secretary General on Progress in NCD Prevention and Control, and indicated that HLM3 would assess countries' progress toward the four time-bound measures agreed in the 2014 HLM2 Outcome Document, based on [WHO's Ten National Progress Indicators](#)<sup>30</sup>. A table summarising the time-bound measures and the ten Progress Indicators is in **Annex 2**.

Dr. Hennis informed participants that the greatest progress had occurred in the European region; the American region, comprising 35 countries – 14 of which are members of CARICOM – ranked fourth in overall progress. Thus, progress in CARICOM countries will significantly influence assessment of progress in the American region.

As at 2017, in the Caribbean:

- Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago have made progress in various aspects of tobacco control (excluding taxation),
- Jamaica has made progress regarding salt and trans fat reduction, and
- Barbados and Dominica have instituted taxes on SSBs.

Dr. Hennis summarised the preparatory processes – formal and informal – leading to HLM3, noting the UN Interactive Hearing scheduled for 5 July 2018 in New York and entities eligible to participate. These entities include Member States, UN agencies, NGOs in consultative status with the UN Economic and Social Council (ECOSOC), philanthropic foundations, private

sector, and academic institutions. He commented on Uruguay's position as Co-Chair for the 2017 WHO Global Conference on NCDs held in Montevideo, a position that a CARICOM country would likely have occupied previously, given the region's former prominence in the NCD arena. He stressed that the Caribbean had brought NCDs to the global agenda, still has a role to play, and needs to regain its leadership. He echoed the sentiment that the region's leaders, at the highest level, must participate in HLM3.



<sup>28</sup> [http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/)

<sup>29</sup> <https://bit.ly/2KtKvje>

<sup>30</sup> <http://www.who.int/nmh/events/2015/Updated-WHO-Technical-Note-NCD-Progress-Monitor-September-2017.pdf?ua=1>



## Third UN High-Level Meeting on NCDs: The past informing the present

### His Excellency Mr. E. Courtenay Rattray, Permanent Representative, Permanent Mission of Jamaica to the United Nations

Ambassador Rattray expressed his appreciation for the organisation of event and his invitation to participate. He noted that the Caribbean played key roles in the previous HLMs, and Jamaica, represented by him, co-facilitated HLM2 in 2014. In sharing his experiences, relevant to the preparations for, and approaches to, HLM3, he noted that:

- The process should reflect continuity among the HLMs, each building on the previous one and demonstrating coherent strategy. There must also be an assessment of the recommendations made at each HLM in helping countries to respond to NCDs.
- High-level political engagement in HLM1 was imperative to set a benchmark, and that meeting focused on developmental challenges due to NCDs, especially their impact on social and economic development. Many people believed that lifestyle was the only contributing factor to the development of NCDs and their complications, but HLM1 highlighted other factors, including the effects of the social determinants of health, the increased vulnerability of the poor, and the contribution that addressing NCDs could make to achievement of the Millennium Development Goals (MDGs).
- CARICOM was an early advocate for addressing the wider developmental effects of NCDs, through the 2007 POSD, which was specifically mentioned in the UN resolution that mandated the convening of HLM1. Fifteen Heads of State and eight Heads of Government from the Caribbean participated in HLM1.
- In HLM2, the highest level of participation was at ministerial rank, with no Heads of Government having attended, due to the fact that the meeting was held in July rather than in September, when Heads of Government usually attend the UN General Assembly (UNGA).
- A recent decision had been taken that HLM3 would be held in September 2018 during the UNGA to ensure participation at the highest political level. The event provides an opportunity for civil society to participate, and HCC is expected to make a coherent

statement around this. It should not be forgotten that the Caribbean was instrumental to the 2011 process and needs to maintain a leadership role in the 2018 process.

After summarising the nine voluntary global NCD targets and the four time-bound commitments, the Ambassador assessed the Caribbean as being “*en route*” to the targets. He noted that globally, in reference to the WHO ten national Progress Indicators, between 2015 and 2017 there was a 58% increase in Member States (MS) that had set national targets to address NCDs (from 59 to 93 MS); a 47% increase in those that had established operational multisectoral strategies to address NCDs (from 64 to 94 MS); and an 80% increase in those with guidelines for managing the four major NCDs (from 50 to 90 MS). However, as of 2017, 138 countries had shown very poor or no progress to implementing the time-bound commitments.

Ambassador Rattray informed that the theme of 2018 HLM is “*Scaling up multistakeholder and multisectoral responses for NCD prevention and control*” in the context of the adoption of the 2030 SDGs. He advised that stakeholders must continue to highlight NCDs as a development issue, this being particularly so in the Caribbean. Strengthening health systems, mobilising resources, innovative financing mechanisms, UHC, and multisector partnerships are important, but prevention must be the cornerstone of NCD reduction, including managing industry interference and using regulatory and legislative tools. He further advised that the CARICOM Revised Treaty of Chaguaramas already allows legislative control of industry products.

In his closing interventions, he noted that

- Official development assistance (ODA) to middle-income countries such as those in the Caribbean has remained at close to zero since 2011, and developed countries seem unsympathetic to increase ODA. They are keen on domestic financing and innovative financing mechanisms as solutions to the NCD financing gap.
- Other issues expected to arise at HLM3 include the importance of public-private partnerships (PPP)

and their consideration as a substitute for ODA, and probable disregard for the WHO Best Buys and other recommended interventions for NCD prevention and control endorsed at the 70th World Health Assembly (WHA) in May 2017.

- Negotiations for the HLM3 Outcome Document will start in June 2018 and require full support from Member State capitals and partners. The Outcome Document's Caribbean negotiators will need

persons with technical expertise in NCD prevention and control to provide input and guidance for the duration of the negotiations, as occurred with HLM1 and HLM2. Though there was no indication of such support to date, he remained hopeful that it would be provided<sup>31</sup>.

## Global and regional processes post the 2018 HLM: civil society perspective and contribution

### Ms. Katie Dain, Chief Executive Officer, NCD Alliance

Ms. Dain expressed her appreciation for the invitation to participate in the Forum and her pleasure at being in the Caribbean, the *"heart and home of the NCD response over the years"*. She outlined the backdrop and context for HLM3, and provided details on its processes and timelines, as well as the roles of civil society and opportunities to make a difference. She noted that the **importance of the HLM** lies in its position as a multilateral process for global issues, and as a political, rather than technical, forum, that elevates health from the technical to the political realm; involves national governments at the highest level; provides an opportunity to focus attention, reiterate commitments, review progress, and agree the way forward; galvanises consensus on international cooperation; and results in national political commitments and targets.

Ms. Dain advised that **lessons learned** by *"summitologists"* – those who study summits – include the following:

- The process is as important as meeting itself.
- *"Surrounding summit"* support should be secured; it is important to get NCDs onto the agendas of other, surrounding meetings.
- High level political engagement and attendance are critical.
- Civil society can make a big difference.

- Framing and simple political advocacy messages are important.
- There should be specific, tangible, time-bound commitments.
- The accountability architecture must be correctly developed.

She further identified, in the context of HLM3, both positives and negatives. The **positives** include global awareness of the scale, burden, and threat of NCDs; longstanding political leaders; the plethora of plans targets, and political commitments; inclusion of NCDs in the SDGs; existence of an evidence base and consensus on solutions; and a strong civil society movement, HCC being a great example in the region and a best practice. However, the **negatives** include slow and uneven progress globally, despite political commitments; overwhelmed and paralysed countries; political inertia and opposition to the "new and ambitious", given that results are long-term; pitiful levels of resources; interference of powerful multinationals in public policy; and the absence of a people's movement.

Ms. Dain also identified several **challenges** related to political choices, national capacities, health systems, financing, and industry interference.

In considering the outcome of HLM3, she noted that it can be seen as an opportunity to obtain commitment. There

<sup>31</sup> In May 2018, Dr. Karen Sealey, TTNCDA Convenor and HCC Director, was named WHO Senior Advisor for HLM3, and will provide technical support to the CARICOM Ambassadors and Permanent Representatives to the UN.

are many different initiatives and reports that feed into HLM3, and the UNGA week will be crowded with other issues, including an HLM on tuberculosis the day before HLM3. There is limited technical capacity on health and NCDs in the New York missions, and civil society has a role to play in keeping the missions updated. Given that there will be significant divergence in political ambitions for the outcomes of HLM3, it is absolutely crucial to have strong leadership from CARICOM. There is backlash, and some governments want to roll back commitments already made; intense industry lobbying around the HLM is expected, particularly on taxation, legislation, and regulation.

Ms. Dain identified ten ways in which civil society can make a difference:

1. Establish a compelling narrative for the NCD response to date - why HLM3 matters, why governments should care.
2. Elevate the countless human stories, suffering, and carnage caused by NCDs, shifting from a technical to a person-centred narrative.
3. Secure support from Heads of Government to attend the HLM.
4. Coalesce around, and stick to, some clear goals and priorities for the Outcome Document negotiations.
5. Build coalitions with, and well beyond, the usual allies, to broaden the support base for the HLM and civil society priorities.
6. Identify champions, including politicians, policymakers, parliamentarians, celebrities, and community and business leaders.
7. Maximize communication channels and platforms.
8. Promote and package the evidence, solutions, and success stories.
9. Know the process and timeline, and leverage windows of opportunity to get civil society voices heard and generate political support.
10. Be persistent, tenacious, and keep chipping away.



In closing, Ms. Dain highlighted the NCDA Campaign for HLM3: *"ENOUGH. Our health. Our right. Right now."*, which has six priorities:

1. Put people first
2. Boost NCD investment
3. Step up action on childhood obesity
4. Adopt smart fiscal policies that promote health
5. Save lives through equitable access to NCD treatment and UHC
6. Improve accountability for progress, results, and resources



The power of civil society to catalyse change: Coordinate, Advocate, Agitate, Communicate.

Though a one-day meeting (HLM3) cannot solve all the problems, it is an important milestone in a longer-term process.

Ms. Katie Dain  
CEO, NCD Alliance



## Global and regional processes in preparation for the 2018 HLM: Caribbean perspective

### Dr. Rudolph Cummings, Programme Manager, Health Sector Development, CARICOM Secretariat

In his presentation, Dr. Cummings outlined developments regarding NCDs in the Caribbean, summarising previously-mentioned milestones and adding several important fora for advocacy by Caribbean leaders, among them the:

- 2007 Meeting of ACP Ministers
- 2009 Commonwealth Heads of Government meeting
- 2009 Summit of the Americas
- 2011 Meeting of G77 Ministers of Foreign Affairs

Dr. Cummings commended the work of some long-standing advocates of NCD prevention and control in the region, including Sir George Alleyne; Dr. James Hospedales, Executive Director of CARPHA; and Dr. Karen Sealey, Convenor and Steering Committee Member of the Trinidad and Tobago NCD Alliance (TTNCDA). He also acknowledged the willingness of the then-Prime Minister of Trinidad and Tobago, PAHO's technical cooperation, and funding received from Canada as important factors in making the 2007 Port of Spain Heads of Government Summit a reality.

Dr. Cummings noted the role of Caribbean countries in the HLMs and other high-level meetings, with Jamaica

co-facilitating negotiations for the HLM1 and HLM2 Outcome Documents, and Barbados chairing the NCD Working Group at the WHA in 2012 and in 2013. Caribbean representatives have functioned as lead plenary presenter, Chair of UN side event, and host of CARICOM-sponsored side events in which other leaders participated. Notwithstanding, Dr. Cummings corroborated the perception that Caribbean influence has waned, and stated that the region has been severely challenged to implement measures required to meet the NCD global targets. An achievement has been the adoption of a regional standard for tobacco labelling by the Council for Trade and Economic Development (COTED), but that has become "mired in lassitude and sloth" in its implementation at the national level. CARICOM is anticipating support from the Commonwealth Secretariat to accelerate progress.

In closing, Dr. Cummings cited limited resources in SIDS as "ultimate stumbling blocks" to progress in the NCD prevention and control agenda in the region.

## Promotion of childhood obesity prevention online petition/Call to Action

**Ms. Francine Charles, Communications and Advocacy Officer, Childhood Obesity Prevention, HCC**

Ms. Charles introduced the recently initiated HCC online petition and Call to Action to reduce childhood obesity in the Caribbean. She shared her background as a longstanding regional advocate for children, having established the “*My Child and I*”<sup>32</sup> charity based in Barbados, with regional reach. She expressed concern that children are harming themselves through overconsumption of SSBs and junk food, as well as inadequate physical activity, and requested support for the HCC online petition against childhood obesity. She encouraged participants to sign the Call to Action at [www.toomuchjunk.org](http://www.toomuchjunk.org).

In providing further background to the online petition and Call to Action, Ms. Charles noted that though CSOs

are supporting interventions, policy change is needed, and there are tried and tested policies that have made a difference in the Caribbean and other parts of the world. In this regard, the online petition aims to bring awareness to politicians and policymakers that people want to see policy changes that include at least a 20% tax on SSBs; a ban on the sale, marketing, and promotion of SSBs and unhealthy foods to children, including in and around schools; front-of-package labelling; legislation related to the International Code on Marketing of Breastmilk Substitutes; and mandatory physical activity in schools.

## Introductions – Why are we here? Getting to know each other

**Ms. Heather Mia Usher, Administrator, Belize Cancer Society; Ms. Nola Philpotts-Brown, Senior Manager, Health Administration, Heart Foundation of Jamaica; Dr. Alison Bernard, President, Breastfeeding and Child Nutrition Foundation of Barbados**



<sup>32</sup> <http://mychild-andi.com/>



In this “icebreaker” session, representatives of three CSOs elicited summary information about the participants, including the reason for their participation in the Forum. The responses provided insight into participants’ motivations, and one in particular spoke to their readiness for the battle against NCDs.

Why are you here at the HCC Caribbean NCD Forum?

“ Share the NCD message

“ Ensure that the meeting proposes NCD prevention strategies and results are shared

“ We are kick-ass warriors – ready for the fight!

“ Advocacy for NCD prevention and control at all levels

“ Support, with high-level advocacy, NCD prevention and control in the Caribbean

“ Promote healthy lifestyles

“ Support a multisectoral approach to NCDs and measurable actions on control

“ Bring support for the NCD cause to the HLM

“ All professionals, including the private sector, must be involved in the fight against NCDs

HCC Caribbean NCD Forum Participants

## Panel: Taking stock – How have we performed? What has been achieved?

Chair – Sir Trevor Hassell



## Review of the UN Secretary General's Report on progress on NCDs

**Dr. Bernadette Theodore-Gandi, PAHO/WHO Representative, Jamaica**

Dr. Theodore-Gandi summarised the global NCD situation, noting global disparities and inequities, and highlighting the inclusion of mental health in SDG Target 3.4. She emphasised the importance of the WHO Best Buys and other recommended interventions, and encouraged their implementation at country level. However, she also noted **challenges** to their implementation:

Political choices – weak political actions by Heads of Government.

- *Health systems* – lack of access for all to affordable, safe, and effective services, and lack of capacity to incorporate the Best Buys into primary health care.
- *National capacities* – limited skill set to introduce measures such as taxes and price increases to reduce consumption levels.
- *International finance* – the UN Interagency Task Force remains unfunded, and some countries lack the capacity to engage public and private financing partners, such as the [World Bank](#).
- *Industry interference* – industry routinely interferes with health policymaking, works to discredit proven science, pursues legal challenges to oppose progress, and lobbies for “responsible marketing” of health-harming products, among other tactics.

The PAHO/WHO Representative noted **global actions to accelerate national efforts**, including:

- [WHO Framework Convention on Tobacco Control](#)<sup>33</sup>
- Development of WHO technical cooperation packages such as [MPOWER](#)<sup>34</sup> for tobacco control; [“Shake the Salt Habit”](#)<sup>35</sup>; the [Package of Essential NCD \(PEN\) interventions for primary health care](#)

[in low-resource settings](#),<sup>36</sup> [Implementation Plan for the WHO Report of the Commission on Ending Childhood Obesity](#),<sup>37</sup> and the [mhGAP Intervention Guide](#)<sup>38</sup> for improving coverage of mental health services.

- Assignments given to WHO prior to the 2018 UN HLM.
- Development of the [Montevideo Roadmap 2018-2030](#)<sup>39</sup>.
- Establishment of the [UN Interagency Task Force on NCDs](#)<sup>40</sup>, the WHO Independent High-level Commission on NCDs, and the WHO Civil Society Working Group on HLM3.
- Resources provided by philanthropic foundations such as Bloomberg Philanthropies and the Bill and Melinda Gates Foundation, and by NGOs such as the NCDA.

In closing, Dr. Theodore-Gandi provided **recommendations** for accelerating the NCD response, including strengthening of health systems; increased financing for national responses; strengthening of multisectoral engagement; reinforcement of the role of non-State actors; and reinvigoration of political action.



**We know what we need to do. The challenge is to get it done**

Dr. Bernadette Theodore-Gandi,  
PAHO/WHO Representative,  
Jamaica

<sup>33</sup> <https://bit.ly/2J2hMRQ>

<sup>34</sup> [http://www.who.int/cancer/prevention/tobacco\\_implementation/mpower/en/](http://www.who.int/cancer/prevention/tobacco_implementation/mpower/en/)

<sup>35</sup> <http://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/>

<sup>36</sup> [http://www.who.int/nmh/publications/essential\\_ncd\\_interventions\\_lr\\_settings.pdf](http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf)

<sup>37</sup> <http://www.who.int/end-childhood-obesity/publications/echo-plan-executive-summary/en/>

<sup>38</sup> [http://www.who.int/mental\\_health/publications/mhGAP\\_intervention\\_guide/en/](http://www.who.int/mental_health/publications/mhGAP_intervention_guide/en/)

<sup>39</sup> <http://www.who.int/conferences/global-ncd-conference/Roadmap.pdf>

<sup>40</sup> The POSD Evaluation Group comprised the UWI; G8 Research Group, University of Toronto; HCC; CARPHA; PAHO; and the International Development Research Centre (IDRC), Canada.

## Evidence from the Evaluation of the Port of Spain Declaration

**Professor Alafia Samuels, Director, George Alleyne Chronic Disease Research Centre, UWI, Cave Hill, Barbados; Technical Advisor, HCC**

Professor Samuels described the evaluation of the POSD on behalf of the POS Evaluation Group. The evaluation, done in three phases<sup>41</sup> over the period 2014-2016, had as its goal the assessment, seven years on, of the implementation of the POSD, in order to learn lessons that would support and accelerate its further implementation, and inform the attainment of the UN HLM NCD commitments.

Using the POSD's 15 points and 27 commitments as the evaluation framework, the analysis showed – among other results – that the size of the country influenced progress toward realisation of the commitments; that catastrophic events can seriously affect development; and that there is limited human resource capacity. The highest implementation occurred in areas where protocols or blueprints exist and there is support from regional organisations, such as in annual observance of Caribbean Wellness Day, conduct of WHO STEPS risk factor surveys, and implementation of FCTC provisions.

Professor Samuels summarised **recommendations** made as a result of the evaluation, related to:

- Supportive policies and governance,
- Supportive environments,
- Supportive health systems,
- Surveillance and monitoring,
- Working with partners,
- Communication and advocacy, and
- Financing and investment.

In closing, the GA-CRDC Director noted that dissemination of results continues, with HCC playing a key role in this aspect; materials are available at the POSD Evaluation website [www.onecaribbean.org](http://www.onecaribbean.org). The goal going forward is to promote the sustainable production, processing, distribution, preparation, sale, and consumption of safe, affordable, nutritious, high-quality Caribbean food.



<sup>41</sup> The phases are Research and evaluation; Identification of gaps and lessons learned, and recommendations for action; and Dissemination of results to support increased implementation



## Achievements and progress in NCD prevention and control: Civil society's perspective

### Ms. Maisha Hutton, Executive Director, HCC

Ms. Hutton presented “*From POSD to 2018*”, highlighting the POSD as the catalyst for the establishment of the HCC, in recognition of the importance of civil society in a whole-of-society response to NCDs. She noted the over 100 health and non-health NGOs that comprised HCC’s membership, and its impact areas of service provision, communication, advocacy, and accountability (the “*watchdog*” function).

HCC has registered successes in communication, accountability, tobacco control, cervical cancer prevention and control, and obesity prevention, and the Executive Director provided “snapshots” of these areas.

- *Communication* products include numerous HCC publications, including policy briefs, guidelines, assessments, strategic plans, and the online **HCC Weekly News Roundup**<sup>42</sup>.
- *Accountability* is exemplified by the COP Scorecard, which has 12 indicators to measure national responses to the emerging crisis of childhood obesity.
- *Tobacco control* includes the initiative implemented by the Jamaica Coalition for Tobacco Control (JCTC), in partnership with Bloomberg Philanthropies, which was not only national, but also regional.
- *Cervical cancer prevention and control* was addressed by a project funded by the Australian Direct Aid Programme and implemented in Belize, Dominica, Grenada, Guyana, Haiti, and Jamaica, targeting vulnerable women. This project garnered HCC an award in the “*Improving Access*” category at the Second Global NCD Alliance Forum in Sharjah in 2017. (pictured below)
- *Obesity prevention* represents the most recent HCC initiative, and is exemplified by HFJ’s partnership with the Ministry of Health (MoH) in Jamaica for the “*Jamaica Moves*” and the “*Are You Drinking Yourself Sick?*” campaigns, the latter supported by Bloomberg Philanthropies/Global Health Advocacy Incubator (GHA).



<sup>42</sup> <https://www.healthycaribbean.org/weekly-news-roundup/>

Ms. Hutton emphasised that civil society needs to demonstrate its capacity to partner with other entities, including through membership in NNCDs and national NCD alliances. She urged that the recent establishment of a National NCD Alliance in Trinidad and Tobago be replicated in other countries.

In closing, she noted some of the HCC's efforts to get Heads to HLM3:

- Participation in the WHO Civil Society Technical Working Group on HLM3
- Mobilisation of resources for, and convening of, the Caribbean NCD Forum
- Development of HCC Advocacy Priorities for the HLM3 Outcome Document
- Advocacy for, and participation in, the Joint High-level Session of the Permanent Council of the

OAS and the Inter-American Council for Integral Development that took place in March 2018

- Development and dissemination of a Brief for CARICOM Ministers of Foreign Affairs
- Identification of NCD Champions and success stories
- Convening of a Side Event on COP at WHA 71 in May 2018, in collaboration with NCD Child, WDF, and the World Economic Forum
- Convening of a CSO Preparatory Meeting
- Ongoing work with partners, including member CSOs regionally, Healthy Latin America Coalition (CLAS), NCDA, and NCD Child
- Provision of intelligence to mobilise regional partners, including CSOs, government, and private sector

## Financing NCD prevention and control in CARICOM

**Professor Emeritus Karl Theodore, Director, Health Economics Unit, Centre for Health Economics, UWI, St. Augustine, Trinidad and Tobago**

Professor Theodore presented information on the economic burden of NCDs. In making a case for consideration of not only the personal health impact of NCDs, but also their economic impact, he cited studies showing that in 2003 in The Bahamas, Barbados, Guyana, Jamaica, and Trinidad and Tobago, direct and indirect costs<sup>43</sup> of diabetes amounted to 1 billion United States Dollars (USD) or 3% of Gross Domestic Product (GDP); regionally, in 2009, direct and indirect costs of diabetes and hypertension were USD 1.4 billion or 5.2% of GDP.

He noted that the combined GDP of CARICOM countries is USD \$850 billion, and though the loss of 1% due to NCDs may sound small, it amounts to USD \$850 million. The Professor described the **main funding arrangements for health** in Caribbean countries, namely public, private, and community measures, and funding from regional and subregional agencies; private measures included direct out-of-pocket (OOP) spending and private insurance payments. A 2011 World Bank study showed that in St. Lucia, 36% of OOP health spending by households was incurred for treatment of NCDs. Countries that rely on OOP spending are those that have

the worst results, and this should not be the main way of funding NCD prevention and care.

Professor Theodore summarised the **context for financing**, which comprises resource-constrained Caribbean economies, adoption of the goals of UAH and UHC, and introduction of national strategic action plans for NCDs.

He noted four **key aspects of any proposed strategy for financing the NCD response**:

- Modification of current measures and priorities, with emphasis on strengthening the primary level of care;
- Adoption of new funding measures for the health system, so that excessive OOP spending is avoided;
- Improved efficiency in current fiscal spending, including reallocation of public resources (fiscal priority for health); and
- Measures aimed at improved revenue collection, since health systems now collect less than 50% of potential revenue.

<sup>43</sup> Direct costs are sums spent out-of-pocket on outpatient visits, in-patient care, and medication. Indirect costs are those due to reduction of productivity due to illness.

In advocating a focus on primary health care (PHC), he stated that in all countries, health expenditure is growing, but those countries that focus on PHC have lower increases. The financing system should not put hospitals at its centre; PHC should occupy that position. WHO estimates that waste in health spending is 20-40%, and the focus on PHC raises the efficiency of health system as a whole.

Professor Theodore closed his presentation with the following points:

- The connecting forces are the WHO call for UHC and PAHO's call for UAH, which are critical – people seeking care should not be exposed to financial distress, as often happens with NCDs. PAHO and WHO are encouraging countries to opt for a social insurance approach where funds are pooled; national health insurance (NHI) is one such system.
- NHI provides “cradle-to-grave” financing and strives to keep people healthy into old age. It includes pooled funds, comprising government revenues and employer/employee contributions, integrating the resources required for payment to public and private providers of care. It provides equity in access to a package of services in the public and private sectors for every citizen or resident; facilitates equity in cost-sharing; improves quality and efficiency; and facilitates better performance accountability.
- NHI is meant to address health priorities, so NCDs will be featured, and the system also focuses on services that are relevant to prevention and control.
- In the region, 11 countries and territories have NHI<sup>44</sup> and nine are considering it,<sup>45</sup> which represents progress.
- A health information system to track usage of services, outcomes, and resources used in providing care is critical for support of the NHI.



Pulling together the elements of financing context, aspects of the financing strategy, and the link between financing and efficiency: If we find the correct way to fund the health system, the NCDs will be taken care of, rather than looking only at ‘NCD funding’

We are changing the way the funds are pooled in order to pay for health. If we can get a better level of health for everyone at the same or lower cost than the current divided situation with government paying some costs, people paying some, and employers paying some, why wouldn't you go there?

Professor Karl Theodore  
Centre for Health Economics, UWI, Trinidad & Tobago

<sup>44</sup> Aruba, Anguilla, Bermuda, Belize, Bonaire, British Virgin Islands, Cayman Islands, Curaçao, Sint Maarten, Suriname, and Turks and Caicos Islands.

<sup>45</sup> Antigua and Barbuda, The Bahamas, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago.

## Discussion

The panel presentations sparked much discussion, and the main points are below.

- There should be a link between health financing models and PHC. In the Caribbean, there is focus on the programmatic approach, as with COP and tobacco control, but these must be linked to a broader approach. Barbados spends only 10% of its health budget on primary or preventive models and the exclusive programmatic approach may be one of reasons why the Caribbean is lagging behind.
- Financing is linked to governance, but the Minister of Health does not have his/her own finances – the resources are allocated by Ministers of Finance. These latter Ministers have to be made to understand the issues and reduce their focus on edifices. In addition, most Ministers of Finance are also the Prime Ministers and may not have the desired expertise in finance – this aspect may need greater focus.
- In the area of diet, progress has been made with acceptance of the CARPHA 6-point policy package addressing healthy nutrition in the Caribbean. CARICOM Health and Trade Ministers will meet in July 2018, and the CDB is engaging Ministers of Finance in relevant talks.
- The CARPHA 6-point policy has not received adequate promotion and dissemination. A wider recommendation is for HCC to find ways of identifying media champions to highlight governments' commitments and when, why, and where.
- Is there a mechanism to take percentages of the allocation to sectors such as Agriculture, Education, and Sports to address NCDs through multisectoral action?
- The work of various ministries impacts on health, and funds from those sectors would help NCD prevention and control. However, taking percentages of their budgetary allocations assumes that governments and other stakeholders should look for a pool of funds to deal with NCDs; rather, the approach should be to improve the entire health financing system, in order to establish a pool of funds that will address NCDs and other priority health conditions.
- In considering health financing: If you only have a fixed amount to spend, do you address dire needs now, or address the future? There should be caution with social insurance and UHC, since someone has to pay for them. In Barbados, people perceive that they are already overtaxed – who will pay for the social insurance? Governments are facing the problem of “what will give” and they tend to think in five-year cycles, not about long-term gains.
- With regard to the cost of social insurance, studies have found that the cost of providing health for everyone is less than OOP spending on health. NHI is not a government programme, it is a pooled fund, and it does not bring any additional tax burden.
- Haiti appears to be an exception to the correlation between country size and achievements found in the POSD Evaluation. It has the largest population among CARICOM countries, but the achievements are well below average.
- PHC is definitely the way to go for NCD prevention and control; progress in communicable disease control was made through PHC.
- Health promotion is a “low-hanging fruit” that tends to be ignored in the fight against NCDs; health promotion training is not given enough priority.
- The “low-hanging fruit” approach is to be endorsed. Many population-based interventions cost very little, but are not being addressed, for example taxation of unhealthy products, FOP labelling, and restrictions on marketing to children. Taxation was not mentioned as a potential investment in health.
- Inadequate financing is an important issue, but so are the WHO Best Buys, which are effective and cheap. It takes a long time to see impact on NCDs, and countries need to start now with the implementation of the Best Buys.
- Changing systems for small populations, such as members of the OECS, takes more “upfront” resources. The PHC system was created to manage communicable diseases, so the system has to be reoriented, as well as strengthened, to deal with NCDs.

- Progressive regional campaigns for NCD prevention and control are difficult and costly to implement. Heads of Government should consider taking a decision to have specific public service announcements on NCDs broadcast at optimal times.
- In April 2018 the WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control took place, and the Lancet Taskforce on NCDs and Economics published its Series on [NCDs and Economics](https://www.thelancet.com/series/Taskforce-NCDs-and-economics).<sup>46</sup> A WHO report is to be published showing that integrated PHC can lower costs and lead towards UHC.
- There is a perspective that questions the value of technical reports published by WHO and PAHO, and it has been suggested that those resources would be better directed to addressing the acknowledged implementation deficit in NCD prevention and control.

## Applying the Law in support of NCD prevention and control in CARICOM

**Ms. Nicole Foster, Law Lecturer, UWI, Cave Hill, Barbados; Policy Advisor, HCC**

Ms. Foster identified the role of law in various tools for NCD prevention and control, including fiscal measures, international standards, human rights, and regulations related to zoning, labelling, packaging, and marketing; legislation is the means of putting them into action. She noted that CARICOM governments tend to prefer “soft” approaches to NCD prevention and control, perhaps due to financial and human resource constraints, an already heavy legislative agenda, and the special role of private sector and industry within Caribbean societies, where they often partner with government and drive socioeconomic development.

She stated that in some instances law is the best choice, due to its binding nature; enforcement and sanctions that can ensure compliance; broad coverage of all relevant market actors; (usually) stringent criteria; clear objectives and outcome measures; difficulty to change or reverse; and greater political accountability. Successes with law in the Caribbean include tobacco legislation, for example in Guyana and Suriname, which have two of the strongest pieces of tobacco legislation in CARICOM; the National Health Fund Act in Jamaica that makes provision for a portion of monies collected from tobacco and alcohol taxes to be paid into the Fund; and the 10% tax on SSBs imposed in Barbados and Dominica.

Ms. Foster informed participants that a regional FOP labelling standard is being developed, led by CROSQ, but this will need to be translated into national

legislation. Legislation is also absent on the key strategy of regulating the marketing of unhealthy food and beverages to children; Trinidad and Tobago has made a policy decision regarding SSB bans in government and government-supported schools, but it is not law.

However, in the absence of law, litigation is still possible for promoting health. The right to health is reflected in several international instruments that Caribbean countries have ratified, and implies a duty to act. Avenues are available at the international level within the InterAmerican and UN human rights regimes to put pressure on governments to take steps for progressive realisation of this right, which is also enshrined in several national constitutions. There may also be relevant text in the CARICOM Revised Treaty of Chaguaramas.

Ms. Foster noted that law is a powerful tool, but it is just one tool in the NCD prevention and control toolkit. Law alone cannot cure the region’s NCD epidemic, and should be accompanied by, and supported with, other measures such as public education and engagement. She contrasted the extensive use of the last-mentioned measures in Mexico’s advocacy campaign for taxation on SSBs and Jamaica’s “*Are You Drinking Yourself Sick?*” campaign with Barbados’ low-key introduction of its SSB tax, and noted the need for a strong and inclusive consultative process, as well as adequate resources for effective implementation, monitoring, and enforcement of law.

<sup>46</sup> <https://www.thelancet.com/series/Taskforce-NCDs-and-economics>



## Afternoon session – Taking stock and informing priorities

### Key Messages

- It is important to have buy-in from critical stakeholders who may put up barriers, such as faith-based organisations (for introduction of HPV vaccine) and private sector (regarding product reformulation and FOP labelling).
- Strong CSO advocacy and the “watchdog” function can play critical roles in countering industry interference.
- Food and nutrition security are important factors in NCD prevention and control; regional, national and local food systems must be analysed and strengthened, taking into consideration cultural and other factors, such as gender.
- National surveys, studies, and health information systems that provide disaggregated data and up-to-date evidence on NCDs and related factors, and form the basis for monitoring and evaluating the impact of interventions, are critical.
- Comparative research being done among SIDS in the Caribbean and Pacific regions can serve to improve community-based food production and food and nutrition security.
- Building on previous initiatives is strategic and can open the door for resource mobilisation from previous funders.
- Where there is no national tobacco legislation in countries that have ratified the FCTC, the Framework Convention itself can justify national tobacco control interventions.
- National NCD alliances can play an important role in policy development and planning.
- Remote acculturation through cable television and other media should be considered as a cultural determinant of health, and media literacy interventions undertaken to counter its impact.
- Early sensitisation and involvement of the media in advocacy for risk factor reduction and other NCD prevention and control strategies are powerful tools.
- Children must be involved in education for risk factor reduction, to inculcate healthy habits at an early age.
- Regional standards for various products and commodities related to NCD risk factors are important tools for NCD prevention and control, but they must be implemented at national level to be effective.
- Solidarity, standardisation, stringency, and mutual support among CARICOM Member States are important factors in mitigating industry attempts to “*divide and conquer*” in matters related to legislation, fiscal measures, and regulations for reducing NCD risk factors.
- Engaging lawyers and the media early in the process of the development of legislation, policies, and regulations has many advantages, including – respectively – provision of practical legal advice and avoidance of legal pitfalls, and enhanced media sensitivity, “*buy-in*”, and public awareness of the issues.

- Competing priorities, such as communicable disease outbreaks and natural disasters often result in loss of focus on NCDs, especially in resource-limited settings. Strategies and mechanisms are needed to maintain NCDs as a priority even when other issues crop up, including the re-framing of NCD-related issues and sharing of human stories that demonstrate their impact.
- Industry and associated interests follow public health developments closely, and often devise strategies to discredit and counteract health-promoting legislation, policies, and regulations. Public health practitioners must similarly keep close watch on industry activities and tactics, arming themselves with evidence, information, and the support of key stakeholders, including the public, to uphold the cause of health – CSOs are particularly well placed to perform this function.
- Multisectoral partnerships are critical for progress in NCD prevention and control, including involvement of the private sector. However, such involvement must be accompanied by definition of ethical participation, transparency, and avoidance or management of conflicts of interest.
- The HCC, through its advocacy, communication, and resource mobilisation interventions within and outside of the Caribbean region, is contributing significantly to raising awareness and building capacity for implementation of effective NCD prevention and control strategies in the Caribbean, and is widely acknowledged as a “*best practice*” model.

## Civil society working towards ending cervical cancer in the Caribbean: An update

**Honourable Ms. Laura Tucker-Longsworth, Speaker of the National Assembly, Government of Belize; President, Belize Cancer Society; Director, HCC**

The Honourable Laura Tucker-Longsworth summarised the Belize Cancer Society’s (BCS’) participation in the HCC “*End Cervical Cancer*” project, which was financed by the Australian Government’s Direct Aid programme, the American Cancer Society, and other organisations. The BCS collaborated closely with the Belize Ministry of Health, through the latter’s Technical Advisor for Maternal and Child Health.

Spurred by the **situation analysis** that revealed cervical cancer as one of the leading cancers in Belizean women, with a 2012 incidence rate of 32.7/100,000 and a mortality rate of 14.9/100,000,<sup>47</sup> the incidence of cervical cancer

in various districts in Belize was determined, in order to target districts with higher occurrence of the disease.

Ms. Tucker-Longsworth noted that the interventions were based on **guiding frameworks**, including the Belize Health Sector Strategic Plan 2014-2024, the Belize National Plan of Action for the Prevention and Control of NCDs 2013-2020, and WHO guidelines for the prevention and control of cervical cancer. **Major outputs** included:

- Establishment of a National Cervical Cancer Prevention and Control Committee, involving public,

<sup>47</sup> Compared with incidence and mortality rates of 21.2/100,000 and 8.7/100,000, respectively, in Latin America and the Caribbean, and 6.6/100,000 and 2.6/100,000 in North America.

private, and NGO partners, who contributed both technical and financial resources to the project.

- Development of a Cervical Cancer Prevention and Control Strategic Plan 2016-2020 and Cervical Cancer Clinical Guidelines.
- Marketing and introduction of the human papillomavirus (HPV) vaccine, with incorporation of the vaccine into the national vaccination schedule based on application of the CERVIVAC cost-effectiveness model.<sup>48</sup>
- Strengthened management of cervical cancer, with the launch of Visual Inspection with Acetic Acid (VIA) services; purchase of colposcopy units; and training of health professionals in cryotherapy and Loop Electrosurgical Excision Procedure (LEEP).

A key strategy was advocacy to faith-based organisations regarding the advantages of the HPV vaccine. The Catholic Church eventually endorsed administration of the vaccine and there has been no open rejection of the vaccine by the conservative wing of the Evangelical Church.

Several persons in the nursing profession and the communities had doubts about the vaccine, and advocacy efforts targeted health professionals and parents, in addition to religious leaders.

The BCS President noted that an important outcome of the project was the strengthened capacity of the BCS to consistently lobby for cervical cancer control in Belize and the influence it exerted in the development of a comprehensive cervical cancer prevention and control programme in the country.



*Investing in boys and girls to end cervical cancer in Belize!*

<sup>48</sup> <https://www.mcgill.ca/globalfoodsecurity/research-initiatives/research-projects/caricom>.

## Update on new IDRC-funded project “Improving Household Nutrition Security and Public Health in the CARICOM”

**Professor Alafia Samuels, Director, George Alleyne Chronic Disease Research Centre, UWI, Cave Hill, Barbados; Technical Advisor, HCC**

Professor Samuels summarised the project on behalf of the FaN Research Collaboration. She noted that this new IDRC project is a follow-on to the POSD Evaluation, and its goal is to promote the sustainable production, processing, distribution, preparation, sale, and consumption of safe, affordable, nutritious, high-quality Caribbean food. The project builds on yet another IDRC-funded project “*From Farm to Fork: Improving Food and Nutrition Security in the Caribbean*”,<sup>49</sup> which was piloted in Guyana, St. Kitts and Nevis, St. Lucia, and Trinidad and Tobago, 2011-2014.

The current project has three study countries – Jamaica, St. Kitts and Nevis, and St. Vincent and the Grenadines – and poses the research question: What are the most effective, gender-sensitive ways to improve food sovereignty, household food security, and nutrition in CARICOM states?

The **project objectives** are to:

- Investigate factors influencing food sources and dietary patterns;
- Learn how local food systems determine the dietary patterns of populations in the three countries;
- Develop interventions that leverage local food systems to increase healthy eating and sustainable rural livelihoods; and
- Expand the project impact across the CARICOM region through knowledge sharing, communication, and policy.

Professor Samuels explained that though IDRC funds the project, there is a large group of research partners and collaborators, including the UN Food and Agriculture Organisation (FAO), which funded the inception workshop, given the agency's interest in the

outcome; Cambridge University, United Kingdom (UK); CARDI; CARPHA; CARICOM Health and Agriculture Desks; HCC; Inter-American Institute for Agriculture (IICA); Ministries of Health, Education, and Agriculture in the participating countries; McGill University, Canada; PAHO; several entities of the UWI;<sup>50</sup> and UTECH, Jamaica.

The project will engage with key stakeholders, including civil society and large food producers. It will also work with the Caribbean Examination Centre to provide funds for curriculum revision to include NCD risk factors.

A complementary project, “*Community Food and Health*” is being implemented in St. Vincent and the Grenadines, led by Professor Nigel Unwin, Global Diet Research Group, Medical Research Council Epidemiology Unit, University of Cambridge, and Visiting Professor of Population Health Sciences at the GA-CDRC.

In light of the similar vulnerabilities of SIDS, and similar issues regarding overweight, obesity, and high levels of imported food, the project is undertaking a comparative examination of SIDS in the Caribbean and Pacific (Fiji). The significant levels of food importation imply that the countries have little control over the quality of the food, much of which is tinned, and therefore processed, with significant amounts of added salt, sugar, and other unhealthy ingredients.

The project involves a one-year programme of work to update and expand existing systematic evidence appraisals; develop and test methods related to community-based food production initiatives (CFPI); and determine challenges and successes in maintaining CFPIs, evaluating and comparing them in different regions. The project will also seek to mobilise further funding from the UK government.

<sup>49</sup> <https://www.mcgill.ca/globalfoodsecurity/research-initiatives/research-projects/caricom>

<sup>50</sup> George Alleyne Chronic Disease Research Centre/Caribbean Institute for Health Research; Public Health Group, Faculty of Medical Sciences, Cave Hill; Institute of Gender and Development Studies, Mona; and Health Economics Unit, Centre for Health Economics, St. Augustine

## Discussion

The main points raised in discussion follow.

- The possibility of including St. George's University, Grenada, as a collaborator in the new IDRC project, mooted by a participant, can be discussed.
- VIA is a good initiative for cervical cancer control, but there are challenges, including public perception of the procedure. There is also need for backup services, including Pap smears and treatment, as well as strategies to expand to the initiative to rural areas.
- In terms of training, there has to be vigilance and quality monitoring of VIA; this also applies to Pap smears.
- Educating both the public and health care providers to accept the VIA procedure is important. Jamaica is introducing VIA in some parishes, and there are some health care providers who promote it as being inferior to Pap smears.
- The issue of nutrition in schools needs further analysis. Some children may find it cheaper to bring small bottles of SSBs to school, even if they start the day with healthy food. Locally grown foods are not necessarily the cheapest foods – local farmers need to make a living. There are CARICOM regulations that allow importation of SSBs and other unhealthy foods from CARICOM MS, competing with local healthy foods.
- Small countries have issues with economies of scale, and pricing is important, as is the issue of sustainability.
- The issue of cost is always going to be a factor. On 1 May, the Minister of Health of Jamaica is scheduled to make an announcement on nutrition policy in schools. Currently, the inclusion of fruits and vegetables in food supplied by the GoJ is not affordable. The whole issue of food economics is critical and the food industry must be involved in NCD prevention and control, voluntarily or involuntarily; the costing of these products will be paramount in the decision-making process. An SSB ban is just one aspect of the issue and there is need to analyse alternatives, as often parents can only afford the unhealthy foods for their households.
- Jamaica is revising the Health and Family Life Education (HFLE) curriculum at primary school level to include information about NCD risk factors, including physical inactivity, and the Ministry of Education has sent directives to have teachers trained appropriately.
- The revised Jamaica HFLE curriculum is being used to help revise the Caribbean regional end-of-primary-school examination.



## Panel: NCD policy and programming: Taking stock and informing priorities – national and regional priorities (I)

Chair – Professor Alafia Samuels

### Obesity Prevention

#### Jamaica – Ms. Deborah Chen, Executive Director, Heart Foundation of Jamaica

Ms. Chen described the obesity prevention project being implemented by the HFJ, funded by Bloomberg Philanthropies/GHAI. She noted the harms of overconsumption of sugar, the high consumption of SSBs in Jamaica, and the increasing prevalence of obesity. She cited a 2008 study indicating that 75% or more of Jamaicans aged 15-74 years drank at least one bottle or glass of sweetened beverage per day, and provided data from the 2017 [Jamaica Global School-based Student Health Survey](#) (GSHS). The GSHS showed that 75% of boys and 71% of girls aged 13-15 years drink more than one soda per day, and that 27% boys and 33% of girls are overweight. The prevalence of overweight and obesity in adults in Jamaica increased from 34% in 2000 to 60% in 2016.

Ms. Chen noted that the project focuses on building public awareness and promoting policy change toward imposition of a tax on SSBs. A mass media campaign under the theme “*Are You Drinking Yourself Sick?*” is being implemented in association with partners, including the MoH – which is very supportive of the HFJ’s interventions – and the National Food Industry Task Force, using television, radio, billboards, buses, and print and social media. The campaign addresses both adult and childhood obesity, based on a pre-campaign survey showing public support for obesity reduction, especially in children.

In addition, the HFJ and other health-related CSOs, including the Jamaica Cancer Society, Diabetes Association of Jamaica, and Medical Association of Jamaica, wrote an [Open Letter to the GoJ](#)<sup>51</sup> urging imposition of a 20% tax on SSBs



**YOUR CHILDREN COULD BE DRINKING THEMSELVES SICK.**

Just because they're active, doesn't mean sugary drinks aren't damaging their health.

Sugary drinks are a big reason for the obesity crisis in Jamaica.

Drinking too many sugary drinks can bring on type 2 diabetes, high blood pressure and tooth decay.

**Drink water instead!**



<sup>51</sup> [http://www.heartfoundation.org.jm/open\\_letter\\_to\\_the\\_government\\_of\\_jamaica](http://www.heartfoundation.org.jm/open_letter_to_the_government_of_jamaica)

## Barbados – Ms. Fiona Anthony

### Chief Executive Officer, Heart & Stroke Foundation of Barbados

Ms. Anthony summarised a year-long project that the Heart & Stroke Foundation of Barbados (HSFB) began in January 2018, also funded by Bloomberg Philanthropies/GHAI, focusing on an advocacy campaign to ban the sale and promotion of unhealthy food and beverages in schools. The project aims to lay the foundation for an increase in SSB taxation in Barbados, and its core objectives are to:

- Galvanize the support of the Ministers of Health and Education to facilitate project implementation.
- Raise awareness, through CSO coalition building activities, of the health implications of unhealthy food and beverages for school children.
- Build public support around policy change, through the implementation of a targeted evidence-based communication plan utilizing earned and digital media.

- Develop strategies that would counter resistance to health promotion policies.
- Promote legislative change to ban the sale and promotion of unhealthy food and beverages in schools in Barbados.
- Promote an increase of existing SSB taxation in Barbados, from 10% to 20%.

Key stakeholders in the project include government ministries, regional institutions, PAHO/WHO, UWI, and the food and beverage industry, and the HSFB has recruited a project manager and a communications officer to facilitate effective project execution. Ms. Anthony noted that the HSFB is also executing a complementary project through an HCC grant provided by the CDB, which promotes policy change for an SSB ban in and around schools in Barbados. This project involves communication and advocacy, community outreach, showcasing of best practices in schools, and establishment of a national CSO coalition for COP.

## Trinidad and Tobago – Dr. Karen Sealey,

### Convenor and Steering Committee Member, Trinidad and Tobago NCD Alliance; Director, HCC

Dr. Sealey recounted the experience of the TTNCDCA, the first national NCD alliance in the Caribbean, which was formally launched in March 2017. The nine founding CSOs comprise both site-/disease-/condition-specific NGOs and those with a focus on NCD risk factors:

- Trinidad and Tobago (TTO) Cancer Society
- Diabetes Association of TTO (DATT)
- TTO Heart Foundation
- Heartbeat International of TTO
- TTO Coalition for Tobacco Control
- Caribbean Sport and Development Agency
- TTO Association of Nutritionists and Dietitians
- Family Planning Association of TTO
- Chest and Heart Foundation of TTO

Some of the CSOs have not had the experience of activism, and the TTNCDCA is still in the planning stages to build capacity and promote networking, as it aims to add value to the individual CSOs, not to compete with them. Despite its recent establishment, there are factors facilitating the TTNCDCA's leverage, including:

- Recognition by the TTO MoH of the TTNCDCA as the voice and coordinator of NGOs in the national response to NCDs, with the Alliance's participation in the development and launch of the national NCD plan, and collaboration in the Second Civil Society Meeting and the upcoming PHC/Chronic Care Model (CCM) meeting;
- Recent inauguration of the TTNCDCA Network, which includes more than 25 health and non-health NGOs;
- Inclusion of support for the MoH priority of childhood obesity reduction in the TTNCDCA's work plan;

- Promotion of informed, proactive, and coordinated engagement with the private sector;
- Support for the National Parents-Teachers Association as a key stakeholder in the childhood obesity reduction initiative; and
- Capacity to ensure civil society input during the planning stages of NCD-related policies.

Dr. Sealey gave examples of TTO civil society's obesity-related interventions over the years,

including increasing accessibility to safe spaces for physical activity, in collaboration with the Ministry of Transport and the private sector, which has now been integrated into regulations; numerous walks and runs in collaboration with the private sector; advocacy for the recently introduced SSB ban in government and government-supported schools, in which the National Parents-Teachers Association played an important role; and DATT's collaboration with the MoH and Nestlé on health education in schools.

## University of the West Indies - Ms. Tashaine Morrison

### Project Manager, The "JUS Media?" Programme Study, UWI Open Campus

Ms. Morrison described a study on food-focused media literacy targeting healthy eating among high school students and mothers in Kingston, Jamaica. The Principal Investigator (PI) of the study was Dr. Gail Ferguson, University of Illinois Urbana-Champaign, with Professor Julie Meeks of the UWI OC as Co-PI.

Ms. Morrison noted that some Jamaican youth and mothers are experiencing **remote acculturation** to American culture – that is, internalising values, behaviours, and identity from the United States of America (USA) without fully understanding the implications. She characterised this as a new cultural determinant of, and a risk factor for, health, especially since media literacy in Jamaica is fledgling and overlooks the influence of widely available USA cable television and other media on people's eating habits.

The "JUS Media?" programme was adapted to the Jamaican context from similar interventions in the

USA, and involved review of unhealthy eating in Jamaica; examination of the nature of advertising; analysis of USA influence and remote acculturation; determination of media literacy; and initiation of the students in "*subvertising*", the practice of making fun of and spoofing advertisements, and deconstructing the real reason and motivation behind them. Healthy eating was defined based on the Jamaica MoH's 2015 food-based dietary guidelines.

The study showed that involvement of students was a positive factor, and that both the mothers and children loved the subvertising. The conclusion was that food-focused media literacy is a promising tool for improving nutrition information and healthy eating choices, especially among children.

## CARICOM (HCC) – Ms. Maisha Hutton

### Executive Director, HCC

Ms. Hutton shared work being done by the HCC secretariat and member CSOs for childhood obesity prevention in the Caribbean and complementary initiatives. The framework for action is the [HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean](https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf).<sup>52</sup> Most of the activities are funded through grants to HCC from Bloomberg Philanthropies/GHAI and CDB, and a Letter of Agreement (LoA) with PAHO.

- The **Bloomberg Philanthropies/GHAI grant**, which focuses on Barbados and Jamaica, supports three policy priorities: SSB taxation of at least 20%; SSB school bans; and mandatory FOP nutrition labelling, and four priority actions: public awareness for the three policies and the COP ePetition/Call to Action, including the production of information materials; coalition building for CSOs and NNCDs; high-level regional advocacy; and industry mapping. It also supports scaling up to the regional level, where possible.
- The **CDB grant** focuses on capacity building of CSOs to address COP, and there are five grantees: Cancer Society of The Bahamas, Breastfeeding and Child Nutrition Foundation of Barbados, Heart & Stroke Foundation of Barbados, Belize Cancer Society, and Heart Foundation of Jamaica. The CSOs have developed Action Plans for advocacy strategies targeting policy development; four of the Action Plans target national policy for a ban on SSBs in and around schools, while the other targets workplace policy to support exclusive breastfeeding. The Action Plans, the design of which was complemented by a GHAI/Vital Strategies project on CSO capacity building for regional advocacy for an SSB ban, are being implemented over the period March to August 2018.

- The **PAHO/WHO LoA** supports the My Healthy Caribbean School initiative; the launch of fact sheets with basic information on childhood obesity for each CARICOM country; the COP Scorecard, to assess national action on COP; and the COP ePetition/Call to Action



<sup>52</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf>

## CARICOM (CROSQ) – Mr. Stephen Farquharson

### Technical Officer Accreditation and Conformity Assessment, Caribbean Regional Organisation for Standards and Quality

Mr. Farquharson noted that the CROSQ mandate applies to trade facilitation, health and safety, and environment, and his presentation addressed facilitation of healthy lifestyles through standardisation. He noted the CROSQ experience with NCD interventions, which involved primarily the development and implementation of CARICOM Regional Standards (CRS) on labelling of tobacco products and on pre-packaged food.

He summarised **CROSQ's Strategy on Reducing NCDs** as follows:

1. Harmonising relevant standards and a quality improvement (QI) policy frame work:
  - CRS 26:2012 – Labelling of Tobacco Products.
  - CRS 5:2010 – Labelling of Pre-Packaged Food. This is being revised to include FOP labelling with stricter labelling measures for NCD agents.
  - Advertising of tobacco products, to facilitate regulating the marketing of tobacco products to children.
2. Developing and implementing the Regional Quality Policy (approved by COTED), setting in motion the guiding principles of robust QI to inspect, measure, test, standardise, and accredit and/or regulate industry players through a solid monitoring framework.
3. Providing a platform for promoting regional QI institutions and their activities, thereby raising awareness and supporting effective policy implementation.
4. Supporting MS through capacity building projects, including training, equipment, and appropriate guidelines; implementing screening programmes; and interventions to prevent hazardous and harmful use of NCD agents.

Mr. Farquharson identified **lessons learned** in the development of CRS as:

- Limited understanding by stakeholders of the principles of standards development, namely transparency, openness, consensus, and relevance.

- Lack of balanced representation of some stakeholder groups.
- Inconsistent representation of MS in the process.
- Conflicting opinions of various sectors.
- Industry opposition.
- Need for full compliance by all MS with COTED decisions, for regional effectiveness.

He explained the process of developing standards and noted that CROSQ is moving to have FOP labelling as part of the packaging of products. Currently, this is in the standards, but it needs to be made mandatory, with capacity building to enable laboratories to test products and validate the labelling. In this endeavour, Suriname will be the base for the Regional Project Team, with support from a Technical Advisory Group comprising CARPHA, PAHO/WHO, HCC, UWI, and the CARICOM Office of Trade Negotiations. This revision, an output of the CARPHA 6-point policy package to promote healthy diets and reduce the burden of obesity and diet-related NCDs in the Caribbean, should be completed in one year. The document will be submitted to COTED for final approval, and once approved, there should be national implementation.

In closing, Mr. Farquharson noted **factors for successful development of standards**, and highlighted the need to provide resources for the accreditation of Conformity Assessment Bodies:

1. Technical requirements – standards, technical regulations
2. Conformity assessment and accreditation – testing, inspection, certification services, and measure of competency
3. Competent authority
4. Enforcement – administrative and judicial
5. Awareness and promotion – marketing, communication, education (formal and informal), and training



## Discussion

Two points were made in the brief discussion that followed:

- Lawyers should be involved from the start in the development of many NCD-related policies, not only when it is time to draft legislation.
- Many presentations showed useful media products, and it is hoped that they can be shared with other CSOs.

In the subsequent health break, the Caribbean flavour of the Forum manifested when many participants shook off their physical inactivity by dancing in a conga line, at the behest of the participant from CLAS and the encouragement of the HCC President.

## Panel: NCD policy and programming: Taking stock and informing priorities – national and regional priorities (II)

Chair – Ms. Deborah Chen

### Tobacco Control

#### Guyana – Video message

##### from the Honourable Volda Lawrence, Minister of Public Health, Guyana

The Honourable Volda Lawrence congratulated the organisers of the Forum and apologised for her absence. She shared information on progress in Guyana regarding NCD prevention and control, highlighting the launch of the Presidential National Commission on NCDs in December 2017, which demonstrated the commitment of President David Granger to the issue, and the country's experience with tobacco control legislation.

The Minister noted that the Guyana Tobacco Control Act 2017 was assented to in August 2017, with the main objectives of reducing tobacco use and exposure to second-hand smoke. During the reading of the Bill, there was a small protest by cigarette vendors, but "Big Tobacco" mounted a campaign to dissuade the President from assenting to the Bill. The tobacco industry:

- Categorised the Act as having "*gone too far*", highlighting less stringent laws in Jamaica and Trinidad and Tobago.
- Pointed out that tobacco companies paid large amounts of taxes each year, and spread misinformation about the impact of the Bill, saying that it would infringe on civil liberties, result in a ban on the sale of tobacco products, and bar former

tobacco industry employees from government employment.

In addition, the Private Sector Commission indicated that it had not been consulted by the Government in the process of drafting the legislation, and asked that the Bill go before a Parliamentary Select Committee before President assented to it. This action would have eliminated the stringency of the Act.

Though these industry efforts were ultimately unsuccessful, Minister Lawrence noted an important lesson learned: **Engaging the media early in process has many advantages.** Sensitisation of media operatives over the years led to balancing of the anti-tobacco control rhetoric and brought the impact of tobacco use to the fore. The Minister also indicated that many people have begun to take responsibility for their health, including two Cabinet members who have since stopped smoking. She stated that the Guyana experience could be an example and a catalyst for change in the rest of the region, and that countries can make a collective move, building synergies for the passage and implementation of tobacco control laws.

The Minister also stated that Guyana is working to establish a tobacco control programme in the Ministry

of Public Health for three years, which can then be integrated into the NCD programme for sustainability of tobacco control. There will be building of tobacco control capacity among government officials and agencies in order to ensure sustainability and long-term success.

In closing, the Minister reiterated the great threat to health that tobacco poses, emphasised the important role of legislators in tobacco control, and called

for collaboration to address the challenges of NCD prevention and control, in order to make the Caribbean a safe haven for its children, families, and people. Minister Lawrence affirmed the Government of Guyana's full support of the NCD Forum, and wished participants a successful and fruitful meeting that would lead to progress.

## **Barbados – Dr. Kenneth George**

### **Chief Medical Officer, Ministry of Health, Barbados**

Dr. George described the NCD prevention and control journey in Barbados as “patchy”, with several successes, but also some deadlines that were not met. The successes included the prohibition of the sale of tobacco to minors in 2010; smoke-free environments since 2012; and legislation on e-cigarettes in 2017. The country has also started using the CROSQ standard on the packaging and labelling of tobacco.

The Chief Medical Officer (CMO) noted industry interference in the process, when “*Big Tobacco*” lobbied the Ministry of Trade for health warnings on tobacco package labelling to be at 50% of the principal display area, rather than 60%; however, in a win for public health, it remains at 60%. Notwithstanding, other tobacco-related issues still need to be addressed, including illicit trade and advertising sponsorship.

Dr. George stated that the challenge in the public service is to take back the public health agenda. NCDs are often “drowned out” by other public health priorities that are regionally or internationally driven, demonstrated by

the hiatus in implementation of the NCD agenda for 12 months caused by the Ebola outbreak in West Africa. Chikungunya and Zika outbreaks have caused similar effects.

In reference to the various regional and international NCD assessment processes, the CMO expressed the opinion that countries should learn from, rather than try to rank, their experiences. He noted that every two years countries are required to report on their compliance with the FCTC, but there is doubt about the effective use of the results. The process is of little value if the results are only being used to rank countries. Dr. George encouraged governments’ participation in the WHA, characterising these meetings as fora for learning about public health issues and NCDs in a broader perspective. He noted that the Caribbean has not been consistently represented in such gatherings and no longer has its former presence on the international stage.

## **Jamaica – Dr. Tamu Davidson**

### **Director of NCDs and Injuries Prevention, and NCD Focal Point, Ministry of Health, Jamaica**

Dr. Davidson summarised milestones in tobacco control in Jamaica, with 2000 and 2003 being periods of accelerated activity, though tobacco legislation was not in place until 2013. In 2011, a Tobacco Control Bill was developed, but once promulgated, the legislation provoked outcry from both the public and industry, resulting in the government making concessions to industry. The Bill’s stipulations were put into regulations instead, and these were amended in 2014. However,

the country is now moving to develop and implement comprehensive tobacco legislation.

There has been progress around smoke-free policies and graphic health warnings on packages, and there have been three increases in cigarette taxes over the past three years, justified by Jamaica’s ratification of the FCTC, in the absence of national legislation. Though the Jamaica 2017 GSHS shows a reduction in youth

smoking, exposure to second-hand smoke remains high, pointing to the need for sustained action.

Dr. Davidson identified elements of the **success formula** for the country's tobacco control efforts and noted that Jamaica is leveraging the same formula for obesity prevention. The elements include:

- Political will
- Civil society advocacy
- Multisectoral technical working group
- High public support
- Technical cooperation

- Development assistance from the Bloomberg Philanthropies project

She identified three **major barriers**: internal competing priorities, including outbreaks of communicable diseases, such as Chikungunya, Zika, and Ebola; natural disasters; and change in leadership, involving both ministers of health and CMOs.

In advancing, there are plans to reconvene the National Multisectoral NCD Committee; intensify tobacco control interventions, including development of comprehensive tobacco control legislation and enforcement of existing regulations; and implement a public education campaign.

## CARICOM (CROSQ) Mr. Stephen Farquharson

### Technical Officer Accreditation and Conformity Assessment, CROSQ

Mr. Farquharson noted that NCDs affect people, possibilities, potential, and practices, a quartet that he referred to as the "gospel of NCDs". He subsequently summarised CROSQ's focus with regard to tobacco control.

- There has been promulgation of the Labelling of Tobacco Products standard and subsequent adoption by five CARICOM Member States, including Jamaica, which has incorporated the standard into tobacco regulations. The national promulgation and adoption informed the development of the regional standard, and despite challenges in its implementation, CROSQ is engaging stakeholders to incorporate the regional standard into national tobacco control efforts, through appropriate legislation.
- CROSQ is currently working to develop a regional standard for the Advertising of Tobacco Products. That standard exists in Jamaica, but it is voluntary. CROSQ is asking the national standards entities to use the Jamaica standard as a base for promulgating a regional standard, which would prevent "*Big Tobacco*" from advertising in locations where children will be present, as a first step to moving to a total ban on tobacco advertising.

Once drafted, the tobacco advertising standard will be disseminated for public comment. When those comments have been appropriately dealt with, the standard will be presented to the CROSQ Council for primary approval and then to the COTED for final approval for publishing. The entire process is expected to last no more than two years, and though industry push-back is expected, the lessons learned from the experience with the Labelling of Tobacco Products standard will inform efficient management of the process.

Mr. Farquharson reiterated that when CROSQ promulgates a standard and it is approved by COTED, there must be political will to have it adopted at national level through legislation for mandatory implementation. It is therefore important to have strong advocacy to "persuade the right people".

CROSQ will continue to encourage use of the standards through a network of the relevant competent national authorities, in order to monitor legislation to control and reduce the use of tobacco products.

## CARICOM (HCC) – Ms. Barbara McGaw

### Project Advisor, Tobacco Control, Jamaica Coalition for Tobacco Control and Tobacco Advisor, HCC

Ms. McGaw noted that all CARICOM countries, except Haiti, have ratified the FCTC, but implementation of its provisions is uneven. According to the 2017 [POSD Evaluation Grid](#),<sup>53</sup> only three countries have introduced graphic warnings on tobacco packages – Jamaica, St. Lucia, and Suriname – with partial implementation in The Bahamas, Belize, and Trinidad and Tobago. Five countries have passed tobacco control legislation and regulations – Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago – though several others have advanced draft tobacco control legislation.

Ms. McGaw cited global statistics showing a 21% prevalence of tobacco use of among persons over 15 years of age and a 7% prevalence among adolescents. With regard to the Caribbean, she cited data from the [Strategic Plan of Action for the Prevention and Control of NCDs for Countries of CARICOM, 2011-2015](#)<sup>54</sup> indicating that smoking prevalence was 10-27% in adults and 10-25% in teenagers, with males far more likely to smoke cigarettes than women.

She highlighted CARICOM regional actions and national government efforts for tobacco control, noting that a change in ministers and/or government often leads to a loss of momentum for accelerating FCTC implementation. The **“watchdog” function of CSOs is important** in exposing the predatory marketing tactics of the tobacco industry, and in holding governments and industry accountable for their commitments. Strong **CSO leadership in tobacco control** has facilitated relevant actions in some countries:

- In 2011, advocacy by the JCTC was a significant factor in the GoJ’s decision not to pursue increased tobacco production.
- In Trinidad and Tobago in 2009, and in Jamaica in 2013, strong advocacy by the Trinidad and Tobago Cancer Society and the JCTC, respectively, in collaboration with the respective Ministries of Health, led to the introduction of tobacco control legislation.
- In 2013, CSOs, in partnership with the government, prevented tobacco industry interference from

halting the passage of tobacco control legislation in Suriname.

Ms. McGaw noted **challenges** to the implementation of the FCTC, including:

- Lack of financial and human resources in Ministries of Health.
- Changes of ministers and governments, with varying levels of commitment and political will.
- Lack of intersectoral collaboration.
- Tobacco industry interference.
- Lack of awareness of tobacco use as not just a health issue, but also a developmental issue.
- Fear of the economic impact of tobacco control.
- Uneven health leadership at CSO and government levels.
- Inconsistent funding sources for CSOs.

She also summarised **lessons learned** from the JCTC’s experiences:

- Effective tobacco control efforts require comprehensive, multipronged approaches and strategies.
- Civil society is crucial for successful tobacco control efforts.
- More effort needs to be expended on educating policymakers about FCTC Article 5.3, which stipulates how government and its employees should interact with tobacco companies, and the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts. In some instances, government officials are not fully aware of the conflict of interest generated by their relationships with the tobacco industry.
- Tobacco control advocates must keep pace with current information and knowledge, including the development of new delivery devices by the tobacco industry – e-cigarettes, hookah, and other methods

<sup>53</sup> <http://onecaribbeanhealth.org/wp-content/uploads/2018/03/POS-Declaration-country-grid-2017.pdf>

<sup>54</sup> [https://caricom.org/documents/12630-ncds\\_plan\\_of\\_action\\_2011\\_2015.pdf](https://caricom.org/documents/12630-ncds_plan_of_action_2011_2015.pdf)

that heat, but do not burn tobacco – in order to be a step ahead in countering industry interference.

- Economic research is an important, yet often neglected, component of effective advocacy.
- Policymakers and the public in general are often unaware of the massive financial costs to society of tobacco use and the benefits of tobacco taxation as revenue.
- Media can be a powerful tool for, and ally of, tobacco control advocates.

In closing, she identified **next steps** for tobacco control in the region:

- Full implementation the FCTC at a country level, which can benefit from the many regional and

international organisations committed to tobacco control.

- Inclusion of FCTC implementation in national NCD plans, which can elevate its status.
- Integration of FCTC implementation into countries' health and development plans, which can be assisted through the UN MSDF 2017-2021 for the Caribbean.<sup>55</sup> The MSDF will be the overarching framework for the common work of the UN system across Barbados, the OECS countries, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago.
- Cooperation among countries, with sharing of experiences, successes, and lessons learned.

Jamaica MoH and JCTC: InterAmerican Heart Foundation Tobacco Control Award 2014



<sup>55</sup> <http://www.2030caribbean.org/content/unct/caribbean/en/home/MSDF/overview.html>



## Discussion

The main points raised in subsequent discussion were:

- Issues related to contrabanding and cessation programmes for smokers who wish to quit have not been mentioned.
- Jamaica does have cessation programmes, and smoke-free environments provide support for persons who wish to quit. Nicotine substitutes are on the list of Vital, Essential, and Necessary medicines in Jamaica, and there is an agency that focuses on support for smoking prevention and cessation.
- It is important for countries to have reliable data from their own sources. International agencies such as PAHO often make projections that tend to be trending up.
- GSHS data from 2015 are being used to assess tobacco use among adolescents, and the trend is to high rates in the Caribbean.
- The occurrence of emergencies obscures the continuing importance of NCDs, and deaths from NCDs are not as “*sensational*” as deaths from emerging communicable diseases. NCD stories must be made available to demonstrate the impact of these diseases, so that they also can be treated as “*emergencies*” and priorities.
- There is no programme that is not impacted by NCDs, and the issue may need to be re-framed and costed to ensure greater visibility and sustained action.

## Panel: NCD policy and programming: Taking stock and informing priorities – national and regional priorities (III)

**Chair – Mr. Vincent Atkins**

### The multisectoral response

**Bermuda National NCD Commission – Dr. Virloy Lewin**

**Well Bermuda Partnership; Health Promotion Coordinator, Ministry of Health, Bermuda**

Dr. Lewin noted that the mandate of the Well Bermuda Partnership is broader than NCDs and includes:

- *Healthy People*, which addresses diseases and conditions: weight, heart health, cancer, diabetes, kidney disease, sexual health, asthma, and mental health;
- *Healthy Families*, which deals with population groups: parenting, childhood, seniors, and disability; and
- *Healthy Communities*, which focuses on the environment: vector control, smoking and drugs, road safety, stopping the violence, respect for the environment, and emergency preparedness.

She noted **challenges and lessons learned** in effecting the multisectoral response, including competing agendas; limited ownership of strategy goals and objectives; inadequate human and financial resources;

underrepresentation of other sectors, leading to a “*silo*” approach; and difficulties in measuring effectiveness.

Dr. Lewin also summarised actions needed to improve multisectoral action, among them the development of a National Plan to Halt the rise in Obesity and Diabetes, which will complement the already existing National Plan for NCD Prevention and Control, and the establishment of an NNCD, to complement the Well Bermuda Partnership. The framework of the proposed plan to address obesity and diabetes will be based on reducing risk factors, acting at intervention points on the disease continuum, and taking a life course approach. This framework will encourage collaboration across sectors and institutions through an all-of-society approach aimed at achieving collective systemic impact.

## St. Lucia National NCD Commission – Dr. Owen Gabriel

### Chairperson, National Commission on Chronic Noncommunicable Diseases, St. Lucia

Dr. Gabriel stated that the St. Lucia NNCD was established in 2017 as the result of a Cabinet Conclusion and includes only government entities. However, he would lobby for that situation to be changed as soon as he returned to the country, and promote the inclusion of the private sector, including the Chamber of Commerce and the St. Lucia Hotel and Tourism Association, as well as CSOs, including faith-based organisations, the Sir Arthur Lewis Community College, media, and perhaps cultural groups.

**Positive developments** to facilitate the multisectoral response to NCDs in St. Lucia include:

- Cabinet approval of a national NCD policy in April 2017.
- A visit by representatives of the St. Lucia NNCD to the Barbados NNCD in September 2017, which provided a lot of information.
- His own participation in the first virtual meeting of NNCD Chairpersons organised by the HCC secretariat in October 2017.
- Drafting of a national NCD Action Plan, which is pending completion, Cabinet approval, and funding.
- He emphasised that structural and fiscal differences among countries have to be taken into consideration in strengthening the NNCD, and he sees the St. Lucia NNCD as helping St. Lucians to take a “*journey... back to ourselves*”, prioritising the use of local culture, products, and interventions, as well as a people-centred approach, in addressing NCD reduction.

Dr. Gabriel opined that the ultimate goal should be “happiness”, rather than “wellness”, since health is a key determinant of happiness. Though some countries have re-branded the Ministry of Health as the Ministry of Health and Wellness, his suggestion for a more appropriate name would be the “Ministry of Health and Happiness”, promoting the holistic approach that is essential for NCD prevention and control.

He further noted that children should not be blamed if, for example, they only have access to imported fruits.

The health team needs persons with varied skills – different specialists – similar to the team that industry uses to persuade consumers to buy its products, as well as strategies to make technology work for, rather than against, health. Toys, such as E-Rangers, can be used to promote physical activity among children.

Dr. Gabriel presented a proposed “Leukaemia Model” for **NCD programme implementation**, identifying four stages:

1. *Induction*: Surveys, policy and financing approvals, strategic launching, focus groups
2. *Consolidation*: Extension of implementation, broader coverage
3. *Intensification*: Involvement of various media and mass organisations
4. *Maintenance*: Review and refreshing of campaigns

He also identified three **change proposals** that are part of a suggested Whole-of-Society Multisectoral NCD Model that can resist any changes in government and administration, and promote and protect health “from birth to rebirth”, rather than “from cradle to grave”:

1. Strategy for behaviour change – “*Live Your Best Life*”
2. Marketing of indigenous fruits and vegetables
3. Creation of incentives for sports and other physical activity



**NCDs pose a greater threat to global economic development than fiscal crises, natural disasters, corruption, or infectious diseases**

World Economic Forum Global Risk Report 2010

## Barbados private sector action – Mr. Edward Clarke

### Chief Operating Officer/General Manager, Sagicor Life Inc.

Mr. Clarke stated that central to Sagicor's vision to be a great company is its commitment to improving the lives of people in the communities in which it operates. Sagicor's Corporate Social Responsibility (CSR) addresses Education, Health, Youth Development, and Sports. Key activities during the initial Memorandum of Understanding with HCC included the:

- Global Standardised Hypertension Treatment Project;
- Civils Society Regional Status Report: Responses to NCDs in the Caribbean Community;
- Caribbean Cervical Cancer Prevention Initiative; and
- Caribbean Civil Society Cervical Cancer Advocacy Handbook and Planning Tool, as well as plans for continued initiatives.

Sagicor also collaborated with HCC to publicly denounce the unethical practice of marketing unhealthy foods to children. Mr. Clarke noted that as a representative of the private sector on the Barbados NNCD, he approached private sector colleagues to support the campaign against the marketing of unhealthy foods to minors, but many were not willing to do so. Although Sagicor had client relationships with several of those persons, the company supported the campaign, since it was the right thing to do.

He observed that, as part of its CSR, the private sector can do many things without having a lot of money. Additional activities undertaken by Sagicor include:

- Creation of the 10,000 steps walk, in which employees competed at all levels, resulting in improvement in their markers for risk factors and NCDs after six months.
- Launch of Mobile Medical Clinics in Barbados and Dominica.
- Staging of nutrition workshops at annual Sports Summer Camps in Barbados.
- Implementation of the "Healthy Body" initiative in primary schools in Barbados.
- Participation in health fairs.

Mr. Clarke encouraged fellow private sector organisations to join the fight against NCDs, since their support and influence can raise awareness and encourage involvement. He offered the following suggestions for their contribution:

- Have a designated seat on NNCDs or local Boards.
- Participate in discussions with civil society around NCD legislation.
- Facilitate research, and the publication and dissemination of information.
- Advocate wellness activities and habits to customers.
- Take ownership of the sector's role in supplying healthy options to customers.

In closing, he exhorted NNCDs to be "bold and brave", and work with the private sector in NCD prevention and control, and noted the social benefits of investing in health, in areas related to education, productivity, investment, demographics, and the cost of doing business.



**Don't be afraid of the private sector – not all are alcohol, soft drink, or sweetie companies**

Mr. Ed Clarke, Chief Operating Officer, Sagicor Life Inc.

## Jamaica National Food Industry Task Force – Professor Fitzroy Henry

### Professor of Public Health Nutrition, College of Health Sciences, University of Technology, Jamaica; Chair, Jamaica National Food Industry Task Force

Professor Henry first clarified that the NFITF, which has been in operation for approximately one year, is not the NNCCDC. The NFITF was established to interact with commercial interests that produce unhealthy foods and beverages, and dealing with conflict of interest became very important; the NFITF's terms of reference are clear on this issue and address principles of ethics and transparency, and management of risk.

The NFITF mission is to formulate strategies that can improve the dietary environment and contribute to the reduction of the burden of NCDs in Jamaica. Its **areas of focus** for the period 2017-2019 are product reformulation, food marketing, food labelling, and communication and advocacy, and each area of focus has **specific goals**:

- *Product reformulation*: Decreased fat, salt, and sugar content of products to meet national standards; mandatory removal of trans fats in all products; and improvement in the quality of foods sold at food service outlets and by vendors.
- *Food marketing*: Mandatory standards for all foods in schools based on food-based dietary guidelines, progressing to standards for portion sizes of energy-dense foods and beverages; and limitation of the sale and sponsorship of unhealthy food products in schools, progressing to limiting children's exposure to unhealthy food advertising through all channels.
- *Food labelling*: Mandatory nutrition facts panel on all packaged retail grocery foods and beverages; standardised, understandable nutrition labels on packaged foods and beverages; and mandatory nutrition labelling on menus and menu boards, and in chain restaurants and other food outlets.
- *Communication and advocacy*: Massive public education and specific training on the various initiatives; support for manufacturers and vendors in using healthier ingredients; exploration of fiscal measures to increase the availability of healthier foods; and mandatory use of healthy meals and snacks at all government functions.

Professor Henry summarised the **composition of the NFITF**, which includes government ministries, the

Office of the Prime Minister, government agencies (including the Bureau of Standards and the Scientific Research Council), academia, NGOs (HFJ and Diabetes Association of Jamaica), Vendors' Association, media, and private sector (including 15 large and small food industry partners).

He described the NFITF's experiences to date, noting that overall, the interactions have been good. **Major challenges** include branding and sponsorship of unhealthy foods in schools, and advertising of unhealthy foods via all media. Industry push-back has been evident in lobbying in the media against the sugar tax; efforts by the Jamaica Manufacturers Association to finance the development of new nutrition standards; and attempts to discredit the NFITF and its leadership. However, all these food industry tactics have been rubbished.

Professor Henry identified **opportunities to advance**, among them the strong support of the Bureau of Standards, which is the relevant legal authority; the assistance that the Scientific Research Council will provide to assist small producers to reformulate their products; the conduit provided by the Vendors' Association to a market that is difficult to reach; and strong leadership support from the Prime Minister and Minister of Health. Based on these factors, he determined that **now is the time to strike!**

In closing, he noted that strengthening of the Bureau of Standards and Scientific Research Council laboratories will be critical for independent verification of compliance with agreed product reformulation, and that government sanctions for non-compliance with mandatory regulations will contribute to success. He also identified **lessons to date**:

- Include critical stakeholders in discussions and decisions
- Define the ethics of participation
- Ensure transparency in the processes
- Anticipate and manage risk
- Secure sustained financing
- Garner political and public support

## CARICOM (HCC) – Dr. Victor Coombs

### Director, HCC

Dr. Coombs highlighted HCC's commitment to multisectoral collaboration with government, the private sector and civil society; best practice advice; taking small steps in pursuit of objectives; and ongoing monitoring and evaluation.

He described HCC as a formidable force for NCD prevention and control in the Caribbean, working in the four main NCDs – CVD, cancer, diabetes, and chronic respiratory diseases, and the four main risk factors – tobacco use, unhealthy diets, harmful use of alcohol, and physical inactivity, using the four pillars of advocacy, mHealth, capacity building, and communications. Regarding the last-mentioned, he presented a list of several HCC publications on various NCD-related issues.

The HCC Director summarised results of HCC's Workplace Wellness Programme in Barbados.

- Of 35 companies, 28 (80%) offered Worksite Wellness Programmes (WWPs) to employees, but only 13 (37%) had ever conducted a health risk appraisal of their employees.
- The company WWPs include comprehensive health insurance, preventive health coverage,

onsite screening, nutrition, weight management, fitness/physical activity, incentives for healthy lifestyle, health education, addiction counselling, stress management/mental health counselling, occupational safety and health, and medical assistance schemes.

- The HCC programme carried out health screening in selected workplaces, including assessment of fitness and cardiac risk, and determined the use of certain workplace benefits, including the Employee Assistance Programme (EAP). One company reported that over the period 2012-2013 it saw major increases in medical premiums and high utilisation of EAP services, which resulted in the company "having conversations" with its insurance agencies and pre-employment doctors. High levels of absenteeism and sick leave were also noted.

Dr. Coombs stated that the programme encouraged employers to determine employees' cardiac risk, so that relevant management could be instituted and supported, if necessary; he advised that free software for cardiac risk assessment is available from the American Heart Association.

## Wrap Up

### Dr. Kenneth Connell, President, Heart & Stroke Foundation of Barbados

In the final session of the day, Dr. Connell congratulated the speakers, presenters, and audience, and highlighted several ideas and concepts expressed during the day, including the need to take back the public health agenda; obtaining the support of the Catholic Church in introducing the HPV vaccine in Belize; social determinants of nutrition security; various CSO experiences across the region; and the World Economic Forum's statement on the impact of NCDs, which have the potential to reverse post-independence gains made in Caribbean countries.



**Why think outside the box? Why not re-define the box? Why have the box at all? Make NCDs reduction so attractive so that stakeholders can't help but get involved."**

Dr. Kenneth Connell, President  
Heart & Stroke Foundation of Barbados



# Summary of Day 2

## Morning session – International and regional initiatives, focusing on diabetes

### Key Messages

- Exclusive breastfeeding should be recognised as a key strategy in NCD prevention and control.
- The Spouses of CARICOM Leaders Action Network can be an effective ally in the fight against NCDs due to the visibility of its members, the “soft power” that they wield, and their multisectoral influence. They need evidence-based information, and providing them with technical briefings is important.
- Despite progress in risk factor management, diagnostic technology, and treatment regimens, quality management of persons with diabetes continues to encounter barriers due to less-than-optimal availability and accessibility of services, particularly in the public sector; limitations in enabling environments for food and nutrition security and adequate physical activity; cultural myths and perceptions; and psychosocial and mental health issues, among other factors.
- Diabetes Associations/Foundations are collaborating with government and the private sector in the provision of education, self-management training, and much-needed screening and clinical services for persons with diabetes, as well as participation in research to add to the diabetes knowledge base.
- International CSOs such as the World Diabetes Foundation; development agencies such as PAHO/WHO and other UN agencies; academic institutions such as the UWI; and private sector entities are playing critical roles in providing financial and technical resources for collaborative efforts to address diabetes and other NCDs in the Caribbean.
- Through its funding of CSO collaborative projects in several countries in this and other regions, the WDF is contributing to building self-management capacity in persons with diabetes, and to building the capacity of workers at all levels of the health care system, including Community Health Workers, in relation to strengthening primary health care.
- Partnerships and collaboration among CSOs themselves, involving knowledge exchange and technical cooperation, is a very useful, but underused, modality for building capacity.
- Many persons with diabetes and other NCDs use complementary, alternative, and traditional medicine treatments, often without the knowledge of their health care providers; this is an important area for research, recommendations, and integration into care, as appropriate.

## Day 1 recap and Day 2 objectives

### Ms. Lydia Atkins, NCD Focal Point, Ministry of Health and Wellness, St. Lucia

Ms. Atkins characterised the previous day's discussions as thought-provoking and stimulating, with highlights being the examples of interventions, methods of dealing with conflict of interest, and reasons for involvement of the private sector in NCD prevention and control. She opened the floor for comments on the final panel of the previous day, and participants' interventions included the following:

- Dr. Gabriel's presentation, which emphasised happiness – rather than absence of disease – and a focus on children and indigenous foods, was different and enjoyable. A simple measure that might have impact is upscaling breastfeeding, which is known to decrease the risk of NCDs. In Barbados, only 19% of mothers are exclusively breastfeeding – 35% in the Caribbean – and the WHO target is 50% by 2020.
- Breastfeeding is very cost-effective, though it is not one of the WHO Best Buys, and should be considered in strategies for COP.
- Breastfeeding is not one of the 16 Best Buys since it has not been subject to a cost-effectiveness analysis by WHO, as have the interventions so designated, but it is among the actions that WHO recommends for NCD prevention and control.
- NCD interventions must address vulnerable groups. Data are usually disaggregated by sex, but should also be disaggregated by various socioeconomic characteristics, including culture. How are we addressing social inclusion, determinants of health, and gender? CSOs should include persons who are traditionally marginalized and on the periphery of health in their interventions for NCD prevention and control.
- The media are not open to advertising issues on health, particularly NCDs. Perhaps governments should negotiate with media to link the granting of licenses with addressing health issues in prime time.
- Standards pending COTED approval are those for FOP labelling, which will be completed and submitted to COTED in approximately one year, and for the advertising of tobacco products, which should take about two years to complete, with subsequent submission to COTED. The tobacco advertising standard is already promulgated in some countries, such as Jamaica, and work is being done on making it a regional standard.

## Leveraging “Every Caribbean Woman Every Caribbean Child” to meet the SDGs

### Her Excellency Ms. Sandra Granger, First Lady of Guyana; Vice-Chair, Spouses of Caribbean Leaders Action Network

The First Lady thanked organisers for inviting her to make the presentation on behalf of the newly-formed Spouses of CARICOM Leaders Action Network (SCLAN), which has the Honourable Ms. Kim Simplis-Barrow, First Lady of Belize, as its Chairperson. Ms. Granger offered Ms. Simplis-Barrow's regrets for her absence from the Forum, due to a prior commitment.

Ms. Granger noted that members of SCLAN are concerned about the health and wellbeing of every Caribbean citizen, especially the most vulnerable. All

CARICOM MS are SIDS, but some have been reclassified by international financing institutions as middle- and upper-income countries, making them ineligible for official development assistance. She emphasised that governments cannot fight the battle for health alone – all sectors have to be involved.

Based on their deep concern about these issues, the Spouses of CARICOM Leaders met in Belize in 2017, launched SCLAN, and agreed to champion “**Every Caribbean Woman Every Caribbean Child**”<sup>56</sup> (ECWECC)”

<sup>56</sup> <https://bit.ly/2IBTLwG>

a spin-off of the global “**Every Woman Every Child**” initiative<sup>57</sup> The Caribbean initiative aims to reduce:

- *Adolescent pregnancy*, noting that the Caribbean has the highest prevalence after sub-Saharan Africa. The law which stipulates that a minor must receive parental consent before she can legally access contraceptives has to be revamped – the age of consent is 16 years and the age of maturity is 18 years. Children are becoming sexually active at an earlier age, but are turned away from clinics and denied services at age 16 because they lack parental consent. This issue needs to be addressed.
- *Mother-to-child transmission of HIV*, including availability of, and access to, pre-exposure prophylaxis (PrEP) for those prone to risky behaviour, and avoidance of substandard drugs;
- *Cervical cancer*, including re-examination of the requirement for parental consent before a minor can access the HPV vaccine; and
- *Domestic violence*.

With support from the Clinton Foundation, a pilot project is soon to be implemented in Jamaica.

In addition, the Spouses also focus on national priorities. As examples:

- In **Belize**, the Honourable Kim Simplis-Barrow is the Special Envoy for Women and Children and focuses on relevant issues, including girls’ education, persons with disabilities, and administration of the HPV vaccine to prevent cervical cancer.
- In **Antigua and Barbuda**, the Honourable Ms. Maria Browne, Member of Parliament, works towards empowering women.

## Discussion

In a short question and answer session after her presentation, the First Lady was asked about the influence that the Spouses might have in getting Heads to HLM3.

Ms. Granger advised that the Spouses wield “soft power”; they have to be subtle, but also need to highlight the challenges and costs. She noted that Ministries of Finance analyse figures, rather than all the issues, so it

- In **The Bahamas**, the Honourable Ms. Patricia Minnis works with teenaged girls and towards the reduction of teenage pregnancy.
- In **Haiti**, Her Excellency Ms. Martine Moise focuses on vaccination of babies and young children.
- In **Jamaica**, the Honourable Ms. Juliet Holness, Member of Parliament, includes the ECWECC pilot project among the issues she addresses.
- In **Guyana**, the First Lady focuses on the education and empowerment of women, girls, and young people in general, including training in business management and technological skills.

The First Lady noted that on the face of it, SCLAN’s priorities may seem to be outside the scope of NCD prevention and control, but a holistic approach to health and wellbeing helps in creating and maintaining a productive population and progress towards the achievement of the SDGs. Improvement in women’s development results in improvement in the family and the wider society, and 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.

In closing, the First Lady highlighted the visibility of SCLAN’s members and their collaboration with all sectors. She noted that they can lend their voices and energies to NCD reduction campaigns in their respective communities, and it would be important to determine how the goals of ECWECC intersect with those of NCD prevention and control.

is important to bring on board Ministries of Health and Ministries of Social Protection and Social Inclusion, as well as ministries dealing with gender, culture, youth, and other social and demographic aspects of health. The Spouses need to be armed with relevant information, in order to act based on empirical data and not on what someone says or believes, and should receive that kind of briefing from technical people.

<sup>57</sup> <https://www.everywomaneverychild.org/>

## Diabetes in the Caribbean 2018: Its burden, prevention, and control

**Professor the Honourable Dr. Errol Morrison, Director General, National Commission on Science and Technology, Jamaica; Advisor to the Prime Minister of Jamaica**

Professor Morrison described research in Anglophone Caribbean territories over many years showing diabetes prevalence of 12-15% in the population 20-79 years of age, a situation mirrored in the French and Dutch territories in the region. He noted that these figures do not support the prediction of an “explosion of diabetes” in the Caribbean. A study of death certificates in the 1970s done by Dr. Sylvan Alleyne and colleagues in Jamaica showed that approximately 7% of deaths were due to diabetes;<sup>58</sup> the figure now is about 15%.

In his further remarks, Professor Morrison noted:

- The strong peer support for diabetes control in the Caribbean through diabetes associations, facilitators, diabetes educators, workshops, and conferences. For example, the University Diabetes Outreach Programme (UDOP) in Jamaica has been going on for many years and a UDOP conference will start this week in Runaway Bay, Jamaica.
- The ARM approach to diabetes management, which provides **A**dvice on lifestyle (exercise, sleep, eat); **R**x (treatment) with oral medications and insulins; and **M**onitoring devices. This approach places the person with diabetes at the centre of the management team’s actions.
- A lack of national data on various diabetes-related problems such as foot and eye complications, depression, and hospitalization. However, there are data from the Diabetes Association of Jamaica (DAJ), UWI, and MoH clinics.
  - These entities, combined, screen only about 10% of people with diabetes for **eye complications**.
  - Regarding **foot complications**, DAJ figures show that 9% of persons with diabetes have amputations, 4% have ulcers, and 4% have infections.
  - Estimates are that almost 100% of persons with diabetes have **depression**, compared with 18% of the general population.
- **Duration of hospitalisation** for persons with diabetes averages about three weeks, compared with one week for persons without diabetes.
- Evidence of an increase in diabetes among children, though the definition of “children” varies across national institutions and regionally. In 2009, the MoH in Jamaica reported 10,000 children under 15 years of age with diabetes.
- An islandwide survey in Jamaica many years ago, which showed high levels of overweight and obesity, though this issue is only now being taken seriously, including analysis of diabetes and obesity, “diabesity”.
- Ongoing **research** on diabetes in the Caribbean, which addresses:
  - *Dietary factors*, including sugar, oils, alcohol, and complex carbohydrates, in an effort to determine the glycaemic index of foods, rather than just focus on SSBs.
  - *Hormonal imbalance*, analysing the effects of glucogenic substances against those of insulin and other peptides.
  - Costs, previously estimated by the World Bank to be 3% of GDP in Jamaica; the current estimate is 3.0-5.5% of GDP.
  - *Lifestyle*, comparing sedentarism with physically activity.
  - *Foods*, including root crops, vegetables, meats, and marine products.
  - *Environmental pollution*, on land (the soil in Jamaica is high in cadmium and lead, which may find their way into food and cause organ damage), sea, and air.

<sup>58</sup> <http://iris.paho.org/xmlui/bitstream/handle/123456789/27707/ev23n3p306.pdf?sequence=1>



There are some things which we in the Caribbean will do best... and there are some things which only we in the Caribbean will want to do

Sir Arthur Lewis  
1979 Nobel Laureate in Economics, St. Lucia

## Discussion

- Can Professor Morrison apply his research skills to the four billion people worldwide who have NCDs? Can he catalyse a “WeToo” movement to say that “this is not the problem of a few, but of the many” by persuading the wider global NCD community and partners to do some of things that he is doing on a small scale?
- Professor Morrison has support from the governmental level to popularise the ideas for audiences “from pauper to policymaker” and convene expositions that provide information on priority health problems.
- Barbados was once called “the amputation capital of the world” and the rest of the Caribbean became caught up in the label. This designation of Barbados is partly due to surveillance bias, given that the country has one public tertiary care hospital that performs and records almost all the amputations. Other countries may have similar problems that are not recorded.
- What nutritional guides can be promoted to the population, given the concerns expressed in Professor Morrison’s presentation?
- There must be greater focus on the diabetogenic potential of foods, rather than only on food content.
- Is there a benefit to having freshly produced milk as part of the nutrition programme in the prevention and treatment of diabetes?
- Professor Morrison wrote an article on milk and diabetes in 1991, indicating that the substance contains a fat globulin that cross-reacts with pancreatic antigen and can damage the pancreas. He has stated that “cow’s milk is for calves” and that the molecules causing these issues would need to be removed from milk to prevent possible damage to the human pancreas.
- Despite efforts to address the diabetes epidemic, it appears that there is no reduction in prevalence. Are there any suggestions as to how best to put in place mechanisms and platforms to address this issue? Such platforms and mechanisms would not only apply to diabetes, but also to other NCDs.
- One of most effective approaches is increased understanding and getting people to move early against the development of NCDs. The Facilitators’ programme in Jamaica is an attempt to give peers an in-depth understanding of the condition, be it diabetes, hypertension, or other NCD, and “*red flag*” the symptoms and signs. The programme taught village leaders “do’s and don’ts” and early symptoms, with the concept of “each one, teach one”. The solution lies in early empowerment of people, and the army of Facilitators is an important way of achieving this. The results have been favourable – six months after the intervention, there was a fall in A1C levels in the target population; the “grass roots” approach matters.
- There is also a strong foot care programme in the Caribbean, linked with the [World Walk Foundation](http://worldwalkfoundation.org/?sequence=1),<sup>59</sup> which has been incorporated as an important part of the diabetes programme in Jamaica. Trainers visited the country, assisted by PAHO/WHO, and trained foot care assistants in early detection of foot symptoms and problems.
- Guyana has benefitted from the work of Canadian surgeons and now has seven foot care centres operating, which need to be integrated into the health system.

<sup>59</sup> <http://worldwalkfoundation.org/?sequence=1>



## Panel: Diabetes (I): Spotlight on civil society supporting national diabetes prevention and control programmes across the region

**Chair - Ms. Juanita James**

### **Barbados Diabetes Foundation**

**Dr. Diane Brathwaite, Medical Director**

Dr. Brathwaite explained that the Barbados Diabetes Foundation (BDF) was established more than 14 years ago and four years ago, supported by the Maria Holder Trust, it inaugurated a multidisciplinary centre, The Maria Holder Diabetes Centre. The Foundation focuses on self-management education and a patient-centric, family-based approach; one of its major partners is the Ministry of Health, Barbados.

The BDF also supports local research, prevention, and professional education, and serves both public and private clients, the former referred from polyclinics. These clients from the public sector are entitled to a six-month package of care, which has resulted in significant reductions in their A1C levels over the six-month period, based on an assessment of a cohort of 23 consecutively presenting clients. The Foundation serves about 220 public clients annually.

In Barbados, 18.7% of the population over 25 years of age has diabetes, and the prevalence rises to 46.7% in persons over 65 years of age. There are no screening or standardised self-management programmes, nutrition understanding is poor, and there are psychosocial and cognitive barriers to optimal management, with high

complication rates. "Diabetes distress" is a recognised entity that is difficult to differentiate from depression, and marijuana use and behavioural issues in young people are also barriers to effective management. In addition, cultural myths and perceptions abound, and the situation is worsened by the obesity epidemic, high-risk paediatric populations, and males with poor health care-seeking practices.

Dr. Brathwaite noted that the BDF has developed partnerships to address prevention, including with the Diabetes Association of Barbados, HCC, and schools, and has worked to strengthen the knowledge base of auxiliary health professionals and non-health professionals, such as manicurists and beauticians. The BDF has also established a national register of persons with Type 1 diabetes.

The Foundation offers a wide range of services related to diabetes control, among them diabetes and retinal screening; diabetes foot clinic; mental health and cognitive function assessment and follow-up; medical nutrition therapy; individual physiotherapy consultation; exercise group; and support groups.

### **Diabetes Association of Jamaica**

**Ms. Lurline Less, President**

Ms. Less described the mission and services of the DAJ, a non-profit NGO established in 1976 and incorporated in 1983. The DAJ works with government and private sector to provide primary and secondary level care to persons with diabetes. Primary prevention is done through medical screening and diabetes education, while – since 1998 – the DAJ's Diabetes Medical Centre provides secondary and tertiary level treatment, using the "one stop shop" concept.

The DAJ has four branches and support groups across the island and its **services** include:

- Diabetes education – in-house and in communities
- Medical consultation and referral clinic
- Retinal screening, which reveals that 20% of children (those <25 years of age) screened at the DAJ have diabetic retinopathy.
- Nutrition counselling
- Physical activities
- Clinic and outreach screening of blood glucose, blood pressure, A1C, body mass index, cholesterol,

electrocardiogram, microalbuminuria, haemoglobin, vision screening, foot care, blood circulation

- Transient hemodialysis

Ms. Less suggested that there be an analysis of costs associated with diabetes complications, and summarised the “*Life for a Child*” programme, which is supported by the International Diabetes Federation (IDF) and implemented in collaboration with the MoH. The programme has 350 children registered, and provides monitoring and treatment supplies to them free of cost.

The DAJ’s **lessons learned** include the impact of culture and community interactions in the management of NCDs, while **challenges and barriers** include uncertainties in the sustainability of NGOs; devaluation of the Jamaican dollar; and competition from insurance companies, government agencies, and others, which threatens the very survival of NGOs. The Association’s **best practices** include the diabetes education programme for laypersons and there is a MoH Chronic

Care Passport that describes standards of care, which is given to people with, and affected by, diabetes.

Ms. Less ended her presentation with several **recommendations**:

- Educate the public on how to make good nutrition choices, and make information readily available, looking at the glycaemic index of the meal, not just one aspect of the plate.
- Ensure more ongoing public education.
- Carry out more health screenings, with referral and follow up.
- Provide better access to medication through health centres.
- Ensure improved presence in schools and communities.
- Undertake advocacy on healthy eating habits and improving physical activity.

## Diabetes Association of Trinidad and Tobago

### Dr. Bernice Dyer-Regis, Education Officer

Dr. Dyer-Regis noted that the DATT operates on a minimum budget that comes from a government subvention, which is not always available as anticipated. Despite this, DATT carries out **functions** of screening, including counselling and referral; education, addressing prevention and management of diabetes; research; and advocacy. The Former First Lady of Trinidad and Tobago, Ms. Reema Carmona, is the Patron of DATT.

Dr. Dyer-Regis provided summary information on some of DATT’s **interventions**.

- *Residential Camp for Children*. Held annually, this is one of the unique services that DATT provides. For the past 15 years, it has organised a one-week residential camp in July for children living with diabetes (CLWD). The children are newly diagnosed, with older ones as peer counsellors, and the staff includes camp counsellors, nurses, physicians, craft facilitators, dietitian, physical activity instructor, and cooks; Ministers of Health always participate in the Camp. The combination of fun and peer learning

about diabetes and its management leaves a lasting positive impact on the lives of these children, and in 2016 DATT extended invitations to CLWD in other Caribbean countries, which Belize, Curaçao, Dominica, Guyana, and St. Lucia accepted. In 2017, financial constraints scuttled plans for the Camp, but a two-day workshop for parents and newly diagnosed children was held in July. In that same year, for the first time Tobago hosted a three-day residential camp for 22 CLWD.

- *Screening*, for blood glucose and blood pressure; there is limited cholesterol screening.
- *Research, on:*
  - School Experiences of Children Living with Diabetes, in collaboration with the Master of Education Health Promotion programme at UWI, St. Augustine. Results indicate that students’ diabetic condition adversely affected their educational and recreational experiences; and

- Use of Complementary and Alternative Medicine (CAM) among Persons Living with Diabetes, being conducted by UWI students in DATT branches to explore issues related to the use of natural substances as the main methods of, or adjuncts to, diabetes management.
- *Policy recommendations* for School-based Diabetes Management. The recommendations document was submitted to the MoH and Ministry of Education for inclusion in the National School Health Policy, which is being revised.
- *Comprehensive Diabetes Education Awareness Project (COMPRES-DEAPS)*, which encourages physical activity in schools. The project builds on the DEAPS programme introduced in primary schools in 2002, and is grounded in the MoH's Draft Childhood Obesity Prevention Policy; the Ministry of Education's HFLE Regional Curriculum Framework for Ages 9-14; and the [Caribbean Charter for Health Promotion](#)<sup>60</sup>.



Think about the children – not later, but now!

## Bahamas Diabetic Research Institute

### Dr. Chrispin Gomez, Medical Director

Dr. Gomez presented the work of the Bahamas Diabetic Research Institute (BDRI), which includes:

- *Diabetic Self-Management Education (DSME)*, comprising an eight-week course held three times per year.
- *Kids Club* for children with Type 1 diabetes, where they participate in diabetes education, games, crafts, and videos.
- *Support groups* for parents; persons with Type II diabetes who graduate from the DSME course; and young adults with Type I diabetes.

- *Individual counselling*, including by a psychologist.
- *Diabetes prevention programme*, including exercise classes.
- *Biannual symposia* on foot care and dental health.

He presented BDRI statistics for the period 2014-2017, showing upward trends in the total number of BDRI clients, from 107 in 2014 to 230 in 2017, and in persons with pre-diabetes and diabetes Types I and II.

<sup>60</sup> <http://www.archive.healthycaribbean.org/publications/documents/cchp.pdf>

## Tackling the global diabetes epidemic

### Dr. Kaushik Ramaiya, Honorary General Secretary, Tanzania Diabetes Association; Board Member, World Diabetes Foundation

Dr. Ramaiya provided background information on the Denmark-based WDF, noting its:

- Establishment in 2002;
- Legal status as a “foundation combatting diseases and serving a social and charitable purpose”;
- Mission: “To alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of the disease”;
- Poverty focus, providing support only to low- and middle income countries (LMICs); and
- Demand-driven methods of working, through consideration of proposals that are either owned or supported by ministries of health or other national authorities.

Over the period 2002 to 2018, the WDF has worked on 535 country projects in 116 countries, using aggregated WDF funding of USD 137 million and collaborating with various partners, including ministries of health, international organisations, and civil society. WDF has over 30 partnerships directly with MoH/national health authorities based on national diabetes or NCD response frameworks. The WDF strategy has evolved to include NCDs other than diabetes and integration of NCDs into health systems, and may be moving to contribute to progress in achieving UHC.

Dr. Ramaiya also noted **developments in the Tanzania Diabetes Association (TDA)**, which was established 31 years ago and is now the focal point for diabetes activity in the country. In 2003, with the aim of building a sustainable, quality diabetes service, the TDA and the MoH established a partnership, obtained seed funding from development partners, and began working with other stakeholders, including church-based hospitals. The TDA undertook curriculum development and training, developed capacity building tools, established Association Branches, implemented a supply and logistics system, and conducted monitoring and evaluation. The MoH provided human resources and clinic space. Initially, diabetes clinics were established using 40-foot containers divided into four rooms to

house nurses and registration, a laboratory, and two examining rooms.

A **needs assessment** was conducted to inform the frequency of screening for complications, determine problems that patients faced in accessing care, and identify medical payment sources. The results showed a deficit in screening for cardiac, renal, eye, foot, and dental risk factors and complications; cost of transportation as a major barrier to accessing care; and the client’s own income as a major source of payment for medical services.

Based on these and other findings, over the period 2003-2008, diabetes clinics were strengthened at four main referral hospitals, and diabetes services were established in all regional, and several district, hospitals. Monitoring and evaluation have shown decreasing trends in A1C levels, diabetic ketoacidosis, and mortality in persons with Type I diabetes, 2005-2016.

A plan to develop a national diabetes/NCD programme was formulated in 2012, for implementation by the TDA in the framework of the National Strategy for Noncommunicable Diseases, coordinated by the MoH and funded by the WDF. The goal of the programme is the reduction of morbidity and mortality due to diabetes/NCDs in Tanzania, through development of a comprehensive system of care for people with NCDs, and creation of public awareness.

Dr. Ramaiya highlighted **programme activities**, including the development of a registry for children with diabetes; training of health care workers; and translation of some of the training manuals into the local language, Swahili. He also presented a model proposed for the integrated provision of health services that includes, among other elements, health education using health facilities and mass media; general and settings-based screening for NCDs, HIV, and tuberculosis; and both general and disease-specific clinics. The benefits of this approach include sharing of human resources, physical space, blood testing, and laboratory personnel; screening for complications and coexistence of diseases; and use of

Community Health Workers, who are now part of the MoH establishment, to enhance community awareness and screening for all diseases of public importance.

**Programme monitoring indicators** include community level awareness of NCDs; patient characteristics and utilization; health care providers' service delivery; health care facility capacity, and diabetes clinic services monthly reports.

## Discussion

- The TDA is to be complimented on its initiative, since there is a perception that only communicable diseases are priorities in sub-Saharan Africa.
- The model of care proposed by the TDA is an interesting one. Jamaica has implemented the [CCM](https://bit.ly/2ktJ59X)<sup>61</sup> focusing on diabetes,<sup>62</sup> but many patients have both diabetes and hypertension. The MoH was able to add hypertension to the CCM, but there is need to address both disorders in conducting clinics. What is the status of auditing and monitoring delivery of care in the Tanzania model?
- Though initially only a diabetes service, in Tanzania there are now integrated NCD services in the clinics, and health care workers are trained in the early detection of CVD, stroke, and cancer. Monitoring is ongoing, and an audit will be conducted before moving to the next stage of service development. The biggest problem is attrition of trained people, and three-month Certificate courses have been introduced to provide a career path, as a way of sustaining human resources.
- Capacity building is important not only for PHC, but also in other clinics such as paediatrics, maternity, oral, and eye, to detect and manage persons at high risk of NCDs.
- The CCM not new to the Caribbean, and so far NCD-related outcomes have not been favourable, so caution is needed in the expectations of the model.
- There should be not only integration of services, but also integration of the data collected. Paper-based systems should be analysed and strategies implemented to improve data availability and quality, especially in countries with small populations.
- There needs to be more emphasis on the fact that in the Caribbean many patients take herbs, supplements, and other types of complementary, alternative, and traditional medicines. This is a multi-billion dollar industry, and patients often do not share this information with their health care providers.
- The population in Tanzania also consults traditional healers. However, these healers have to register with the MoH, and this provides an element of quality control.

<sup>61</sup> <https://bit.ly/2ktJ59X>

<sup>62</sup> <http://www1.paho.org/hq/dmdocuments/2009/cmn09day2pres6.pdf>



## Signing of COP Call to Action by the First Lady of Guyana



Introduced by Ms. Francine Charles, Her Excellency Ms. Sandra Granger, First Lady of Guyana, made brief remarks, noting that she wishes to support the fight against childhood obesity, which is a national and regional medical, economic, and social crisis.

The situation impacted not only on government sectors and civil society, but also on private sector institutions such as the insurance industry.

She appealed for all stakeholders to get involved in the early education of women and children on the dangers of obesity, an issue that demands attention and visible support.

The First Lady then signed the online petition/Call to Action.



## Panel: Diabetes (II): Spotlight on World Diabetes Foundation supporting diabetes prevention and control in the Caribbean

Chair - Mr. Bent Lautrup-Nielsen



Mr. Lautrup-Nielsen noted that a WHO Expert Group will be producing a report on integrating NCDs into other programmes, and the Tanzania experience will be included. The WDF has provided USD 3.5 million to Tanzania and USD 500,000 to Haiti over the past decade, in pursuit of the Foundation's goal of supporting countries and stakeholders to prevent and control diabetes. He advised that the panelists represent entities that the WDF has supported.

### Haiti

#### Dr. Nancy Larco, President, Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires

Dr. Larco described the Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires (FHADIMAC), a civil society non-profit organisation with members at all levels of the Haitian population, from patients to medical personnel. She noted its mission: "Help people affected by diabetes and cardiovascular diseases to live better with their conditions". There are 10,000 registered members, 3,000 of whom are active, with 1,500 needy patients receiving care on a regular basis at the FHADIMAC facility, and 350 children and young adults being followed. FHADIMAC is recognised by the

government, and benefits from fiscal advantages in serving its members.

The FHADIMAC President commented on the lack of data on Haiti in many of the documents provided for the Forum. She presented **statistics on Haiti**: population 11 million – 49.5% male, 50.5% female, 43.2% aged 0-19 years, 52% aged 20-64 years, and 4.8% aged 65+ years; national budget USD 2.25 billion; and health budget USD 95.6 million (4.3%). She also presented 2004 data showing a 40% prevalence of hypertension and a 7% prevalence of diabetes in persons aged 20-79 years,

and noted that the estimated number of youth with diabetes is 1,500; the mortality rate in children with diabetic ketoacidotic coma was 52%.

The resources provided for recovery from the devastating January 2010 earthquake in Haiti were mainly for trauma, and the Ministry of Public Health and Population (MSPP) asked FHADIMAC for help in caring for persons with NCDs; WDF provided assistance in that endeavour. Since 2010, FHADIMAC has had a Memorandum of Understanding with the MSPP, which recognises the Foundation as the reference institution in the management of diabetes and CVD in Haiti. FHADIMAC's functions include increasing awareness, advocacy, education, and screening, and the Foundation was a member of Haiti's delegation to HLM1 in September 2011.

FHADIMAC has been advocating the cause of NCDs and putting pressure on the MSPP to include NCDs in its agenda and create a task force; this was done in January 2018. Other interventions include:

- *Standardised training* in diabetology, endocrinology, and paediatric endocrinology.
- *Children's programme*, initiated in June 2010.
- *Work in prevention, management, and care of diabetes and CVD*, including establishment of a foot clinic, assisted by members of the Diabetes Association of Jamaica, who visited Haiti to train staff in foot care.
- *Youth camps*.
- *Mobile screening clinics*.

In closing, Dr. Larco noted that FHADIMAC represents North America and the Caribbean on the Steering Committee of the IDF, highlighted a new IDF initiative addressing diabetes in humanitarian settings, and offered congratulations to HCC for organising the NCD Forum



**Civil society organisations have the same responsibility as government, to make things move forward in our respective fields**

Dr. Nancy Larco, President, Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires

## Belize

### Mr. Anthony Castillo, President, Belize Diabetes Association

Mr. Castillo informed that, according to data published by the IDF in December 2017, 14.2% of persons 20-79 years of age in Belize are living with diabetes, which amounts to approximately 50,000 persons. A survey done through the Central American Diabetes Initiative (CAMDI) found that Black and Hispanic people are more prone to diabetes, a description that covers almost the entire population of Belize.

He noted that as part of the response to the high prevalence of diabetes in the country, the Belize Diabetes Association (BDA) and the MoH developed the Belize National Diabetes Self-care Programme, which

was funded by a WDF grant. An immediate challenge to programme initiation occurred, with a two-month delay in receipt of the funds – provided in US dollars – due to stringent national banking regulations; the Central Bank of Belize had to be convinced that the funds were “clean” money.

Mr. Castillo stated that the programme aims to develop and implement culturally appropriate diabetes self-management training, in coordination with diabetes experts within Belize. The training will target Health Educators, Community Health Workers, and Rural Health Nurses, to carry out community-based diabetes

lay education across the six districts of Belize, based on the curriculum developed by PAHO/WHO. The programme outcome is improved and increased levels of knowledge and awareness of diabetes and self-management at the community level, including the process of referral to additional primary care services for persons with diabetes. The BDA advises patients that since they see doctors only for brief periods and are on their own for the rest of the time, they need to know how to take care of themselves.

He noted that the BDA, established in 1991 by medical doctors, is now managed mainly by lay persons, and has grown to have branches in Belize City, Punta Gorda, Dangriga, Belmopan, and Corozal – the last branch was established about two months ago. The Association works with other local CSOs such as the Belize Council

for the Visually Impaired and the Kidney Association of Belize, as well as with major partners such as the MoH, WDF, and PAHO/WHO.

BDA intervention examines food, exercise, and medication for persons living with diabetes, and encourage the idea that there are few “*bad foods*”, promoting portion size as an important consideration. The BDA also urges physical activity among its clients, with Mr. Castillo humourously acknowledging that “exercise is like going to church – (people) can find many reasons not to do it”. Medication for some persons with diabetes faces the challenge of non-medical prescription of herbs, barks, and other substances of dubious efficacy, and compliance with diabetes regimens is also a concern. Research and education will help in addressing these issues.

## Guyana

### Dr. Kavita Singh, NCD Programme Manager and Focal Point, Ministry of Public Health, Guyana

Dr. Singh described the Guyana Diabetes Care Project 2016-2019, a follow-up to two foot care projects supported by the University of Toronto. The project is budgeted at USD 453,000 and funded by the WDF in the amount of USD 303,820 (67%), with partners including the Ministry of Public Health; Georgetown Public Hospital Corporation (GPHC); University of Toronto; **Orbis International**<sup>63</sup>; **EyePACS**<sup>64</sup>, an e-Health solution that links primary care providers with eye specialists; and **WONDOOR**<sup>65</sup>, a global health education programme in obstetrics, gynaecology, and reproductive health. PAHO/WHO's technical cooperation also plays a key role in the project.

The multicomponent project addresses eye care, antenatal care, health promotion, and public awareness, and involves:

- *Screening and treatment for diabetic retinopathy, involving Orbis International and EyePACS.*
  - Provision of equipment, with establishment of a diabetic retinopathy centre at the GPHC
  - Training of human resources – optometrists, ophthalmology nurses, primary care doctors and nurses, and biomedical technicians
- Public awareness, using print, television, and outreach screening events
- Monitoring and evaluation, including the creation of a module in the Guyana Health Information System (GHIS) and client satisfaction surveys
- *Screening and treatment for diabetes in pregnancy.*
  - Establishment of new service sites at GPHC and two health centres, in partnership with WONDOOR
  - Human resources strengthening, including obstetrics and gynaecology residents, obstetric nurses, phlebotomist, and clerk
  - Public awareness, using text messages to women with gestational diabetes, booklets for blood sugar monitoring, outreach, print media, television, and “health day” celebrations
  - Monitoring and evaluation, using the GHIS module
- *Development and validation of the Guyanese Diabetes Risk Score (GDRS) linked with the 2016 Guyana WHO-STEPS survey and including eight items on blood sugar, treatment, age, sex, family history, ethnicity, blood pressure, and body mass index.*

<sup>63</sup> <https://www.orbis.org/en>

<sup>64</sup> <http://www.eyepacs.com/>

<sup>65</sup> <http://www.uhhospitals.org/macdonald/education/wondoor-global-health-program>

- *Support for the redevelopment of the GHIS, incorporating EyePACS legacy data and development of a diabetes foot centre module, moving toward an electronic NCDs registry.*
- *Administrative and financial management.*

## Grenada and St. Lucia

### Dr. James Hospedales, Executive Director, CARPHA

Dr. Hospedales summarised the project “*Reversing the rise in childhood obesity*” being implemented in Grenada and St. Lucia, funded by a WDF grant in the amount of USD 225,000. The **overall goal** of the project is to identify the factors that increase children’s consumption of healthy food and participation in physical activity in the countries of focus, with **intended results** of documenting factors that create barriers to healthy eating and physical activity, and development of a model for a multicountry study.

The project runs from March 2018 to October 2020, with **objectives** as follows:

- Identify the main physical, economic, sociocultural, and political factors that impact eating and physical activity among children 6-12 years old in Grenada and St. Lucia.
- Rank the ease of modification of factors based on perspectives of vulnerable communities in each country.
- Determine which of the identified factors can be positively influenced within a two-year intervention period.
- Determine whether the pilot intervention resulted in improvements in the selected obesogenic factors.

After the initial phase of baseline study, intervention design, materials development, and training, the intervention itself will take place from September 2018 to June 2020, with activities including training and determination of knowledge, attitudes, and practice; measurement of height and weight; and assessment of fitness levels, using focus groups and other methods. The implementers will be students, teachers, and parents/family, with guidance from the Ministries of Education, Health, and Sports in the respective countries and technical support from CARPHA and partners.

Dr. Hospedales named **critical stakeholders** as the country coordinator and team, school team, principals, class teachers, school liaison teacher, food service personnel (including in the community), parents, and families. He identified **project benefits** as the immediate benefits to families in the selected school communities; engagement of professionals and others associated with nutrition and physical activity; increasing the body of practice-informed policy nationally and regionally; the potential positive long-term impact on the children; and a more productive society, with fewer avoidable health costs. Project sustainability will be facilitated by local ownership and regional support.

## Suriname

### Ms. Heylante Mac-Donald, Senior Researcher and WDF Project Coordinator, One Stop Shop for Chronic Diseases

Ms. Mac-Donald described the origins and mission of the One Stop Shop (OSS) and summarised the WDF-funded project currently being implemented. The OSS was established early 2013 as a joint effort of the MoH, the Academic Hospital in Paramaribo, Suriname’s capital, and the Foundation for Diabetic Education, a member of the IDF. It now operates from three locations: two in Paramaribo – one on the premises of the Academic Hospital, one in a residential neighbourhood, and the

third in the district of Nickerie at a satellite centre adjacent to the local main regional hospital.

The OSS receives a government subsidy, and its focus is on primary and secondary prevention and an integrated approach in delivery of health care services, aiming to substantially contribute to halting the growth of NCDs and improving the quality of life of persons with these diseases. The OSS provides all services at



each location, and its interventions start with a 12-week education programme for client self-management.

The WDF-funded project “*Curbing Diabetes in the Hinterlands of Suriname*” is being implemented in full partnership with the Medical Mission, the main provider of integrated primary health care in the hinterland, a geographical area that covers 90% of Suriname. The **target audience** comprises the 50,000 persons that live in the hinterland, and the **project goal** is to deliver integrated, highest-quality, culturally-sensitive care, cure, and prevention services to people living in rural and hinterland areas of Suriname who are at risk of developing or suffering from diabetes.

The **project objectives** are to:

Establish culturally-sensitive focal points (OSS satellites) responsible for sustained coordination of the latest approaches to diabetes control.

- Educate selected local health care providers and clerical staff on diabetes.
- Engage traditional extended networks to follow patients’ compliance and health care providers in the field.
- Develop culturally-sensitive material and training curricula for lifestyle changes.

## Dominican Republic

### Mr. Edgar Castillo Lora, Executive Director, Health Horizons International (Horizontes de Salud)

Mr. Castillo Lora stated that Health Horizons International (HHI) is an organisation that works toward improvement of community health in the Dominican Republic, using the core approach of PHC strengthening. In that country, 35% of deaths are due to NCDs, and 37% of adults are overweight, 27% obese. He described the project “*Strengthening Health Care and Preventing Diabetes in the Dominican Republic*”, funded by the WDF and implemented by HHI in collaboration with several partners, including the Ministry of Public Health, National Health Service, and Society for Family Health.

The project’s **objective** is to improve the knowledge and capacity of health providers and Community Health Workers (CHWs) in the province of Puerto Plata to provide preventive measures, timely diagnosis, and quality health care in diabetes. The **activities** address training of health care providers and CHWs, determination of risk factors, and empowerment and lifestyle change. The

- Involve NGOs in community participation and primary prevention activities.

Ms. Mac-Donald identified OSS **challenges**: limited capacity to spearhead an integrated nationwide approach to NCDs, including national implementation of diabetes protocols; inadequate recognition of an approach that works; growing operational costs and less-than-timely receipt of the government subsidy; and organisational issues due to the increase in logistics, outdated information and communication technology, and insufficient personnel.

She highlighted the OSS’ **partners**, which include the government, specifically the health authorities; other medical and paramedical caregivers; health insurers; and clients’/patients’ associations. Ms. Mac-Donald also noted the ambitions of the OSS, to be, by 2025, at the centre of excellence in diabetic care; managing a countrywide diabetes monitoring database with multiple clinics in coastal and hinterland areas; involved in ongoing research on NCD monitoring in a multi-ethnic context; and at the heart of a patient-centred approach in the Suriname health sector.

**beneficiaries** of the project include all MoH provincial authorities; doctors, nurses, and other health care providers; CHWs; laboratory technicians and interns; and persons at risk of, or living with, diabetes.

The project outcomes to date include introduction of new drug therapy; improvement of pharmaceutical supply management in PHC centres; inclusion of foot and dental evaluation in protocols for the management of persons with diabetes; and training of health care providers (doctors, nurses, and doctor’s assistants) at PHC centres.

Mr. Castillo Lora anticipated expansion of these outcomes to the regional level in the Dominican Republic, and expressed HHI’s willingness to share tools and resources for improving diabetes and hypertension care with all Caribbean countries, working with the WDF, Sagicor, and other partners.

## Recent developments at the WDF

Mr. Bent Lautrup-Nielsen informed participants that the WDF has enhanced its work related to advocacy and humanitarian settings, having noted the challenges that disaster situations place on maintaining quality diabetes care, especially related to diet, physical activity, and stress. Caribbean countries at risk of hurricanes and other natural disasters may be interested in exploring WDF support for this line of work.

He informed that the WDF had recently approved a proposal from the OECS, and invited Dr. Carlene Radix, Head, Health Unit, Social and Sustainable Development Division, OECS Commission, to make comments.

Dr. Radix reminded the audience that OECS MS comprise seven of the 15 CARICOM MS, and nine of the total 20 CARICOM MS and Associate Members. She alluded to the November 2017 [Fort-de-France Declaration: A Commitment to Regional Solidarity in the OECS](https://pressroom.oecs.org/fort-de-france-declaration-on-health-a-commitment-to-regional-solidarity-in-the-oecs#),<sup>66</sup> from the 4th Meeting of the OECS Council of Ministers Health, which addresses improved care in NCDs. The project submitted to WDF has several components, including improving diet and physical activity, as well as NNCD strengthening, and Dr. Radix expressed her thanks to WDF for its support.

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<sup>66</sup> <https://pressroom.oecs.org/fort-de-france-declaration-on-health-a-commitment-to-regional-solidarity-in-the-oecs#>

## Afternoon session – Preparing for HLM3 and progress toward SDGs

### Key Messages

- High-level meetings of countries in their various political integration groupings, in the Region of the Americas and beyond, offer ideal fora for NCD advocacy and promotion of issues to be advanced in the lead-up to, and at, HLM3.
- Alliances with like-minded countries at international fora to express, advocate, and vote for common positions can strengthen national and regional clout on proven NCD prevention and control interventions such as the WHO Best Buys, and counter push-back by industry and related interests.
- The Healthy Latin America Coalition's mechanism for rapid regional response to challenges and push-back from industry at national and regional levels is a good practice that can be emulated in the Caribbean.
- Caribbean input and involvement in the development of the Zero Draft of the HLM3 Outcome Document, and technical input and support for the negotiation of the Outcome Document, are critical factors in ensuring that the Outcome Document addresses the Caribbean's priority issues for NCD prevention and control.
- Targets for civil society advocacy in getting Heads to HLM3 are not only Ministers of Health, but also Ministers of Foreign Affairs and Prime Ministers/Presidents, who are more likely to be included in civil society's circles of influence in the SIDS that comprise CARICOM Member States and Associate Members than in larger countries.
- The UN Multicountry Sustainable Development Framework 2017-2021 offers opportunities for CSOs and other stakeholders in the 18 participating Caribbean countries to address NCD prevention and control.
- There are opportunities for collaboration between NCD and HIV programmes regarding health systems strengthening, health financing, laboratory strengthening, and addressing the social determinants of health.

## Organisation of the American States: Preparing for HLM3

**His Excellency Mr. Selwin Hart, Ambassador of Barbados to the USA and Permanent Representative of Barbados to the OAS**



Ambassador Hart noted that political will is not as it should be regarding NCDs. At Barbados' behest – through the Ministry of Foreign Affairs, which takes a whole-of-government approach and is to be briefed on all issues by various sectors – and supported by countries such as Chile, the OAS has been mobilised to provide support to HLM3. The OAS Council of Foreign Ministers provides general guidance to the Permanent Council, a group that meets frequently to pass legislation, and the OAS InterAmerican Council for Integral Development addresses issues related to regional and national development.

The comparative advantage of the OAS lies in its very diverse membership, comprising 34 sovereign MS, including two G7 and five G20 countries; fast-growing emerging middle-income countries; and SIDS. He stated that the OAS has unique convening power as the coordinator of the InterAmerican System, and has a broad mandate that includes development, human rights, democracy, and security, which are mutually reinforcing and interdependent.

The Ambassador summarised the Joint High-level Session of the Permanent Council and InterAmerican Council for Integral Development held on 19 March 2018

under the theme “Progress, Partnerships, and the Way Forward for the Response to NCDs in the Americas”. He noted that there were interventions from approximately 20 MS during the session to express support for the initiative and ongoing work, though fewer than three of those interventions were from CARICOM delegations. The **objectives** of the special session were to:

- Advance dialogue between MS and external partners on resource mobilisation for the NCD response in the hemisphere.
- Provide targeted guidance to PAHO on the specific needs of MS in terms of their national response.
- Advance dialogue between MS on hemispheric priorities for the upcoming HLM3.

**Key political outcomes**, which were not captured in a document, as they were thought to need more dialogue, were as follows:

- The challenge of NCDs is not only a health problem or a PAHO issue, but a hemispheric crisis requiring an urgent, coordinated, and ambitious response at all levels and across all sectors of the economy and society.

- The scale and severity of the NCD crisis in the hemisphere demands much greater political focus, attention, and action from the intergovernmental bodies of the OAS, as well as the General Secretariat.

At the OAS General Assembly scheduled for 3-5 June 2018 in Washington, D.C., a General Assembly resolution on NCD prevention and control will address:

- A call to increase awareness in non-health sectors about the critical value of multisectoral responses to reduce the burden of NCDs.
- Further strengthening of hemispheric cooperation and collaboration between MS and the Agencies

of the InterAmerican System to intensify NCD responses.

- A call for whole-of-government, whole-of-society approaches by encouraging integration of NCD prevention and control into national development plans and frameworks.
- A call to governments to be well prepared and represented at the highest possible political level at HLM3.<sup>67</sup>

## Latin America preparing for the HLM

### Dr. Beatriz Champagne, Director/Coordinator, InterAmerican Heart Foundation/Healthy Latin America Coalition

Dr. Champagne introduced the Healthy Latin America Coalition, an alliance of organisations interested in working together to reduce NCDs in the Latin American region. CLAS is an initiative of the InterAmerican Heart Foundation, comprises 250 organisations, and undertakes advocacy around positions agreed by members. The Coalition has developed three statements around:

- Industry interference in NCD prevention and control, noting that businesses have to adapt to the changing times.
- Progress towards a Framework Convention to Protect and Promote Healthy and Sustainable Diets.
- Sustaining intersectorality in the achievement of the SDGs.

Dr. Champagne identified CLAS' **two objectives to achieve the strongest possible outcome for HLM3**:

1. Implementation of a communications campaign to build awareness of NCDs, obtain political commitment, encourage the participation of Heads of State, and prepare for the regional Summit of the Americas, and
2. Continuation of efforts to strengthen the region, through advocacy for the Best Buys, political

processes free of interference, and engagement of real people.

In order to accomplish its aims, CLAS is organised into six groups: General, Advocacy, Communications, People, People (patients), and Physical Activity.

### Key messages for the VIII Summit of the Americas included:<sup>68</sup>

- Focus on corruption and industry interference. Corruption impacts negatively on the region's health systems and the economic development of our communities.
- Consider the cost of NCDs, which are an important burden on health care budgets and national economies, reducing productivity, burdening systems, and increasing poverty.
- Resist pressure from the tobacco, alcohol, and food and beverage industries, which present governments with false arguments against fiscal policies, restrictions on advertising, and other policies known to be effective.
- Implement concrete measures to protect public health, such as the WHO Best Buys.

CLAS crafted an emotional appeal regarding NCDs, highlighting premature death and loss of quality of

<sup>67</sup> The June 2018 the OAS General Assembly adopted Resolution AG/RES. 2919 (XLVIII-O/18) "Strengthening Multisectoral Responses to the Crisis of NCDs in the Americas", which, among other items, encourages high-level authorities from each Member State to participate in HLM3.

<sup>68</sup> The VIII Summit of the Americas was held 13-14 April 2018 in Lima, Peru.



life; the impact on all people, but especially the most vulnerable; and the financial burden and threat to economic development. The messages also highlighted the slow and insufficient response, and asked for governments to take responsibility, implementation of concrete and effective strategies, and Presidents' participation in HLM3.

Dr. Champagne summarised CLAS' rapid regional response (RRR) to strengthen and defend national NCD policies; promote the adoption of evidence-based policies in line with PAHO/WHO Action Plans on NCDs; and protect public policies from the interference of commercial interests, conflicts of interest, and obstruction of regulations. The RRR is activated when an email alert is received from a country or from PAHO, and the response involves: Virtual meeting of members with appropriate expertise, such as law,

economics, epidemiology, health, consumer rights, and communications; decision on a response, such as letter or social media campaign, in collaboration with national advocates and stakeholders using email or conference call; follow-up actions by national CLAS members; engagement of international organisations as needed; and archiving of all advocacy actions.

In closing, she indicated that further actions include strategies to implement policies and demonstrate more wins, to motivate and encourage stronger stances; a campaign to refocus on the "ENOUGH" concept and promote the manifesto, NCD investment case, and participation in HLM3; preparation of a Shadow Report to HLM3; and expansion and mobilisation of the NCD network, keeping people informed and promoting concrete actions.

## High-level Caucus: Reaffirming Caribbean NCD leadership and action through attendance at HLM3

**Chair – Sir George Alleyne**

**Panelists: His Excellency Mr. E. Courtenay Rattray; His Excellency Mr. Selwin Hart; Honourable Ms. Laura Tucker-Longsworth; Ms. Katie Dain**

The Chair posed a series of questions to the panelists for their comments. The questions and responses are summarised below.

### ***How would you interpret comments made on getting the Heads to HLM3?***

Leaders like wins; they want to be part of a winning coalition. Ambitious outcomes are important, but the leaders need to bring something to the table, and it is important to build momentum toward this meeting. At the time of HLM3, Jamaica will be the Chair of CARICOM,<sup>69</sup> and the Prime Minister of Jamaica will be invited to the G7 meeting in Canada. That is an opportunity to deliver the CARICOM message regarding NCD priorities for the HLM.

### ***From your position at the UN in New York, how will you convince a group of CARICOM ambassadors to let their Heads feel that they will have a win at the HLM?***

There are 14 Ambassadors, and this is not a straightforward process, since Government officials cannot lobby their own Heads of Government. The issue is to persuade the leaders to attend the opening of the 73rd UNGA; if CARICOM leaders go to the general debate, they will be at the HLM3. As Chair of CARICOM at that time, the Jamaican Prime Minister needs to attend the high-level week, including the HLM. Ministers of the CARICOM Council for Foreign and Community Relations (COFCOR) and the Council for Human and Social Development (COHSOD) should be leveraged and persuaded, and the ministers in turn should prevail on the Heads of Government.

<sup>69</sup> <https://caricom.org/rotation.pdf>

***What lessons would you give to Caribbean CSOs to make them effective in getting Heads to the HLM?***

We must not lose sight of what we want the Heads to say and do, and what is in it for them. The benefits, including economic growth and gender equality, must be couched within their own interests. Secondly, we must keep the HLM3 Outcome Document in mind – it has to be a strong document that includes what the Heads are advocating for. Thirdly, the HLM is a fantastic platform for the Heads of Government to showcase their successes and good policies since 2014, and obtain recognition.

***How can social media be mobilised and used in the interim?***

Civil society can play a major role in raising awareness of the issues, particularly in absence of interest from political leaders, using social media. This has to be done at all levels, high and low, and should include the creation of a technical group, in collaboration with partners, to prepare the leaders for HLM3. Position papers on the issues can be formulated to showcase successes and create opportunities to garner resources. Civil society can organise, use social media, and lobby with leaders, right up to the level of the Prime Minister or President.

***How can people be involved in this effort, so that the leaders become aware of the mass movement and take action?***

We need to reach people in vast numbers, since everyone is affected in some way by NCDs. Social media provide wonderful ways of disseminating a simple message that reaches many people. The “MeToo” movement against sexual harassment and assault has involved many people around the world, and the proposed “WeToo” movement for NCD prevention and control provides the possibility for anyone affected by NCDs to describe how NCDs have impacted him/her.

***How will security be brought in to this issue?***

The OAS is built around the four pillars of development, human rights, democracy, and security, and there are very few issues that are as crosscutting as the issue of NCDs. These pillars provide an entry point for bringing development challenges like NCDs and climate change into the Outcome Document. However, difficult compromises will have to be made in negotiating the document, so there should be clarity regarding the issues that the region will insist on. CARICOM should build coalitions with like-minded countries from other regions, as there are countries with strong industry lobbies that are likely to object to some demands. Delegates and ambassadors will need technical and stakeholder input as they negotiate the document. Both the OAS General Assembly in June and the CARICOM Heads of Government meeting in July are opportunities to engage in identifying key priorities, and it will be the Minister of Foreign Affairs who will have to persuade the Prime Minister or President to go to the HLM.

***What are some thoughts on the Outcome Document?***

Member States are trying to cut back on HLMs held during the UNGA, since the audience for the general debate tends to be sparse. There may be concurrent meetings that the Heads of Government need to attend, which might compromise attendance at the HLM. The Zero Draft of the Outcome Document will be presented for negotiation and the Caribbean must ensure that as many of its NCD priorities as possible appear in that draft. There must be advocacy and lobbying with the co-facilitators of the process before the Zero Draft is developed.

Participants were subsequently invited to make comments, which are summarised below.

- Ascribing specific roles and responsibilities to leaders may compel their participation.
- [The HLM Modalities document](https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/03/PGA-Letter-NCD-TB-modalities-silence-procedure-March-28-signed.pdf)<sup>70</sup> describes the HLM methodology and can inform decisions on who would need to be there, and in which session.

<sup>70</sup> <https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/03/PGA-Letter-NCD-TB-modalities-silence-procedure-March-28-signed.pdf>

- Forum participants, especially those from civil society, must remember that they have a role to play in interacting with individual Heads of Government in an effort to get them to attend the HLM.
- HCC is well placed to engage each leader from the region, and an HCC package can include the desired results of the negotiations.
- All key stakeholders have a role, but given that there are simultaneous events at the HLM, a “rock star” that everyone wants to be associated with should be identified and promoted.
- Taking into consideration the attention garnered by the youth protest against gun violence in the USA, is this process going to engage youth?
- It is worth analysing the factors that contributed to the Caribbean’s successful advocacy on the world stage post the 2007 POSD and in the climate change scenario about two years ago – what can we adopt or adapt for use in the lead-up to the HLM and the HLM itself?
- The momentum for the ambitious Paris Agreement was over two decades in the making, and saw the **alignment of the science, economics, and politics of climate change**. There were also coalitions pushing for action and a champion in form of Ban Ki Moon, the then-UN Secretary General, who saw himself as an honest broker and engaged the gas and oil industry. NCDs need a similar champion, and perhaps Mayor Bloomberg could be that person. Someone needs to engage the private sector to be part of the NCD movement.
- Climate change and NCDs are two sides of the same coin, reflecting overconsumption and living unsustainably. Transportation and the food supply will benefit if the relevant sectors can work together.
- In advocating to Heads of Government, the situation in Caribbean SIDS and larger countries is quite different, exemplified by a Forum participant’s comment that she felt empowered to schedule a meeting with the Minister of Health and the Prime Minister on her return home. Such a scenario would be unlikely in larger countries.
- If financing and economic perspectives are not at forefront of HLM3, not much will be gained. The economic perspective must be the driver of the Outcome Document, and the very recent WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control held in Copenhagen considered relevant issues. All leaders should be mobilised to address these issues.
- Economics is the most important factor, and economists need to play a role in the negotiations and preparations. The translation of NCD prevention and control into money and markets provides a major incentive for action; children are also emotive.
- It will be important to put “*faces*” to NCDs, rather than just discussing lifestyles. There should be side events with civil society and persons living with NCDs, to start engaging leaders.
- Consideration should be given to having CARICOM Heads of Government host an event, such as a luncheon, to bring other leaders together. If resources are needed, some of the entities represented at the Forum can assist in mobilising them, including GA-CDRC.
- It will be important for Caribbean leaders to cooperate, collaborate, and divide among themselves the roles and responsibilities at HLM3, to ensure representation at critical meetings.
- Actions that will lead to accelerated action after HLM3 must be considered, to avoid another Caribbean “*fall-off*” in commitment and progress.
- The momentum and opportunity of the HLM must not be missed.



**Sir George summarised the main ideas put forward:**

- Look for wins for the leaders.
- Make the event such a special occasion that Heads of Government and State will be highly motivated to go.
- Emphasise to the leaders the importance of their presence and of communicating a compelling message to the rest of the world.
- Social media can be a tool for all stakeholders, and participants should use their contacts to spread the word.
- Motivate the four billion people affected by NCDs globally to develop a global NCD movement - “WeToo”.
- Caribbean leaders should make the best of the crowded week of the UN General Assembly, despite the competing issues and events.
- NCDs represent a global security issue and should be presented as such.
- CSOs from small states are more likely to have circles of influence that include leaders and/or their influencers, and may more easily engage leaders from the region..

In closing the session, the Chair gave each panelist a brief opportunity for reflection on the topics discussed. Their comments follow.

- Support for the negotiators of the Outcome Document is critical, to ensure that Caribbean priorities are reflected in it. It is also important to engage with those perceived to have different perspectives, urgencies, or ambitions, as that engagement may lead to the discovery of common ground for action.
- Firstly, civil society should keep in touch with Ministries of Foreign Affairs and Health, and develop specific language for the Outcome Document – the NCDA proposes to develop a Shadow Outcome Document. Secondly, the political climate is difficult, and certain governments are against bold, innovative actions, so the content of the Outcome Document should be specific and enable isolation of those who would block progress, with CARICOM acting as a cohesive unit. Finally, HLM3 should be seen as part of a long journey, and stakeholders should begin to think of next steps.
- Getting to HLM3 is very important, as are greater awareness and commitment, since the process is as important as the outcome. We need to be clear on what we wish the Heads of Government to do.
- The importance of technical support for the thematic experts who actually do the negotiations cannot be overstated. The Group of 77 and China will be negotiating the Outcome Document, and CARICOM's input needs to be there.
- Civil society should liaise with Ministries of Foreign Affairs, to keep them abreast of developments. Participants should return to their countries and do their best to get the leaders to attend and represent at HLM3. CSOs should be strategic, making sure position papers are written based on epidemiology and economic data, and organising meetings with Ministers of Health and Foreign Affairs, and with Prime Ministers or Presidents



**Every statement by a CARICOM Head of Government should have a reference to NCDs, and there should be Caribbean participation in roundtables, as Chairs, or on panels**

His Excellency Mr. Courtenay Rattray, Ambassador  
, Permanent Representative, Permanent Mission of  
Jamaica to the United Nations



## Engaging the non-Health and the private business sectors in the achievement of the NCD-related SDGs

**Dr. James Hospedales, Executive Director, CARPHA**

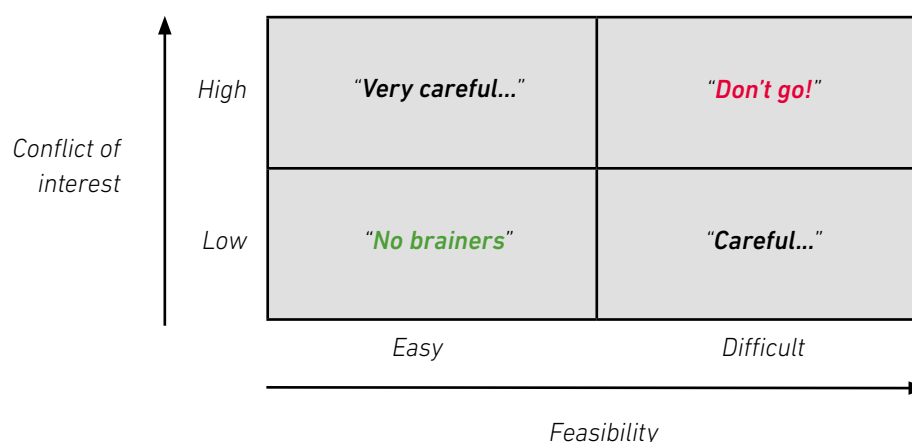
Dr. Hospedales defined partnerships in the context of SDG 3 and other NCD-related SDGs, giving reasons for partnering and defining various types of partnerships. He noted that a cross-sector partnership is an ongoing working relationship among organisations from different sectors that combine their resources and competencies, share risks and rewards, and work towards achieving agreed objectives, while each achieves its own objectives.

He identified potential actors in the Caribbean as CARICOM regional and government institutions, bilateral and multilateral partners, academia, civil society, and the private sector, and noted that CARPHA is trying to build a coalition of regional CARICOM institutions to provide support to countries “on the ground”. Capacity development of national and regional institutions is a critical strategy, with involvement of the private sector and training in public-private partnerships. There must be clear national and regional policy goals for the issue to be addressed – hence the need for government involvement – as well as definition of the policy framework for engagement with the private sector, and determination of approaches to managing conflict of interest.

Dr. Hospedales summarised **CARPHA’s 2014 Governance Framework for Partnerships**, which enunciates principles (transparency, mutual benefit, mutual accountability, and results orientation); partner selection (desirable, excluded, and higher-scrutiny), criteria for partnership selection (based on benefit-risk analysis and seeking to avoid conflicts of interest or impaired scientific independence), and a due-diligence checklist.

He noted that it was important to talk to partners in their own language – the private sector understands profitability, for example – and technical and research language should be packaged appropriately. In addition, a business case should be developed for each engagement. He identified the drivers of partnerships in the private, public, and civil society sectors and provided examples of CARPHA partnerships. The latter include the *6-Point Policy Package on Healthier Food Environments to Prevent Childhood Obesity* approved by COTED, which involved CARPHA, other CARICOM institutions, and other agencies with responsibility for economic and social sectors; the *Joint CARPHA-Caribbean Tourism Organisation/Caribbean Hotel and Tourism Association programme*; and, with PAHO/WHO, the *Caribbean Regulatory System for Pharmaceuticals*.

By way of guiding the approach to partnership opportunities for NCDs in the Caribbean, Dr. Hospedales presented a “2x2” table illustrating four categories: “no brainers”, “don’t go”, “careful” and “very careful”, based on assessed levels of conflict of interest and feasibility. The table is summarised below.



## Non-Health UN agencies supporting CARICOM in achieving the NCD-related SDGs

### Mr. Bruno Pouezat, UN Resident Coordinator for Jamaica, The Bahamas, Bermuda, Cayman Islands, and Turks and Caicos Islands

Mr. Pouezat expressed his thanks for the invitation to participate in the Forum and explain how UN Agencies, Funds, and Programmes have come together to help the Caribbean region in its fight against NCDs. He noted that many UN agencies are involved, not only PAHO/WHO as would be expected, but also FAO, International Labour Organisation (ILO), UN Development Programme (UNDP), UN Educational, Scientific and Cultural Organisation (UNESCO), UN Women, UN Population Fund (UNFPA), UN Children's Fund (UNICEF), and others, including, perhaps surprisingly to some, the International Atomic Energy Agency (IAEA). The IAEA has two projects in Jamaica on improving cancer diagnostics and the disease resistance of ginger and sweet yam.

He noted that the context of the post-2015 development environment is different, and UN coordination has adapted to suit. Over 20 UN agencies and 18 English- and Dutch-speaking countries and territories in the Caribbean have agreed on the [UN Multicountry Sustainable Development Framework for the Caribbean](#),<sup>71</sup> an umbrella framework for the period 2017-2021. Thirteen of the countries are CARICOM members, and discussions are on-going with the Government of The Bahamas to join the framework.

Mr. Pouezat outlined the process of development of the MSDF, noting that a needs assessment was done, and that NCDs were reflected as priority for the region, with

statements of their impact not only on individuals, but also on households, health systems, and development. The MSDF identifies **A Healthy Caribbean** as a priority area for the UN's work, and includes an outcome "*Laws, policies, and systems introduced to support healthy lifestyles among all segments of the population*". Under this outcome, UN agencies will support NCD prevention and control.

Ongoing projects address a range of issues around NCDs, including intersectoral policies and programmes for food and nutrition security; school feeding policies; prevention of substance abuse; and management of CVD, cancer, diabetes, and chronic respiratory diseases. Childhood obesity prevention and preparation for HLM3 will also be areas of focus; multiagency advocacy materials for HLM3 are under development and support will be extended to interested Member States.

The Resident Coordinator identified success factors for the MSDF, including innovation; effective partnerships; making good on commitments; and continued support and tighter partnerships with governments and CSOs. He noted that the Minister of Health of Jamaica is leading the "*Jamaica Moves*" campaign, provided other examples of wellness initiatives, and expressed his anticipation of working with interested actors in the Caribbean and beyond.

<sup>71</sup> <http://www.2030caribbean.org/content/unct/caribbean/en/home/MSDF/overview.html>

## Discussion

In this session, participants offered comments and observations, as follows.

- There are opportunities for collaboration between HIV and NCD programmes, in addressing, for example, health systems strengthening, health financing, laboratory strengthening, and the social determinants of health. There are also opportunities for joint advocacy and health promotion.
- Public-private partnership training is offered in government sectors, including the health sector, focusing on health services. Would PPP training for health promotion be different, or should Ministries of Health and CSOs be encouraged to take advantage of any available training?
- One of the Foundations that approached CARPHA regarding a possible partnership, which was declined, is associated with a major soft drink manufacturer. Countries should be informed, so that they can proceed with caution if approached by that entity.
- In the past, CARICOM countries have requested the establishment of a Caribbean-UN Task Force on NCDs, but this was not acted on by the UN – the idea is again being put forward.
- There is an initiative in Central America examining the use of traditional medicines in the management of diabetes and other chronic diseases. Is there a similar initiative in the Caribbean, perhaps executed by CARPHA?

In response to the questions asked:

- CARPHA noted that it has been endorsing NCD and HIV programme cooperation for years, since the interventions have similar platforms; health practitioners should avail themselves of any training on multisector partnerships; consideration will be given to the suggestion to inform countries of the possible conflict of interest in the specific partnership referenced; and the Agency has no knowledge of any research on traditional medicine.
- The UN Resident Coordinator stated that he had no knowledge of the suggestion for a Caribbean-UN Task Force.
- The Director of the NCD Programme, MoH, Jamaica noted that the UWI is doing research on the use of different herbs and is preparing to produce pharmaceuticals, mainly related to prostate cancer; Professor Henry Lowe is one of the lead researchers.

## Draft HCC Advocacy priorities for the HLM3 Outcome Document

### Ms. Maisha Hutton, Executive Director, HCC

In making her presentation, Ms. Hutton advised that the HCC advocacy priorities for the HLM3 Outcome Document could build on those already identified by the NCDA as its campaign priorities. Prior to the Forum, delegates were asked to complete an online survey regarding inclusion of the [six NCDA campaign priorities](#) and four others proposed by HCC: Make the Caribbean a smoke-free zone; Strengthen the post-disaster health response to provide NCD treatment and care; Strengthen NNCDs; and Eradicate cervical cancer through HPV vaccination.

With a 27% response rate, the top priorities were the six NCDA priorities; #7 was the post-disaster NCD response; #8, NNCDs; #9, Caribbean as a smoke-free zone; and #10, cervical cancer eradication. In the discussion that followed, participants provided suggestions and justification, including:

- The Caribbean is very disaster prone, so #7 should be retained.
- Cervical cancer eradication is the easiest to achieve, and should be included.
- Those priorities that are cross-cutting should remain; perhaps some could be consolidated, such as fiscal policy and financing.
- Caution should be observed in trying to include cross-cutting priorities and losing focus on important issues, such as financing.
- There should not be too many positions put forward. The negotiations will involve 136 countries, and while the G77 usually listens to what CARICOM has to say, fewer priorities might be better received.
- From a climate change perspective and in terms of the coalitions that the Caribbean may need to create, other SIDS would be supportive of the post-disaster priority.
- Finding the balance among finance, politics, and governance, backed up by real science, as was done with previous successful Caribbean advocacy, might help in determining the priorities.
- Other priorities of the Heads of Government should be considered in determining the priorities to be put forward for HLM3. Health has made it clear that sustainability of systems post-disaster and the economics of accessibility should be prioritised.
- Accountability is important, as the region needs to be able to monitor interventions.
- The Caribbean as a smoke-free zone, though very specific, might be appropriate, as there is precedent to include regional specificity in the Outcome Document.
- The financing element should remain, worded as “financing NCD responses” or “NCD prevention and control”, rather than “NCDs”.
- Some of cross-cutting issues could be included as guiding principles in a preamble, such as framing NCDs as an epidemic, in terms of security, thus providing a context to which Ministers of Finance and Heads of Government could more easily relate.

Ms. Hutton thanked participants for their suggestions, and outlined “**next steps**”:

- Finalise the HCC Advocacy Priorities for the HLM3 Outcome Document, based on participants’ feedback.
- Integrate the Advocacy Priorities into the briefing note for Ministers of Foreign Affairs regarding HLM3 prepared by Ms. Nicole Foster, HCC Policy Advisor.
- Prepare and disseminate letters to regional stakeholders.
- Establish a core group for HLM3 advocacy with CSO representatives and other key stakeholders from each country – the HCC HLM3 Action Team.

The final nine HCC Advocacy Priorities for the HLM3 Outcome Document are in **Annex 3**.

## Wrap-up

### Ms. Kay Morrish-Cooke, Communications Officer, Heart Foundation of Jamaica

In her summary of the day's activities, Ms. Morrish-Cooke noted that screening, education, research, and advocacy were recurring themes, and there was guidance on participants' actions to continue the process of "getting Heads to HLM3" after the Forum. She highlighted discussions on PPP, synergies, and the importance of due diligence in partner and partnership selection.

During this second day of the Forum, news broke that a major private sector player in the food industry in Jamaica, which counts sugar-sweetened beverages among its products, had filed a lawsuit against the HFJ in connection with a particular advertisement in the HFJ's ongoing mass media campaign "[Are You Drinking Yourself Sick?](#)"<sup>72</sup>. The campaign targets non-consumption of SSBs and promotes water consumption as an alternative.



<sup>72</sup> [http://www.heartfoundation.org.jm/global\\_health\\_advocacy\\_project](http://www.heartfoundation.org.jm/global_health_advocacy_project)



# Summary of Day 3

## Final session – Sharing experiences, reflecting, and looking forward

### Key Messages

- Children and youth must be involved in NCD reduction strategies, not only for their adoption of healthy lifestyles, but also as Child Advocates and peer educators who can exert influence in homes, schools, and other settings. The voices of youth are important, and they should be involved in meetings such as this HCC Caribbean NCD Forum.
- Cultural influences on food choices are important, but there must be a balance between consumption of local nutritionally-challenged favourites and local healthy foods.
- There are both challenges and opportunities for policy coherence in trade, agriculture, health, and finance related to NCD prevention and control initiatives. The Caribbean needs to strengthen its participation in, and health input into, non-Health sector negotiations that impact on NCDs, and take advantage of provisions in international trade and other sectoral agreements that allow health-promoting exceptions, especially regarding strengthening food and nutrition security systems.
- Multisectoral partnerships and approaches are essential for NCD prevention, and mechanisms for private sector participation must be fine-tuned to allow mutual benefit and minimisation of conflict of interest.
- National NCD Commissions have an important role to play in implementing the multisectoral approach, and can benefit from not only financial resources, but also capacity building and reporting relationships with the highest policymaking levels.
- Hallmarks of advocacy include passion, presence, and leadership.
- The Caribbean region still has the potential to exert major influence on the rest of the world in issues related to NCD prevention and control, and should start to address the insufficient advances in implementing the Port of Spain Declaration by ensuring high-level representation and participation of CARICOM countries at HLM3.
- Advocacy communication to the Heads of Government regarding HLM3 must repeat the main message – the importance of their participation – many times, and the message must come from many sources, including through personal spheres of influence.
- Placing persons with NCDs at the centre of NCD care and treatment systems, and providing NCD education for a wide range of stakeholders, are critical strategies for improving the quality and effectiveness of NCD prevention and control interventions.

## Day 2 recap and objectives for Day 3

### Dr. Homer Bloomfield, Director, HCC; Board Member, Cancer Society of The Bahamas

In his summary, Dr. Bloomfield characterised Day 2 as a “*special day*”, that saw several great presentations from several great presenters. He noted the discussion on tobacco legislation issues, mention of breastfeeding and breastmilk substitutes, and World Bank data on the Caribbean, as well as the uplifting remarks from the First Lady of Guyana and the work of her colleagues in SCLAN.

He highlighted Professor Morrison’s historical, scientific, and thought-provoking presentation, the birth of the “WeToo” movement, and Dr. Ramaiya’s experiences in strengthening diabetes services in Tanzania, starting with clinics held in converted 40-foot containers. Dr. Bloomfield noted that the final panel discussion provided several ideas on positive ways to move to HLM3.

## Sharing my experiences in contributing to the NCD response

### Mrs. Reema Carmona, Former First Lady, Republic of Trinidad and Tobago

Mrs. Carmona, an economist by profession, stated her overall aim of contributing to the improvement of the health and wellbeing of the population through passionate advocacy related to disability justice, NCDs, drug interventions, and adolescent health. In her wide-ranging talk on the virtues and rewards of advocacy, the Former First Lady made several points, including those summarised below.

- NCDs need a collaborative response, and as First Lady she was able to dialogue with wide range of stakeholders, including international organisations, NGOs, world leaders, diplomats, the proverbial “small man”, school children, the youth population, corporate society, and politicians, on pertinent and challenging social and health issues. Her position allowed her to advocate on behalf of the weak, the marginalised, the voiceless, and persons with disabilities.
- Her presence here is evidence of her permanent commitment to these causes. When her husband, Justice Anthony Carmona, took office as the 5th President of Trinidad and Tobago in 2013, they agreed that her role was not to walk behind him, but at his side. At the 2017 SCLAN Conference, she challenged her colleague First Ladies to be agents for real change, moving from being seen to being heard. Presence and leadership are two important features of advocacy and the fight against NCDs is a lived philosophy; as such, she participates in competitive and non-competitive athleticism.
- As AIDS, we must adhere to international standards concomitant with WHO goals and the SDGs, and SDGs 3, 6, 7, and 12 address the need for a healthy society that will lead to diminution of NCDs. We need to return to the consumption of healthy foods and other aspects of healthy lifestyles; presenter Dr. Owen Gabriel went further, to speak about happiness as the ultimate goal.
- Often there are cries for more hospital beds, but we do not need more hospitals and prosthetics – we need fewer diabetics, and we would have fewer amputees.
- She has advocated for a culinary revolution, and has been relentless in her attack on the “Siamese twins”, salt and sugar. In the Caribbean, cultural influences are important, and “eating local” means balancing, for example in Jamaica, national favourites like ackee, saltfish, and bammy with local fruits and vegetables.
- The fight against NCDs must include children and teenagers, as well as adults. The increases in childhood obesity are alarming, and schools are important settings for addressing this issue. She has been a strong advocate for compulsory study of healthy lifestyles and mandatory physical activity in schools, as well as the concept of the Child Advocate. Children can become effective advocates of NCD prevention at home, at school, and in other settings, and can be peer educators that address NCDs and other issues, such as bullying.



- Corporate Caribbean can encourage employees to stay healthy and corporate social responsibility must go beyond buying T-shirts for the football team. Sagicor Life Inc. has done phenomenal work in this area by leading the charge in healthy lifestyles with its 10,000 steps wellness programme and lending its resources in innovative ways to promote healthy lifestyles. The British Petroleum workplace health programme also provides a model for the private sector, and Caribbean countries should consider giving companies tax breaks for health-promoting actions.

Further, Mrs. Carmona advised that despite frustration at the implementation deficit in NCD prevention and control in the Caribbean, participants should not be disheartened by government apathy, since there are no “instant results”. She noted that, as First Lady, she advocated for healthy beverages in school cafeterias in Trinidad and Tobago over the period 2013-2016, but this only came to fruition in 2017.

She stated that, in the Caribbean, persons with disabilities continue to face barriers to maintaining healthy lifestyles, and are therefore more prone to NCDs. She has advocated, and will continue to advocate, for Caribbean leaders to declare a Caribbean Decade for Persons with Disabilities 2018-2028, following previous similar declarations by the UN and the African region. Such a declaration would trigger policies and actions to contribute to a better quality of life for persons with disabilities.

The Former First Lady noted that a call to resuscitate the spirit and tenets of the POSD was made at the 38th Regular Meeting at the Conference of CARICOM Heads of Government in July 2017 in Grenada. However, in 2017 a function held by the President of Trinidad and Tobago to celebrate the 10th anniversary of the POSD seems to have been the only one in the region. Notwithstanding the apparent regional apathy, it is her expectation that the call to action from the Forum will be manifest by the presence of high-level representation at HLM3.

Mrs. Carmona congratulated First Lady Sandra Granger of Guyana for the **Global Female Impact Leadership Award** they both received in 2017 for their individual efforts to end preventable deaths and improve the health and well-being of women, children, and adolescents. She noted that two of the five First Ladies to receive this award came from the Caribbean, which speaks to

the ability and capacity of the Caribbean region to “think big, act large, and make a difference”.

In closing, Mrs. Carmona indicated that she and her husband will continue to advocate for the importance of the youth voice and the involvement of youth in meetings such as this, and to disseminate the message of health empowerment for all.



Genuine advocacy comes from a passionate desire to make things right, right now.

The Caribbean has been proactive in the NCD fight, but we have stumbled, and must regain our leadership.

You must never grow weary in your endeavour to build a Caribbean society where quality of life walks hand-in-hand with quality of health care.

Mrs. Reema Carmona, Former First Lady,  
Republic of Trinidad and Tobago

## Looking beyond 2018 towards 2030 in CARICOM: Regional NCD priorities and WHO Best Buys

**Dr. Anselm Hennis, Director, Department of NCDs and Mental Health, PAHO**

Dr. Hennis reminded participants that the context for action in NCD prevention and control already exists in the region, including the:

- *CCH IV 2016-2025 framework*, which has strategic priorities of Health systems for UHC; Safe, resilient, healthy environments; Health and well-being of Caribbean people; Data and evidence for decision making; and Partnership and Resource Mobilization for Health.
- *CARICOM Regional Health Priorities/Regional Public Goods*, identified at the 25th Meeting of Chief Medical Officers in April 2017, which include nutritional

labelling, and trade legislation and regulation in support of reducing child obesity.

- *COHSOD position on NCDs*, including CVD and diabetes care.
- *PAHO's Sustainable Health Agenda for the Americas 2018-2030*, [CSP29/6, Rev. 3](#), which has components addressing equitable access, health financing, health information systems, and reduction of morbidity, disabilities, and mortality from NCDs, injuries, violence, and mental health disorders, among others.

- WHO's several projects and programmes – some already launched, some ready for launch, some pending – to address priority NCD issues, such as:
  - [HEARTS](#)<sup>73</sup> (launched) – reduce CVD deaths through hypertension control
  - [MPOWER](#)<sup>74</sup> (launched) – reduce tobacco use
  - [SHAKE](#)<sup>75</sup> (ready) – reduce salt intake
  - INVEST (pending) – build the national investment case for NCD prevention and control
  - [ECHO](#)<sup>76</sup> (launched) – end childhood obesity
- [mhGAP](#)<sup>77</sup> (launched) – increase service coverage to improve mental health
- WHO Best Buys and other recommended interventions, some of which have been effectively implemented in countries in the Region of the Americas, including Chile, Jamaica, Mexico, and Uruguay.

Dr. Hennis identified the compartmentalisation of approaches as a challenge, and noted the need for better coherence, coordination, and collaboration in making use of the significant toolbox that exists for NCD prevention and control

## Panel: Exploring barriers and opportunities for greater policy coherence in support of achieving the 25\*25 targets and SDGs

Chair – Dr. Karen Sealey

### Trade

**Mr. Vincent Atkins, LDC Trade Policy Technical Advisor, CARICOM Secretariat Office of Trade Negotiations; Trade Policy Advisor, HCC**

Mr. Atkins recalled a presentation on the role of trade in addressing NCDs that he made at a CARICOM Heads of Government meeting ten years ago, noting that this presentation is on the role of trade in fostering policy coherence – progress has been slow. He stated that Caribbean countries are, by definition, small, open economies, heavily dependent on trade, as measured by the ratio of imports and exports to GDP, with a small share in global trade. The countries are therefore “price takers”, with no influence on the price of internationally traded goods (exports and imports).

Food imports constitute a large share of the total imports of Caribbean countries, and a major portion of those imports comprise prepared food and beverages. These commodities include ultra-processed and energy-dense, nutrient-poor foods, which are significant contributors to the unhealthy diet that is one of the main NCD risk factors. For these reasons, NCD prevention and control strategies have to include the issue of trade.

Mr. Atkins identified **challenges** in mitigating NCDs through trade policies in the Caribbean:

- *Domestically produced unhealthy products*, which are not directly impacted by trade policies, which are generally limited to addressing cross-border transactions.
- *Significant limitations on the measures that can be used to restrict trade*, due to multilateral trade agreements that often prohibit the use of quotas and mandate limited application of tariffs.
- *Supply side bottlenecks*, such as the high domestic cost of production, which provides an incentive for the importation of cheaper, but not necessarily better, substitutes; poor infrastructure – including cold storage and shipping – for locally and regionally produced goods, causing heavy reliance on imported foods; and inconsistent volume and availability of domestic supplies to sustain viable markets, forcing dependence on imported food.

<sup>73</sup> [http://www.who.int/cardiovascular\\_diseases/heartts/en/](http://www.who.int/cardiovascular_diseases/heartts/en/)

<sup>74</sup> <http://www.who.int/tobacco/mpower/en/>

<sup>75</sup> <http://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/>

<sup>76</sup> <http://www.who.int/end-childhood-obesity/publications/echo-plan-executive-summary/en/>

<sup>77</sup> [http://www.who.int/mental\\_health/mhgap/en/](http://www.who.int/mental_health/mhgap/en/)



- *Policy void*, with absence of suitable trade policies and legislation to address NCD reduction.
- *Paucity in enforcement mechanisms*, related to, for example, product packaging and labelling, and compliance with standards.
- *Challenges to product monitoring*, both at the border and domestically.

### Ms. Nicole Foster, Law Lecturer, UWI; Policy Advisor, HCC

Ms. Foster noted that there is no inevitable or unavoidable conflict between international trade rules and efforts to prevent and control NCDs. She posited that the Caribbean has to do more to exploit and build on the existing policy space provided in individual World Trade Organisation (WTO) agreements, and through the public health general exceptions clause, in support of NCD prevention and control.

She identified **current problems** as:

Inadequate coordination and information-sharing between and among ministries, missions, and embassies, and

Limited or insufficient Caribbean presence in some negotiations, such as the WTO Technical Barriers to Trade Committee, which deals with health matters, and the [Codex Alimentarius](http://www.fao.org/fao-who-codexalimentarius/en/),<sup>78</sup> which deals with labelling.

**Opportunities** for greater policy coherence include:

- Better coordination and sharing of information within and between ministries.
- Active participation and engagement on multilateral fronts and across multiple fora by:
  - Leveraging missions/embassies in Washington, D.C., Brussels, and New York to understand the issues; sharing with them CCH IV priorities for

integration into trade discussion and negotiations relevant to NCD prevention and control; identifying persons in capitals with whom mission and embassy staff can liaise; and building coalitions with like-minded missions.

- Leveraging international organisations and partners, including the UN Conference on Trade and Development (UNCTAD), FAO, WTO, and PAHO/WHO, to facilitate coalition building, effective dissemination of NCD prevention and control messages, and consensus on Caribbean positions.
- Greater diversity in the composition of delegations to the various trade-related meetings, ensuring health inputs into positions taken and integration of health concerns into arguments made by Caribbean trade negotiators.
- Developing strategic partnerships with like-minded States, such as Chile and Mexico, and groupings such as the Latin American and Caribbean Group (GRULAC) and the Pacific Islands – the Caribbean cannot fight the battle on its own.

<sup>78</sup> <http://www.fao.org/fao-who-codexalimentarius/en/>

## Agriculture

### Mr. Barton Clarke, Executive Director, Caribbean Agricultural Research and Development Institute

Mr. Clarke identified the [Caribbean Food and Nutrition Security Policy](#)<sup>79,80</sup>, as the starting point for action, but acknowledged that some persons are not even aware that this and similar policies exist. The goal of the policy is to ensure that all aspects of the region's food chain, food safety, and agricultural public health system remain capable of providing safe, adequate, nutritious, and affordable food for the people of the region, and it advocates for a sustainable, nutrition-sensitive agriculture system.

He noted **barriers to greater policy coherence in agriculture**, including limited supply in domestic agricultural markets; high cost of production in agricultural industry; policies that encourage imports; consumption patterns and preferences; and inadequate research and data.

Mr. Clarke also noted **opportunities**, including strengthening climate resilient agriculture; policy and advocacy; legal frameworks, including through the

[Parliamentary Front against Hunger in Latin America and the Caribbean](#) (PFH),<sup>81</sup> which provides a mechanism to engage high-level government discussion on hunger and overnutrition; domestic agricultural interventions, such as advocacy for use of the value chain approach to include Health and Agriculture; and creation of cross-sector linkages, for example between Agriculture and Tourism. He further noted that issues related to NCDs and the associated agricultural agenda must be included in advocacy to Heads of Government, and that more projects such as those described by CARPHA and the UWI during the previous day of the Forum are needed.

In closing, Mr. Clarke declared that CARDI is committed to research and development to improve the competitiveness and sustainability of the regional agricultural sector, and that the Institute, recognising the pivotal role of agriculture, will continue to work with stakeholders and partners in addressing NCD prevention and control.

## Health

### Ms. Sharmaine Edwards, Director, Nutrition Unit, MoH, Jamaica

Ms. Edwards summarised the **threats** to policy coherence in health as follows:

- The ubiquitousness of ultra-processed foods.
- Media influence, with children being bombarded with undesirable messages, for example at school sports.
- Non-engagement of the food industry.
- Pushback from industry, exemplified by the suit brought against the HFJ by a private sector entity.
- Protracted legislative and bureaucratic processes, and delayed implementation of approved policies.
- Limited marketing strategies for health messages.

Notwithstanding the threats, there are several **opportunities**, including:

- Existence of a policy framework.
- Interministerial collaboration, as among Health, Education, and Agriculture, and engagement of the Ministry of Foreign Affairs and the Office of the Prime Minister in health issues.
- [UN Decade of Action on Nutrition 2016-2025](#).<sup>82</sup>
- Involvement of civil society and academia in highlighting the impact of NCDs.
- Increased awareness among the media and parents.
- Engagement of the food industry regarding labelling and marketing restrictions.

<sup>79</sup> <https://bit.ly/2yr12KS>

<sup>80</sup> [http://agricarib.org/images/docs/Regional\\_Food\\_\\_Nutrition\\_Policy\\_explained.pdf](http://agricarib.org/images/docs/Regional_Food__Nutrition_Policy_explained.pdf)

<sup>81</sup> <http://parlamentarioscontraelhambre.org/en>

<sup>82</sup> <http://www.fao.org/3/a-i6130e.pdf>

Ms. Edwards indicated that there is still need for greater health sensitisation, improved global governance, and enhanced efforts to hold countries accountable for

implementation. Lessons learned include the need for sustained commitment at all levels; an integrated approach; and buy-in from all sectors.

## **Dr. Tamu Davidson, Director NCDs and Injuries Prevention and NCD Focal Point, MoH, Jamaica**

From Dr. Davidson's perspective, **barriers** for policy coherence for health include:

- Insufficient local evidence to support policy areas, especially economic data.
- Limited representation of the health sector at the negotiating table.
- Inadequate technical and political leadership.
- Long lead time for enactment of legislation – it took 20 years for the Occupational Safety and Health Act (2017) to become law in Jamaica.
- Delays in developing policies other than those that are within the remit of the particular agency.
- Inadequate sensitisation of the population to issues relevant to NCDs.
- Five-year political administration cycles, which are short periods for realisation of NCD outcomes.
- Competing priorities in the private sector and elsewhere.

She identified **opportunities** as:

- Sensitisation of stakeholders other than Health, as occurred with the previous multisectoral NCD Committee in Jamaica.
- Coalescence around a particular agenda, for example the FCTC, that enables involvement of all related actors; through that platform, many other NCD-related issues have been addressed. Similarly, through the activity to develop an Investment Case for NCDs, more stakeholders have become interested in having Health at the table.
- Identification of issues that relate to non-health ministries, so that they can appreciate how and where they fit into the big picture.
- The “Jamaica Moves” initiative, which has attracted participation from many stakeholders.
- The requirement for every piece of legislation to be debated in Parliament, so Health can play a role and provide its perspectives.
- Translation of evidence into issues to which partners can relate.

## **Finance**

### **Dr. Annicia Gayle-Geddes, Social Analyst, Social Sector Division, Caribbean Development Bank**

Dr. Gayle-Geddes presented the CDB's mission statement, which expresses the Bank's intent to catalyse the systematic reduction of poverty in its Borrowing Member Countries (BMCs) through social and economic development. She showed a graphic representation of the intersections among poverty, NCD risk factors, and NCDs, highlighting loss of household income consequent on unhealthy behaviours, poor physical status, premature death, and high cost of health care.

She noted that although the CDB Strategic Plan 2015-2019 has no specific health outcome, it includes a strategic objective “*Supporting inclusive and sustainable*

*growth and development*”, that addresses people-centred sustainable development. Therefore, health cannot be ignored.

The CDB revisited its health sector strategy in 2016 and, in framing its **health-in-all-policies approach**, the Bank acknowledges:

- Existing development partners operating in the health sector,
- Its comparative advantage and available resources,
- Key entry points for enhancing health outcomes in its 19 BMCs, and

- Addressing gender equality and social inclusion of vulnerable groups.

Dr. Gayle-Geddes summarised the CDB's **select programme areas for action**, comprising:

- Nutrition/school feeding and curriculum reform to include a focus on healthy lifestyles and the HFLE programme,
- Development/research on nutritious foods, promotion of sanitary food distribution/handling systems, and development of food and nutrition security strategies and action plans,
- Research and analysis of the health sector's socioeconomic costs and benefits, and strengthened

use of data and evidence as the basis for policy and practice, and

- Promotion of regional approaches to prevention, and dialogue on financing health care.

In closing, she indicated two regional projects that CDB's technical assistance supported in 2017: CARPHA's convening of a high-level meeting to develop a roadmap for multisectoral action in Caribbean countries for childhood obesity prevention through improved food and nutrition security, and HCC's capacity building of CSOs to address COP, involving CSOs in The Bahamas, Barbados, Belize, and Jamaica.

## Mr. Bent Lautrup-Nielsen, Senior Programme Manager, WDF

Mr. Lautrup-Nielsen reminded participants of the April 2018 WHO Global Dialogue on Partnerships for Sustainable Financing on NCD Prevention and Control, one of the events in the lead-up to HLM3. He highlighted the multi-stakeholder nature of the event, which reflected the need for multisectoral partnerships to provide resources.

Participants in the Global Dialogue included representatives from Ministries of Health and Ministries of Finance in WHO Member States; regional development banks; the Global Fund; bilateral development agencies, for example from Italy and France; and philanthropic agencies from the private sector.

The Dialogue discussed the integration of NCDs into other programmes, and a report from WHO on this topic will soon be available. Other themes included PPP from an international perspective, with country examples; the governance of the sustainable financing system; business models; and the WHO Best Buys.

Mr. Lautrup-Nielsen noted that the Lancet Series on NCDs and Economics was launched at the Global Dialogue, and provided the link to the Series: <http://www.thelancet.com/series/Taskforce-NCDs-and-economics>.

## Discussion

A summary of the main points raised in discussion follows.

- What is the status of the actions recommended by CARICOM Ministers of Agriculture in the [2007 Declaration of St. Ann](#)?<sup>83</sup>
- There has been no further action regarding that Declaration. A number of foods have been prioritised, but NCD prevention and control needs to be placed as an overarching issue.
- Barbados does significant trade within the region, and many of the regional products are unhealthy. If

intraregional trade is the major driver of the food on our tables, how can we start at that level to make improvements?

- The highest level of tariff is 40% in CARICOM, but within that limit tariffs can be adjusted to differentiate between products considered unhealthy and those considered healthy. Tariffs do not apply to products originating in CARICOM MS when traded with each other, but under the international multilateral agreement, CARICOM countries can impose tariffs up to their bound rates, which, in some instances, could be as high as 100%-200% and above. Incentives can

<sup>83</sup> <https://bit.ly/2ILrIW7>

be provided in the form of credit for the production of foods considered to be healthy.

- Crops are subject to standards developed by CROSQ and national standards agencies, but those standards probably do not take NCD prevention and control into consideration. This should be addressed, for effective cross-agency interventions.
- There is a new standard coming out of COTED that addresses NCDs.
- The level of obesity in boys in Jamaica has doubled, and the MoH and Ministry of Education have drafted a school nutrition policy that addresses the sale of foods in schools.

### **Panel: Rethinking the multisectoral response to better position the Caribbean to achieve the SDGs – Revitalising National NCD Commissions and engaging with civil society, and leveraging private sector partnerships**

**Chair – Mr. Kenneth Connell**

**Panelists: Professor Alafia Samuels; Mr. Neil Brennan; Dr. James Hospedales; Dr. Anselm Hennis; Sir Trevor Hassell**

This panel used the methodology of questions posed by the Chair to panelists, with opportunities for comments from the audience. The answers and several comments are summarised below.

#### **What actions are needed to produce a more effective multisectoral response to NCD prevention and control in the Caribbean?**

- Action needs to be preceded by thought, and primary, secondary, and tertiary levels of prevention need to be addressed. We should work with what we already have, including NNCDs; analyse the treatment cascade; and look at opportunities for PPP at each level, taking a partnership approach to the chronic care model.
- From a civil society perspective, there are no effective mechanisms or platforms in place to deliver on the approach, throughout the world. Overall, NNCDs are not really effective, and there is need to invest in this type of platform. Though fingers are often pointed at the private sector, sometimes neither governments nor public health agencies understand, or have experience in working with, the multisectoral approach.
- The NNCD in Barbados has had uninterrupted leadership, and the MoH alone could not have achieved many of the successes in NCD prevention and control. In questioning the role of NNCDs, is it being suggested that they should report to the Office of the Prime Minister, rather than to the Minister of Health?
- There should be more investment in the NNCDs, and not just financially, to make them more effective. In addition, the language of advocacy and discussion needs to be adjusted to suit the audience, for example when speaking with the private sector, one has to speak in terms that it can relate to.
- Many private sector organisations (PSOs) would be happy to be part of the multisectoral approach, but running a business is dynamic, and the bottom line is profit. PSO participation has to demonstrate benefits for the sector – if there is no action and no results for a long time, PSOs will shy away from involvement. Therefore, the barriers to rapid action should be removed, with provision of tax breaks as incentives for private sector investment in the interventions.
- Multisectoral engagement facilitates learning how best to speak the language of other stakeholders. For example, the UWI as an institution is now more sensitive to the points raised, and the current strategic plan includes pillars of agility and greater engagement with stakeholders.
- PSOs should be mindful of getting the right balance between mandating people's actions and giving people personal responsibility. The private sector is not there to manage people's lives for them, including improving their health. The focus should be on changing attitudes – many people have an air of complacency, as if they want

others to manage things for them. Interventions should aim to make healthy choices easier, but not mandate them.

- PAHO was established in 1902 and has always worked multisectorally, for example in water, sanitation, and hygiene, and in vaccine-preventable diseases. With NCDs, many of the noxious substances are man-made, so the multisectoral approach produces both winners and losers, and the latter are reluctant to participate.
- There is a range of PPP and PSOs that can be collaborators, despite possible conflicts of interest.
- The Parliamentary Front against Hunger in Latin America and the Caribbean<sup>84</sup> is a platform that might be useful for advancing the multisectoral approach; FAO has been canvassing for the PFH, and Haiti and St. Vincent and the Grenadines may provide models for national PFHs.

#### **What pointers would you give to a multisectoral National NCD Commission?**

- Decide what is to be done from a policy perspective; invite a wide range of partners; and do some “pre-work” to have a clear plan.
- Consider what is most cost-effective for achieving desired outcomes, including legislation and taxation; devise a process that is effective and that minimises backlash; and identify the “friendly” private sector. We have to be nuanced in our approach and facilitate partnerships among private sector entities themselves, for example having a national bakery that has reformulated its products engage a regional meeting of bakers, or having entities that provide healthy fast foods meet with the purveyors of unhealthy fast foods to discuss how the former still manage to make a profit.
- Address prevention, care, and treatment; decide on a clear focus; and select partners. The WHO Framework for Engagement with Non-State Actors (FENSA) provides guidance on which entities WHO can work with, and includes criteria for PPP. The private sector is not homogenous – some entities are collaborative, others are antagonistic.
- Take a coordinated and consistent approach to messaging, since often there is conflicting information from different sources regarding what is healthy and what is not. In addition, make prevention interventions easier, for example early detection of preventable cancers; PPP can facilitate this.
- Carefully consider reporting relationships, capacity building, and competing priorities. When Jamaica established its NNCD, the Commission reported to the Minister of Health. A barrier to its sustainability was the fact that at the beginning capacity building was needed for every member, and should have been done to enable the highest level of participation. A further barrier was the number of public health programmes and single focus committees/commissions associated with the programmes. The committees and commissions tended to involve the same people, and strategies are needed to navigate the competing priorities.
- Consider establishment of a Wellness Commission, rather than an NCD Commission, in small states with limited human and financial resources, in order to undertake multisectoral action for NCDs and other issues.

#### **What of the role of academia?**

- The GA-CDRC, UWI, will be addressing food and nutrition security, as described in the new IDRC and related projects.

#### **What minimum standards should a private sector company put in place for an enabling environment?**

- For employees, minimum standards should include some level of health coverage and a wellness programme.
- The private sector is not too different from other sectors – agility and sharing of information are important, and people should be enabled to share information.

<sup>84</sup> <http://parlamentarioscontraelhambre.org/en>



### How do you market this information?

- A marketing or communications officer is essential to assist with disseminating information on NCDs and multisectoral action.
- What is the minimum that the government should do to provide an enabling environment
- Processes should be more efficient – there is too much bureaucracy, and everything takes too long. Due diligence is necessary, but it should be done in as short a time as possible, with systems put in place to make it easier for the private sector to contribute meaningfully to the effort.
- Tying tax breaks to health benefits would also be helpful to non-government sectors.

## Panel: Placing people living with NCDs at the centre of all we do

### Chair – Sir Trevor Hassell

**Panelists: Ms. Tara Lisa Persaud, HCC Our Views, Our Voices Technical Advisor, HCC; Mr. Anthony Castillo, President, Belize Diabetes Association; Ms. Glynis Alonzo-Beaton, President, Guyana Diabetes Association and Chair, North American Chapter, International Diabetes Federation; Ms. Heather Reneau, Administrator, Belize Cancer Society**

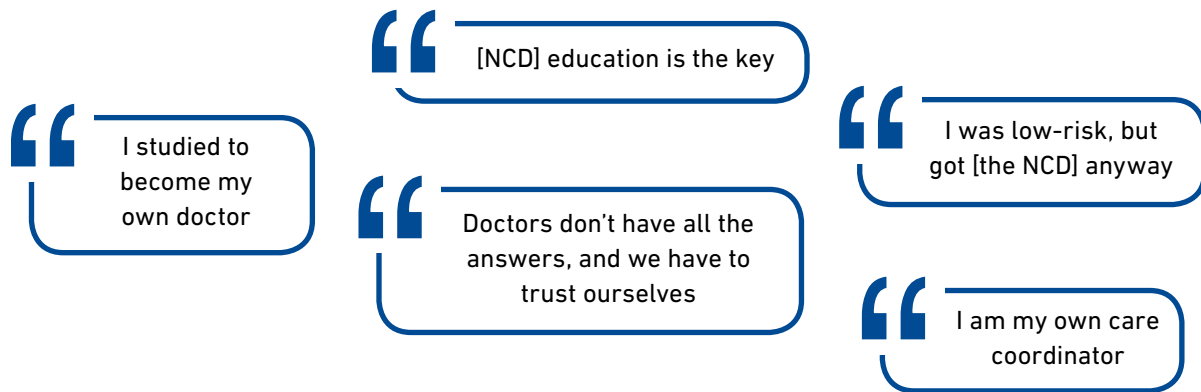
In introducing the panelists, who were all persons living with NCDs, Sir Trevor Hassell noted that this agenda item exemplified the important strategy of “*Putting People First*”. The panelists’ personal stories highlighted several issues:

- Risk factor reduction is a significant factor in NCD prevention and control, and an important part of management, but it is not 100% effective in preventing the development of these conditions.
- Lack of, or inadequate, knowledge about NCDs and their complications, despite, in one case, a strong family history of the diabetes.
- Dissatisfaction with the approaches used by health care providers, with management that the clients deemed unsatisfactory and not patient-centred, resulting in loss of motivation, non-compliance, and subsequent development of complications.
- Difficulties in observing strict dietary and physical activity regimens while working full-time.
- Lack of inclusion of psychological, sexual, and other non-biomedical aspects of the condition in client management.
- Unavailability or inaccessibility of certain treatment modalities. In one case this compelled travel

abroad for care, with associated high travel and hospitalisation costs, and depletion of the family’s savings. In another instance, though the prescribed pharmaceutical was available in the country of residence, local regulations related to high-level concurrence for its use constituted a barrier to access, and the person had to use unorthodox methods to get the essential treatment into the country.

The panelists’ **recommendations** were to:

- Provide education about NCDs and their complications to persons with the disorder, their families, and other social support.
- Take a holistic approach to care.
- Put the patient at the centre of care.
- Build the capacity of health care providers at all levels to manage NCDs.
- Improve access to medicines.
- Conduct research into different modalities of treatment for NCDs, including eastern medicine and philosophies, as possible adjuncts to care, while being careful to avoid charlatans.



Persons living with NCDs at the Caribbean NCD Forum

**The experiences demonstrated the importance of:**

- Education about NCDs, their complications, and their holistic management, not only for the person with the disorder, but also the family, other social support, and health care providers.
- Progress to universal access to health and universal health coverage, with implementation of social insurance schemes to improve access to quality care – including medicines and technologies – and avert catastrophic out-of-pocket spending on health.
- Having a health care provider who coordinates and provides oversight of the person's management, places the person at the centre, and encourages synergies among the specialists and others involved in providing care.
- Research into the use of complementary, alternative, and traditional medicine modalities in NCD prevention and control.

Regarding HLM3, one panelist warned against possible distractions for leaders once the meeting started; recommended early submission of the Caribbean's desired priorities and language to the developers of the Zero Draft of the Outcome Document; and noted the importance of following developments subsequent to the finalisation and acceptance of the Outcome Document.

## Discussion

After the panel, participants expressed their support for the panelists and their recommendations, including the need for capacity building among those who give care. They also highlighted the importance of focusing on costs in determining access to medicines and technology, not just on the procurement of the commodities. The HCC President announced that Ms. Tara Lisa Persaud, HCC Our Views Our Voices Advisor, was recently invited to be a member of NCDA Our Views Our Voices Committee.

## Heart Foundation of Jamaica - legal challenge and HCC's response

Sir Trevor Hassell invited Ms. Debbie Chen, HFJ Executive Director, to make remarks related to the suit recently brought against the Foundation.

Ms. Chen noted that HFJ began its obesity prevention campaign in November 2017, supported by Bloomberg Philanthropies/GHAI, and the lawsuit brought by the private sector company is an example of pushback from industry. She reminded participants that public health is multifaceted and risk factor reduction strategies will impact those with vested interests. Ms. Chen advised that civil society has to work together to overcome these challenges, especially given its limited resources.

Sir Trevor Hassell proposed that the HCC secretariat take the lead in preparing a statement from the Forum on the matter for production and release, and asked for participants' support in signing the statement. Ms. Hutton, HCC Executive Director, reminded participants that this is one of critical roles that HCC plays, and noted the role of the CLAS Rapid Response Team, as previously described by Dr. Beatriz Champagne. Ms.

Hutton exhorted the group to "stand up in similar fashion".

Sir George Alleyne stated his full support for the stance: "If we don't stand up now, what's the point of having a regional CSO?" He proposed that the Forum participants entrust the HCC secretariat with issuing a statement on their behalf, rather than having every participant sign. The participants overwhelmingly approved this recommendation, with the proviso that the HCC statement be guided by legal advice, a suggestion that was readily accepted. It was also proposed that participants express their strong individual support for the HFJ through use of social media.

The HCC statement, in the form of an [Open Letter to the Prime Minister of Jamaica, the Honourable Andrew Holness](#)<sup>85</sup>, appeared on social media and the HCC website, and the issue garnered subsequent support and statements from several international NGOs, including the [NCDA, CLAS, and WDF](#).<sup>86</sup>



**Are we to back off because of fear?**

**We have to keep going and do what we can do within limited resources, against people who are powerful and have a lot of money**

Ms. Debbie Chen, Executive Director, Heart Foundation of Jamaica

<sup>85</sup> <http://www.healthycaribbean.org/wp-content/uploads/2018/04/HCC-Open-Letter-of-Support-for-the-HFJ-April-25-2018.pdf>

<sup>86</sup> On 1 May 2018, the private sector company withdrew the legal action against the HFJ. See article in the Jamaica Gleaner newspaper, 2 May 2018, at <https://bit.ly/2JVpBpg>.

## Reflections on NCD prevention and control in the context of the HLM3

**Sir George Alleyne, Director Emeritus, PAHO; Patron, HCC**

In his reflections, Sir George used the context of the Forum goals and purpose, and the extent to which they were achieved. His main points are summarised below.

- His perception is that progress has been slow in the ecological process for NCD prevention and control. However, he is comforted by the reflection that some of these factors take a long time to change, a difference from communicable disease prevention and control. We cannot lose heart or be faint of heart during the process, and should not expect magic bullets.
- We should think of the glass as half-full, rather than half-empty; there has been significant mobilisation of opinion and concern about NCDs in the Caribbean, exemplified by this Forum.
- The fact that HFJ has been sued means that it is doing something good – it is biting, and the people who are being bitten are reacting.
- Another point of light is the fact that there has been an increase in the level of knowledge of NCDs and their impact in the Caribbean, though there is doubt about whether that knowledge has reached the point of making a difference.
- The communication strategy for HLM3 has to have an audience, and it must be clear which groups are being targeted. The context – the world in which the audience lives – must also be considered. In the Caribbean, the political environment is relatively constant, which is an advantage.
- We must never lose sight of creating the appropriate experiences in the audience. Communication to Heads of Government should not only address their heads, but also their hearts, and highlight the human aspects of the NCDs. The economic aspect is also important, so communications must address the head, the heart, and the pocket.
- We must send repeated messages, and we must determine the type of message we want to send. The lead message to Heads of Government regarding HLM3 is that “you have to be there”; other messages support that statement.
- The single biggest illusion in communication is that once you speak, communication has been achieved. We must ensure that the message being sent is received and internalised. That is the most difficult aspect, but there are mechanisms for addressing it. We have to ensure that the message gets to Heads of Government more than once and from more than one place. The Heads need to hear more than once from many of us here that their participation is a responsibility that we expect them to discharge.
- The outcome of this Forum will be measured by the number of Heads of Government who attend HLM3. HLM3 is not “a cliff” – there is need for follow-up – but for this event, that is the desired outcome.
- Another issue is the involvement of media – the environment in which you are going to operate. Several people at the Forum have said “I can” and “I will” make efforts to persuade the Heads of Government to participate in HLM3, which is excellent. Action by HCC cannot substitute for individual actions – all of us move in circles of influence that we can use to affect what actually happens. Personal contact is useful, and should be deployed.
- The credibility of the messenger is also important. HCC has credibility, which provides clout – the “clout of credibility”. CARICOM is another important messenger and the CARICOM Health Desk will know what needs to be done.
- Though very taken by the individual experiences of the previous panelists and others, it would be most desirable to see the four billion people in the world impacted by NCDs acknowledging the impact and promoting that something be done about these disorders. There is need for more democratisation and “massification” of the problem. The voices of persons with NCDs are important, but a movement that is guaranteed to affect leaders here in the Caribbean and worldwide would be even more significant.
- Multisectoral collaboration is going to be a frequent feature of the Outcome Document, but the expectation is that the Document will not “beat governments over the head” for their shortcomings.

- The Caribbean should prioritise one thing for inclusion in the HLM3 Outcome Document: implementation of an appropriate accountability mechanism, similar to what was done for maternal and child health and the global health security agenda. There must be a mechanism built into the NCD movement to determine that you have, or have not, done what you said you would do.

In closing, Sir George shared that he has finally written his autobiography, *The Grooming of a Chancellor*, and recounted a few of his experiences with NCDs in the Caribbean. In the mid-2000s, as Chair of the [Caribbean Commission on Health and Development](#),<sup>87</sup> he presented the [Commission's report](#)<sup>88</sup> to the CARICOM Heads of Government, highlighting three priority issues: NCDs, HIV, and the sequelae of crime and violence. In

his words, “the report sank like a stone”, and amid his chagrin, he remembered an important lesson: “Always ask Heads of Government to do something that they can do”.

This lesson was an important one regarding a suggestion that Sir George made to then-Prime Minister Patrick Manning of Trinidad and Tobago, that the Prime Minister invite his colleague Heads of Government to Trinidad and Tobago for a meeting on NCDs. The Prime Minister accepted the suggestion and with subsequent agreement of then-Head of CARICOM, Prime Minister Owen Arthur of Barbados, resources were mobilised from then-Prime Minister Stephen Harper of Canada, and the 2007 CARICOM first-in-the-world Heads of Government Summit on NCDs took place. The resulting Port of Spain Declaration laid the groundwork for HLM1.



Each one of you must be a drum major for the NCD cause, and in your circles of influence, keep insisting that you want to see the Heads of Government attend the HLM. The Caribbean can regain the leadership it had before, and show the value of small size

Sir George Alleyne, HCC Patron

<sup>87</sup> <https://bit.ly/2kvGtbF>

<sup>88</sup> [http://www.who.int/macrohealth/action/PAHO\\_Report.pdf](http://www.who.int/macrohealth/action/PAHO_Report.pdf)



## Evaluation and close of meeting

### Sir Trevor Hassell, President, HCC and Ms. Maisha Hutton, Executive Director, HCC

In closing the meeting, Ms. Hutton informed participants that an online form for evaluation of the Forum had been sent to them, and asked for their cooperation in completing and submitting it. She also stated that the online conference electronic package should be available within a week, disseminated by email.

Ms. Hutton expressed thanks to the team at the hotel and the conference administrator Ms. Sheena Warner-Edwards, and offered special thanks to the World Diabetes Foundation, the Forum sponsor; ongoing HCC sponsor Sagicor Life Inc.; and to partners, among them CARPHA, UWI Open Campus, University of Technology,

Ministry of Health, Jamaica, Heart Foundation of Jamaica, Diabetes Association of Jamaica, HCC Member Organisations, and the NCD Alliance.

Sir Trevor Hassell reiterated the Forum's support for the HFJ in its legal matter, and to the playing of Bob Marley's internationally recognised song "[Three little birds](https://genius.com/Bob-marley-and-the-wailers-three-little-birds-lyrics)"<sup>89</sup> and its chorus "Don't worry about a thing, 'cause every little thing's gonna be all right", the Forum closed.

<sup>89</sup> <https://genius.com/Bob-marley-and-the-wailers-three-little-birds-lyrics>







## Evaluation results

For the first time, the HCC used an online tool to conduct an evaluation of the meeting, and fifty (50) persons responded, a response rate of approximately 50%. The findings are summarised below.

- An average of 96% of participants assigned a rating of “very good” or “good” to the following elements of the Forum: planning and organisation; content; organisational relevance; presentations/speakers; panel sessions; and background material/meeting resources.
- The highest percentage of “very good” or “good” ratings (98%, n = 49) were given to planning and organisation, and organisational relevance; an average of 88% of participants assigned a rating of “very good” or “good” to the meeting webpage.
- There was less satisfaction with time allocation, where an average of only 36% of participants assigned a rating of “very good” or “good”; 40% rated this element as “acceptable” and 24% rated it as “poor”.
- With regard to the achievement of the expected outcomes, the results were mixed, with percentage ratings as follows:
  - Greater awareness of Caribbean civil society and other stakeholders in the following areas:
  - Regional progress to date in NCD prevention and control: Fully achieved, 58%; Partially achieved, 42%; Not achieved, 0%.
  - HLM3 and opportunities for advancing the regional NCD agenda: Fully achieved, 66%; Partially achieved, 30%; Not achieved 4% (n=2).
  - 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: Fully achieved, 58%; Partially achieved, 36%; Not achieved 6% (n=3).
  - HCC Advocacy Priorities for the HLM3 Outcome Document discussed and agreed on: Fully achieved, 22%; Partially achieved, 74%; Not achieved 4% (n=2).
  - “Getting Heads to HLM3” regional strategies discussed and way forward agreed upon: Fully achieved, 40%; Partially achieved, 56%; Not achieved 4% (n=2).
- 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 NGOs: Fully achieved, 48%; Partially achieved, 50%; Not achieved 2% (n=1).
- However, the response to the question “Do you/ your organisation feel more informed and engaged around the HLM3?” was overwhelmingly positive, with 98% of participants responding “Yes” and only 1 indicating “No”. Participants were asked to elaborate on their answers, and a selection of the most common sentiments follows:
  - More knowledge and appreciation of the event, as well as its content and process
  - Awareness of the priorities and strategies for getting country support
  - Appreciation of the contributions of other sectors, such as Agriculture, Trade, and Law to the accomplishment of the tasks ahead
  - Strong engagement in the agenda and priorities
  - Energy, motivation, and empowerment to take action
  - Establishment of a clearly defined role for advocacy
- In response to a request to “identify one action you/your organisation will take to get your Head of State to the HLM3”, participants indicated numerous actions, among them:
  - Lobbying and arranging meetings with high-level policymakers and technocrats, including the Prime Minister or President, Cabinet, Minister of Health, Permanent Secretary, and Chief Medical Officer
  - Teaming with other CSOs to lobby the Head of State
  - Making personal contact with the highest level of policy making
  - Meeting with the NNCD (or equivalent) to discuss the issues and request that the Commission lobby for participation of the Prime Minister and the Minister of Health in HLM3
  - Participation in radio talk shows and other media opportunities to create momentum around HLM3



- Letter writing
- Telephone calls
- Advocacy using facts and figures, and during special events, such as [May Measurement Month](http://maymeasure.com/)<sup>90</sup>
- Using social networks/social media to emphasise the importance of HLM3
- Raising public awareness and engaging the public, so that Heads of Government know that the “man in the street” has an interest
- Preparation of briefs for policymakers and internal stakeholders
- Aiming to put the issue on the agenda of the next meeting of the OECS Authority
- Making the NCD agenda integral to the work of the CARICOM Agriculture Food and Nutrition Security Cluster
- Creation of a technical group and development of a roadmap for advocacy to Cabinet
- Signing the HCC petition and communicating concerns in stakeholder meetings
- Asked how the Forum could have been improved, participants suggested:
  - Better time management<sup>91</sup>
  - Inclusion of youth/youth representatives
  - More private sector participation
  - Media participation
  - Presentations on government programmes and opportunities for NGO collaboration
  - Work group sessions
  - Spending more time on reaching consensus on the HCC Advocacy Priorities for HLM3 Outcome Document
  - Better hotel accommodation
  - Having a “Meet and Greet” function on the opening night
  - Starting the sessions with prayer
- Asked what they liked about the Forum, participants gave a variety of responses:
  - Diversity of stakeholder representation and participants, including the representation from the diplomatic corps
  - Networking, sharing of a wealth of information and experiences, including the work of CSOs, and exchange of ideas
  - Meeting new people
  - Open, candid discussions
  - Engagement and empowerment of participants
  - Level of participation
  - Presence of key players in the regional health agenda over the years, which provided history and opportunities to learn
  - Representation from most Caribbean countries
  - Focus on all the key areas of NCDs
  - Well-informed, well-prepared, and qualified speakers
  - Voices of person with NCDs
  - Participation of stakeholders from outside the Caribbean region
- In their general comments, participants:
  - Offered congratulations, compliments, and thanks to the HCC, noting that the Forum was well organised and informative.
  - Noted that national CSOs other than those represented could have benefitted from the Forum.
  - Emphasised the importance of accountability measures, and suggested that a similar approach be used to discuss strategies for country action on the regional priorities, and monitoring of regional progress.
  - Noted that NCD education efforts are the responsibility of all stakeholders, individually and organisationally.
  - Expressed dissatisfaction with the hotel accommodation, and suggested that the HCC consider an alternative venue for future meetings; noted that the numerous photos taken during the sessions were sometimes distracting; and proposed that more physical activity be integrated into the meeting.

<sup>90</sup> <http://maymeasure.com/>

<sup>91</sup> This was the most frequent suggestion made, and several comments suggested fewer presenters/presentations/panelists; avoiding repetition and duplication of information; keeping speaker time frames on track; and allowing more time for discussion.

# Recommendations

During the Forum discussions and in the evaluation several recommendations emerged, including those summarised below.

## *Policy development*

- Accelerate countries' implementation of the WHO Best Buys and other recommended interventions for NCD prevention and control.
- Involve lawyers early in the development of policies.
- Explore the role of complementary, alternative, and traditional medicine in NCD prevention and management.

## *Health systems strengthening*

- Conduct national level research into:
  - The reasons for the limited knowledge, use, and implementation of the myriad frameworks, plans, guidelines, and technical packages that exist at global and regional (and sometimes at national) levels for NCD prevention and control, and develop strategies to overcome identified barriers.
  - The use of complementary, alternative, and traditional medicines by persons with diabetes and other NCDs to facilitate the provision of guidelines and possible integration of such therapies into the management of these diseases, as appropriate.
- Encourage and support strengthening and reorienting of health systems to advance to universal access to health and universal health coverage and improve availability, accessibility, and adequacy of services, promote social inclusion, and reduce inequities.
- Reorient and strengthen the primary health care system in countries to address NCDs
- Include smoking cessation programmes as part of risk factor reduction.
- Establish reliable and timely national NCD information systems, ensuring that technical cooperation undertaken by intergovernmental agencies and other development partners targets the strengthening of national health and health-related information systems that will provide up-to-date, disaggregated data on NCDs and their social determinants, and provide the basis for promoting social inclusion, monitoring the implementation of NCD prevention and control interventions, and evaluating their impact.

- Meaningfully consider and analyse social insurance as the most appropriate health financing mechanism for CARICOM countries.

## *Communications*

- Advocate for decision by Heads of Government to link the granting of media licenses to the broadcast of specific NCD-related public service announcements in prime time, in order to facilitate progressive regional campaigns for NCD prevention and control.
- Share human stories on NCDs and their impact.
- Consider reframing the presentation and discussion of NCDs in terms of national and regional development and security, in light of their broad effects.
- Take advantage of social media and social networks in communications on NCDs and their impact, identifying wins for leaders and presenting successes and compelling messages from the Caribbean.

## *Multisectoral action*

- Develop a case for NCD prevention and control as a driver for cross-agency intervention, for presentation to regional and national policymakers at the highest levels.
- Explore opportunities for joint collaboration and synergies between NCD and HIV programmes at national level in common areas, such as health systems strengthening and health promotion.
- Encourage partnerships with private sector entities as appropriate and encourage and support workplace wellness programmes.
- Take action to strengthen National NCD Commissions and improve their functioning and accountability, giving consideration to establishing Wellness Commissions to deal with NCDs and other competing priorities in situations with limited human and financial resources.

## *Partnerships and resource mobilisation*

- Promote and contribute to the identification and dissemination of CSO "best practices" in NCD prevention and control, and support in-country visits among CSOs to facilitate knowledge transfer and technical cooperation among the CSOs themselves, so facilitating South-South, North-South, and triangular cooperation.
- Analyse and compare the holistic, all-in-one-location services offered by the Barbados Diabetes

Foundation and the Suriname One Stop Shop, with a view to documenting good practices in diabetes control, identifying adaptations to national situations, and providing lessons for sharing.

- Strengthen partnerships among CSOs; Ministries of Health, Foreign Affairs, Agriculture, Trade, Education, and other ministries; CARICOM regional institutions such as CARPHA, CARDI, and CROSQ; PAHO/WHO; WDF; IDF and other regional and international agencies, to address NCDs in general and diabetes in particular. Specifically, explore opportunities to take advantage of the WDF's enhanced work in advocacy and humanitarian settings, regarding the management of persons with diabetes in post-disaster situations.
- Encourage and facilitate more cross-regional exchanges and support within and outside of the Region of the Americas.
- Explore opportunities to tap into the UN Multicountry Sustainable Development Framework 2017-2021 to obtain technical assistance for NCD prevention and control.
- Consider the establishment of a CARICOM-UN Caribbean Task Force on NCDs to accelerate and oversee joint action on NCDs at regional level.
- Identify and explore opportunities for South-South cooperation between the Caribbean and the Pacific regions in addressing NCDs, given their common status as SIDS and high burden of NCDs.

#### *Advocacy and other measures related to HLM3*

- Take varied actions at national level, including development of position papers and briefs, personal approaches, and meetings with Heads of Government, to advocate for their participation in HLM3.
- Identify roles and responsibilities that CARICOM Heads of Government will play at HLM3 to ensure Caribbean visibility and leadership, as well as delivery of messages on Caribbean priority issues.
- Determine mechanisms to ensure Caribbean input into the development of the Zero Draft of the HLM3 Outcome Document and take necessary action.
- Establish a technical group to advise and provide guidance to the missions of Caribbean countries in New York, to enable their input into, and informed negotiation of, the HLM3 Outcome Document.
- Determine the feasibility of Caribbean leaders hosting a luncheon at HLM3, with participation of other leaders, to put forward the Caribbean priorities.

- Form alliances with like-minded countries outside of the region to garner support for the Caribbean priorities and enable solidarity to resist anticipated "pushback" on the fiscal measures proposed.
- Ensure inclusion of NCD-related issues, such as the agricultural agenda and food and nutrition security, in advocacy to Heads of Government.
- HCC should:
  - Hold regular meetings of the HCC HLM3 Action Team to coordinate and contribute to advocacy, as planned, to encourage Heads of Government to participate in the HLM.
  - Provide monthly reminders to all Forum participants regarding the lobbying of Heads of Government to attend the HLM3; an update of who will be attending the HLM, before the meeting; and a report on the outcome of the HLM.
  - Ensure its participation in events leading up to HLM3 for which it is eligible, particularly online consultations, opportunities for provision of feedback, and meetings, to provide Caribbean regional perspectives pertinent to the HLM and to enable provision of feedback to its membership.
  - Collaborate with the NCDA, HCC CSO members and the private sector to facilitate the participation of eligible CSOs and private sector organisations from the Caribbean in the Interactive Hearing scheduled for 5 July 2018, as part of the lead-up to HLM3.
  - Communicate to CSOs and other stakeholders governments' commitments to NCD prevention and control made in regional and international fora, not only HLM3, particularly through the involvement of media champions.
  - Explore establishment of a "rapid regional response" mechanism, similar to that implemented by CLAS, to support countries and CSOs in the Caribbean against industry interference in, and pushback against, health-promoting interventions.
  - Accelerate its plans to develop and disseminate a conflict of interest model policy and relevant guidelines for use by HCC member organisations, given the likelihood that their interactions and collaboration with private sector entities in NCD prevention and control interventions will increase.
  - Convene another Caribbean NCD Forum in two years' time to assess progress post-HLM3.

## Conclusions

The HCC Caribbean NCD Forum provided a unique opportunity for CSOs and other stakeholders working in NCDs to take stock of progress achieved since the First and Second UN High-level Meetings on NCD Prevention and Control. With support from the WDF and the collaboration of key players, HCC mounted one of its largest and most successful regional meetings, solidifying its reputation as a trusted convenor, broker, and advocate, and as a major force in NCD prevention and control in the Caribbean region and beyond.

The Forum offered a space for CSOs to confidently make their voices heard; for regional thought leaders from various spheres to share views; and for focused multisectoral dialogue around priority NCD and NCD-related issues. The contributions from Her Excellency Sandra Granger, First Lady of Guyana; Sir George Alleyne and Sir Trevor Hassell, globally recognised NCD advocates; the Honourable Christopher Tufton, Minister of Health, Jamaica; the Honourable Volda Lawrence, Minister of Public Health, Guyana; Their Excellencies Ambassadors Courtenay Rattray of Jamaica and Selwin Hart of Barbados; Professors Karl Theodore and Alafia Samuels of the UWI; Dr. James Hospedales of CARPHA; Mr. Bent Lautrup-Nielsen of the WDF; Ms. Katie Dain of the NCDA and Ms. Beatriz Champagne of CLAS; Dr. Bernadette Theodore-Gandi and Mr. Bruno Pouezat, of, respectively, PAHO/WHO and the UN System in the Caribbean; Mr. Edward Clarke of Sagicor Life Inc., and all the other representatives of national and regional civil society, government, and private sector organisations,

provided a potent environment for advancing the cause of NCD prevention and control.

Participant involvement began from the preparatory phase of the Forum through the interactive Forum Portal, and during the Forum delegates shared national, regional, and global successes and experiences in NCD prevention and control, especially related to NCD advocacy, policy development, and programme implementation. Governments, CSOs, and development partners showcased their activities in addressing NCDs and related the challenges faced and lessons learned, highlighting diabetes prevention and management. Critical challenges identified included making multisectoral action a reality and working in the resource-constrained settings that characterise SIDS in the Caribbean. A major lesson learned was the importance of stakeholder networking and knowledge-sharing through regional meetings such as the HCC Caribbean NCD Forum.

The interactions among the participants facilitated learning not only on interventions for NCD prevention and control in general, but also on strategies used in diabetes control, several of which are applicable to other NCDs. The networking among the CSO delegates, government officials, private sector representatives, and development partners allowed for invaluable exchange of ideas, both during and after the Forum sessions. The consensus reached on HCC Advocacy Priorities for the HLM3 Outcome Document was one of many Forum highlights.



It was agreed that, since 2011, the Caribbean seems to have lost its passion and relinquished its leadership in advocacy for NCD prevention and control, given the absence or paucity of high-level regional representation in more recent global fora. The Forum provided an opportunity for discussion of regional and national strategies to persuade Caribbean Heads of Government to participate in HLM3, and CSOs committed to engage in, and contribute to, the implementation of these strategies. Participants discussed NCD priorities and the WHO Best Buys and other recommended interventions for NCD prevention and control, examined the region's approach to multisectorality, and made recommendations for stronger intersectoral links and multisectoral partnerships. They agreed that strengthened NNCDs, working in the framework of national NCD and NCD-related policies, plans, and programmes, would be critical in advancing to the achievement of national NCD targets, NCD targets in the CCH IV 2016-2025, the 2025 global NCD targets, and the health targets embedded in the 2030 Sustainable Development Agenda.

The Forum catalysed HCC's HLM3 regional advocacy campaign, resulting in the engagement of a number of key partners who are now members of the HCC HLM3 Action Team.<sup>92</sup> The almost immediate establishment of the HCC HLM3 Action Team provided strong indication of the commitment of the HCC and its partners to ensure that the interest and enthusiasm demonstrated at the Forum carried through to HLM3 and beyond.

Several innovative strategies were proposed at the Forum, among them the start of a "WeToo" movement to complement and support the HCC's ePetition/Call to Action for childhood obesity prevention and the NCDA's "ENOUGH" campaign, the latter having been endorsed and adopted by the HCC. Discussions also noted similarities in NCD priority issues in the Caribbean and the Pacific, and comparisons between the outcomes of the 2016 Pacific NCD Forum and the Caribbean NCD Forum have the potential to drive collaboration and cooperation between the two regions in addressing NCD priorities.

In looking forward, the Forum recognised the importance of following through on the suggestions and recommendations made; tracking the development, finalisation, and acceptance of the HLM3 Outcome Document; and monitoring implementation of the agreements reached. Forum participants concurred with emphasis on holding Caribbean governments and other stakeholders, including civil society itself, accountable for progress in NCD prevention and control in the region, and on enabling the region to regain its lustre as the "star" of the global movement for reducing NCDs and their impact.

<sup>92</sup> The purpose of the HCC HLM3 Action Team is to maximise opportunities to get CARICOM Heads of Government and Heads of State to participate in HLM3; its objectives are to build regional awareness about the HLM3 among various groups of stakeholders and implement a varied and complementary raft of activities aimed at achieving maximal participation of the Heads of Government and Heads of State.

In addition to the establishment of the HCC HLM3 Action Team in April 2018 and the appointment of Dr. Karen Sealey, HCC Director, as WHO Senior Advisor for HLM3 in May 2018, actions taken soon after the Caribbean NCD Forum include HCC representation on a small, informal CARICOM-led team that is working to support the participation of Heads of Government and Heads of State at HLM3, advocating for this issue to be included in the agenda of the CARICOM Heads of Government Meeting 4-5 July 2018, and collaborating with the WHO Senior Advisor, the Permanent Representatives of Missions of CARICOM Countries to the UN, and the NCDA, to provide Caribbean inputs and influence in the lead-up to HLM3.

## Annex 1 – List of participants

	Title	First Name	Surname	Position	Organisation
1.	Sir	George	Alleyne	Director Emeritus/Patron	PAHO/Healthy Caribbean Coalition
2.	Dr	Aisha	Andrewin	Chair/Chief Medical Officer of Health	Anguilla National NCD Commission/Ministry of Health and Social Development, Anguilla
3.	Ms	Fiona	Anthony	Chief Executive Officer	Heart & Stroke Foundation of Barbados
4.	Ms	Lydia	Atkins	Monitoring and Evaluation Officer, NCD Focal Point (alternate)	Ministry of Health and Wellness, St. Lucia
5	Mr	Vincent	Atkins	LDC Trade Policy Technical Advisor/Trade Policy Advisor	CARICOM Secretariat Office of Trade Negotiations/Healthy Caribbean Coalition
6	Dr	D. Beverley	Barnett	Consultant	Healthy Caribbean Coalition
7	Mrs	Glynis	Beaton	President/Chair	Guyana Diabetes Association/ North American Chapter, International Diabetes Federation
8	Dr	Alison	Bernard	President	Breastfeeding and Child Nutrition Foundation, Barbados
9	Mr	Ronnie	Bissessar	President/Member	Trinidad and Tobago Heart Foundation/Trinidad and Tobago NCD Alliance
10	Dr	Homer	Bloomfield	Board Member/Director	Cancer Society of The Bahamas/ Healthy Caribbean Coalition
11	Dr	Diane	Brathwaite	Clinical Coordinator	Barbados Diabetes Foundation
12	Mr	Neil	Brennan	Managing Director Human Resources	CIBC FirstCaribbean, Barbados
13	Dr	Aldyth	Buckland	President, Jamaica Chapter	Caribbean College of Family Physicians
14	Mrs	Reema	Carmona	Former First Lady of Trinidad and Tobago	Office of the President of the Republic of Trinidad and Tobago
15	Mr	Emir	Castaneda	Health Educator	Ministry of Health, Belize
16	Mr	Anthony	Castillo	President	Belize Diabetes Association
17	Dr	Edgar	Castillo Lora	Executive Director	Health Horizons International (Horizontes de Salud), Dominican Republic
18	Dr	Beatriz	Champagne	Director/Coordinator	InterAmerican Heart Foundation/ Healthy Latin America Coalition
19	Ms	Francine	Charles	Communications and Advocacy Officer	Healthy Caribbean Coalition
20	Ms	Deborah	Chen	Executive Director	Heart Foundation of Jamaica
21	Dr	Christine	Chin	Member	Cancer Society of the Bahamas
22	Mr	Barton	Clarke	Executive Director	Caribbean Agricultural Research and Development Institute

	Title	First Name	Surname	Position	Organisation
23	Mr	Edward	Clarke	Chief Operating Officer and General Manager Barbados	Sagicor Life Inc.
24	Dr	Kenneth	Connell	President	Heart and Stroke Foundation of Barbados
25	Dr	Victor	Coombs	Director	Healthy Caribbean Coalition
26	Dr	Rudy	Cummings	Programme Manager, Health Sector Development	CARICOM Secretariat
27	Dr	Colette	Cunningham-Myrie	Senior Lecturer, Department of Community Health & Psychiatry	University of the West Indies (UWI), Mona, Jamaica
28	Ms	Katie	Dain	Chief Executive Officer	NCD Alliance
29	Dr	Tamu	Davidson	Director NCDs and Injuries Prevention, NCD Focal Point	Health Promotion and Protection Branch, Ministry of Health, Jamaica
30	Dr	Timotheus	Dorh	President	St Lucia Diabetes and Hypertension Association
31	Dr	Bernice	Dyer-Regis	Education Officer	Trinidad & Tobago Diabetes Association
32	Ms	Sharmaine E.	Edwards	Director, Nutrition Unit	Ministry of Health, Jamaica
33	Mr	Stephen	Farquharson	Technical Officer Accreditation and Conformity Assessment	CARICOM Regional Organisation for Standards and Quality
34	Ms	Takese	Foga	Director, Health Education Unit	Ministry of Health, Jamaica
35	Ms	Nicole	Foster	Law Lecturer/Policy Advisor	UWI Cave Hill/Healthy Caribbean Coalition
36	Dr	Owen	Gabriel	Chair	St. Lucia National NCD Commission
37	Dr	Annicia	Gayle-Geddes	Social Analyst	Caribbean Development Bank, Barbados
38	Ms	Ivy	George	Coordinator of Health Promotion Service and National Focal Point for NCDs Prevention and Control	Ministry of Health and Social Development, British Virgin Islands
39	Dr	Kenneth	George	Chief Medical Officer (Acting)	Ministry of Health, Barbados
40	Dr	Chrispin	Gomez	Medical Director	Diabetic Research Institute, The Bahamas
41	Dr	Ishtar	Govia	Lecturer in Epidemiology/ Executive Director/Board Member	Caribbean Institute for Health Research/ Alzheimer's Jamaica/ Jamaica Mental Health Advocacy Network
42	Her Excellency	Sandra	Granger	First Lady/Vice Chair	Government of Guyana/Spouses of CARICOM Leaders Action Network
43	Dr	Damian	Greaves	Chair	Grenada National Chronic NCD Commission
44	Dr	Michelle	Harris	Advisor NCDs and Mental Health	PAHO/WHO Jamaica

	Title	First Name	Surname	Position	Organisation
45	His Excellency	Selwin	Hart	Ambassador to the USA and Permanent Representative of Barbados to the Organisation of the American States	Government of Barbados
46	Sir	Trevor	Hassell	President/ Chair	Healthy Caribbean Coalition/ National NCD Commission, Barbados
47	Dr	Anselm	Hennis	Director, Department of Noncommunicable Diseases and Mental Health	PAHO
48	Professor	Fitzroy	Henry	Professor of Public Health Nutrition/Chair	University of Technology/ National Food Industry Task Force, Jamaica
49	Dr	James	Hospedales	Executive Director/Senior Special Advisor	Caribbean Public Health Agency/ Healthy Caribbean Coalition
50	Mrs	Maisha	Hutton	Executive Director	Healthy Caribbean Coalition
51	Mrs	Juanita	James	President	Antigua & Barbuda Diabetes Association
52	Mrs	Christobelle	King	President	St Vincent & the Grenadines Diabetes and Hypertension Association
53	Ms	Shoshanna	Lall	Legal/Youth Advocate	Healthy Caribbean Coalition
54	Dr	Nancy	Larco	President	Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires (FHADIMAC)
55	Mr	Bent	Lautrup-Nielsen	Senior Programme Manager	World Diabetes Foundation
56	Ms	Lurline	Less	President	Diabetes Association of Jamaica
57	Dr	Virloy	Lewin	Health Promotion Coordinator/ Chair	Department of Health, Ministry of Health, Bermuda/Well Bermuda Partnership
58	Ms	June Ann	Liverpool	First Lady of Guyana's Security Detail	Security Services, Government of Guyana
59	Ms	Margarett	Lubin	Country Director	J/P Haitian Relief Organization
60	Mr	Howard	Lynch	Director Policy Planning and Development	Ministry of Health, Jamaica
61	Mrs	Helyante Lilian	Mac-Donald	Senior Researcher and Coordinator for the WDF Project	One Stop Shop for Chronic Diseases, Suriname
62	Ms	Barbara	McGaw	Project Manager, Global Health Advocacy Project/ Tobacco Policy Advisor	Heart Foundation of Jamaica-Jamaica Coalition for Tobacco Control/Healthy Caribbean Coalition
63	Dr	Jacqueline	McKenzie	Chief Medical Officer of Health	Ministry of Health, Jamaica
64	Mr	Jakob Sloth	Madsen	Programme Manager	World Diabetes Foundation
65	Mrs	Cedriann	Martin	Communications Advisor	UNAIDS
66	Dr	Monica	Masino	Programme Coordinator	UWI Open Campus
67	Ms	Kay	Morrish-Cooke	Communications Officer	Heart Foundation of Jamaica

	Title	First Name	Surname	Position	Organisation
68	Professor the Honourable	Errol	Morrison	Director General/Advisor to the Prime Minister	National Commission on Science and Technology, Jamaica
69	Ms	Rachel	Morrison	In-country Coordinator for Barbados and Jamaica	Global Health Advocacy Incubator
70	Ms	Tashaine	Morrison	Project Manager, The JUS Media? Programme Study	UWI Open Campus
71	Dr	Sonia	Nixon	Senior Medical Officer of Health for NCDs and NCD Focal Point	Ministry of Health, Grenada
72	Ms	Nicole	Nugent	Head, Projects and Marketing	Diabetes Association of Jamaica
73	Ms	Vonetta	Nurse	Advocacy Officer, Global Health Advocacy Project	Heart Foundation of Jamaica
74	Dr	Brian	Ostrow	Coordinator	Guyana Diabetes Care Project
75	Dr	Shamdeo	Persaud	Chief Medical Officer/Chair	Ministry of Public Health Guyana/National NCD Commission
76	Ms	Tara Lisa	Persaud	Our Views Our Voices Technical Advisor	Healthy Caribbean Coalition
77	Mrs	Nola A.	Phillpotts-Brown	Senior Manager, Health Administration	Heart Foundation of Jamaica
78	Dr	Lisa	Pilgrim	Regional NCD Coordinator South East Health Region	Ministry of Health, Jamaica
79	Dr	Bruno	Pouezet	Resident Coordinator, The Bahamas, Bermuda, Cayman Islands, Jamaica, and Turks and Caicos Islands	United Nations
80	Ms	Priscilla	Prevost	Eastern Caribbean Conference of SDA/ Chair	Health Coordinator/Dominica National NCD Commission
81	Dr	Timothy Leroy	Providence	Chair	St. Vincent & the Grenadines National Health and Wellness Commission
82	Dr	Carlene	Radix	Head, Health Unit	Organisation of Eastern Caribbean States (OECS)
83	Dr	Kaushik	Ramaiya	Board Member	World Diabetes Foundation
84	His Excellency	Earle Courtenay	Rattray	Ambassador, Permanent Representative, Permanent Mission of Jamaica to the United Nations	Government of Jamaica
85	Ms	Heather	Reneau	Senior Administrator	Belize Cancer Society
86	Ms	Karen	Roberts	Specialist, Non-Communicable Diseases and Family Health	PAHO/WHO Guyana
87	Professor	T. Alafia	Samuels	Director/Policy and Practice Advisor	George Alleyne Chronic Disease Research Centre, UWI, Barbados/Healthy Caribbean Coalition
88	Dr	Karen	Sealey	Director/Convenor and Steering Committee Member	Healthy Caribbean Coalition/ Trinidad & Tobago NCD Alliance
89	Dr	Kavita	Singh	Coordinator, Chronic Diseases	Ministry of Public Health, Guyana



	Title	First Name	Surname	Position	Organisation
90	Dr	Suzanne	Soares-Wynter	Clinical Nutritionist	Caribbean Institute for Health Research, UWI, Mona
91	Professor Emeritus	Karl	Theodore	Professor Emeritus, Director	Health Economics Unit, Centre for Health Economics, Faculty of Social Sciences, UWI, Trinidad & Tobago
92	Dr	Bernadette	Theodore-Gandi	PAHO/WHO Representative	PAHO/WHO, Jamaica
93	Mrs	Denise	Thompson-Blair	Manager, Human Resource and Administration	Early Childhood Commission, Jamaica
94	Honourable	Laura	Tucker-Longsworth	President/Board Member	Belize Cancer Society/Healthy Caribbean Coalition
95	Honourable	Christopher	Tufton	Minister of Health	Government of Jamaica
96	Dr	Edwin	Tulloch-Reid	Director of Clinical Services	Heart Institute of the Caribbean
97	Dr	Leslie	Walwyn	Director and Co-founder	Integrated Health Outreach Inc., Antigua & Barbuda
98	Mrs	Sheena	Warner-Edwards	NCD Forum Administrator	Healthy Caribbean Coalition

## Annex 2 - WHO Ten National Progress Indicators

WHO Ten National Progress Indicators based on the Four Time-bound Commitments in the Outcome Document of the 2014 Second UN High-level Meeting on NCD Prevention and Control

Time-bound Commitments	Progress Indicators
<b>By 2015, Consider setting national NCD targets for 2025</b>	1. Member State has set time-bound national targets based on WHO guidance.
	2. Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis.
	3. Member State has a STEPS survey or a comprehensive health examination survey every 5 years.
<b>By 2015, Consider developing national multisectoral policies and plans to achieve the national targets by 2025</b>	4. Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors.
<b>By 2016, Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan</b>	5. Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement: <ul style="list-style-type: none"> <li>a) Reduce affordability by increasing excise taxes and prices on tobacco products</li> <li>b) Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport</li> <li>c) Implement plain/standardised packaging and/or large graphic health warnings on all tobacco packages</li> <li>d) Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship</li> <li>e) Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke</li> </ul>
	6. Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol: <ul style="list-style-type: none"> <li>a) Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)</li> <li>b) Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)</li> <li>c) Increase excise taxes on alcoholic beverages</li> </ul>
	7. Member State has implemented the following four measures to reduce unhealthy diets: <ul style="list-style-type: none"> <li>a) Adopt national policies to reduce population salt/sodium consumption</li> <li>b) Adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply</li> <li>c) WHO set of recommendations on marketing of foods and non-alcoholic beverages to children</li> <li>d) Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes</li> </ul>
	8. Member State has implemented at least one recent national public awareness and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change.
	9. Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognised/approved by government or competent authorities.
<b>By 2016, Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan</b>	10. Member State has 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.

## Annex 3 – HCC Advocacy Priorities for the HLM3 Outcome Document<sup>94</sup>

### **1. Put people first**

Those most affected by NCDs need to be at the centre of decision making around NCD policy and programming.

### **2. Boost financing for NCD prevention and control**

NCDs are consuming national health budgets at astounding rates which cannot be sustained by our fragile economies.

### **3. Step up action on childhood obesity**

Childhood obesity is an urgent regional and global issue which threatens to undermine the health of entire generations and there are clear global, regional and national recommendations for action.

### **4. Adopt smart fiscal policies that promote health**

i.e. taxation on unhealthy commodities, namely tobacco, alcohol, and SSBs, which are WHO recommended Best Buys.

### **5. Save lives through equitable access to NCD treatment and UHC**

Access to high quality health care is a basic human right.

### **6 Improve accountability for progress, results, and resources**

Including investment in national health surveillance systems such as national NCD registries.

### **7. Strengthen post-disaster health response systems to provide NCD treatment and care in disaster settings**

i.e. hurricanes and flash floods, recognizing the unique vulnerabilities of SIDS in the context of climate change.

### **8. Eradicate cervical cancer**

Through the provision of the HPV vaccine throughout the region.

### **9. Make the Caribbean a Smoke-Free Zone**

Through full compliance with Articles of the FCTC, to which most of the countries are signatories.

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<sup>94</sup> Six of these (1-6) are based on the global NCD Alliance HLM3 campaign priorities. All HCC priorities were arrived at through consultation and consensus.



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