

# 10

**CELEBRATING TEN YEARS  
OF A CIVIL SOCIETY  
REGIONAL RESPONSE TO  
THE PREVENTION AND CONTROL  
OF NONCOMMUNICABLE DISEASES  
IN THE CARIBBEAN**







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IN THE CARIBBEAN

September 2018

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## List of acronyms and abbreviations

<b>ACS</b>	American Cancer Society	<b>HLM2</b>	Second UN High-level Meeting on NCD Prevention and Control
<b>BCS</b>	Belize Cancer Society	<b>HLM3</b>	Third UN High-level Meeting on NCD Prevention and Control
<b>BCNF</b>	Breastfeeding and Child Nutrition Foundation of Barbados	<b>HoSG</b>	Heads of State and Government
<b>C4PI</b>	Caribbean Civil Society Cervical Cancer Prevention Initiative	<b>HPV</b>	Human papilloma virus
<b>CARICOM</b>	Caribbean Community	<b>HSFB</b>	Heart & Stroke Foundation of Barbados
<b>CARPHA</b>	Caribbean Public Health Agency	<b>IAHF</b>	InterAmerican Heart Foundation
<b>CCH</b>	Caribbean Cooperation in Health	<b>JCS</b>	Jamaica Cancer Society
<b>CDB</b>	Caribbean Development Bank	<b>JCTC</b>	Jamaica Coalition for Tobacco Control
<b>CINA</b>	Capacity and Information Needs Assessment	<b>LoA</b>	Letter of Agreement
<b>CDC</b>	Centres for Disease Control and Prevention	<b>MoU</b>	Memorandum of Understanding
<b>CISR</b>	Comprehensive Independent Stakeholder Review	<b>OECS</b>	Organisation of Eastern Caribbean States
<b>COHSOD</b>	Council for Human and Social Development	<b>NCD</b>	Noncommunicable disease
<b>CSAP</b>	Civil Society Action Plan	<b>NCDA</b>	NCD Alliance
<b>Col</b>	Conflict of interest	<b>NGO</b>	Nongovernmental organisation
<b>COP</b>	Childhood obesity prevention	<b>NIH</b>	National Institutes of Health
<b>CSO</b>	Civil society organisation	<b>NNCDC</b>	National NCD Commission
<b>CSOB</b>	Cancer Society of The Bahamas	<b>PAFNCDs</b>	Pan American Forum for NCDs
<b>CWD</b>	Caribbean Wellness Day	<b>PAHO</b>	Pan American Health Organisation
<b>DCS</b>	Dominica Cancer Society	<b>POSD</b>	Port of Spain Declaration
<b>FAO</b>	Food and Agriculture Organisation (UN)	<b>SDG</b>	Sustainable Development Goal
<b>FBO</b>	Faith-based organisation	<b>SIDS</b>	Small Island Developing States
<b>FCTC</b>	Framework Convention on Tobacco Control	<b>SRH</b>	Sexual and reproductive health
<b>GA-CDRC</b>	George Alleyne Chronic Disease Research Centre	<b>UHC</b>	Universal health coverage
<b>GAP</b>	Global Action Plan	<b>UK</b>	United Kingdom
<b>GAPA</b>	Global Advocacy for Physical Activity	<b>UKHF</b>	United Kingdom Health Forum
<b>GAPA</b>	Global Alcohol Policy Alliance	<b>UN</b>	United Nations
<b>GCM</b>	Global Coordination Mechanism	<b>USA</b>	United States of America
<b>GHAJ</b>	Global Health Advocacy Incubator	<b>USD</b>	United States Dollars
<b>HAPI</b>	Health Action Partnership International	<b>UWI</b>	University of the West Indies
<b>HCC</b>	Healthy Caribbean Coalition	<b>UWI OC</b>	University of the West Indies Open Campus
<b>HFJ</b>	Heart Foundation of Jamaica	<b>VS</b>	Vital Strategies
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome	<b>WDF</b>	World Diabetes Foundation
<b>HLM</b>	High-level Meeting	<b>WHA</b>	World Health Assembly
<b>HLM1</b>	First UN High-level Meeting on NCD Prevention and Control	<b>WHO</b>	World Health Organisation
		<b>WOF</b>	World Obesity Federation

# Sources of information for the report

## Sources of information for the report include:

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.
- Annual HCC activity reports prepared by the Executive Director, 2008–2017.
- HCC Comprehensive Independent Stakeholder Review (CISR): Report and Recommendations for 2017–2021 Strategic Planning Process – Final Report, December 2016.<sup>1</sup>
- Capacity and Information Needs Assessment (CINA)<sup>2</sup> of HCC CSO Members Working in the Prevention and Control of NCDs, July 2016.
- HCC website and HCC Social (online social media presence).
- Data provided by the HCC Digital Content Coordinator.
- Responses to a qualitative survey sent in July 2018 to:
  - HCC member CSOs and key partners, in electronic format and online, on the advantages/benefits and challenges/disadvantages of their relationship/collaboration with HCC; HCC's main successes/challenges; their agreement (or disagreement) with, and comments on, the strategic recommendations made in the 2016 HCC CISR; their recommendations for HCC; and their future vision for the Coalition. **The questionnaire and a numerical summary of the respondents and responses is in Annex 1.**
  - HCC Secretariat regarding its future vision of HCC, and its agreement (or disagreement) with, and comments on, the strategic recommendations made in the 2016 HCC CISR.
- Search of websites and other online information related to key stakeholders and partners.

<sup>1</sup> HCC. Comprehensive Independent Stakeholder Review: Report & Recommendations for the 2017–2021 Strategic Planning Process – Final Report. HCC, Bridgetown, December 2016. Available through the HCC Secretariat.

<sup>2</sup> <https://www.healthycaribbean.org/wp-content/uploads/2016/11/cso-mapping-report-parts-1-and-2.pdf>.

# Preface

As we observe the tenth anniversary of the Healthy Caribbean Coalition (HCC), the HCC Secretariat recognises and celebrates steps made on the road to equitable prevention and control of noncommunicable diseases (NCDs) in the Caribbean over the period 2008-2018. However, we are also very much aware of the tremendous challenges that lie ahead.

Ever-stronger partnerships and multisectoral involvement, as well as a civil society sector that is increasingly committed, dedicated, and capable of efficient and effective actions, will be cornerstones of successful NCD prevention and control. Health considerations must be front and centre in all national and local sectoral policies to ensure that health gains are not undermined, and are promoted and complemented. The interventions in health and non-health sectors—public and private—must not only work to change norms that facilitate unhealthy behaviours to those that promote and enable health, but must also aim to reduce health inequities by working with, and targeting, the most vulnerable persons and groups in Caribbean countries.

Advocacy, public education, and service delivery remain critical functions of civil society organisations, but increasingly our voices must be heard in policy-setting fora, in research, and in holding governments accountable for actions to improve the health of all segments of the population.

The HCC is pleased to present this ten-year report, which covers the period from its formation in September 2008 to August 2018. We look forward to continuing close collaboration with our member organisations, national and international partners, and development agencies, in the quest to prevent and control NCDs in the Caribbean, bringing the region that is sometimes referred to as “paradise” a step closer to truly earning that designation.

Sir Trevor Hassell  
President  
Healthy Caribbean Coalition



## Foreword

It gives me immense pleasure to provide this foreword as the Healthy Caribbean Coalition celebrates its tenth anniversary. As I read the draft of the Anniversary Report I was moved to plagiarize Winston Churchill and say that “rarely has so much been done for so many by so few”. Anniversaries are the time to take stock of what the past has been like—the slings and arrows— as well as the achievements of the present and the desired future: to look back, to look down, and then look ahead.

The documentation for this Report has been impressive, with its logical and thorough presentation of the events surrounding the many aspects of the HCC’s work, and must be a tribute to the excellent record-keeping of the organisation.

I recall the origin very well, marked as it was by the active participation of the late Prime Minister of Barbados, the Honourable David Thompson, and the co-mingling of hope and resolve to address the epidemic of NCDs. The participants were conscious of the need to give substance to the reference to civil society in the historic 2007 Port of Spain Declaration of the Caribbean Community (CARICOM) Heads of State and Government on the prevention and control of NCDs. The early years of any organisation, especially one that is essentially voluntary, must be marked by some degree of uncertainty. However, such uncertainty as existed was more than counterbalanced by the positive dynamism of HCC’s founding and continuing President, Sir Trevor Hassell, and enough credit cannot be given to him for his leadership. The current favourable position of HCC also derives from the sterling contribution of its Executive Director, Ms. Maisha Hutton.

Currently, HCC stands as the premier NCD civil society organisation in the Caribbean. It has expanded its membership, enhanced its reputation for delivery of results, and worked diligently to make real its five major areas of emphasis—accountability, advocacy, capacity development, communication, and sustainability. The Report expands on these in great and satisfying detail. They are all linked together, but my favourite is accountability, as I do believe that the slow progress in NCD reduction nationally, regionally, and globally has been because those who make highly laudable commitments are not held to account.

As to the future, if the past is a true earnest of the next ten years, then there can be confidence that civil society will play an ever-increasing role in addressing NCDs in the Caribbean. There will be increasing recognition by the other parts of the state that the much-vaunted whole-of-society approach to prevention and control of NCDs must give more than lip service to the role of civil society. HCC will continue to live up to the expectation that it can promote the collective action typical of a coalition to make the Caribbean a healthier place by reducing the burden of NCDs.

**May HCC grow and flourish!**

**Sir George Alleyne**  
**Patron**  
**Healthy Caribbean Coalition**



## Message from the Pan American Health Organisation (PAHO)

As the Director of the Pan American Health Organization (PAHO), I am honoured to provide a foreword to this important publication celebrating the first ten years of stewardship, leadership and achievements of the Healthy Caribbean Coalition (HCC). The HCC emerged as the civil society response to the call to action enunciated by the leaders of the Caribbean Community in the Declaration of Port of Spain: Uniting to stop the epidemic of chronic NCDs, in 2007. With committed, incisive and inclusive leadership, the HCC has created an active societal movement in the Caribbean and is now the acknowledged umbrella organization for Caribbean civil society groups and NGOs working to tackle the NCD epidemic. Through advocacy, public education, health promotion, capacity building, strengthening multisectoral partnerships and emphasizing the importance of accountability to governments and all sectors of society, the HCC has continuously positioned the critical importance of NCDs and their related risk factors at the highest political levels in the Caribbean. Undaunted by a small staff and limited resources, the HCC has mobilized resources from within and beyond the Caribbean to execute its mandate of promoting wellness for all. In ten short years, the HCC has become yet another Caribbean institution that 'punches above its weight'. The HCC is now a recognized player on the global stage, where its advocacy efforts provide a powerful voice for small island developing states, and the unique health and development challenges posed by NCDs.

The Healthy Caribbean Coalition is a non-governmental organization in official relations with PAHO. As a partner, the HCC has contributed to extending the scope of PAHO's work by advancing cervical cancer education and screening among marginalized or hard-to-reach women; increasing awareness about the harmful effects of alcohol; promoting dietary policy for salt reduction and stimulating multisector responses to NCDs.

As we celebrate the HCC'S accomplishments, it is also important for us to look ahead to the challenges that still exist. The increase in the prevalence of childhood obesity has become the most critical public health concern affecting our youth. Moreover, the Caribbean has the second highest prevalence of current tobacco use among youth aged 13-15 years old, in the Americas. Member States of the Caribbean Community have committed to being free of tobacco smoke in public places by 2022, and to also tackle the obesity epidemic. The HCC has a key role to play in supporting PAHO/WHO policies including bans on sugar sweetened beverages and ultraprocessed products in school environments, front-of-package nutritional labeling, taxation, banning smoking in public places, tobacco health warnings and taxation, while promoting healthy diets and physical activity, that will ensure that these goals become a reality.

I again congratulate the HCC for its accomplishments over the past 10 years and affirm PAHO's continued support and commitment to work with the HCC and other regional partners going forward.

Dr. Carissa Etienne  
Director  
PAHO





# Message from the Caribbean Community Secretariat

Congratulations to Healthy Caribbean Coalition on the attainment of its tenth anniversary!

The Heads of State and Government of the Caribbean Community affixed their signatures to the Resolution adopting the Charter of Civil Society on 19 February 1997 in St. John's, Antigua and Barbuda, and in so doing, they undertook to pay due regard to its principles. This gave effect to one of the strongest recommendations of the Report of the West Indian Commission, "Time for Action." In the words of the Commission: "We attach much importance to this proposal for a Charter of Civil Society. CARICOM needs normative moorings; we have found widespread yearning for giving the Community a qualitative character—values beyond the routine of integration arrangements themselves can be judged and to which they can be made to conform."

In 2007, the Heads of State and Government, at their seminal Special Meeting of the Conference, embraced the now-famous Declaration of Port of Spain on NCDs, a 15-point Declaration that stated, among other principles. "That our Ministries of Health, in collaboration with other sectors, will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors so that by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines".

The HCC has become a clear of expression of the paragraph above and the core principle of the Charter of Civil Society. It has provided a rallying point for civil society organisations (CSOs) addressing NCD prevention and control, which have been able to command more respect for their causes across the region, under the umbrella of HCC. Through the able and respected leadership of Professor Sir Trevor Hassell, HCC has commanded the respect of many global CSOs working to reduce the burden of NCDs. Its brand has become well-known to the region for advocacy for tobacco control legislation, cervical cancer awareness and prevention, and promotion of policies to curb the epidemic of childhood obesity, including the implementation of a tax on sugar-sweetened beverages (SSBs) in Barbados. This national action has served to influence the positions of other CARICOM governments regarding SSBs.

The region must be proud of the recognition that HCC now enjoys at the global level, including at the UN and the WHO. HCC fulfils the global requirement for CARICOM civil society involvement and engagement, which it has exercised with responsibility. In recognition of its capacity to lead and exercise the flexibilities germane to civil society, HCC has now been recognised as a valid development partner, worthy of grant support. In practical terms, its convening, in April 2018, of the only regional consultation of partners in preparation for the Third UN High-level Meeting on NCD Prevention and Control in September 2018, was the most visible sign of the trust it enjoys and its maturity to command such an audience. The recommendations from this consultation permeated subsequent meetings of CARICOM Ministers of Foreign Affairs and Ministers of Health.

We again congratulate HCC on its tenth anniversary and look forward to its able representation at the UN Third High Level Meeting on NCDs on 27 September 2018 in the portals of the United Nations.

Dr. Douglas Slater  
Assistant Secretary General/Human and Social Development  
CARICOM Secretariat



## Message from the University of the West Indies

Please accept my congratulations on behalf of the University of the West Indies (UWI) in celebrating the tenth anniversary of the Healthy Caribbean Coalition.

The UWI is pleased to have been a partner with the HCC since its inception in 2008, in the wake of the historic 2007 CARICOM Heads of Government NCD Summit Political Declaration, in Port of Spain, Trinidad and Tobago. The University has played the lead role in the evaluation of the Port of Spain Declaration, to monitor the implementation of this vital political declaration affecting the future health and development of the region. In its report on the Port of Spain Declaration Evaluation in 2016, the University notes how the HCC has, with limited resources, achieved remarkable regional and international recognition as a well-respected voice in civil society, able to galvanize the support of communities and advocate action among the political leadership to help stem the tide of NCDs sweeping across the region.

The University of the West Indies has the stated goal “to revitalize Caribbean development” in its current Strategic Plan. In keeping with this goal, the University will continue to deploy its considerable research expertise and medical training facilities towards the prevention and control of the NCD epidemic that could place at risk the development gains of the Caribbean.

We look forward to another ten years of partnership with the HCC, fighting for the good health and quality of life of our Caribbean peoples.

Sir Hilary Beckles  
Vice-Chancellor  
University of the West Indies



## Message from the Caribbean Public Health Agency (CARPHA)

It is my distinct pleasure, as Executive Director of the Caribbean Public Health Agency (CARPHA) and HCC Special Advisor, to congratulate the Healthy Caribbean Coalition on achieving its tenth anniversary. I had the privilege of being present at the inception meeting in 2008 in Barbados and served as Special Advisor to HCC from its early days. This link came full circle when in 2015, CARPHA and HCC formally signed a Memorandum of Understanding to strengthen the Caribbean's response to NCDs.

In the past ten years we have seen the HCC grow in membership, strength, and wisdom, accepted and trusted by Caribbean countries and by regional and international partners alike. HCC has gained credence among CARICOM Regional Institutions as a bona fide representative of civil society, and is invited to participate at meetings of the CARICOM Council of Human and Social Development. At international level, HCC is a strong member of the NCD Alliance and is a nongovernmental organisation (NGO) in official relations with the Pan American Health Organisation, which is the Regional Office for the Americas of the World Health Organisation.

HCC's most noteworthy accomplishment has been the strengthening of national civil society capacity, and it has provided solidarity across the Caribbean for persons affected by NCDs and their national associations and societies. At regional level, HCC has been an integral partner to the Caribbean Cooperation in Health process and a core partner in the planning and execution of Caribbean Wellness Day, as mandated by Heads of State and Government in their historic 2007 Port of Spain Declaration. Currently, the Coalition is a partner in the implementation of the CARPHA/CARICOM "6-Point Policy Package" for healthier food environments.

HCC's work is needed now more than ever to bring about change in the policy environment, highlighting links between NCDs and issues such as climate change, the economy, crime, and security. Looking ahead to the next ten years, CARPHA is committed to collaborating with the HCC to amplify key messages related to priority issues in NCD reduction. HCC's role in the integration of science and public interest to advance the regional health agenda, and its advocacy for strengthening national and regional regulatory capacity for medicines, tobacco control, prevention of harmful use of alcohol, and promotion of healthy nutrition, are vital. I applaud the Coalition's efforts to become more inclusive in its approach at national and regional levels, and encourage continued measures to open spaces for dialogue with a wide range of public, private, and civil society interests, with appropriate measures to manage conflicts of interest.

CARPHA is very happy to have been part of the HCC journey and looks forward to growing the partnership to prevent and control NCDs, and to promote the health and wellness of residents of, and visitors to, the Caribbean.

Dr. James Hospedales  
Executive Director  
Caribbean Public Health Agency



## Message from the NCD Alliance

The NCD Alliance (NCDA) extends heartfelt congratulations to the HCC on the occasion of its tenth anniversary for outstanding contributions made to the NCD response in the Caribbean region and beyond. Over the years, HCC has convened the diverse NCD community at the regional level and created a credible civil society voice in the region, capable of agitating policy change and serving as a “watchdog”. This year, the Coalition’s exemplary mobilisation and advocacy efforts around the United Nations (UN) High-level Meeting on NCDs served to further illustrate its vital position in the NCD civil society response, its exemplary regional coordination role, and the extent of its influence.

Although the HCC has advanced over the last decade, its strong legacy of impact can be traced to its formation. Indeed, its ‘Get the Message’ campaign and other efforts coinciding with the first UN High-Level Meeting on NCDs in 2011 were an early triumph. From among the many other advocacy campaigns and successes secured through the HCC’s tireless work since then, three major initiatives must be particularly commended. Firstly, through its assessment of National NCD Commissions (NNCDCs) and development of an Implementation Framework for NNCDs, the HCC made significant contributions to the promotion of multisectoral, whole-of-society approaches to NCDs in the region, and beyond. Secondly, its work on tackling childhood obesity, including the creation of the 2017–2021 Civil Society Action Plan and provision of tools to support civil society action in this area, are to be applauded. Finally, its trailblazing work on meaningful involvement of people living with NCDs in all of its advocacy efforts has made it a global leader in the field. Indeed, its recently appointed “Our Views, Our Voices” Advisor, Ms. Tara Lisa Persaud, also serves on the NCDA’s Global Advisory Committee for that initiative.

In addition to its advocacy work, HCC plays a vital role in accountability by tracking government action and progress against the Port of Spain Declaration, benchmarking process, and publishing civil society status reports. Due to its track record and experience, HCC served as the NCDA’s Regional Implementing Partner for the Alliance’s “Expanding Access to Care, Supporting Global, Regional, and Country Level NCD Action” programme.

There can be no doubt that HCC’s reach and impact has extended well beyond the Caribbean region. As a leading example of a strong regional NCD alliance, HCC’s leadership has offered invaluable strategic advice to global NCD civil society strengthening efforts through active participation in the Planning Committees of the first and second Global NCDA Forums, and has played important roles at high-level meetings of both the World Health Organisation (WHO) and the Pan American Health Organisation (PAHO).

HCC’s impact and resilience must be attributed to sustained leadership, focus on a well-defined strategy and goals, steadfast belief in the value of multisectoral partnerships, and continuous and unrelenting coalition-building efforts. These are the ingredients of an effective coalition, and should never be underestimated.

It has been a real pleasure to collaborate with HCC over the last ten years, and I would particularly like to recognise the tireless work of Sir Trevor Hassell and Ms. Maisha Hutton. We look forward to a further ten years of collaboration in addressing head-on the burden of NCDs regionally and globally!

Ms. Katie Dain  
Chief Executive Officer  
NCD Alliance



## Message from SAGICOR Life Inc.

It is with utmost pride that we take this opportunity to congratulate the Healthy Caribbean Coalition on its tenth anniversary of operations. For over seven years, Sagicor has been a strategic partner of the HCC as it works with NGOs to address the prevention and control of noncommunicable diseases among Caribbean people.

Our partnership was formalised in 2012, through a Memorandum of Understanding (MoU) which provides funding for the HCC Secretariat to undertake the extensive work required to stem the tide of NCDs in the region. Since that time, we have continually renewed our MoU, as Sagicor recognises the positive impact of the work which the HCC has executed. In 2018, we agreed to renew our financial commitment to the HCC once again.

We firmly believe that the private sector has an important role to play in reducing the level of NCDs across the region and in urging Caribbean people to live healthier lifestyles. By virtue of what we provide, sponsor, or fund, companies can further the programmes and strategies of NGOs which seek to protect our citizens from harm.

The management and staff of Sagicor commend the HCC on its achievements and continued commitment to the health of the region. We encourage our societies—individuals, communities, companies, NGOs, the private sector, and our individual and collective governments across CARICOM—to support the HCC on its important mission, in the decades to come.

**Mr. Edward Clarke**  
**Chief Operating Officer and General Manager**  
**Sagicor Life Inc. (Barbados)**



## Message from the HCC Executive Director

This year the HCC celebrates a major milestone, our ten-year anniversary. In honour of this seminal event we are proud to release this report which documents our story—one of perseverance, partnership, and passion. This report highlights our achievements over the past decade, incorporates feedback from our most valued stakeholders, shares lessons learned, and provides important insights for continued organisational growth in the years to come.

As we look forward with a view to strengthening civil society's contribution to the regional NCD response in the lead-up to 2025 and 2030, I reflected on the past six years working with the organisation and contemplated why I love the work I do. My response is deeply personal and driven by the emotions and experiences of those representing civil society organisations that work tirelessly to ease the suffering of people living with NCDs and to curb the dangerous upward trajectory of these diseases.

I think of the fledgling CSOs that have grown and matured over the years, and now implement programmes that reach indigenous and poor women for cervical cancer screening, and the families who can now breathe clean air because of smoke-free spaces legislation supported by a community of multisectoral advocates. I recall the woman with diabetes who bravely told a room full of strangers about weight gain and sexual dysfunction, and the way a young boy's hands shook as he read his carefully-prepared script detailing his incredibly personal journey with obesity, as Ministers, Ambassadors, and Chief Executive Officers listened.

I see young advocates who are educating communities around policies to create healthier food environments for children; the journey of the paediatrician turned breastfeeding activist who insisted that even with small funding, passion can move mountains; the administrator of a large NGO sharing her new-found zeal for health promotion with children after implementing a school programme that triggered an exceptional weight loss journey in a seven-year-old.

I recollect a recent meeting in Jamaica where CSOs rallied around an HCC organisational member in need, serenaded and soothed by the words "Every little thing's gonna be alright" from Bob Marley's song "Three Little Birds" playing in the background. I remember the graceful strength of a young woman who held her cane tightly as she walked slowly onto a stage only months after surgery to remove a brain tumour. I call to mind my heroes—ordinary and extraordinary—who inspire me daily, and I think of how humbled and deeply grateful I am for the many global and regional partners the HCC has had over the years, whose unwavering faith and support have made our work possible.

So, as HCC celebrates its tenth anniversary, my message does not deal with successes and challenges—you will find those in the pages that follow. It is a message of recommitment to place the lives of people who are living with NCDs, those who care for them, and those most vulnerable, at the core of HCC's work and at the centre of everything we do.

Ms. Maisha Hutton  
Executive Director  
Healthy Caribbean Coalition









# Executive summary

The Healthy Caribbean Coalition celebrates its tenth anniversary in 2018. This report was developed to address accountability, highlight HCC's activities, contributions, and impact over the period, and demonstrate its unique role and the critical role that civil society can play in the response to NCDs in the Caribbean and beyond.

From humble beginnings, grounded in the 2007 Declaration of Port of Spain "Uniting to Stop the Epidemic of Chronic NCDs" by the CARICOM Heads of State and Government, and aiming to ensure civil society's contribution to the NCD response in the region, HCC has blossomed. The Coalition has achieved regional and global recognition as a legitimate voice for civil society in the Caribbean on matters related to NCD prevention and control; as a trusted and significant partner for relevant projects and programmes; and as an entity that actively seeks to involve the private sector—a critical player in NCD reduction—in the NCD response, always considering and managing potential conflict of interest.

Guided from its inception by values and by action and/or strategic plans, HCC has focused on advocacy for policy development and change; public education; capacity building for its civil society organisation members, emphasising their contribution to policy development and implementation; and accountability, playing the critical "watchdog" role by monitoring governments' actions in support of their regional and international commitments. HCC has also ensured its own accountability for actions agreed and resources mobilised.

The HCC Strategic Plan 2017–2021 identifies the Coalition's values/guiding principles: empowerment of people; equity; inclusive partnerships; action; independence; transparency and integrity; accountability; innovation; and simplicity and flexibility. The Strategic Plan also defines strategic pillars of Accountability, Advocacy, Capacity Development, Communication, and Sustainability, with key areas of focus: governance and organisational development; financial sustainability and resource mobilisation; strategic partnerships; expanding and strengthening membership; effective communication; and performance assessment/monitoring and evaluation.

With a small, dedicated team comprising one full-time staff member, part-time staff, volunteers, and interns, the HCC Secretariat has mobilised resources—financial and human—to perform its managerial, administrative, and technical functions; serve HCC members, including the provision of sub-grants to CSOs; and implement interventions targeting priority NCD issues, with quality. Key interventions have addressed—among other issues—NCD risk factor reduction; cervical cancer prevention; community-based control of hypertension; and prevention of childhood obesity.

HCC has played a significant role in presenting the Caribbean civil society NCD perspective at high-level regional and international fora; contributing to the UN High-level Meetings on NCD prevention and control; and participating in, and supporting NCD-related research. It has undertaken advocacy to create social movements and to drive accountability among key public, private, and civil society partners that have

committed to specific actions as part of the broader NCD response, and this “watchdog” role is a major function of the Coalition.

However, HCC is best known for its information products and publications, all available on its website, which has seen increasing traffic over the years. Reports of meetings, projects, and assessments, as well as policy briefs, infographics, and technical documents are attractively published in a timely manner for the benefit of HCC members and any visitor to the HCC website. The weekly HCC News Roundup, in particular, is much valued, keeping readers updated on NCD-related developments and events nationally, regionally, and globally.

Critical success factors for HCC have been its partnerships and alliances, including with national governmental entities, such as Ministries of Health and non-health ministries; regional intergovernmental bodies, such as CARICOM; academic institutions, including the UWI; international intergovernmental entities, such as PAHO/WHO; and international CSOs, including the NCDA, InterAmerican Heart Foundation (IAHF), and World Diabetes Foundation (WDF), to name a few.

As might be expected, the Coalition faces several challenges, among them limited human and financial resources, with major dependence on resource mobilisation for its sustainability; considerable variation in the resource base, size, and capacity of its CSO membership; and the need for greater involvement of non-health sectors and entities in the NCD response, in order to address many of the

factors driving the NCD epidemic in the region and contribute to reduction in health inequities.

However, the HCC Secretariat, HCC members, and key stakeholders share a vision for the future state of the Coalition that includes its expansion and strengthening to become the “premier health organisation for the region, a reckoning force for global health, and the main financial supporter of regional CSOs” and the “main resource for CARICOM Member States on NCD-related issues, with advocacy that results in meeting the SDG (Sustainable Development Goal) target”. In considering the future state of HCC, the HCC Secretariat accepts, among other actions, the need for the Coalition to take a more strategic and focused approach to regional NCD priorities, addressing the four priority NCDs—cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases—and the four priority NCD risk factors—tobacco use and exposure, unhealthy diet, physical inactivity, and harmful use of alcohol—as well as mental health disorders.

Looking forward to 2028, it is anticipated that the HCC will continue to make progress and, in concert with its partners, demonstrate its contribution to Caribbean countries’ achievement of nationally, regionally, and globally agreed objectives for NCD prevention and control, and to reduction in health inequities in the region. The Coalition is committed to aiming higher, reflection, institutional accountability, and continued growth, while engaging with a diverse group of critical stakeholders.

# 1. Beginnings

## 1.1 Snapshot of the HCC

The [Healthy Caribbean Coalition \(HCC\)](https://www.healthycaribbean.org/),<sup>3</sup> is a registered, not-for-profit, regional network and alliance formed in 2008, arising from the [2007 Port of Spain Declaration \(POSD\)](#) of Heads of State and Government (HoSG) of the [CARICOM](#).<sup>4</sup> “Uniting to Stop the Epidemic of Chronic, Noncommunicable Diseases”.<sup>5</sup> The HCC, an umbrella entity for civil society organisations active in NCD prevention and control, works closely with regional and international leaders to leverage the power of civil society by strengthening and supporting its membership in the implementation of programmes to reduce NCD-related illnesses and deaths.

HCC’s **objectives** are to:

- Contribute to, and participate in, all aspects of advocacy as a tool for influencing positive change around NCDs through mobilisation of Caribbean people and the creation of a mass movement aimed at responding to NCDs;
- Develop effective methods of communication for and among members of the Coalition and the people of the Region;

- Build capacity among health non-governmental organisations (NGOs) and civil society in the Region; and
- Contribute to NCD public education campaigns and programmes.

The HCC Secretariat is located in Bridgetown, Barbados, and its membership currently comprises more than 100 Caribbean-based CSOs. Membership is open to all voluntary associations and informal networks in the Caribbean and extraregionally, where individuals and groups engage in activities of public consequence, and have objectives, goals, and interests compatible with those of the HCC.

There is an elected Board of Directors representing civil society from across the region; a small cadre of full- and part-time staff; a special advisor; and a team of technical advisors. Consultants are recruited to carry out specific tasks under the supervision of the HCC Executive Director, and the HCC benefits from the placement of volunteers and interns at the Secretariat.<sup>6</sup>

The [HCC Strategic Plan 2017–2021](#)<sup>7</sup> is the current framework for the operations of the Coalition, and sets out HCC’s vision, mission, and values/guiding principles.

## Vision

Vibrant, healthy Caribbean people free of chronic non-communicable diseases, achieving their fullest potential and contributing to equitable national and regional development.

## Mission

To harness the power of civil society, in collaboration with government, private enterprise, academia, and international partners, as appropriate, in the development and implementation of plans for the prevention and management of chronic non-communicable diseases among Caribbean people.

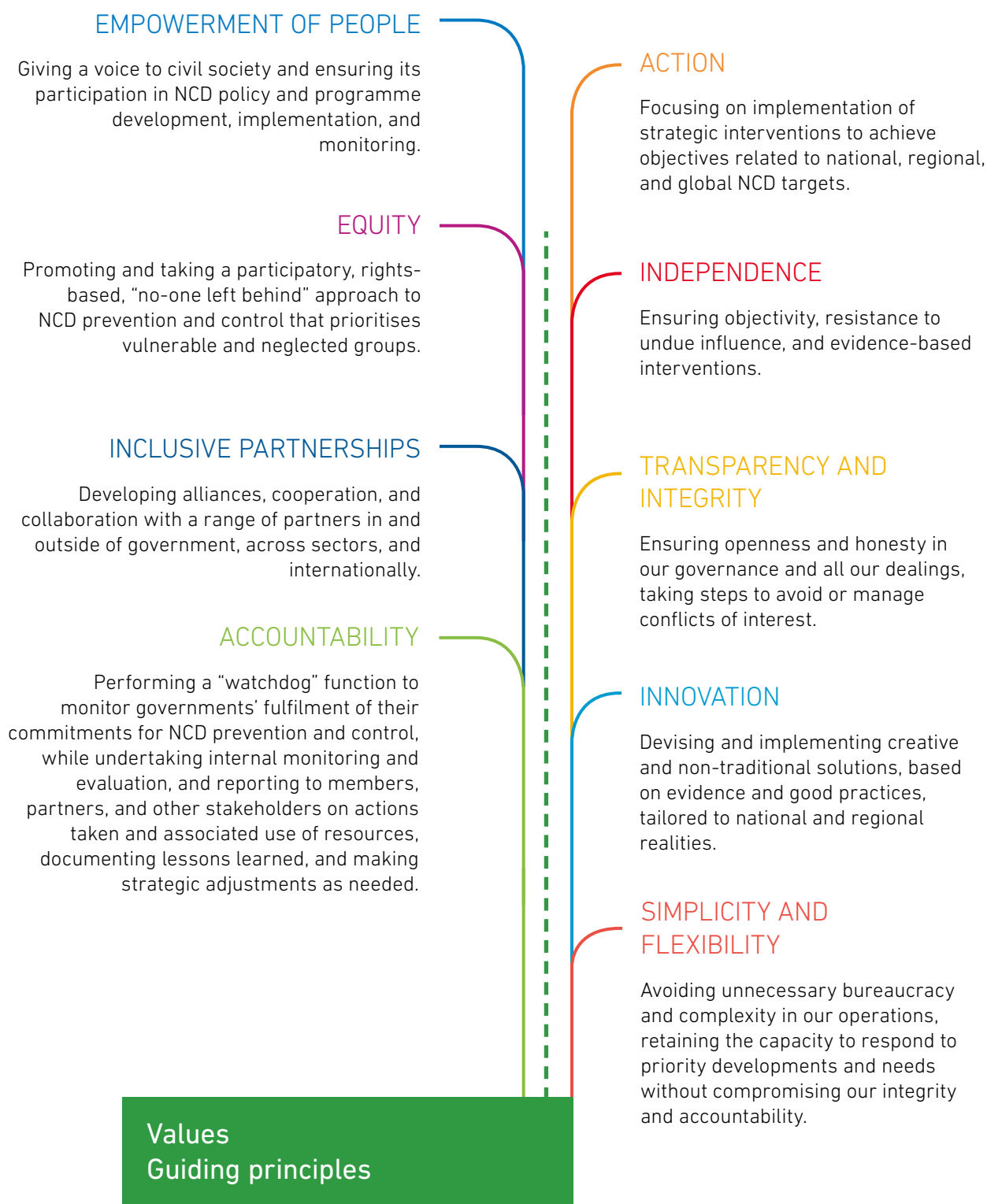
<sup>3</sup> <https://www.healthycaribbean.org/>

<sup>4</sup> <https://www.caricom.org/>

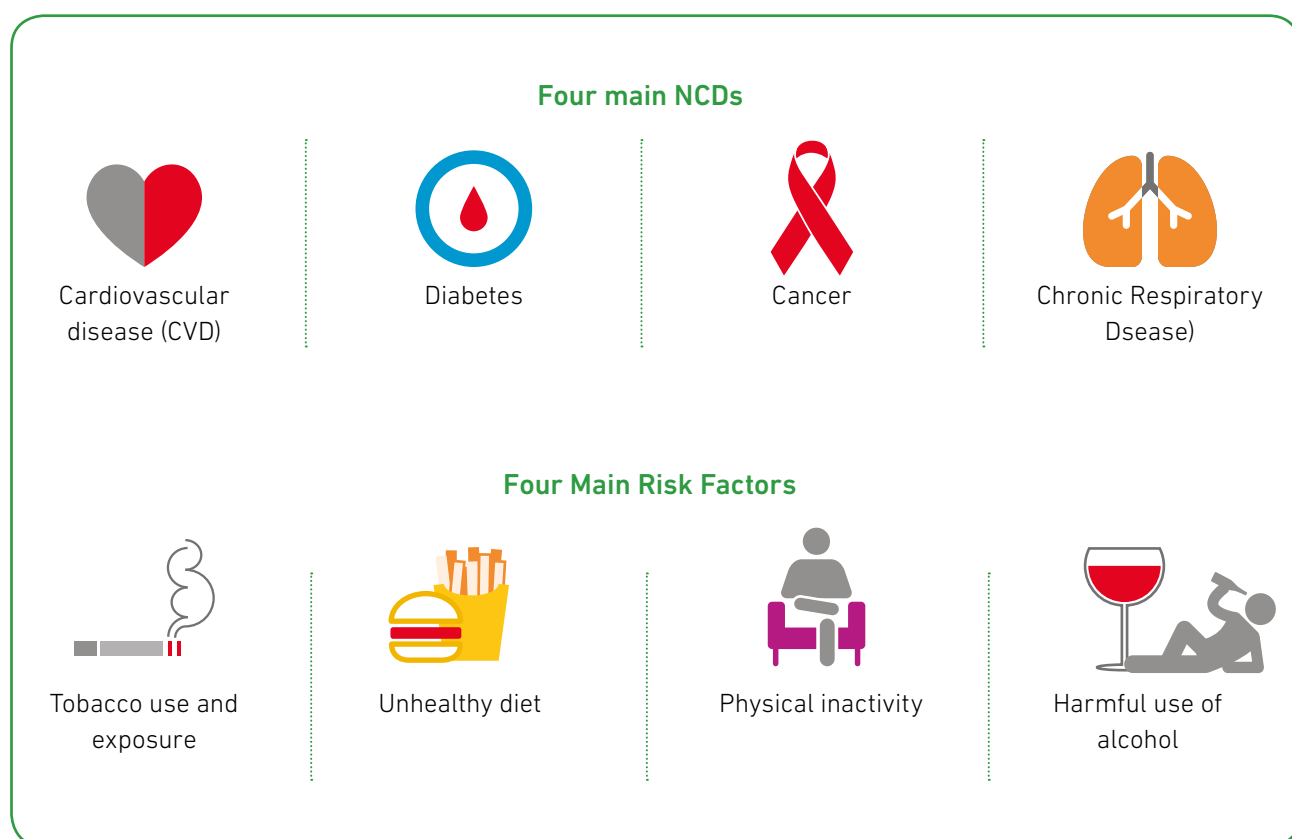
<sup>5</sup> <https://caricom.org/media-center/communications/statements-from-caricom-meetings/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds>

<sup>6</sup> <https://www.healthycaribbean.org/hcc-volunteer-and-internship-programme/>

<sup>7</sup> [https://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan\\_WEB.pdf](https://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan_WEB.pdf)



HCC focuses on the four main NCDs—cardiovascular disease (CVD), diabetes, cancer, and chronic respiratory disease—and their four main risk factors: tobacco use and exposure, unhealthy diet, physical inactivity, and harmful use of alcohol. Through its Secretariat and membership, HCC’s functions include advocacy; health education, communication, and promotion; service delivery; community mobilisation; and holding government and the private sector—as well as the CSOs and Secretariat themselves—accountable. The recognition of the need for whole-of-government, whole-of society, health-in-all-policies approaches to NCD prevention and control informs the Coalition’s strategic, multisector approaches. Increasingly, HCC Secretariat and membership are working “upstream” to contribute to the development, implementation, and monitoring of national policy, legislation, and regulations that impact NCDs.





## 1.2 Why this report?

This 10-year report has been developed to:

- Address accountability and showcase HCC's activities, contributions, and impact over the last ten years—that is, progress made in fulfilment of its mission;
- Highlight the unique role of the HCC and demonstrate the important role that civil society can play in NCD prevention and control, and in improving population health, despite the many challenges;
- Promote the Coalition and its partners;
- Share experiences in NCD prevention and control from the perspective of civil society in Small Island Developing States (SIDS) in the Caribbean and note the challenges and lessons learned;
- Provide a guide for HCC's strengthened functioning in the future, informing civil society's enhanced contribution to achieving regional and global NCD goals;
- Encourage expansion of HCC's membership, partnerships, and resource mobilisation in order to better serve the health of Caribbean people, especially those who are vulnerable and disadvantaged, with a view not only to improve health, but also to reduce health inequities.
- Contribute to the documentation of initiatives for NCD prevention and control in the region, especially by a non-government entity that has existed for ten years, so adding to public health documentation in a region that has traditionally not placed enough emphasis on recording its past, in order to inform its future.

The primary audiences for the report are HCC's member organisations and partners at national, regional, and international levels. Given the recognition of NCDs as threats to the sustainable development of the region and the imperative of multisectoral, whole-of-government, whole-of-society approaches to their prevention and control, other key audiences include the non-health and private sectors, the general public, and any entity or person with interest in the sustainable development

of the Caribbean region and other resource-limited settings.

The report covers the period September 2008 to August 2018, and summarises information on the HCC and its key partners; highlights key achievements and milestones; takes account of challenges and lessons learned; and looks forward to HCC's next ten years.

## 1.3 Antecedents in the Caribbean

The Caribbean has been a leader in recognising the threat that NCDs pose to health, and NCD prevention and control initiatives in the region pre-date many international efforts. Several CARICOM frameworks and agreements have been developed over the years, many in collaboration with the [Pan American Health Organisation](#) and other partners, to guide and complement national interventions. The regional frameworks and agreements include, but are not limited to, the:

*Caribbean Cooperation in Health, 1984*

The Caribbean Cooperation in Health (CCH) is the CARICOM regional health agenda.<sup>8</sup> The initiative was adopted by CARICOM Health Ministers in 1984 to optimize the utilization of resources, promote technical cooperation among countries, and develop and secure funding for the implementation of projects in selected priority health areas. Since the first CCH (CCH I) was approved in 1986, NCDs have been recognised as a regional priority; the initiative is now in its fourth iteration, [CCH IV, 2016-2025](#).<sup>9</sup>

*Caribbean Charter for Health Promotion, 1993*

The 13th Meeting of CARICOM Health Ministers in 1992 recognized the importance of health promotion and called for the development of the [Caribbean Charter for Health Promotion](#).<sup>10</sup> The Charter was an output of the First Caribbean Conference on Health Promotion held in June 1993 in Port of Spain, Trinidad and Tobago. The Charter outlines six strategies: Formulating Healthy Public Policy; Reorienting Health Services; Empowering Communities to Achieve Well-Being; Creating Supportive Environments; Developing/Increasing Personal Health Skills; and Building Alliances, with Special Emphasis on the Media. The Charter recognises the importance

<sup>8</sup> <https://caricom.org/store/caribbean-cooperation-in-health-phase-iii-cch-iii>

<sup>9</sup> <http://carpha.org/downloads/CCH-IV-Version7.pdf>

<sup>10</sup> <http://www.archive.healthycaribbean.org/publications/documents/cchp.pdf>

of a multipronged, multisectoral approach to health, and of policies in both health and non-health sectors that provide an enabling environment for health, an environment that “makes the healthy choice the easy choice”.

#### *CARICOM Charter of Civil Society, 1997*

In 1997 in Antigua and Barbuda, the CARICOM HoSG signed a Resolution adopting the [Charter of Civil Society for the Caribbean Community](#),<sup>11</sup> in which the governments set principles by which they committed themselves “to respect and strengthen the fundamental elements of a civil society”. The Heads noted that “The Charter can become the soul of the Community, which needs a soul if it is to command the loyalty of the people of CARICOM”.

#### *Nassau Declaration, 2001*

The [Nassau Declaration](#) by CARICOM HoSG, “The health of the Region is the wealth of the Region”,<sup>12</sup> indicated that the Heads were “cognisant of the critical role of health in the economic development of our people” and mandated the development of regional strategic plans for HIV/AIDS, NCDs, and mental health.

#### *Report of the Caribbean Commission on Health and Development, 2006*

The Caribbean Commission on Health and Development was established in September 2003 “to give substance to the Nassau Declaration” and provide guidelines for action to increase investment in health in CARICOM. Chaired by Sir George Alleyne, the Commission presented its [Report](#)<sup>13</sup> to the CARICOM Secretary General in 2006, in which NCDs and obesity were recognised, among other issues, as major threats to regional development.

#### *Port of Spain Declaration, 2007*

In 2007, at a first-in-the-world special Regional Summit on Chronic Noncommunicable Diseases in Port of Spain, Trinidad and Tobago, the CARICOM HoSG, “impelled by

a determination to reduce the suffering and burdens caused by NCDs on the citizens of our Region, which is the one worst affected in the Americas” and “fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national, and regional levels and through collaborative programmes, partnerships, and policies supported by governments, private sectors, NGOs and our other social, regional and international partners”, crafted the POSD. The Heads also declared the second Saturday in each month “[Caribbean Wellness Day](#)” (CWD),<sup>14</sup> in commemoration of the landmark Summit.

#### *Declaration of St. Ann, 2007*

The [Declaration of St. Ann “Implementing agricultural and food policies to prevent obesity and NCDs in the Caribbean Community”](#),<sup>15</sup> was issued by CARICOM Ministers of Agriculture as a follow-on to the POSD and as a demonstration of a multisectoral approach to NCD prevention and control.

#### *Strategic Plan of Action for the Prevention and Control of NCDs in the countries of the CARICOM, 2011-2015*

The [CARICOM Strategic Plan of Action for NCD Prevention and Control](#)<sup>16</sup> was developed to guide CARICOM countries<sup>17</sup> in their implementation of recommendations from the POSD and other interventions for NCD prevention and control. The Strategic Plan included five priority actions: risk factor reduction and health promotion; integrated disease management and patient self-management education; surveillance, monitoring, and evaluation; public policy, advocacy, and communications; and programme management.

#### *Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019*

The [Caribbean Public Health Agency \(CARPHA\) Plan of Action](#)<sup>18</sup> for childhood obesity prevention (COP) notes the

<sup>11</sup> [https://caricom.org/images/publications/12504/12060-charter\\_of\\_civil\\_society.pdf](https://caricom.org/images/publications/12504/12060-charter_of_civil_society.pdf)

<sup>12</sup> <https://caricom.org/communications/view/nassau-declaration-on-health-2001-the-health-of-the-region-is-the-wealth-of>

<sup>13</sup> [http://www.who.int/macrohealth/action/PAHO\\_Report.pdf](http://www.who.int/macrohealth/action/PAHO_Report.pdf)

<sup>14</sup> <https://caricom.org/communications/view/september-13-is-caribbean-wellness-day>

<sup>15</sup> <https://caricom.org/communications/view/declaration-of-st.-ann-implementing-agriculture-and-food-policies-to-preven>

<sup>16</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)

<sup>17</sup> CARICOM comprises 15 Member States: Antigua & Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago; and 5 Associate Members: Anguilla, Bermuda, British Virgin Islands, Cayman Islands, and Turks and Caicos Islands

double burden of malnutrition in the Caribbean, where under- and over-nutrition coexist; the determinants of childhood obesity in the region; and the consequences of the condition. It details priority areas, objectives, and outcomes to achieve the goal of halting and reversing the rise in child and adolescent obesity in the Caribbean by 2025.

Regrettably, many of the above-mentioned frameworks, developed with wide participation and the best of intentions, were not disseminated, promoted, and used as intended, among them the Caribbean Charter for Civil Society, the Report of the Caribbean Commission for Health and Development, and the Declaration of St. Ann. Even the CCH IV, the current regional health agenda, has not yet been disseminated widely, and at the time of writing, is posted only on the CARPHA website. This is emblematic of the significant “implementation deficit” in NCD prevention and control, confirmed regionally by

the [2016 Evaluation of the Port of Spain Declaration](#),<sup>19</sup> and globally by the December 2017 report of the UN Secretary General on Progress in NCD Prevention and Control.<sup>20</sup> The POSD Evaluation noted, among other issues, the need for NCDs to be given higher political priority, and limitations in the required all-of-society and all-of-government response, while the UN Secretary General’s findings included failure to scale up initiatives to improve access to quality, safe, affordable essential health services, medicines, and vaccines for NCD prevention and control in the majority of developing countries, and inadequate translation of political commitments into concrete action. The report also found a “visible gap” in countries’ policy space and leadership to establish and implement NCD prevention and control policies.



<sup>18</sup> <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>

<sup>19</sup> <http://onecaribbeanhealth.org/wp-content/uploads/2016/10/ACCELERATING-ACTION-ON-NCDS-POSDEVAL-Report-1.pdf>

<sup>20</sup> <https://bit.ly/2F9DUsc>

## 2. The HCC - who are we, and where are we now?

### 2.1 HCC history and key milestones

As a direct result of the historic CARICOM HoSG Summit that resulted in the 2007 POSD, heartened by the leaders' recognition of civil society as an important partner in NCD prevention and control, the HCC was born of Caribbean civil society-led collaborative efforts to convene the "Healthy Caribbean 2008 - A Wellness

Revolution Conference" in Barbados, 16-18 October 2008<sup>21</sup>. A wide range of stakeholders recognised and endorsed the concepts behind the conference, and expressed their confidence in the "wellness revolution" civil society movement through the provision of considerable buy-in and support.

#### **"Healthy Caribbean 2008 – A Wellness Revolution Conference", October 2008, Barbados**

Coordinated by Sir Trevor Hassell, this ground-breaking conference enjoyed high-level support and collaboration from several entities and persons. The local host organisation of the conference was the Heart & Stroke Foundation of Barbados (HSFB), and co-sponsors were the Caribbean Development Bank (CDB), PAHO/WHO, IAHF, and the Barbados Ministry of Health's NNCD.

The Conference enlisted participants from CARICOM countries representing government, civil society, the private sector, as well as regional and international development partners, bringing together representatives from 16 countries and 19 organisations to plan Caribbean civil society's response to NCDs and contribution to implementation of the POSD.

The late Honourable David Thompson, then Prime Minister of Barbados, gave the Feature Address. Also present at the conference were several persons holding important offices at that time: the Honourable Dr. David Estwick, Minister of Health, National Insurance, and Social Security, Barbados; Dr. Joy St. John, Chief Medical Officer, Barbados; Dr. Gina Watson, PAHO/WHO Representative, Barbados and Eastern Caribbean Countries; Mr. Frank Sampson, Director of Human Resources and Administration, CDB; Dr. Stephen Moe, President, HSFB; Dr. Rafael Shcuchleib, President, IAHF; Dr. Beatriz Champagne, Executive Director, IAHF; Sir George Alleyne, UWI Chancellor and PAHO Director Emeritus; Dr. James Hospedales, Executive Director, CARPHA; and Mr. Raphael Barrett, Director, National Health Fund, Jamaica.

The objectives of the conference were to:

1. Engage civil society to support implementation of the Port of Spain Declaration,
2. Identify priorities and develop an initial 48-month Caribbean Civil Society Plan to respond to the challenge of the Port of Spain Declaration to tackle chronic diseases,
3. Present the InterAmerican Heart Foundation Science of Peace lecture and award, and
4. Present the 5th InterAmerican Journalism Contest Awards on Tobacco Control.

The "Wellness Revolution Conference" resulted in the [Caribbean Civil Society Bridgetown Declaration on Chronic Non Communicable Diseases](https://www.healthycaribbean.org/caribbean-civil-society-bridgetown-declaration-2008/)<sup>22</sup>, which is in **Annex 2**.

<sup>21</sup> <https://www.healthycaribbean.org/healthy-caribbean-2008-wellness-revolution-conference/>

<sup>22</sup> <https://www.healthycaribbean.org/caribbean-civil-society-bridgetown-declaration-2008/>





**The Caribbean Civil Society Declaration on NCDs, aimed to, among other actions,**

“Establish a Caribbean Civil Society coalition for tackling CNCDs in the areas of advocacy and coalition building, public education and media campaigns, provision of services, and monitoring and evaluation, before, or as soon as possible after 31 December 2008; support existing country level networks/coalitions where they exist, and promote their development by June 2009, where they do not; and encourage the establishment of National Commissions for Chronic Non-Communicable Diseases in all countries of the Caribbean”.

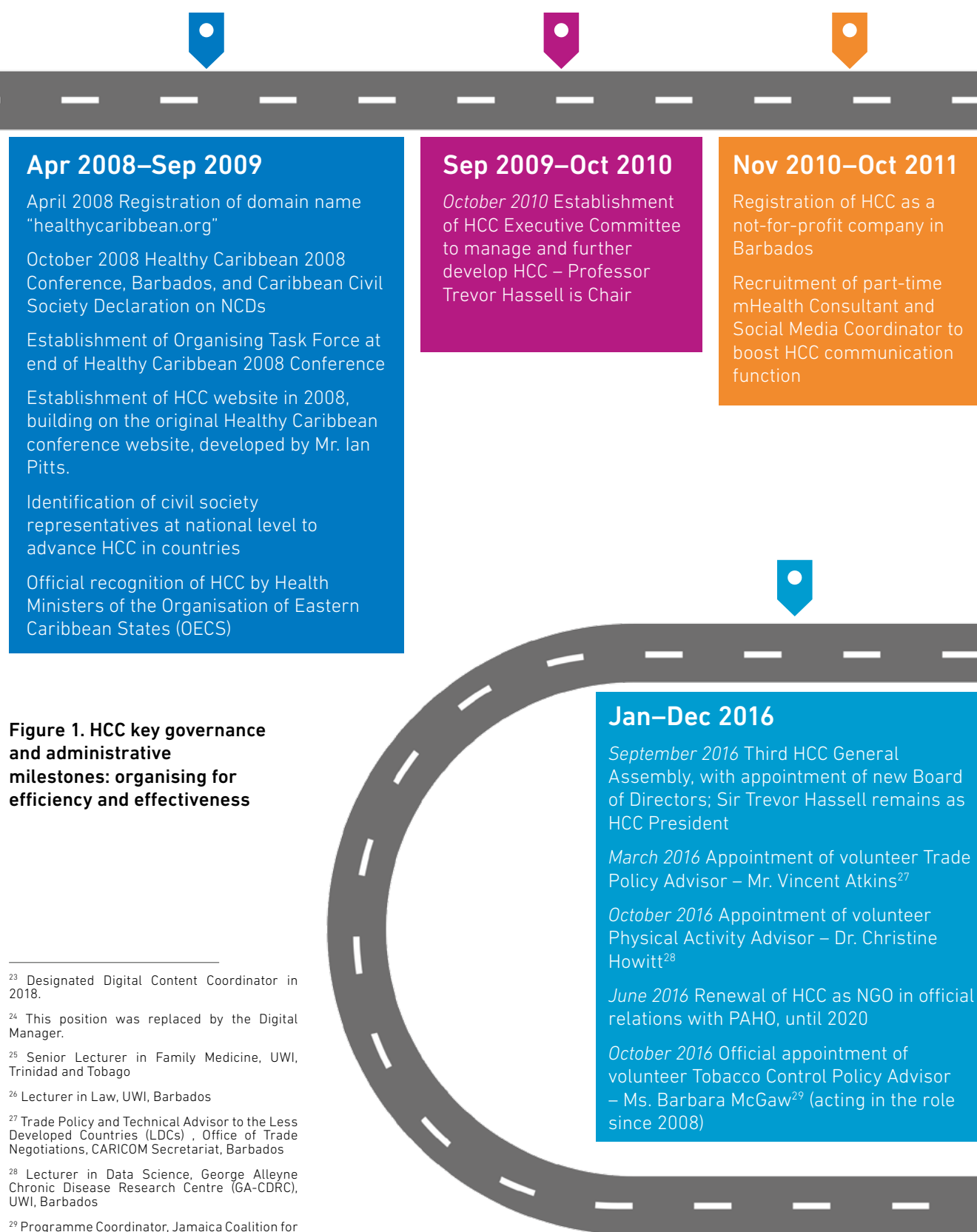


*Let us now go forward clothed in the armour of social justice and armed with the sword of information to bring about a wellness revolution in the Caribbean*

**Sir George Alleyne, International NCD Advocate**

**“Healthy Caribbean 2008 – A Wellness Revolution Conference”, October 2008**

In the period since its establishment, HCC has earned recognition as a committed, legitimate, and credible organisation, both nationally and internationally. While this is due in no small part to the determination, prominence, and reputation of both the HCC President, Sir Trevor Hassell and its Patron, Sir George Alleyne—both eminent, internationally recognised Barbadian physicians, public health practitioners, and NCD advocates—it is also due to the work of the HCC’s Executive Director, Ms. Maisha Hutton and the HCC membership, especially the health-related NGOs. Key governance and administrative milestones in HCC’s establishment are summarised in **Figure 1**.



**Figure 1. HCC key governance and administrative milestones: organising for efficiency and effectiveness**

<sup>23</sup> Designated Digital Content Coordinator in 2018.

<sup>24</sup> This position was replaced by the Digital Manager.

<sup>25</sup> Senior Lecturer in Family Medicine, UWI, Trinidad and Tobago

<sup>26</sup> Lecturer in Law, UWI, Barbados

<sup>27</sup> Trade Policy and Technical Advisor to the Less Developed Countries (LDCs), Office of Trade Negotiations, CARICOM Secretariat, Barbados

<sup>28</sup> Lecturer in Data Science, George Alleyne Chronic Disease Research Centre (GA-CDRC), UWI, Barbados

<sup>29</sup> Programme Coordinator, Jamaica Coalition for Tobacco Control/Heart Foundation of Jamaica, Jamaica

<sup>30</sup> Director, GA-CDRC, UWI, Barbados



## Nov 2011–Oct 2012

*May 2012* Official incorporation of HCC under Companies Act of Barbados as a not-for-profit company

*May 2012* Sir George Alleyne, PAHO Director Emeritus, named HCC Patron

*June 2012* Acceptance of HCC as NGO in official relations with PAHO

Establishment of HCC Secretariat in Barbados

*September 2012* First HCC General Assembly and meeting of the Board of Directors; Prof. Trevor Hassell elected as HCC President 2012–2014

*November 2012* Recruitment of HCC Manager – Ms. Maisha Hutton

## Nov 2012–Dec 2013

*February 2013* Recruitment of part-time HCC Information Technology Coordinator – Mr. Ian Pitts<sup>23</sup>

*April 2013* Recruitment of Social Media Content Creator – Ms. Kimlin Harrilal<sup>24</sup>

*October 2013* Establishment of regional CSO NCD Advocacy Technical Working Group

## Jan–Dec 2015

*June 2015* Appointment of volunteer HCC Policy Advisor – Ms. Nicole Foster<sup>26</sup>

## Jan–Dec 2014

*January 2014* Appointment of volunteer HCC Alcohol Policy Advisor – Dr. Rohan Maharaj<sup>25</sup>

*July 2014* Second HCC General Assembly with election of new Board of Directors for 2014–2016; Prof. Sir Trevor Hassell remains as HCC President

*September 2014* Promotion of HCC Manager to HCC Executive Director

## Jan–Dec 2017

*February 2017* Appointment of volunteer Digital Manager (including social media) – Mr. Chris Hassell

*November 2017* Appointment of volunteer Policy and Practice Advisor – Prof. Alafia Samuels<sup>30</sup>

*December 2017* Appointment of volunteer Our View Our Voices Technical Advisor – Ms. Tara Lisa Persaud

## Jan–Jul 2018

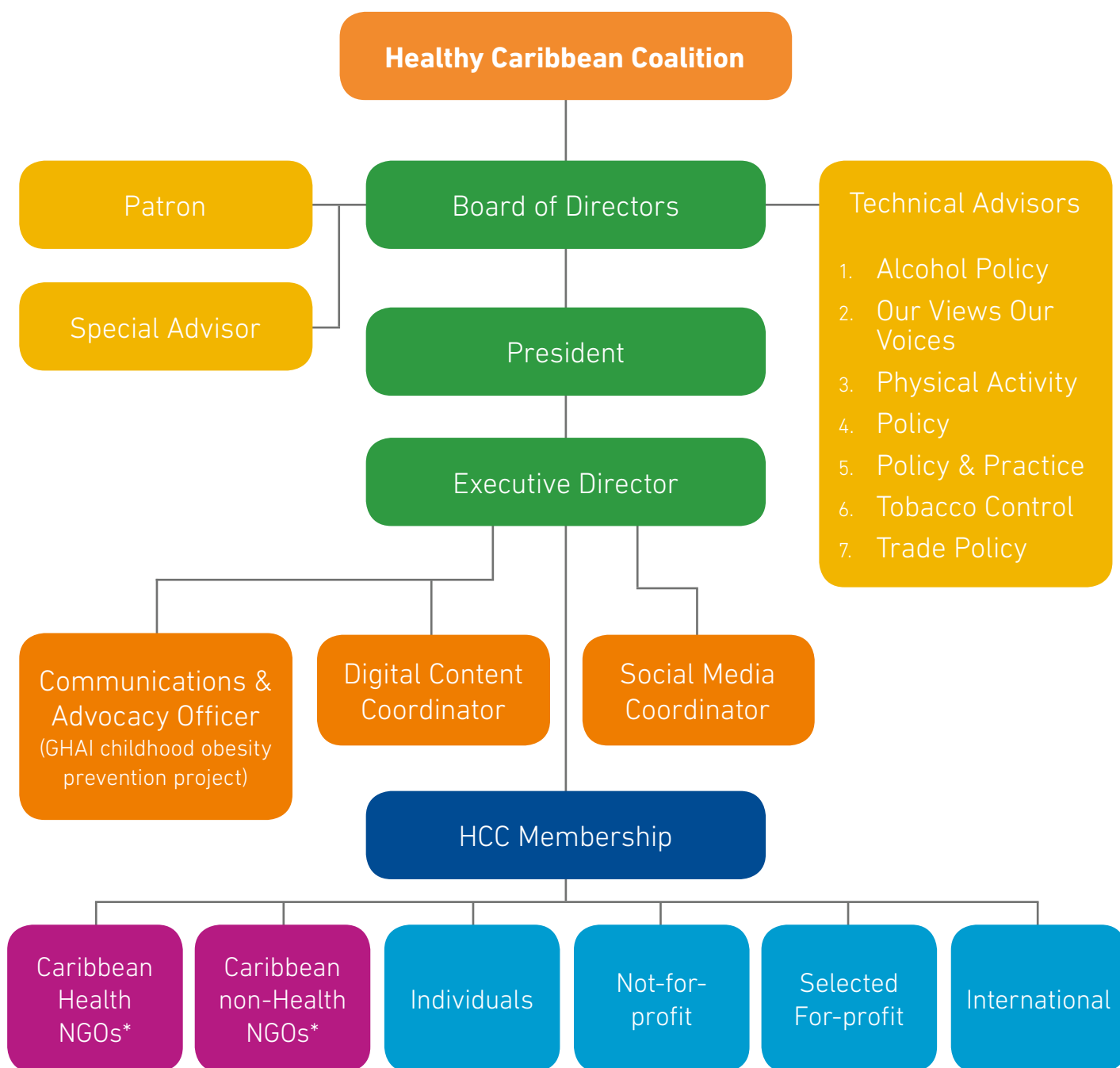
*March 2018* Recruitment of Communications and Advocacy Officer, with focus on the Global Health Advocacy Incubator (GHAi) COP project – Ms. Francine Charles

*June 2018* Recruitment of new Social Media Coordinator – Ms. Sheena Warner-Edwards

## 2.2 Organisational structure

The HCC structure and related terminology have evolved over time, and are summarised in **Figure 2**.

**Figure 2. HCC organisational structure**<sup>31</sup>



\*Please note *Caribbean Health NGO's and Caribbean non-Health NGO's* are the only organisations with voting rights

<sup>31</sup> Organisational structure as at 31 August 2018

- The HCC **Patron**,<sup>32</sup> Sir George Alleyne, is Director Emeritus of PAHO and a well-known academic, public health advocate, and author, of Barbadian nationality, he is, and has been, a member of several regional and international commissions and working groups, and served as the former UN Secretary General's Special Envoy on HIV before focusing his attention on NCDs.
- The current **Board of Directors**<sup>33</sup> comprises:
  - Sir Trevor Hassell, HCC President, a Barbadian who is also a practicing internist and cardiologist, Chair of the Barbados NNCD, and Past President of the HSFB.
  - Dr. Victor Coombs, HCC Treasurer/Secretary, a national of Trinidad and Tobago with a distinguished career in medicine and public health.
  - Ms. Laura Tucker-Longworth, a Belizean who is President of the Belize Cancer Society and Speaker of the House of Representatives in Belize.
  - Dr. Karen Sealey, a national of Trinidad and Tobago, a former senior staff member at PAHO and the main force behind the formation of the Trinidad and Tobago NCD Alliance in 2017.
  - Dr. Homer Bloomfield, a national of Jamaica and The Bahamas, who is a practicing physician in The Bahamas and a board member of the Cancer Society of The Bahamas.
  - Ms. Maisha Hutton, HCC Executive Director, a Barbados national with formidable credentials and experience in international health.
- HCC **staff members** include:
  - Ms. Maisha Hutton, Executive Director
  - Mr. Ian Pitts, Digital Content Coordinator
  - Ms. Sheena Warner-Edwards, Social Media Coordinator
  - Francine Charles, Advocacy and Communication Advisor, GHAI COP project
- HCC's **Special Advisor**<sup>34</sup> is Dr. James Hospedales, a national of Trinidad and Tobago and a driving force in Caribbean public health, initially as Director of the Caribbean Epidemiology Centre (CAREC), previously a CARICOM Regional Institution; then as a senior PAHO staff member; and currently as Executive Director of CARPHA, the entity that in 2013 integrated the functions of CAREC and four other CARICOM Regional Health Institutions.
- HCC's **Technical Advisors**<sup>35</sup> comprise:
  - Mr. Vincent Atkins, Trade Policy Advisor
  - Ms. Nicole Foster, Policy Advisor, focusing on health-related law
  - Dr. Christine Howitt, Physical Activity Advisor
  - Dr. Rohan Maharaj, Alcohol Policy Advisor
  - Ms. Barbara McGaw, Tobacco Control Advisor
  - Ms. Tara Lisa Persaud, Our Views Our Voices Advisor
  - Professor T. Alafia Samuels, Policy and Practice Advisor

<sup>32</sup> <https://www.healthycaribbean.org/hcc-patron/>

<sup>33</sup> <https://www.healthycaribbean.org/board-of-directors/>

<sup>34</sup> <https://www.healthycaribbean.org/special-advisor/>

<sup>35</sup> <https://www.healthycaribbean.org/technical-advisors/>

## 2.3 Membership

The HCC [membership](#)<sup>36</sup> currently comprises over 60 health NGOs, over 65 non-health NGOs, and approximately 350 individual members in the Caribbean and across the globe. Membership by individuals is permitted regardless of race, gender, religion, or sexual orientation; however, entities or individuals with links to the tobacco industry and those that have goals or take part in activities that are deleterious to public health are not accepted as members of the Coalition. No fee is attached to being a member of the HCC.

The Caribbean-based CSO members include traditional health and non-health NGOs, such as disease specific and professional health associations, service clubs, academia, faith-based organisations (FBOs), neighbourhood organisations, cooperatives, charities, unions, social movements, and special interest groups. There are also associate not-for-profit members and supporting for-profit members in the Caribbean, as well as supporting international members that comprise individuals, health NGOs, and not-for-profit or for-profit organisations based outside of the Caribbean region.

HCC members include CSOs in CARICOM and non-CARICOM countries in the region, the latter including Aruba, Bonaire, Cuba, Curaçao, Dominican Republic, Guadeloupe, Martinique, Saba, Sint Eustatius, Sint Maarten, and United States Virgin Islands. Members include CSOs with specific disease orientations, such as cancer societies, diabetes associations, and heart foundations and societies, as well as CSOs that target specific population groups, such as Afro-Caribbean people in the United Kingdom. Regional and international organisations are also part of HCC's membership.

## 2.4 Resources

### Human

The HCC Executive Director is the only full-time staff member of the HCC Secretariat, which, as at 31 August 2018, comprises the President, Executive Director, Digital Content Coordinator, Social Media Coordinator, and Communications and Advocacy Officer. The severe limitation on HCC full-time staff is a deliberate, strategic approach and model that responds to challenges in sustainable financing. Resource mobilisation in

the framework of the HCC Strategic Plan allows the engagement of consultants and/or technical advisors as appropriate for the implementation of the respective projects or programmes.

- The President oversees and plays an active role in the functioning of the HCC and is accountable to the Board of Directors. He and the Executive Director often represent the HCC and advocate at high-level meetings.
- The Executive Director is responsible for the day-to-day operations of the HCC Secretariat and performs administrative, managerial, and technical functions.
- The Digital Content Coordinator is based in the North of, England, and is responsible for the HCC website, posting content developed in collaboration with the Executive Director, CSO members, partners, and consultants, and tracking website statistics.
- The Social Media Coordinator is responsible for the HCC's online presence on Facebook, Twitter, Instagram, and YouTube, and for responding to comments and tracking usage.
- The Communications and Advocacy Officer is the newest addition to the Secretariat, and focuses on the GHAI project that supports some of HCC's most recent initiatives for COP.

The HCC's other human resources are volunteers, consultants, and interns, recruited to address specific themes and carry out specific tasks.

### Financial

From its inception to the present, HCC has avoided charging fees for membership, and has undertaken significant resource mobilisation to underpin its sustainability. The Coalition relies heavily on in-kind contributions and grants from key partners and stakeholders to support its many activities.

In September 2012, [Sagikor Life Inc.](#),<sup>37</sup> an insurance company operating in Caribbean countries, including Barbados, signed a [Memorandum of Understanding with the HCC](#) to provide funding for the establishment and staffing of the HCC Secretariat for the period 2012-2015.<sup>38</sup> The MoU was [renewed in July 2015](#) for an additional three-year period at an event in which the

<sup>36</sup> <https://www.healthycaribbean.org/membership/>

<sup>37</sup> <https://www.sagikorlife.com/Pages/Countries/countries-barbados.aspx>

<sup>38</sup> <https://www.healthycaribbean.org/mou-signed-between-sagikor-life-and-hcc/>

Sagicor Chief Operating Officer and General Manager, Barbados, affirmed confidence in HCC and expressed satisfaction with the results of the partnership<sup>39</sup>; a

further [renewal took place in June 2018](#), for three years.<sup>40</sup>



*Sagicor Life is the largest life and health insurer in the Caribbean, and is therefore interested in reducing NCDs across the region. 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. Don’t be afraid of the private sector – not all are alcohol, soft drink, or sweetie companies.*

**Mr. Edward Clarke, Chief Operating Officer and General Manager**

**Sagicor Life Inc. (Barbados)**

**HCC Caribbean NCD Forum, April 2018**



*Sagicor Life Inc. is very proud of the progress that the Healthy Caribbean Coalition has made over the past six years of our partnership”.*

**Mr. Edward Clarke, Chief Operating Officer and General Manager**

**Sagicor Life Inc. (Barbados)**

**Signing of MoU with HCC, June 2018**

From its inception to 31 August 2018, HCC has received a total of 2.25 million United States Dollars (USD)<sup>41</sup> in grant funding. A total of 33 major grants<sup>42</sup> were provided to HCC over the reporting period, and are summarised in **Table 1**.

<sup>39</sup> <https://www.healthycaribbean.org/hcc-signs-mou-for-3-more-years-with-sagicor-life-barbados/>

<sup>40</sup> <https://www.healthycaribbean.org/sagicor-life-inc-reaffirms-its-commitment-to-the-hcc/>

<sup>41</sup> Equivalent to 4.5 million Barbados Dollars.

<sup>42</sup> For the purposes of this report, major grants are defined as those for USD 20,000 or more

**Table 1. Summary of major grants<sup>43</sup> to HCC, 2008-August 2018**

Year	Partners	Project/Activity
2008-09	-	No major grants received
2009-10	-	No major grants received
2010-11	Sagicor Life Inc.	Support for HCC mHealth initiative
2011-12	United Kingdom Health Forum (UKHF) <sup>44</sup>	HCC strengthening and capacity building
2012-13	Caribbean Development Bank	Support for "Get The Message" mobile phone campaign
	American Cancer Society	Project: " <a href="#">Meet the Targets: Encouraging country-level action to make cancer and other chronic diseases a global priority</a> ". <sup>45</sup>
	Australian Direct Aid Programme	Funding of multicountry project: " <a href="#">Caribbean Civil Society Cervical Cancer Prevention Initiative (C4PI)</a> ". <sup>46</sup>
	Sagicor Life Inc.	Support for HCC Secretariat, 2012-2015
	Sagicor Life Inc.	Contribution to C4PI, including Handbook and Planning Tool
	NCD Alliance (NCDA)/Medtronic Philanthropy	Project: " <a href="#">Strengthening Health Systems, Supporting NCD Action</a> ". <sup>47</sup>
2014	NCDA/Medtronic Philanthropy	Project: "Strengthening Health Systems, Supporting NCD Action" (continued)
	Centres for Disease Control and Prevention (CDC), PAHO, Task Force for Global Health	Project: " <a href="#">Global Standardised Hypertension Treatment, Barbados</a> ". <sup>48</sup> – Pilot Year 1
2015	Sagicor Life Inc.	Support for HCC Secretariat, 2015-2018
	Australian Direct Aid Programme	Project: " <a href="#">Blood Pressure Control through Community Action (BPCCA), Phase I</a> ". <sup>49</sup> C4PI <sup>50</sup>
	American Cancer Society	Project: "Meet the Targets" II, targeting Belize (Belize Cancer Society) and Jamaica (Jamaica Cancer Society) to strengthen cervical cancer screening and treatment initiatives Documentation of civil society tobacco advocacy (Jamaica Coalition for Tobacco Control)
	Commonwealth Secretariat	<ul style="list-style-type: none"> <li>Project: <a href="#">National NCD Commissions Strengthening</a><sup>51</sup>, 2014–2017</li> <li>Regional meeting: "Measuring and Engaging the Business Sector Response to NCDs: The Caribbean Private Sector Forum"</li> <li>Regional meeting: "Strengthening the Multisectoral Response to NCDs in the Caribbean: National NCD Commissions"</li> </ul>

<sup>43</sup> Grants totalling USD 20,000 or more

<sup>44</sup> Formerly the National Heart Forum

<sup>45</sup> <https://www.healthycaribbean.org/wp-content/uploads/resources/220313/ACS-Meet-the-Targets-Booklet.pdf>
<sup>46</sup> <https://www.healthycaribbean.org/australian-high-commission-supports-caribbean-civil-society-cervical-cancer-prevention-efforts/>
<sup>47</sup> <https://www.healthycaribbean.org/ncd-alliance-selects-hcc-partner-caribbean/>
<sup>48</sup> <https://www.healthycaribbean.org/the-global-standardized-hypertension-treatment-project-gshp-barbados-pilot/>
<sup>49</sup> <https://www.healthycaribbean.org/blood-pressure-control-through-community-action-phase-i-bpcca-i/>
<sup>50</sup> <https://www.healthycaribbean.org/aus-dap-funding-the-cervical-cancer-prevention-initiative/>
<sup>51</sup> <https://www.healthycaribbean.org/the-ncd-commissions-strengthening-project-ncdcs/>



Year	Partners	Project/Activity
2015	NCDA	<ul style="list-style-type: none"> <li>Project: "Strengthening Health Systems, Supporting NCD Action" (continued)</li> <li>Regional meeting: "Caribbean Civil Society Regional Preparatory Meeting for the Global NCD Alliance Forum", November 2015, Barbados</li> </ul>
	Centres for Disease Prevention and Control, PAHO, Task Force for Global Health	Project: "Global Standardised Hypertension Treatment, Barbados" – Pilot Year 2
	PAHO, University of Southern Florida	Project: "Building Capacity of Civil Society for Dietary Salt Reduction Applying Social Marketing Training and Technical Assistance" (launched in Antigua and Barbuda, Jamaica, and St Vincent and the Grenadines)
2016	Australian High Commission Direct Aid Programme	Project: C4PI (Third Grant) <sup>52</sup>
	NCDA/Medtronic Philanthropy	Regional meeting: "HCC strategic planning"
2017	NCDA/Medtronic Philanthropy	Launch of HCC Caribbean Cancer Alliance Advocacy Agenda Regional meeting: "NCD Advocacy, Accountability, and Conflict of Interest", with launch of HCC Strategic Plan 2017–2021
	Commonwealth Secretariat	Launch of Getting National NCD Commissions UP AND RUNNING – A Framework for the Establishment and Strengthening of National NCD Commissions in the Caribbean: Part II
	PAHO	Regional meeting: "Designing a Draft Regional Advocacy Campaign Plan for Childhood Obesity Prevention Policies" (in collaboration with GHAI and <a href="#">Vital Strategies</a> , VS)
	Australian High Commission Direct Aid Programme	Project: C4PI (Fourth Grant) <sup>53</sup>
	American Cancer Society	Implementation of the global Prevent20 Initiative <sup>54</sup> in the Caribbean, in support of cancer control
	Caribbean Development Bank	Project: "Building CSOs' capacity for childhood obesity prevention" <sup>55</sup>
2018	United States of America (USA) National Institutes of Health (NIH), P20 <sup>56</sup>	February – <a href="#">Launch: first phase of NIH grant, conceptual and planning stages for Centre for CardioMetabolic Disease and Cancer Research in the Caribbean, University of the West Indies (UWI), Mona Campus, Jamaica.</a> <sup>57</sup>
	Sagcor Life Inc.	<a href="#">Support for HCC Secretariat, 2018-2021</a>

<sup>52</sup> <https://www.healthycaribbean.org/hcc-announces-3rd-grant-c4pi/>

<sup>53</sup> <https://www.healthycaribbean.org/4th-straight-year-of-dap-funding/>

<sup>54</sup> <https://www.healthycaribbean.org/prevent20/>

<sup>55</sup> <http://www.caribank.org/news/grant-childhood-obesity-prevention>

<sup>56</sup> P20 grants are exploratory grants often used to support planning activities associated with large multi-project programmes or project grants

<sup>57</sup> <https://www.healthycaribbean.org/centre-for-cardiometabolic-disease-and-cancer-research-in-the-caribbean-launched/>

### Infrastructural

In 2012, the office of the HCC Secretariat was established at Caribbean Catalyst, River Road, St. Michael, Barbados. The Secretariat remains at this location, with two enclosed office spaces, telephone, WiFi, internet access, and, as needed, use of a small conference room with audiovisual equipment.

### Technical

The main technical resources comprise the HCC Secretariat, the Board of Directors, the Special Advisor, Technical Advisors, other volunteers, interns, and consultants. However, technical contributions and cooperation are also obtained from key partners, including, but not limited to, CARPHA, Ministries of Health, non-health ministries, NCDA and other regional and international CSOs, NNCDs or equivalent bodies, PAHO/WHO, other UN agencies, and UWI.



## 3. Partnerships and networks

### 3.1 Partnerships

The HCC has developed many strong and productive partnerships, with resulting sharing of information and experiences, knowledge transfer, and mobilisation of both technical and financial resources. Early on, the Coalition realised the need to engage not only with stakeholders likely to support NCD prevention and control, such as government and other CSOs, but also with stakeholders that might not be as cooperative, but had power, impact, and significant interest in the issues.

HCC has therefore made a point of engaging with the private sector—except the tobacco industry, the alcohol industry and to a lesser degree the food and beverage industry—as a key stakeholder in NCD prevention and control, evidenced by its 2015 reports on the situation of the private sector and its potential to contribute to improvements in health (see list of

publications in Annex 3). As amply demonstrated by tobacco control efforts, the private sector can react strongly to negate interventions for health that threaten its sales and profits. However, it can also be useful in demonstrating pro-health business practices by supporting community and other interventions for health; establishing workplace wellness programmes; reformulating products to provide healthier options; instituting front-of-package, clear product labelling; and refraining from marketing unhealthy products, especially to children. In engaging with the private sector in the multisector response to NCDs, the HCC has been keenly aware of areas of potential conflict of interest, and has managed these appropriately.

The HCC's major partners and networks, their main mandates, and the main areas of focus are summarised in Tables 2 and 3.

### National and regional partners

**Table 2. Main CARICOM national and regional HCC partners<sup>58</sup>**

#### National

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b>National Ministries of Health</b>	Government agencies established to develop and implement effective policies, legislation, regulations, and health systems for individual and population health.	Prevention, health promotion; support for CSOs' provision of some services	Ministries provide in-kind support; facilitate activities; and provide subventions to some CSOs.
<b>CSOs</b>	Counterpoint to government and private sector, providing the "voice of the people"; undertaking advocacy, health education/promotion, and service delivery; holding policymakers accountable; and contributing to policy development and implementation.	HCC membership, national HCC representation, capacity building, resource mobilisation, accountability	Efficient and effective functioning of HCC's CSO members is critical for the success and sustainability of the Coalition.

<sup>58</sup> Links provided to websites of other entities are for convenience and do not imply HCC's endorsement of all services or products

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b><u>National NCD Commissions (or equivalent entities)</u></b> <sup>59</sup>	Multisectoral entities for provision of advice to MoH and/or government on, and oversight of, the multisectoral, whole-of-government, whole-of-society approach to NCD prevention and control	Establishing and/or strengthening NNCDs, including effective CSO representation on the Commissions	Effective NNCDs, which include representatives from health and non-health government sectors, civil society, and the private sector, can significantly facilitate national NCD prevention and control.
<b><u>SAGICOR Life Inc.</u></b> <sup>60</sup>	Private sector health insurance provider in the Caribbean.	Major contributor to HCC, through funding for the HCC Secretariat and for the 2013 Caribbean Cervical Cancer Advocacy Initiative	In September 2012, HCC signed an MoU with SAGICOR Life; the MoU was renewed in July 2015 for a further three years, and again in 2018.

## REGIONAL (Caribbean)

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b><u>CARICOM secretariat</u></b> <sup>61</sup>	Secretariat of intergovernmental CARICOM political integration entity, promoting cooperation and collaboration among its member countries and territories for national and regional development through economic integration; human and social development; foreign policy coordination; and security..	NCD advocacy and policy development at the highest levels, using a multisectoral approach; technical input to CARICOM organs from a civil society perspective.	HCC has been included as participant, presenter, or observer in several NCD-related meetings organised by the CARICOM Secretariat, and is invited to participate in meetings of the Council for Human and Social Development (COHSOD).
<b><u>Caribbean Institute on Addictive Disorders (CARIAD)</u></b> <sup>62</sup>	Formerly known as the Caribbean Institute on Alcoholism and Other Drug Problems, CARIAD aims to equip professionals and other workers to function effectively in roles related to alcohol and drug abuse prevention and treatment, through education, skills training, and policy promotion.	Strengthening Caribbean civil society alcohol advocacy capacity through the online platform CARIBAPAN <sup>63</sup> —The Caribbean Alcohol and Policy Action Network—in collaboration with Health Action Partnership International (HAPI) and UKHF.	Efficient and effective functioning of HCC's CSO members is critical for the success and sustainability of the Coalition.

<sup>59</sup> <https://www.healthycaribbean.org/national-ncd-commissions-or-equivalents/><sup>60</sup> <https://www.sagicorlife.com/Pages/Countries/countries-barbados.aspx><sup>61</sup> <https://caricom.org/about-caricom/who-we-are/our-governance/about-the-secretariat><sup>62</sup> <https://www.facebook.com/cariad.institute/><sup>63</sup> <https://www.healthycaribbean.org/hcc-joins-forces-cariad/>

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b>CARPHA</b> <sup>64</sup>	Specialised public health agency for CARICOM, established in 2013 through the integration of five CARICOM Regional Health Institutions.	Action addressing the four strategic priorities of the HCC Strategic Plan 2012-2016, <sup>65</sup> and the cross-cutting areas: development of resources and tools; identifying emerging priority areas for CSOs; supporting national, regional, and international meetings and conferences; and joint resource mobilisation.	In March 2015, HCC signed a MoU with CARPHA for the period January 2015-December 2017.
<b>CIBC First Caribbean International ComTrust Foundation</b> <sup>66</sup>	CIBC First Caribbean International ComTrust Foundation	Advancing workplace wellness programmes; enhancing education and increased awareness of NCDs; and fostering a greater level of community volunteerism in the NCD response.	HCC and CIBC FirstCaribbean International ComTrust Foundation <b>signed an MoU in April 2017</b> <sup>67</sup> for a three-year programme of collaboration.
<b>UWI</b> <sup>68</sup>	Largest and longest-standing regional tertiary level educational institution in the English-speaking Caribbean, with Departments of Medical Sciences at three campuses – in Barbados, Jamaica, and Trinidad and Tobago – offering training in medicine, nursing, and related fields, as well as in other disciplines.	CSO capacity building; research into NCDs and related issues; and translating research and evaluation into policy.	HCC works closely with the UWI GA-CDRC, through the Director of the Centre, who is the HCC Policy and Practice Advisor.
<b>UWI Open Campus (OC)</b> <sup>69</sup>	Newest of the four UWI campuses; the OC offers higher, distance, and continuing education, as well as outreach services from all of its almost 50 physical site locations in 17 countries in the English-speaking Caribbean.	Capacity building, organisational development, and technical assistance, emphasising insertion of NCDs into the OC's academic programmes; hosting of joint regional NCD meetings; and conduct of virtual NCD lectures and webinars.	HCC and the OC <b>signed an MoU in April 2017 for a three-year programme of collaboration</b> . <sup>70</sup>

<sup>64</sup> <http://carpha.org/>

<sup>65</sup> The priorities were advocacy, CSO capacity building, enhancing communication on NCDs, and promoting mHealth and eHealth

<sup>66</sup> <https://www.cibc.com/fcib/about-us/community-relations/index.html>

<sup>67</sup> <https://www.healthycaribbean.org/hcc-signs-mou-to-advance-workplace-wellness-programmes-in-the-caribbean/>

<sup>68</sup> <http://www.uwi.edu/index.asp>

<sup>69</sup> <http://www.open.uwi.edu/>

<sup>70</sup> <https://www.healthycaribbean.org/hcc-signs-mou-with-university-of-the-west-indies-open-campus/>



## International partners

Table 3. Main international HCC partners<sup>71</sup>

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b><u>American Cancer Society (ACS)</u></b> <sup>72</sup>	Nationwide, community-based voluntary health organisation in the USA dedicated to eliminating cancer as a major health problem.	Cervical cancer prevention advocacy; building CSOs' capacity to make cancer and NCDs global priorities.	HCC was one of the grantees in the ACS' "Meet the Targets" project.
<b><u>Australian Direct Aid Programme (DAP)</u></b> <sup>73</sup>	Counterpoint to government and private sector, providing the "voice of the people"; undertaking advocacy, health education/promotion, and service delivery; holding policymakers accountable; and contributing to policy development and implementation.	Cervical cancer prevention advocacy Blood pressure control at community level <sup>74</sup>	DAP funded the multicountry C4PI project targeting cervical cancer prevention in Dominica, Haiti, Jamaica, Saint Lucia, and St. Vincent and the Grenadines. The project was successful and was extended – it is ongoing, as at 31 August 2018.
<b><u>Bloomberg Philanthropies</u></b> <sup>75</sup>	Established by Michael R. Bloomberg, former Mayor of New York, USA, the entity aims to ensure better, longer lives for the greatest number of people. Public health is one of five key areas addressed, and includes support for tobacco control and obesity prevention	Building CSOs' capacity for advocacy for tobacco control and SSB taxation.	In 2017–2018, the Heart Foundation of Jamaica (HFJ) and the HSFB each received a three-year grant from Bloomberg Philanthropies/ <b><u>Global Health Advocacy Incubator</u></b> <sup>76</sup> to implement advocacy strategies for national SSB taxation.
<b><u>Global Advocacy for Physical Activity (GAPA)</u></b> <sup>77</sup>	Provision of communications and resources for development, dissemination, and implementation of national policies, programmes, and services that promote physical activity and health.	Technical assistance to HCC and collaboration in physical activity initiatives.	Support for attendance at conferences and workshops.
<b><u>Global Alcohol Policy Alliance (GAPA)</u></b> <sup>78</sup>	GAPA is a network of non-governmental organisations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies, free from commercial interests.	Ongoing collaboration around global alcohol-related policy advocacy and capacity building of HCC's Alcohol Policy Advisor.	–

<sup>71</sup> Links provided to websites of other entities are for convenience and do not imply HCC's endorsement of all services and/or products.

<sup>72</sup> <https://www.cancer.org/>

<sup>73</sup> <http://dfat.gov.au/people-to-people/direct-aid-program/Pages/direct-aid-program.aspx>

<sup>74</sup> <https://www.healthycaribbean.org/blood-pressure-control-through-community-action-report/>

<sup>75</sup> <https://www.bloomberg.org/>

<sup>76</sup> <https://www.bloomberg.org/program/public-health/global-health-advocacy-incubator/>

<sup>77</sup> <http://www.globalpa.org.uk/>, Advocacy Council of the International Society for Physical Activity and Health (ISPAH), <http://www.ispah.org/>

<sup>78</sup> <https://globalgapa.org/>

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b><u>Health Action Partnership International, UK (HAPI)</u></b> <sup>79</sup>	International health partnership that brings together leading professionals and organisations from across the world to effectively address the social and economic determinants of health, and to build capacity in countries to tackle health inequity. HAPI works with partners to promote and maintain health through technical assistance, project management, consultancy, partnerships, and twinning.	Facilitating a donation from the Faculty of Public Health to support HCC website development for a year, effective May 2010.	—
<b><u>International Federation of Red Cross and Red Crescent Societies (IFRC)</u></b> <sup>80</sup>	World's largest humanitarian and development network, 'saving lives and changing minds' through its work in three key areas: 1) disaster response and recovery, 2) development, and 3) promoting social inclusion and peace.	Collaborative work on three strategic priority areas: capacity building, strengthening advocacy, and enhancing communication. Cross-cutting actions include development of resources and tools, support for national, regional, and international meetings, and joint resource mobilisation.	HCC <b><u>signed an MoU with the IFRC in December 2015</u></b> <sup>81</sup> for a three-year programme of collaboration.
<b><u>Medtronic Philanthropy</u></b> <sup>82</sup>	Medtronic Foundation focuses on expanding access to healthcare for the underserved worldwide and supporting healthy communities wherever it has a presence or works. It also works to enable persons with chronic illnesses to manage their conditions and use their "extra life" to advocate for others in need.	Building CSOs' capacity to advocate for, and contribute to NCD prevention and control, including at the policy and legislation levels; supporting CSO-led NCD interventions.	—

<sup>79</sup> <http://www.hapi.org.uk/>

<sup>80</sup> <http://www.ifrc.org/en/what-we-do/where-we-work/americas/barbados-red-cross-society/>

<sup>81</sup> <http://caribbeanmedicalnews.com/2015/12/hcc-launches-new-partnership-with-ifrc/>

<sup>82</sup> <http://www.medtronic.com/ir-en/corporate-citizenship-4/philanthropy-programmes.html>

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b>NCD Alliance</b> <sup>83</sup>	Global CSO network with membership in over 170 countries, combatting the NCD epidemic by putting health at the centre of all policies.	Building capacity of CSOs to advocate for, and contribute to NCD prevention and control, including at the policy and legislation levels; supporting CSO-led NCD interventions.	NCD Alliance has supported the HCC since 2014 in a number of areas, including the planning and implementation of numerous interventions; to participate in meetings; and in the preparation and dissemination of advocacy materials.
<b>NCD Child</b> <sup>84</sup>	Global multistakeholder coalition championing the rights and needs of children, adolescents, and young people living with, or who are at risk of developing, NCDs. The coalition began as the child-focused working group of the NCD Alliance for the September 2011 HLM1, and was launched to ensure that a child and adolescent health voice in NCDs remained strong and that the unique needs of young people remain priorities for countries, other CSOs, and UN agencies.	Supporting the involvement of children, adolescents and youth in priority NCD prevention and control initiatives.	NCD Child is a major partner for the HCC, given the long-term focus on childhood obesity prevention in the Caribbean. In addition, building the capacity of youth NCD advocates is a joint priority area and one for which collaborative actions are being explored.
<b>PAHO</b> <sup>85</sup>	Specialised intergovernmental health agency of the InterAmerican System and Regional Office for the Americas of WHO, undertaking technical cooperation with its Member States for health development in The Americas.	HCC has been an NGO in Official Relations with PAHO since 2012.  Inclusion of civil society in PAHO's responses to NCDs in the Caribbean and The Americas, as appropriate, including Observer status at selected meetings of PAHO governing bodies; CSO capacity building; and technical cooperation to plan, implement, and monitor NCD-related interventions.  Specifically, through the 2017 Letter of Agreement (LoA), strengthening civil society's contribution	PAHO was an early partner of the HCC, collaborating with the Coalition in its first year to launch a chronic diseases educational campaign for the Caribbean. HCC and PAHO signed an LoA targeting COP in July 2017. <sup>86</sup>

<sup>83</sup> <https://ncdalliance.org/><sup>84</sup> <http://www.ncdchild.org/><sup>85</sup> <http://www.paho.org/hq/><sup>86</sup> <https://www.healthycaribbean.org/hcc-paho-childhood-obesity-prevention/>

Partner	Brief description and main mandates	Focus of partnership with HCC	Comments
<b><u>PAHO (Cont..)</u></b>		to the multisectoral response to NCDs in the Caribbean, with a focus on COP.  Conflict of interest, alcohol harm reduction, and COP, through a second LoA signed in July 2018.	
<b><u>United Kingdom Health Forum (UKHF)</u></b> <sup>87</sup>	Established as the National Heart Forum in 1984 in the United Kingdom (UK), it became the UKHF in 2013, reflecting the wider focus of its work both within the UK and internationally, across the range of preventable NCDs that share common risk factors and determinants.	HCC strengthening and capacity building.  Support for risk factor reduction interventions, especially reduction of harmful use of alcohol.	-
<b><u>World Diabetes Foundation (WDF)</u></b> <sup>88</sup>	International CSO which aims to alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of the disease.	Providing resources for the HCC Caribbean NCD Forum, April 2018, part of the regional preparation in the lead-up to the Third UN High-level Meeting on NCD Prevention and Control (HLM3) in September 2018.	The Caribbean NCD Forum resulted in significant networking among CSOs, government entities, development partners, and the private sector, and enabled the formulation of HCC Advocacy Priorities for the HLM3 Outcome Document.
<b><u>World Heart Federation (WHF)</u></b> <sup>89</sup>	The principal representative body for the cardiovascular community "leading the global fight against CVD".	HCC's participation in HCC activities, as a member of the WHF.	HCC's WHF membership has resulted in increased participation of Heart Foundations in the Caribbean region in WHF initiatives.
<b><u>World Obesity Federation (WOF)</u></b>	A global community of organisations dedicated to solving the problems of obesity. Its mission is to lead and drive global efforts to reduce, prevent, and treat obesity.	Reduction of childhood obesity, through provision of strong support for, and collaboration with, HCC, in sensitising the international community about childhood obesity and the need to take action.	Opportune collaboration, given increased interest of CARICOM policy makers, including HoSG, in COP.

<sup>87</sup> <http://www.ukhealthforum.org.uk/>

<sup>88</sup> <https://www.worlddiabetesfoundation.org/>

<sup>89</sup> <https://www.world-heart-federation.org/>

### 3.2 Networks

HCC has sought to share its knowledge, experiences, and lessons learned, and itself learn from others, through its membership in, and/or support for, several national, regional and international networks. These include, but are not limited to:

- [Agita Mundo](http://www.portalagita.org.br/en/)<sup>90</sup>. This network focuses on the promotion of physical activity. HCC attended the annual meeting of the network in Sao Paulo, Brazil, in October 2009 and made a presentation on the Healthy Caribbean Coalition.
- [Global Standardisation of Hypertension Treatment Initiative](https://www.healthycaribbean.org/wp-content/uploads/2016/04/One-Page-of-the-HTN-Initiative-20131125.pdf).<sup>91</sup> In 2012, the HCC President became a member of the CDC-led Hypertension Treatment Planning and Review Group for this Initiative.
- [Global Alcohol Policy Alliance](https://globalgapa.org/)<sup>92</sup> In 2015, HCC became a member of this network and intensified its activities to reduce harmful use of alcohol.
- [Pan American Forum for Action on NCDs \(PAFNCDs\)](http://www.paho.org/panamericanforum/)<sup>93</sup> Led by PAHO, this network was established in 2009. HCC was represented at the initial meeting of the Forum in Washington, D.C., and participated in meetings of the Forum in 2011, 2012 (Multistakeholder Consortium for Dietary Salt Reduction), and 2013 (Women's Cancer Initiative). The HCC President was invited to serve as a member of the PAFNCDs Work

Group for a two-year period beginning in 2014, and in 2015, the HCC President and Executive Director participated as panellists in the PAFNCDs "Dialogue on how to advance multisector approaches to NCDs in the Americas".

- [Partners Forum for Action on Chronic Diseases, Trinidad and Tobago](https://www.healthycaribbean.org/wp-content/uploads/2017/05/Dr-Yvonne-Lewis-PARTNERS-FORUM-PRESENTATION.pdf)<sup>94</sup> Established in 2012, this multisectoral Forum, the equivalent of an NNCD, has been inactive since a change in government took place in September 2015. However, at the time of writing there are renewed efforts to establish and maintain an NNCD.

HCC has also worked to establish networks. In 2014, these efforts included use of an NCDA/Medtronic Philanthropy grant to support a meeting hosted by the Jamaica Ministry of Health/National NCD Committee and the HFJ to launch the Jamaica Faith-based Organisations Network/Committee, which aimed to address NCDs and promote healthy lifestyles. There was also a meeting in Barbados that same year to explore the establishment of the Barbados Coalition for Tobacco Control (BCTC), in partnership with the HSFB and the Jamaica Coalition for Tobacco Control (JCTC). Resource constraints have limited the functioning of these fledgling networks, but HCC continues to promote their strengthening, and the establishment of alliances for greater efficiency and effectiveness.



<sup>90</sup> <http://www.portalagita.org.br/en/>

<sup>91</sup> <https://www.healthycaribbean.org/wp-content/uploads/2016/04/One-Page-of-the-HTN-Initiative-20131125.pdf>

<sup>92</sup> <https://globalgapa.org/>

<sup>93</sup> <http://www.paho.org/panamericanforum/>

<sup>94</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/05/Dr-Yvonne-Lewis-PARTNERS-FORUM-PRESENTATION.pdf>



## 4. Successes

HCC has become a strong regional presence and a well-recognised, valued member of, and partner in, the regional movement to prevent and control NCDs, adding value to the related efforts of member CSOs at the national level. The Coalition has garnered a strong global presence and reputation since its inception; is recognised as a model for a regional civil society NCD alliance; and is a trusted partner for civil society involvement in NCD prevention and control in the Caribbean and beyond. Over the years, while HCC has addressed overall NCD prevention and control, in keeping with the focus of many of its members, it has also addressed specific themes, including tobacco control; cervical cancer prevention; health systems strengthening; reducing harmful use of alcohol;

salt reduction; hypertension; depression; and, most recently, COP.

The 2016 HCC CINA of CSO Members working in NCD Prevention and Control, the 2016 CIRS, and the July 2018 preparatory survey show that HCC's outstanding successes have been in **advocacy, information-sharing, and communication**, particularly through its online presence. The weekly online **HCC News Roundup** in particular has garnered much recognition regionally and internationally.

HCC's main achievements are summarised below, "by the numbers" and using the often-overlapping strategic pillars of advocacy, accountability, capacity building, communication, and sustainability.

### 4.1 By the numbers

#### Website statistics

The first web statistics were recorded in April 2009. Since that time, the number of visitors and page views has risen each year, apart from 2016, when the current version of the website—adapted to display correctly on mobile platforms such as smartphones and to satisfy the ever-growing demand to view content 'on the move'—was launched. HCC has registered more than 1 million unique visitors and is approaching 2.5 million page views over the past ten years. **Table 4** and **Figure 3** summarise website statistics.

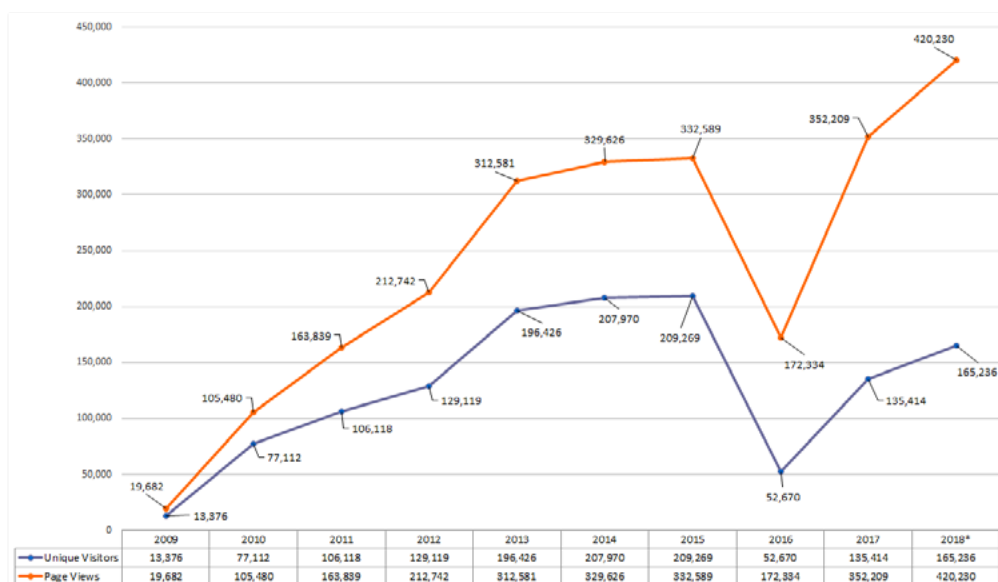
**Table 4**  
**Summary of HCC**  
**website statistics**

Year	Unique Visitors <sup>95</sup>	Page Views
2009	13,376	19,682
2010	77,112	105,480
2011	106,118	163,839
2012	129,119	212,742
2013	196,426	312,581
2014	207,970	329,626
2015	209,269	332,589
2016	52,670	172,334
2017	135,414	352,209
2018*	165,236	420,230

\*projected

<sup>95</sup> "Unique visitor" in Web analytics refers to a person who visits a site at least once within the reporting period. Each visitor to the site is only counted once during the reporting period, so if the same IP (Internet Protocol) address accesses the site many times, it still only counts as one visitor.

**Figure 3.**  
**Graph of HCC**  
**website statistics**



#### HCC News Roundup overview




The weekly HCC News Roundup started in March 2013 and, as at 31 August 2018, 164 editions of the Roundup have been produced, with more than 200,000 copies successfully delivered to its readership.

#### Mailing list overview

HCC also has an active mailing list of almost 24,000 supporters collected during the Caribbean Cervical Cancer E-Petition and the ongoing COP Call to Action (see below). The countries with over 1,000 persons on the mailing list are Belize (8,153), Barbados (2,416), Trinidad and Tobago (2,047), The Bahamas (1,564), and Grenada (1,045).

## Social media

In pursuit of a wide variety of audiences, including young people, HCC is very active on social media, and as at 31 August 2018, has:

-  23,939 Facebook followers, with 24,290 Likes.
-  1,260 Twitter followers, with 2,036 Likes. The Coalition made 5,993 tweets and is following 867 entities.
-  1,102 Instagram followers. HCC made 358 posts on this platform and is following 1,930 entities.
-  Since 1 September 2012, HCC has uploaded 232 videos on YouTube; there have been 22,200 views of HCC videos and 27,500 hours of viewing.

## Publications

HCC, as a purveyor of knowledge, has averaged over four publications annually, and has 48 publications, (see **Annex 3** for details):

- Infographics, 10
- Policy briefs, 4
- Reports, including project and meeting reports, 14
- Frameworks/guidelines, 3
- Strategic and/or action plans, 4
- Other information documents, 3
- Declarations, 3
- Open Letters/Statements, 7



### Meetings/workshops hosted or co-hosted<sup>96</sup>

HCC hosted or co-hosted 16 meetings, workshops, or UN high-level meeting side events:

- October 2008: Healthy Caribbean 2008 – A Wellness Revolution
- September 2011: Use of mobile phones and social media, First High-level Meeting on NCD Prevention and Control (HLM1) side event
- May 2012: Rallying for action on NCDs
- March 2013: Cervical cancer advocacy workshop
- November 2013: Strengthening health systems, supporting NCD action
- July 2014: Cervical cancer prevention, Second High-level Meeting on NCD Prevention and Control (HLM2) side event
- October 2014: Caribbean civil society – health systems strengthening
- June 2015: Caribbean private sector forum
- June 2015: Strengthening the multisectoral response to NCDs in the Caribbean – National NCD Commissions
- June 2015: Caribbean civil society regional preparatory meeting
- July 2015: PAHO/USF/HCC social marketing in dietary salt reduction
- April 2016: Development of HCC Strategic Plan 2017–2021
- February 2017: Advocacy, accountability, and conflict of interest in the Caribbean
- September 2017: Childhood obesity, 72nd UN General Assembly side event
- November 2017: Designing a regional advocacy campaign plan for childhood obesity prevention policies
- April 2018: Caribbean NCD Forum



**The Caribbean NCD Forum: Supporting national advocacy in the lead-up to the 2018 High-level Meeting on NCDs: Towards 25\*25 and the SDGs. Took place at the Knutsford Court Hotel, Kingston, Jamaica, April 23-25 April 2018.**

<sup>96</sup> <https://www.healthycaribbean.org/category/meetings/>



## Sub-grants awarded to CSO members

In recognition of its role of adding value to member organisations, since its establishment HCC has sourced grant and project funds from international agencies, which were then sub-granted to CSOs working in specific areas, with the following number of grantees in the various areas:

- National health systems strengthening – 2
- Integration of NCD and sexual and reproductive health (SRH) service delivery – 2
- Blood pressure control at community level – 5
- Cervical cancer prevention – 6
- Childhood obesity prevention – 5

## 4.2 Advocacy

From 2009 to the present, the HCC Secretariat and its members have supported Caribbean Wellness Day celebrations in September of each year, with production and dissemination of promotional materials and contribution to national activities that highlight and contribute to NCD prevention and control. Though initially mainly focused on physical activity, many CWD activities now address other NCD risk factors, as well as other health promotion activities such as vaccination and screening.

HCC has used its leadership and committed membership to gain access to high-level political leaders and to fora that enable advocacy to policy makers. HCC representatives have paid courtesy visits to Prime Ministers, Presidents, and Ministers of Health in several of CARICOM's 15 Member States and 5 Associate Members, to galvanise political will around NCDs. They have made presentations related to NCD prevention and control at fora such as the CARICOM **COHSOD**<sup>97</sup> and **OECS**<sup>98</sup> Ministers of Health meeting, and contributed significantly to submissions to Conferences of CARICOM HoSG on the topic of NCD prevention and control. In 2016, the Coalition was involved in the evaluation of the third iteration of the CARICOM CCH (CCH III) and preparation for the development of CCH IV;

HCC is represented on the CCH IV oversight group and receives official invitations to meetings of the CARICOM COHSOD.

HCC's presence and successes in high-level advocacy for, and contributions to, far-reaching interventions for NCD prevention and control have resulted in its recognition as an important representative of Caribbean civil society on NCD-related matters. The Coalition has received, and accepted, within the limits of its resources, invitations to participate in, and contribute to, a myriad of national, regional, and international political and technical events and groupings. Selected HCC advocacy highlights are outlined below.

### 4.2.1 UN High-level Meetings on NCD Prevention and Control

HCC has been integrally involved in preparations for, and contributions to, [HLM1](#),<sup>99</sup> [HLM2](#),<sup>100</sup> and [HLM3](#).<sup>101</sup>

#### HLM1

HCC implemented the 2011 [Get the Message campaign](#),<sup>102</sup> which used mobile phone technology to disseminate text messages on NCDs to Caribbean countries for an advocacy and educational campaign to gather support for the landmark HLM1. The campaign garnered some half-million messages in support of the HLM and spurred recognition of the need to effectively tackle NCDs in the region.

The success of the campaign resulted in requests and invitations to HCC to present its methodology and results in various fora, including an "mHealth Summit Meeting" in Washington, D.C, in December 2011, where HCC made a poster presentation titled "A Pan-Caribbean mobile phone text advocacy campaign in response to the chronic disease epidemic and in support of the UN High-level Meeting on NCDs", delivered by the then HCC Social Media Coordinator. In that same month, the HCC President presented "How to set up a mobile phone campaign: How to use new media and Web 3.0 for advocacy" at the World Diabetes Congress in Dubai, and in May 2012, by invitation, HCC conducted a Panel on "Get the Message, Healthy Caribbean Coalition", at

<sup>97</sup> <https://bit.ly/2QASA5E>

<sup>98</sup> <https://www.oecs.org/>

<sup>99</sup> <http://www.un.org/en/ga/ncdmeeting2011/>

<sup>100</sup> <http://www.who.int/nmh/events/2014/a-res-68-300.pdf>

<sup>101</sup> <https://www.healthycaribbean.org/the-3rd-un-high-level-meeting-on-ncds/>

<sup>102</sup> <https://www.healthycaribbean.org/get-the-message-campaign/>



a meeting of the PAFNCDs “Simultaneous Showcase Panel: Best Practices in Partnering and Multi-stakeholder Approach” in Brasilia, Brazil.

By invitation, the HCC President attended a briefing, co-sponsored by CARICOM and PAHO/WHO for Permanent and Observer Missions to the UN, titled “Extending the evidence base for preparing for the UN High-level Meeting on NCDs”. HCC also made a presentation at the UN Informal Interactive Hearing with Civil Society in preparation for HLM1 in New York, and co-authored a publication for HLM1, “Advocating for action on NCDs: Leveraging technology and social media”.

At HLM1, HCC hosted a side event “Mobile phones and social media in the response to NCDs”; mounted an information booth at the “UNite in the fight against NCDs” event; participated in panels at side events “Physical activity and NCDs” and “The beginning of the end of NCDs in the Americas”; collaborated with PAHO/WHO for a CARICOM side event, “Achievements and challenges in the prevention and control of NCDs”; and displayed posters and distributed information packs about the HCC and the Get the Message campaign at side events.

## HLM2

In June 2014, the HCC President and Executive Director participated in the UN NCD CSO Hearing in New York City, and in July 2014 they participated in HLM2, where HCC hosted a [cervical cancer side event](https://www.healthycaribbean.org/civil-society-and-cervical-cancer-highlighted-at-the-un-ncd-review-nyc-july-10-11-2014/)<sup>103</sup> in partnership with the Permanent Missions to the UN of Australia, Barbados, and Jamaica. The session, “Working together to prevent, control and manage NCDs: Responses to cervical cancer in the Caribbean” was moderated by the Executive Director of CARPHA, and panelists shared various perspectives, including the success of the DAP-funded C4PI; the Jamaican national response and the regional civil society advocacy response to cervical cancer; the Trinidad and Tobago experience in

launching a human papilloma virus (HPV) vaccination programme; challenges and successes of the Barbados NNCD model; and updates and the way forward for the PAFNCD.

## HLM3

HCC was very active in preparing civil society for [HLM3](https://www.healthycaribbean.org/the-3rd-un-high-level-meeting-on-ncds/)<sup>104</sup>. In March 2018, the HCC President was named as a member of the 25-member [WHO Civil Society Working Group on HLM3](http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/),<sup>105</sup> established to advise the WHO Director-General on “bold and practical recommendations on mobilising civil society in a meaningful manner to advocate for a successful high-level meeting in New York”.

- April 2018: With the sponsorship of the World Diabetes Foundation and Sagikor Life Inc., and in collaboration with other international, regional, and national stakeholders, HCC demonstrated its strong convening power in mounting the [HCC Caribbean NCD Forum](https://www.healthycaribbean.org/caribbean-ncd-forum-jamaica-2018/)<sup>106</sup> in Kingston, Jamaica, in preparation for HLM3. The Forum, which attracted almost 100 national, regional, and international representatives from civil society, government, and the private sector, was a resounding success, and resulted in designation of nine [HCC Advocacy Priorities for the HLM3 Outcome Document](https://www.healthycaribbean.org/wp-content/uploads/2018/05/HCC-Advocacy-Priorities-for-the-3rd-UNHLM.pdf).<sup>107</sup> The first six advocacy priorities were based on the [NCDA “Enough” campaign priorities for HLM3](https://www.healthycaribbean.org/wp-content/uploads/2018/05/HCC-Advocacy-Priorities-for-the-3rd-UNHLM.pdf),<sup>108</sup> which the HCC endorsed and promoted, while the other three were unique to the Caribbean situation. The [report of the Caribbean NCD Forum](https://www.healthycaribbean.org/caribbean-ncd-forum-report/)<sup>109</sup> is available on the HCC website. At the Forum, members of the HCC HLM3 Action Team were identified, the purpose of the Team being to maximise opportunities to get CARICOM HoSG to participate in HLM3. The Team worked to build regional awareness of HLM3 among various groups of stakeholders, and to implement a varied and complementary raft of activities aimed at achieving maximal participation of the HoSG.

<sup>103</sup> <https://www.healthycaribbean.org/civil-society-and-cervical-cancer-highlighted-at-the-un-ncd-review-nyc-july-10-11-2014/>

<sup>104</sup> <https://www.healthycaribbean.org/the-3rd-un-high-level-meeting-on-ncds/>

<sup>105</sup> <http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/> and <https://ncdalliance.org/news-events/news/members-named-to-civil-society-working-group-on-un-hlmcncds>

<sup>106</sup> <https://www.healthycaribbean.org/caribbean-ncd-forum-jamaica-2018/>

<sup>107</sup> <https://www.healthycaribbean.org/wp-content/uploads/2018/05/HCC-Advocacy-Priorities-for-the-3rd-UNHLM.pdf>

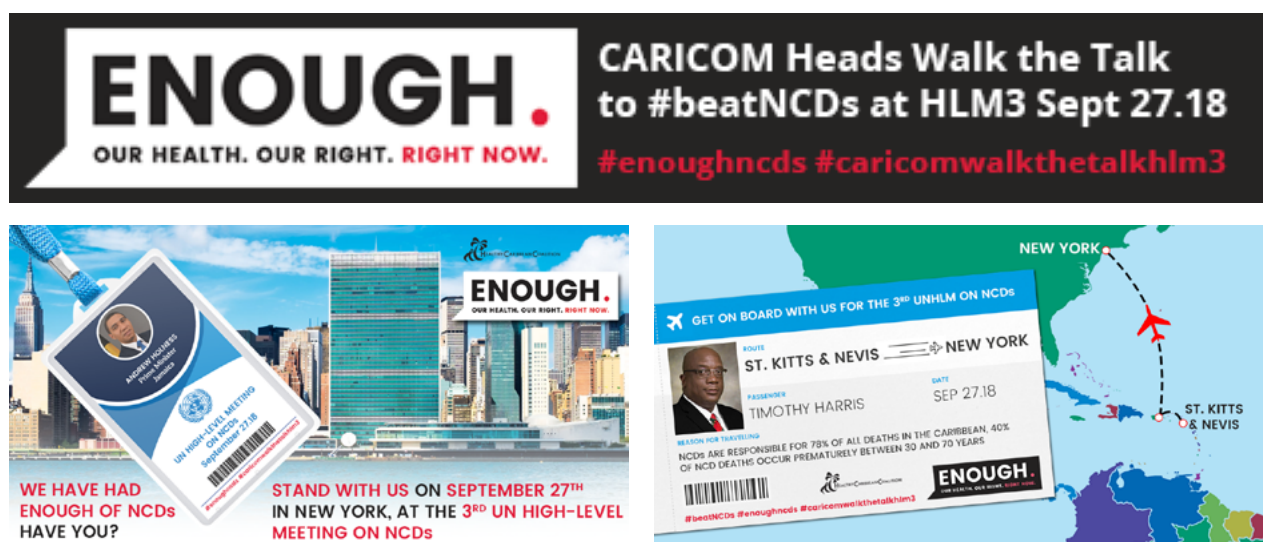
<sup>108</sup> 1. Put people first; 2. Boost financing for NCD prevention and control; 3. Step up action on childhood obesity; 4. Adopt smart fiscal policies that promote health; 5. Save lives through equitable access to NCD treatment and UHC; 6. Improve accountability for progress, results, and resources; 7. Strengthen post-disaster health response systems to provide NCD treatment and care in disaster settings; 8. Eradicate cervical cancer; 9. Make the Caribbean a Smoke-free Zone.

<sup>109</sup> <https://www.healthycaribbean.org/caribbean-ncd-forum-report/>

- May 2018: In recognition of the critical role played by Ministries of Foreign Affairs in the lead-up to, and after, HLM3, HCC developed and disseminated a policy brief [Preparing CARICOM Ministries of Foreign Affairs for HLM3 and beyond](#).<sup>110</sup> In June 2018, the Coalition launched its [HLM3 “Enough” social media campaign](#),<sup>111</sup> which included:
  - “CARICOM Heads Walk the Talk to the HLM3 Sept 27.18.” with relevant advocacy materials, creation of the hashtag #caricomwalkthetalkhlm3, and use of the hashtag #enoughncds, adopting and building on the NCDA’s “Enough” campaign.
  - An [Open Letter to the HoSG](#) <sup>112</sup>, including the nine HCC Advocacy Priorities, for their 39th Regular Meeting, 4-6 July 2018, in Kingston, Jamaica.
  - Six “[Key Asks](#)”<sup>113</sup> of CARICOM HoSG in the lead-up to HLM3.
  - Short videos of “Voices across the Caribbean”, with a variety of persons advocating for HoSG to participate in HLM3.
- July 2018: Five HCC representatives participated in the [UN Interactive Hearing](#)<sup>114</sup> in New York. Four representatives were from the [Cancer Society of The](#)

[Bahamas](#), the [Bovell Cancer Diabetes Foundation](#), and the [Barbados Association of Endometriosis and PCOS](#), and the fifth was the HCC Executive Director. Professor Alafia Samuels, Director of the [George Alleyne Chronic Disease Research Centre](#), UWI, Barbados and HCC Technical Advisor Policy and Practice, participated as the CARICOM representative on a panel titled “Scaling up action for the prevention and control of noncommunicable diseases”. Sir George Alleyne, HCC Patron, and Dr. Karen Sealey, HCC Director and WHO Senior Technical Advisor for CARICOM in the lead-up to HLM3, also attended the Interactive Hearing.

At the time of writing, the [26 July 2018 draft HLM3 Outcome Document](#)<sup>115</sup> was viewed as unsatisfactory by many stakeholders, including the HCC, NCDA, and other international CSOs, given its omission of fiscal measures as important contributors to NCD prevention and control. HCC featured the [NCDA Statement of Concern](#) on its website and indicated its support of the statement. In a significant development, the President of the UN General Assembly invited the HCC President to be a member of the second panel at HLM3 on 27 September 2018.



<sup>110</sup> <https://www.healthycaribbean.org/wp-content/uploads/2018/05/Preparing-CARICOM-Ministries-of-Foreign-Affairs-for-the-3rd-UNHLM-on-NCDs.pdf>

<sup>111</sup> <https://www.healthycaribbean.org/the-3rd-un-high-level-meeting-on-ncds/#hlm3sm>

<sup>112</sup> <https://bit.ly/2KwkRXL>

<sup>113</sup> <https://www.healthycaribbean.org/wp-content/uploads/2018/06/UNHLM-COCHOG-Asks-full.pdf>

<sup>114</sup> <https://enoughncds.com/event/interactive-hearing-in-advance-of-the-un-hlm-on-ncds/>

<sup>115</sup> <https://www.keionline.org/wp-content/uploads/2018/07/NCD-Draft-co-facilitators-text-26July2018.pdf>

## 4.2.2 NCD risk factors

HCC has undertaken significant advocacy for reduction in the major NCD risk factors: tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. It has advocated for improved dietary intake, including reduction of salt and sugar, and elimination of trans fats; increased physical activity; and reduction in harmful use of alcohol, using various methods, such as informational email, infographics posted on its website, and specific targeting of childhood obesity (**see section 4.2.4**).



### Tobacco Control

From its inception, tobacco control and implementation of the 2003 WHO [Framework Convention on Tobacco Control \(FCTC\)](#)<sup>116</sup> in Caribbean countries have been priorities for the HCC. The FCTC has been ratified by almost all CARICOM Member States, and one of the resolutions adopted after HCC advocacy at the OECS Ministers of Health meeting in 2009 was “Ministers of Health would work with the relevant national authorities to pursue the ratification and full implementation of the FCTC in their respective Member States.”

Advocacy by HCC member organisations at national level, supported by the HCC Secretariat and partners, including the American Cancer Society, the InterAmerican Heart Foundation, Bloomberg Philanthropies/ Tobacco-Free Kids, and PAHO/WHO, has been critical in advancing tobacco legislation and other control measures. In 2013, through email and a Press Release, HCC urged members and partners to support the Government of Suriname in the passage of effective tobacco control legislation and regulations. In addition, HCC partnered with the United States Department of Health and Human Services, the National Cancer Institutes, and the [Mobile Commons Group](#) to implement a pilot of the [SmokefreeTXT](#) smoking cessation mHealth programme in Barbados. The project was done in partnership with GA-CDRC, Barbados Cancer Society, Diabetes Association of Barbados, and HSFB, and a final report was submitted.

CSOs have participated in the FCTC Conference of the Parties (COP) (the governing body of the FCTC) discussions, and several Caribbean CSOs are members of the [Framework Convention Alliance](#),<sup>118</sup> which promotes FCTC ratification and implementation. Civil society representatives from the Caribbean, along with Ministry of Health officials, have participated in FCTC negotiations, and have worked individually and collaboratively through entities such as the JCTC to lobby governments for strong tobacco legislation and other tobacco control measures.

Barbados, Guyana, Suriname, and Trinidad and Tobago have enacted national tobacco control legislation, with Jamaica and other countries working to develop comprehensive laws. Despite the absence of legislation in Jamaica, its ratification of the FCTC has allowed regulations to be put in place for tobacco taxes, smoke-free public places and workplaces, and graphic warnings on packaging. However, countries lag in implementing recommended taxation on tobacco, as on other unhealthy products; the [2017 POSD Evaluation Grid](#)<sup>119</sup> indicates the status of selected tobacco control indicators in CARICOM countries and shows that only six of 15 CARICOM Member States have implemented tobacco taxes that are over 50 percent of the sale price of the most widely sold brands of cigarettes.

The HCC publication “[Civil Society-led Advocacy for Tobacco Control in the Caribbean: Experiences from the Jamaica Coalition for Tobacco Control](#)”<sup>120</sup> chronicles the major roles that the HCC and some of its members have played in FCTC implementation in Caribbean countries.

<sup>116</sup> [http://www.who.int/fctc/text\\_download/en/](http://www.who.int/fctc/text_download/en/)

<sup>117</sup> The FCTC COP is the governing body of the FCTC

<sup>118</sup> <https://www.fctc.org/>

<sup>119</sup> <http://oncaribbeanhealth.org/wp-content/uploads/2018/03/POSD-Declaration-country-grid-2017.pdf>

<sup>120</sup> <http://www.healthycaribbean.org/wp-content/uploads/2016/12/Civil-Society-Led-Tobacco-Control-Advocacy-in-the-Caribbean-Dec-2016.pdf>



## Unhealthy diet

### *Salt reduction*

- 2008: In its first year of operation, the HCC endorsed a Policy Statement from the PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction, titled “Preventing Cardiovascular Disease in the Americas by reducing Dietary Salt Intake Population-Wide; and provided support for a National Nutrition Improvement and Salt Reduction Programme in Barbados.
- 2009: HCC successfully advocated at the Meeting of OECS Ministers of Health for the adoption of a resolution “Implementation of nationwide population salt reduction programmes in OECS countries”.
- 2011: HCC became a member of the new PAHO/WHO-supported [SaltSmart Consortium](#),<sup>121</sup> established in the framework of the PAFNCDs, to discuss the development of standards for salt content in foods and identify roles for different sectors in promoting reduction of dietary salt consumption, as an intervention for prevention and control of hypertension and CVD. As a member of the Consortium, HCC representatives participated in strategic planning and interventions for salt reduction, including development and review of the Five-Year Multistakeholder Strategic Plan (2013-2018) and the social marketing strategy, as well as a PAHO Technical Advisory Group for salt reduction 2016-2019.
- 2015: HCC, PAHO/WHO, and the University of South Florida (USF), a WHO Collaborating Centre on Social Marketing and Social Change, met with country teams from Antigua and Barbuda, Barbados, Jamaica, and St. Vincent and the Grenadines for the development of national social marketing strategies for salt reduction. At that meeting, held in Antigua and Barbuda, the Caribbean Salt Smart Coalition (CSSC) was established, comprising the multi-stakeholder teams from the four countries, which had worked extensively with PAHO/WHO and USF over the previous 6 months to develop social marketing capacity around dietary salt reduction and targeted national social marketing campaigns.

### *Other nutritional issues*

- 2014: HCC was invited to be a member of the UN Food and Agriculture Organisation (FAO)/WHO Second International Conference on Nutrition (ICN2) CSO Preparatory Working Group. This led to the HCC undertaking high-level advocacy for ICN2, through emails sent to the CARICOM Secretariat, Ministers of Health, Chief Medical Officers, and NCD Focal Points, and the [participation of Professor Rainford Wilks](#), then an HCC Director, in ICN2, held in Rome.<sup>122</sup> Further collaboration with FAO that year led to the participation of the HCC President and Executive Director in an FAO multistakeholder meeting “Increased utilisation of cassava”, which resulted in the FAO Caribbean Subregional Office producing a “Cook with Cassava” 2015 calendar.
- 2015: HCC was represented at a high-level meeting in Bellagio, Italy, “Improving health through better governance – strengthening the governance of diet and nutrition partnerships for the prevention of chronic diseases”. The meeting was coordinated by the UK Health Forum in collaboration with WHO, the Institute of Population and Public Health, Canadian Institutes of Health Research, and WOF.
- 2016: The Coalition participated in the CARPHA “Stakeholder Dialogue on Improving Food Environments in the Caribbean” on the margins of CARPHA’s 61st Annual Health Research Conference, Turks and Caicos Islands. In 2017, HCC was represented at CARPHA’s “High-level Meeting to Develop a Roadmap on Multisectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security”, and was invited to be a member of the CARPHA Interagency Technical Committee responsible for coordinating and monitoring the implementation of the Roadmap.

<sup>121</sup> [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=8653&Itemid=0&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=8653&Itemid=0&lang=en)

<sup>122</sup> <http://www.archive.healthycaribbean.org/newsletters/nov-2014/hcc-201114.html>





## Physical inactivity

In its early years HCC spearheaded, and participated in, several interventions to promote physical activity (PA).

- 2010: HCC participated in an international congress on physical activity and public health, and partnered with GAPA.
- 2011: The Coalition was represented at the CDC/WHO Collaborating Centre for Physical Activity global partnership workshop on “Physical Activity in the larger context of NCDs and Health Promotion” in February. In September, the HCC President accepted an invitation to be a panellist at a side event titled “Physical activity and NCDs”, hosted by the American Council for Sports Medicine, the CDC/WHO Collaborating Centre for PA and Health, and President’s Council on Fitness, Sports and Nutrition and Physical Activity.
- 2013: HCC supported the International [Globeathon 2013: “The Walk to End Women’s Cancers”](http://globeathon.com/2013/),<sup>123</sup> through its cancer society members across the Caribbean, and was a co-sponsor of the [Get Women Moving](https://www.facebook.com/getwomenmoving/) campaign in Barbados.<sup>124</sup>

Though its focus has shifted to other risk factors, HCC remains aware that all risk factors must be addressed in order to effectively deal with NCD prevention and control, and continues to advocate for and promote all forms of physical activity as complementary to all other NCD risk factor reduction interventions.



<sup>123</sup> <http://globeathon.com/2013/>

<sup>124</sup> <https://www.facebook.com/getwomenmoving/>



## Harmful use of alcohol

- 2013: HCC collaborated with HAPI and UKHF to support the participation of nine CSOs leading the way in alcohol policy and prevention in the region in a PAHO/WHO Subregional Meeting on Alcohol Policy held in Belize, and to develop and launch the Caribbean Alcohol Policy Network (CARIBAPAN). This electronic platform was aimed at connecting individuals, CSOs, and other entities working in advocacy and prevention related to harmful use of alcohol, and although initially successful, it became unsustainable after a few years. HCC and UKHF have maintained a very strong collaborative relationship over the years, and, among other contributions, UKHF has provided funding for several HCC alcohol reduction initiatives.
- 2014: HCC appointed a Technical Advisor on Alcohol Policy, Dr. Rohan Maharaj, who has accelerated HCC's work in this area, in collaboration with Dr. Maristela Monteiro, PAHO's Regional Advisor on Alcohol and Substance Abuse. In that year, CARIBAPAN held two webinars: "The need for alcohol policy in the Caribbean", and "Gaps in current regional alcohol policy and the desire for change: Opportunities for CSOs". The HCC Technical Advisor on Alcohol Policy attended the CARICOM Caucus of Health Ministers in Washington, D.C. to present an urgent request from civil society for the development of a comprehensive regional alcohol policy. Subsequent to this request, the Draft Summary of Conclusions of the Nineteenth Special Meeting of the COHSOD-Health included an agreement to "make the reduction of alcohol-related harm a public health priority in the Caribbean; revisit the 2011 PAHO/WHO Regional Plan of Action to Reduce Harmful use of Alcohol; commence the development of a regional, culturally-relevant comprehensive policy to reduce the harmful use of alcohol; and take action to develop and implement alcohol policy in every CARICOM Member State"
- 2015: CARIBAPAN held its third webinar "Conflicts of interest related to alcohol policy", and HCC became an official member of the Global Alcohol Policy Alliance (GAPA). HCC has been represented at several fora related to alcohol reduction, including meetings of the Pan American Network on Alcohol and Public Health (PANNAPH); Global Alcohol Policy Conference (2015); PAHO Drafting Working Group on Alcohol Marketing (2015); PAHO Expert Meeting on Alcohol Marketing Regulation (2015); and PAHO Caribbean Subregional Workshop on Alcohol, Tobacco, and Sugar-Sweetened Beverages Taxation (2017)
- 2016: HCC launched the first annual [Caribbean Alcohol Reduction Day \(CARD\)](https://www.healthycaribbean.org/caribbean-alcohol-reduction-day-2017) under the theme: "Misuse of alcohol is a bigger problem than you think. Drink less. Live Better.", and proved to be a major success. HCC's embrace of this advocacy opportunity is especially praiseworthy in the cultural and tourist-oriented environment that characterises the Caribbean, where production and consumption of alcohol – especially rum, which is still manufactured by several Caribbean countries – contributes to the economy, and its harmful effects are often played down. The [2017 CARD](https://www.healthycaribbean.org/alcohol-cancer-caribbean-webinar/) theme was "Drink Less. Reduce Cancer."<sup>125</sup>, and HCC hosted the observance in partnership with PAHO/WHO, CARPHA, and CARICOM. Events included a [webinar](https://www.healthycaribbean.org/alcohol-cancer-caribbean-webinar/)<sup>126</sup> on Alcohol and Cancer in the Caribbean and the launch of a series of HCC infographics on the topic.

<sup>125</sup> <https://www.healthycaribbean.org/caribbean-alcohol-reduction-day-2017>

<sup>126</sup> <https://www.healthycaribbean.org/alcohol-cancer-caribbean-webinar/>



### 4.2.3 Cervical cancer prevention, and other cancers

- 2013: Initiation of implementation of the [Caribbean Civil Society Cervical Cancer Prevention Initiative \(C4PI\)](#)<sup>127</sup>; [workshop on building advocacy capacity for cervical cancer prevention](#)<sup>128</sup> with the participation of various cancer societies and foundations in the Caribbean, held in collaboration with the ACS, HAPI, and GlaxoSmithKline, and in partnership with the Sint Maarten Ministry of Public Health Social Development and Labour – Collective Prevention Services.
- 2014: HCC received a grant from the Australian DAP for C4PI that supported relevant initiatives in five countries. Lead beneficiary sub-grantee CSOs in the respective countries were the Belize Cancer Society (BCS), Dominica Cancer Society (DCS), Grenada Cancer Society, Cancer Institute of Guyana (CIG), and Jamaica Cancer Society (JCS).
- 2015: In addition to the DAP, through its “Meet the Targets” grant, the ACS provided the HCC with resources for Phase II of the C4PI, in which the BCS and JCS were the sub-grantees.
- 2016: The third year of the C4PI was again funded by the Australian DAP, and in addition to the BCS and CIG, the Groupe de Support Contre le Cancer in Haiti benefitted.
- 2017: The promising results of the Initiative saw the DAP [renewing funding support](#),<sup>129</sup> with BCS, CIG, and DCS as sub-grantees, targeting specifically Indigenous communities, working not only to prevent cervical cancer, but also to reduce inequities.

The outputs and products of this worthwhile initiative, supported by multiple development partners, included:

- A [regional CSO capacity building workshop](#);

- A [“Situational Analysis of Cervical Cancer Prevention and Control in the Caribbean”](#),<sup>130</sup> based on information from 18 countries in the region, conducted in collaboration with PAHO/WHO;
- Development of the [“Cervical Cancer Advocacy Plan for Caribbean Civil Society: Creating a Civil Society Movement for Cervical Cancer in the Caribbean”](#)<sup>131</sup>;
- Development of the [“Caribbean Civil Society Cervical Cancer Handbook and Planning Tool: a practical tool for the design and implementation of community-based cervical cancer advocacy initiatives”](#),<sup>132</sup>
- CSO cervical cancer prevention advocacy initiatives, including establishment of the [Caribbean Cancer Alliance](#)<sup>133</sup> and introduction of the [Caribbean Cervical Cancer Electronic Petition \(CCCEP\)](#)<sup>134</sup> to the region’s leaders through emails to selected Prime Ministers, Ministers of Health, and CARICOM.

The CCCEP campaign was launched across the Caribbean in partnership with HCC CSO members that target cancer prevention and treatment, and with Sagicor Life Inc., which promoted the CCCEP among its Barbados and regional employees. The campaign, which ran under the banner “End Cervical Cancer Now”, aimed to raise awareness of cervical cancer and HPV vaccination, and to lobby CARICOM HoSG to increase Caribbean women’s access to affordable cervical cancer screening in their respective countries. Accompanied by a public service announcement disseminated through partners and on social media (YouTube, Facebook), the CCCEP ran from June 2013 to January 2015, gathering 18,558 signatures from across the region and beyond. Signatories included the then-Prime Ministers of Jamaica and St. Kitts and Nevis; the First Lady of Belize, who was also (and still is, at the time of writing) the Special Envoy for Women and Children in that country; Ministers of Health in Dominica and Sint Maarten; and the Archbishop of the Anglican Church in Barbados and the Caribbean. The Guardian

<sup>127</sup> <https://www.healthycaribbean.org/caribbean-civil-society-cervical-cancer-advocacy-initiative/>

<sup>128</sup> <https://www.healthycaribbean.org/cervical-cancer-advocacy-workshop-2013/>

<sup>129</sup> <https://www.healthycaribbean.org/4th-straight-year-of-dap-funding/>

<sup>130</sup> <http://www.healthycaribbean.org/wp-content/uploads/2016/11/Caribbean-cxca-situation-analysis-2013.pdf>

<sup>131</sup> <https://www.healthycaribbean.org/wp-content/uploads/resources/220313/7-HCC-Cervical-Cancer-Advocacy-Plan.pdf>

<sup>132</sup> <http://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Cervical-Cancer-Advocacy-Handbook.pdf>

<sup>133</sup> <https://www.healthycaribbean.org/hcc-caribbean-cancer-advocacy-agenda/>

<sup>134</sup> <http://www.healthycaribbean.org/caribbean-cervical-cancer-electronic-petition-cccep/>

General Group of Companies also donated funds to the CCCEP and in 2013 the ePetition was featured in the [NCD Child Issues Paper: Young People, Harnessing the Culture of Technology](#).<sup>135</sup>

The 5th International Cancer Control Congress, held in November 2013 in Lima, Peru, accepted a CCCEP abstract for oral presentation at the meeting, and the Executive Director of the Jamaica Cancer Society made the presentation “Creating a Civil Society-led Cervical Cancer Advocacy Movement – the Caribbean Cervical Cancer Electronic Petition”. The intervention was also described in a presentation titled “The Value of Civil Society Advocacy in Driving Cancer Policy and Programming Priorities: The Caribbean Cervical Cancer Electronic Petition” made by a Specialist Physician member of the HCC at the “Best of [ASCO](#)<sup>136</sup> Cancer Conference” in December 2013.

Through the continuous DAP funding, development of evidence-based interventions, and the hard work of the sub-grantees, HCC has been able to provide cervical cancer screening and related interventions to vulnerable women, efforts recognised by the presentation of the NCD Award for Excellence in NCD Civil Society Action in the category of Access to the Coalition in 2017.

In 2016, HCC representatives participated in, and made presentations at, the Breast Cancer Initiative 2.5 Meeting “Women’s cancers in the English Caribbean: A regional multisector discussion to define feasible strategies to improve the effectiveness of breast and cervical cancer programmes” implemented through collaboration among PAHO/WHO, [Ufhi](#)<sup>137</sup> (formerly the PAHO Foundation), and the [Institute for Advanced Study of the Americas](#)<sup>138</sup> and the [Sylvester Comprehensive Cancer Centre](#)<sup>139</sup>, both at the University of Miami.



<sup>135</sup> <http://www.archive.healthycaribbean.org/newsletters/june-2013/2013-Issues-Paper-FINAL-24-June-2013.pdf>

<sup>136</sup> American Society of Clinical Oncology <https://www.asco.org/>

<sup>137</sup> <https://ufhi.org/>

<sup>138</sup> <https://www.mia.as.miami.edu/>

<sup>139</sup> <https://umiamihealth.org/sylvester-comprehensive-cancer-center>

#### 4.2.4 Childhood obesity prevention

Ever conscious of the importance of the enabling legislative and regulatory frameworks for NCD prevention and control, in 2016 HCC participated in two sessions of a PAHO-convened meeting in Barbados: “Strategy for Health-related Law: Sensitisation, Dissemination, and Implementation in the English-speaking Eastern Caribbean Countries” and “Health Law: Implementing Fiscal and Regulatory Policies to Prevent Obesity in Children in the English-speaking Caribbean Countries”, held in Barbados.

In 2017, HCC secured a grant from the CDB to build CSOs’ capacity in advocacy for policies and strategies targeting COP, taking into particular consideration vulnerable and disadvantaged groups, in the framework of the HCC [“Civil Society Action Plan \(CSAP\) 2017–2021: Preventing Childhood Obesity in the Caribbean”](#)<sup>140</sup>, which was developed with support from the NCDA. Through the CDB grant, HCC organised:

- In-country capacity building workshops in four CDB Borrowing Member Countries (The Bahamas, Barbados, Belize, and Jamaica), for the five participating CSOs: Cancer Society of The Bahamas, CSOB; Breastfeeding and Child Nutrition Foundation of Barbados, BCNF; HSFB; Belize Cancer Society, BCS; and HFJJ;
- Development of draft CSO-led Action Plans for COP advocacy, products of the workshops;
- A regional consultation to finalise the CSO-led Action Plans;
- Implementation, monitoring, and evaluation of the Action Plans; and
- A [WhatsApp](#) group of the grantees, HCC Secretariat, and HCC capacity-building consultant to facilitate exchange of information, dissemination of advocacy materials and good practices, provision of advice and guidance to facilitate implementation and monitoring of the Action Plans, and formulation of final implementation reports.

The implementation of the Action Plans over the period mid-March to mid-August 2018 resulted in—among

other outputs—CSOs establishing, or exploring the establishment of, health-promoting networks and coalitions targeting COP, such as the CSOB’s Healthy Lifestyles Team, [HaLT](#); the BCS’ Non-Communicable Diseases-Childhood Obesity Prevention Alliance (NCD-COPA); the BCNF’s Childhood Obesity Stakeholder Coalition and its collaboration with UNICEF; and the [HSFB’s and BCNF’s joint efforts to explore establishment of a national CSO coalition](#)<sup>141</sup> to advocate for policies aimed at reducing childhood overweight and obesity.

The CSOs produced many creative communication ideas and products, with advocacy campaigns that included:

- BCNF’s [“Feeding Our Future”](#) to promote workplace policies supportive of exclusive breastfeeding and its meeting, in August 2018, of key stakeholders to review its Draft Breastfeeding Workplace Policy;<sup>142</sup>
- BCS’ Healthier Choices promotion, as well as its production of promotional materials in English, Spanish, and Mayan, the last-mentioned for the Indigenous population (**Figure 4**);
- CSOB’s promotion of The Bahamas’ Ministry of Health’s compulsory standards for school nutrition and draft “Sugar-coated Kids – The Bahamian Childhood Obesity Struggle: The Bahamas’ Sugar-sweetened Beverage Policy Brief”;
- HSFB’s public lecture “From birth to beyond: A discussion on childhood obesity”, (**Figure 5**) held at the UWI Cave Hill Campus in Barbados in August 2018; and
- HFJJ’s establishment of weekly “Water Days” in selected schools.

The campaign addressed vulnerable and disadvantaged populations, including mothers and children from lower socioeconomic groups; Indigenous persons; and persons with disabilities, the last-mentioned either directly or through the CSOs’ collaboration with representative groups and organisations.

These activities built on a workshop held in 2017 [“Designing a Regional Advocacy Campaign Plan for Childhood Obesity Prevention Policies”](#)<sup>143</sup> organized by HCC in collaboration with Bloomberg Philanthropies/

<sup>140</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf>

<sup>141</sup> <https://www.healthycaribbean.org/childhood-obesity-prevention-coalition-consultation/>

<sup>142</sup> <http://nationnews.brb.newsmemory.com/publink.php?shareid=1f344b892>

<sup>143</sup> <https://www.healthycaribbean.org/designing-a-regional-advocacy-campaign-plan-for-childhood-obesity-prevention-policies/>



GHAI, VS, and [El Poder del Consumidor](http://elpoderdelconsumidor.org/),<sup>144</sup> which included the five CSOs participating in the CDB-funded project. The CDB-funded project also complemented the GHAI grant to the HFJ and HSFB for advocacy targeting the introduction of SSB taxation in, respectively, Jamaica and Barbados.

Also in 2017, HCC was invited to be member of the CARPHA Inter-agency Technical Committee with responsibility for monitoring and coordinating the implementation of the *Roadmap on Multisectoral Action in Countries to Prevent and Control Childhood Obesity through Improved Food and Nutrition Security*.<sup>145</sup>

Figure 4. BCS/NCD-COPA Healthier Choices posters - examples

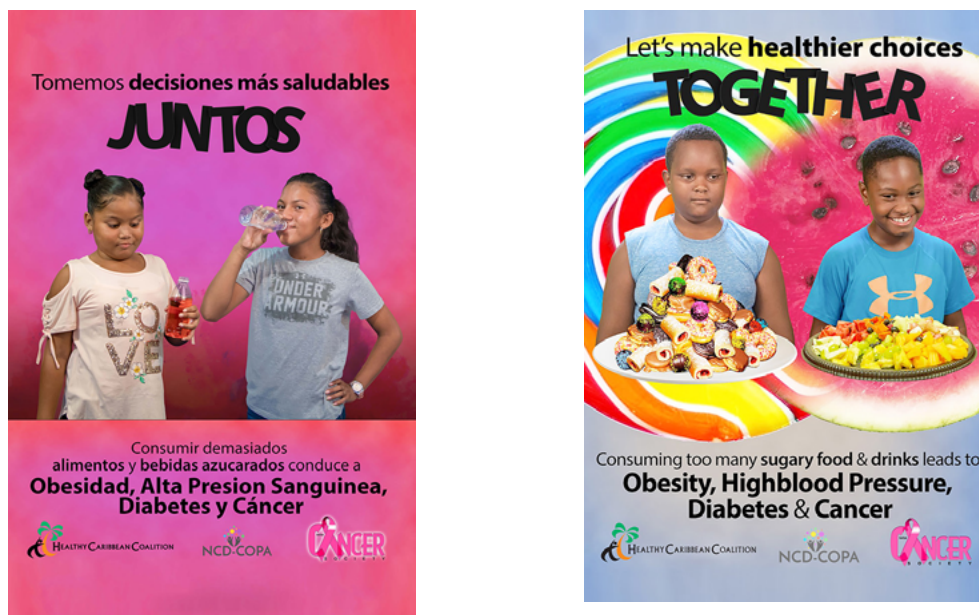
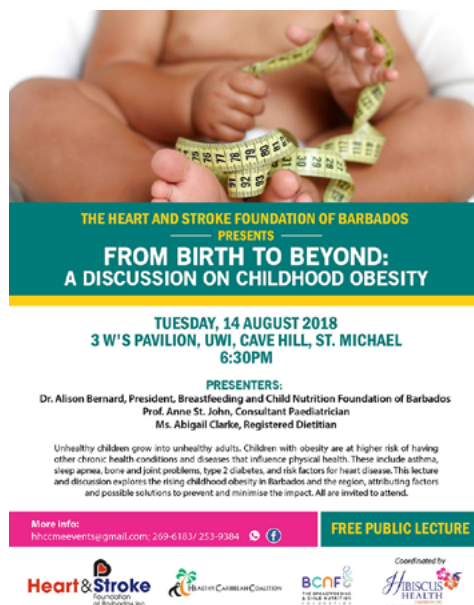


Figure 5. HSFB public lecture promotion poster



<sup>144</sup> <http://elpoderdelconsumidor.org/>

<sup>145</sup> <https://www.healthycaribbean.org/time-act-now/>



In the first half of 2018, HCC, with funding from GHAI, initiated an **ePetition/Call to Action for COP**, available at [www.toomuchjunk.org](http://www.toomuchjunk.org). Every effort was made to garner signatures from the Caribbean and beyond, calling for and supporting Caribbean governments to take action against childhood obesity through implementation of a number of globally recommended policies. These include imposition of a tax of not less than 20% on sugar-sweetened beverages (SSBs); banning 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 implementation of the [International Code of Marketing of Breastmilk Substitutes](#).



Imposition of a tax of not less than 20% on Sugar Sweetened Beverages (SSBs) and use tax revenue for NCD prevention and control.



Banning the sale, promotion and marketing of SSBs, and unhealthy foods and beverages in and around schools.



Mandatory physical activity in all primary and secondary schools.



Adoption and application of regional standards for nutritional and front of package labelling of foods and beverages.



Banning the marketing of unhealthy foods and beverages to children (includes non-school environments).



Enacting legislation related to The International Code of Marketing of Breast-milk Substitutes.

As at 31 August 2018, the Call to Action had garnered 13,150 signatures from persons in several Caribbean countries and in other regions, and complemented not only the CDB-funded HCC advocacy project for policies related to COP, but also the HCC LoA with PAHO/WHO and the Bloomberg Philanthropies/GHAI project targeting advocacy for SSB taxation implemented by

the HFJ in 2017 and the HSFB in 2018. The PAHO/WHO-HCC LoA resulted in implementation of the [My Healthy Caribbean School](#)<sup>146</sup> initiative, the development of a COP Scorecard (COPS), which is a monitoring tool that uses key indicators to measure countries' progress on policies for COP, and the establishment of the HCC [COP Portal](#)<sup>147</sup> in April 2018. The Bloomberg Philanthropies/

<sup>146</sup> <https://www.healthycaribbean.org/cop/my-healthy-school.php>

<sup>147</sup> <https://www.healthycaribbean.org/childhood-obesity-prevention/>

GHA! project supported the implementation of the HFJ's "[Are You Drinking Yourself Sick?](#)"<sup>148</sup> and the HSFB's "[Stop! Yuh Too Sweet](#)"<sup>149</sup> advocacy campaigns as well as the production of many media messages, using traditional and new media, with sharing of images and messages among the CSOs for cost-efficiency.



Important additions to the COP Portal in August 2018 were [COP Fact Sheets](#)<sup>150</sup> for each CARICOM Member State, providing evidence for HCC CSOs and other entities to use in their advocacy with governments and other key stakeholders. The final page of each Fact Sheet comprises the COP Scorecard for the respective country.



<sup>148</sup> [http://www.heartfoundation.org.jm/global\\_health\\_advocacy\\_project](http://www.heartfoundation.org.jm/global_health_advocacy_project)

<sup>149</sup> <http://www.hsfbarbados.org/campaign-launch/>

<sup>150</sup> <https://www.healthycaribbean.org/obesity-fact-sheets/>



#### 4.2.5 Representation/participation in international and regional fora

HCC representatives, including the President, Executive Director, members of the Board of Directors, and Technical Advisors, have participated in a wide range of NCD-related high-level and technical international and regional meetings. HCC's participation enabled promotion of Caribbean perspectives, advocacy for NCD priorities in the region, contribution to strategic planning, expansion of networks, and identification of potential collaborations, alliances, and partnerships. These meetings include, but are not limited to, those mentioned below.

##### International

- 2009: Expert Group Meeting on "Chronic Disease Management in India: A Health Systems Agenda"
- 2010: 3rd International Congress on Physical Activity and Public Health, Toronto, Canada; 20th International Union of Health Promotion and Education World Conference on Health Promotion, Geneva, Switzerland; and "High-level Forum on Developing Capacity for Health Equity", in the UK, organised by Health Action Partnership International.
- 2011: "Physical activity in the larger context of NCDs and health promotion", executed by the CDC/WHO Collaborating Centre on Physical Activity Global Partnership; PAHO/WHO-sponsored "Regional High-level Consultation of the Americas against NCDs and Obesity" in Mexico City; "NCDs: A Women's Health Priority", sponsored by the Permanent Mission of Mexico to the UN, UN Women, PAHO/WHO, and the Permanent Mission of Barbados to the UN, in conjunction with the Commission on the Status of Women; and "Cardiovascular disease prevention through dietary salt reduction: Meeting of the Regional Expert Group, Countries, and Partners – Reviewing Advances and Planning a Second Phase", PAHO, Washington, D.C.
- 2012: 28th Pan American Sanitary Conference, 64th Session of the WHO Regional Committee for the Americas, held at PAHO, Washington, D.C., where HCC was an Observer and presented a statement.
- 2013: Global Forum on Cervical Cancer Prevention at the Women Deliver Conference, Kuala Lumpur, Malaysia, where the HCC representative presented perspectives on CSO cervical cancer advocacy; NCD Task Team to inform NCD advocacy on the WHO Global Action Plan (GAP) for the Prevention and Control of NCDs 2013–2020.
- 2014: International Union for Control of Cancer (UICC) World Cancer Congress in Melbourne, Australia.
- 2015: WHO Global Coordination Mechanism (GCM) Dialogue on Mobilising International Cooperation on NCDs, Geneva, where the HCC representative made a presentation "Defender of women living with NCDs: Championing the right to health care of women living in remote and poor areas of Belize"; WHO GCM/NCDs Working Group on how to realise governments' commitments to engage with the private sector for NCD prevention and control. The HCC President served as a member of the GCM Working Group and Temporary Advisor to the WHO. The first Global NCD Alliance Forum 2015: NCD Advocacy and Accountability in the Post-2015 Era, in Sharjah, United Arab Emirates.
- 2016: First WHO Global Meeting of National NCD Programme Managers and Directors, Geneva, where the HCC representative presented "Success Factors of National NCD Commissions in CARICOM"; Thematic Session on Law and the Prevention and Control of NCDs, New York, hosted by the International Development Law Organisation, in collaboration with WHO and the UN Development Programme (UNDP); Women Deliver Conference, Copenhagen, Denmark, where the HCC representative made presentations at two NCD side events; "Women's Cancers in the Americas: Strategies for Synergies", a meeting convened by the University of Miami, Miami; WHO Global Dialogue Meeting on the "Role of non-State Actors in supporting Member States in their National Efforts to Tackle NCDs", as part of the 2030 Agenda for Sustainable Development, Mauritius; UICC World Cancer Congress, Paris, France, where HCC made presentations, and served as chair and moderator, respectively, of two sessions; Pre-Seventh Session of the Conference of the Parties (COP7) meeting for the Americas region, Panama, co-organised by the FCTC Secretariat and PAHO; COP7, Delhi, India; Caribbean Global Health Security Agenda Roadmap Development Workshop, Miami, USA; and [69th World Health Assembly \(WHA\)](#), Geneva, Switzerland.

- 2017: “Cancer Prevention Messages for Latin America and the Caribbean”, Washington, D.C., convened by PAHO and the International Agency for Research on Cancer; “Global Hearts Initiative to Reduce Heart Attacks and Strokes Partners”, convened by the CDC Foundation; Commonwealth Civil Society Forum, Commonwealth Health Ministers Meeting; [70th WHA](#), Geneva; 72nd UN General Assembly, September 2017, where, in collaboration with the Permanent Missions to the UN of Barbados, Canada, and Jamaica, CARICOM, the Pacific Island States, and WHO, HCC hosted a high-level side event: “Childhood obesity, a development time-bomb: learning from SIDS to accelerate multisectoral action in support of the 2025 NCD targets and the SDGs”; PAHO/WHO Technical Consultation on Front-of-Package Labelling of Food and Drink Products, Washington, D.C.; NCD Planning Committee for the Second Global NCD Forum and Second Global NCD Alliance Forum: “Stepping Up the Pace on NCDs – Making 2018 Count”, Sharjah, United Arab Emirates, where HCC representatives participated in a panel on the topic “Uniting the NCD movement for 2018: Framing the narrative, advocating for action, and amplifying voices”, in an HCC/UICC workshop “Promoting a multisectoral approach to NCDs through workplace wellness”, and as Chair of a session: “National and regional advocacy to maximise the UN 2018 HLM on NCDs”.
- 2018: Commonwealth Civil Society Forum, Commonwealth Health Ministers Meeting, and [71st WHA](#), Geneva, May 2018. At the 71st WHA, with the support of NCD Child, HCC/HSFB NCD Youth Advocate [Daniel Alleyne shared his journey](#)<sup>151</sup> with overweight and high blood pressure at a side event entitled “Changing the story: Creating a new obesity narrative”, hosted by the WOF, the World Economic Forum, NCD Child, and other partners. He also participated in the NCD Child-WHA Town Hall meeting: “The Next Generation and NCDs – a conversation with Dr. Sania Nishtar”. Dr. Nishtar was co-chair of the [WHO Independent High Level Commission on NCDs](#),<sup>152</sup> which included Sir George Alleyne as a member, and which presented its report “[Time to Deliver](#)”<sup>153</sup> to the WHO Director General in June 2018.

## Regional

- 2009: Twelfth Meeting of OECS Health Ministers in St. Vincent and the Grenadines, 2009, where the HCC representative made a presentation: “The chronic disease problem in the Caribbean—civil society perspective”; CARICOM/PAHO workshop to finalize the Working Draft of the Strategic Plan for the Caribbean: Non-communicable Disease Prevention and Control: 2009–2013, Barbados.
- 2010: CARMEN Policy Observatory Annual Meeting “Building the case for chronic disease prevention, policy, and action”, hosted by the Ministry of Health, Trinidad and Tobago, PAHO/WHO, and the Public Health Association of Canada.
- 2011: Caribbean Conference of Family Physicians, where the HCC representative made a presentation on “Healthy communities—the Healthy Caribbean Coalition”.
- 2012: Caribbean Health Summit of the East Caribbean Conference of Seventh-Day Adventists, Barbados, where the HCC representative made a presentation on “Mobilising and empowering health NGOs and civil society in response to the NCDs”, and the Sint Maarten Cancer Conference, where the HCC representative made a presentation and used the opportunity to conduct a capacity building intervention for NGOs in the territory; joint CARICOM/PAHO NCD Secretariat Planning Meetings.
- 2014: International Federation of the Red Cross (IFRC) two-day “IFRC NCDs Think Tank Meeting” in Trinidad and Tobago, for which HCC provided technical support, and membership in the International Development Organisation-CARPHA Expert Advisory Group on Public Health Law in the Caribbean.
- 2015: Ministry of Health, Barbados-PAHO/WHO workshop on “Development of a Multisectoral Action Plan for Childhood Obesity in Barbados—Moving from Evidence-based Data to Action”.
- 2016: “Caribbean regional consultation on advancing the Caribbean Cooperation in Health: Review of CCH III and preparation for CCH IV” held in Trinidad and Tobago; Thirtieth Meeting of the CARICOM COHSOD,

<sup>151</sup> <https://www.healthycaribbean.org/caribbean-at-the-71st-world-health-assembly/>

<sup>152</sup> <http://www.who.int/ncds/governance/high-level-commission/en/>

<sup>153</sup> <http://www.who.int/ncds/management/time-to-deliver/en/>

Washington, D.C.; PAHO/WHO Advisory Group on Advancing the NCD Agenda in the Caribbean; and the “[Inaugural Caribbean Cancer Survivorship Conference](#)”,<sup>154</sup> Trinidad and Tobago, convened by the University of Trinidad and Tobago, HCC, and the City of Hope, Centre of Community Alliance for Research and Education.

- 2017: “[National Workshop on Workers’ Health: Business working together to scale up impact of NCD workplace solutions](#)”,<sup>155</sup> hosted by the Jamaica Ministries of Health, and Labour and Social Security, in collaboration with WHO, through the GCM/NCD and

PAHO/WHO; Caribbean subregional consultation on building synergies for implementation of the Global Strategy for Women’s, Children’s, and Adolescents’ Health in the Americas, held in Barbados; launch of the Trinidad and Tobago National Strategic Plan for the Prevention and Control of NCDs, where the HCC President was a featured speaker; and the PAHO/WHO-led Cooperation among Countries for Health Development (CCHD) project between the Government of Chile and CARICOM: “Advancing public health policies to address overweight and obesity in Chile and the Caribbean Community”.

#### 4.2.6 Other selected advocacy initiatives and recognition

##### Focus on youth



**Krystal Boyea and Shawn Hercules HCC Youth advocates who started Youth4NCDs in 2014 and have supported a number of projects over the years.**

An important aspect of HCC’s advocacy is its youth empowerment. HCC recognises the need not only for development of healthy habits early in the life course, but also the critical importance of buy-in and involvement of young people in NCD prevention and control interventions. There are several HCC Youth Advocates, who have participated in, and presented

at, national, regional, and international fora, and HCC has collaborated with key stakeholders to ensure that appropriate attention is given to children, adolescents, and youth in NCD prevention and control. HCC has started a youth internship programme as an entry point to engage young people in NCD advocacy.

<sup>154</sup> <https://www.healthycaribbean.org/inaugural-caribbean-cancer-survivorship-conference/>

<sup>155</sup> <https://jis.gov.jm/ministry-hosts-workshop-workers-health/>

- 2014: An HCC Youth Advocate from Heart Beat International made a presentation at the Latin American Congress of Pediatrics in Punta Cana, Dominican Republic, funded through the American Academy for Paediatrics (AAP); the HCC President participated in a panel organised by the AAP at the 69th UN General Assembly: “AAP Next steps for NCDs for children and youth—UNICEF facts for life and life course priorities for the post-2015 agenda”; HCC launched the [Youth4NCDs](#)<sup>156</sup> online network for young people living with, and affected by, NCDs; and co-sponsored an NCD Child Meeting: “[Doing what needs to be done](#)”,<sup>157</sup> held in Trinidad and Tobago.
- 2018: In May, HCC/HSFB partnered with NCD Child and WOF to support the participation of an HSFB Youth Advocate for a side event at the 71st WHA on obesity, and in June, NCD Child and an HCC Youth Advocate, who is also one of 17 “Women Deliver Young Leaders for the Caribbean”, partnered to [promote the NCD Agenda and HLM3](#).<sup>158</sup>

## Workplace wellness

[Workplace wellness](#)<sup>159</sup> is an important HCC initiative, building on the Coalition's 2015 situational analysis of the private sector response to NCDs in the Caribbean and aiming to increase overall productivity and profits by reducing absenteeism and presenteeism.<sup>160</sup> As part of continued efforts to obtain meaningful involvement of the private sector in NCD prevention and control, in April 2017 HCC signed an MoU with CIBC/FirstCaribbean International Bank ComTrust Foundation to improve and contribute to chronic diseases prevention and control in the Caribbean. The three-year programme aims to promote workplace wellness programmes throughout the Caribbean; enhance NCD awareness and education; and foster a greater level of community volunteerism in the response to NCDs.

In December 2017, HCC established a [Healthy Workplaces knowledge hub](#)<sup>161</sup> to document and share established and emerging good practices in workplace wellness across the Caribbean and showcase internal

private sector action in NCD reduction (workplace wellness/healthy workforces), as well as external action in supporting NCD prevention and control through core business products and services.

## Letters/Open Letters/Statements

The HCC has not hesitated to write letters, including Open Letters, to HoSG and other high-level policymakers, and has published statements, all advocating for priority NCD issues or expressing support for its CSO members.

- 2014: The HCC President sent a letter to the Prime Minister of Barbados supporting recommendations for taxes on SSBs, tobacco, and alcohol products, and HCC conducted an online poll among its members regarding SSB taxation. Eighty-one percent of respondents agreed with the imposition of the tax, while 19 percent disagreed.
- 2015: The HCC President sent an official letter to the HoSG on the occasion of their 36th Regular Meeting, urging them to prioritise NCDs and presenting them with a copy of the HCC Civil Society NCD Regional Status Report. Similarly, HCC and key NCD advocates called on the HoSG, during their 38th Regular Meeting, to commit to tobacco control, COP, and multisectoral action, through an [Open Letter](#).<sup>162</sup>

Despite its expressions of disappointment when HoSG fail to live up to expectations, as demonstrated in its [statement](#) after the 38th Regular Meeting of the Conference of CARICOM HoSG in July 2017,<sup>163</sup> HCC has been generous in its praise of, and congratulations to, national leaders on advances and achievements in NCD prevention and control. The HCC President sent official congratulatory letters to the respective leaders and policymakers regarding:

- 2013: Jamaica's introduction of the Public Health (Tobacco Control) Regulations.
- 2015: Dominica's introduction of a ten percent excise tax on SSBs, and the firm stance taken by the former Prime Minister of Barbados on SSB taxation.

<sup>156</sup> <https://www.healthycaribbean.org/youth4ncds-initiative-launched/>

<sup>157</sup> <https://bit.ly/2wl9CfJ>

<sup>158</sup> <https://bit.ly/2NuW9gY>

<sup>159</sup> <https://www.healthycaribbean.org/hcc-signs-mou-to-advance-workplace-wellness-programmes-in-the-caribbean/>

<sup>160</sup> Presenteeism is defined as the problem of employees who are not fully functioning in the workplace because of an illness, injury or other condition.

<sup>161</sup> <https://www.healthycaribbean.org/healthy-workplaces-in-the-caribbean-launched/>

<sup>162</sup> <https://www.healthycaribbean.org/open-letter-to-caricom-heads-of-government/>

<sup>163</sup> <https://www.healthycaribbean.org/caricom-leaders-fall-short-of-2007-predecessors/>



- 2017: Trinidad and Tobago's ban on SSBs in schools
- 2018: Jamaica's intent to ban SSBs in schools and public health infrastructure, effective January 2019, and the leadership demonstrated at the 39th Regular Meeting of the Conference of HoSG of CARICOM in July regarding participation in HLM3.

HCC member organisations have also offered congratulations at national level on supportive policy, as the HFJ did when a National Food Industry Task Force was established in Jamaica in 2017 to engage

with the food industry in advancing healthy nutrition<sup>164</sup> HCC expressed strong support for the HFJ in April 2018 after a [private sector company filed suit](#) against the Foundation in relation to its "Are You Drinking Yourself Sick?" campaign<sup>165</sup>.

Links to several of HCC's Open Letters/Statements are in **Annex 3**.

## Recognition

- 2011: PAHO/WHO used the HCC as a model for the [establishment of the Healthy Latin America Coalition](#).<sup>166</sup>
- 2013: Ms. Deborah Chen, President of the Heart Foundation of Jamaica and then member of the HCC Board of Directors, received the Tobacco Control Champion Award for advocacy in tobacco control in Jamaica at the International Conference on "Public Health Priorities in the 21st Century: The Endgame for Tobacco", held in New Delhi, India.
- 2014: Ms. Krystal Boyea, HCC Youth4NCDs Lead and Ambassador, Patient Advocate and Spokesperson for diabetes and NCD prevention and control,<sup>167</sup> was named Medtronic Philanthropy Bakken Invitation Honoree.<sup>168</sup>
- 2017: HCC received the NCD Sharjah Award for Excellence in NCD Civil Society Action in the category of Access, (pictured below) presented at the Second Global NCD Alliance Forum: Stepping up the pace on NCDs, Making 2018 Count, held in Sharjah, United Arab Emirates.<sup>169</sup>



<sup>164</sup> <https://bit.ly/2u54Lxf>

<sup>165</sup> <https://bit.ly/2KRvQep>

<sup>166</sup> <http://www.interamericanheart.org/index.php/hlac/about-hlac.html>

<sup>167</sup> <https://www.healthycaribbean.org/hcc-ncd-youth-champion-krystal-boyea/>

<sup>168</sup> <http://www.medtronic.com/us-en/about/foundation/bakken-invitation/program-outcomes.html>

<sup>169</sup> <https://www.healthycaribbean.org/hcc-wins-award-excellence-civil-society-action/>



## HEALTHY CARIBBEAN COALITION

## Strategic Plan 2017-2021

Enabling Caribbean civil society's contribution to national, regional, and global action for NCD prevention and control

### 4.3 Accountability

#### 4.3.1 Strategic planning

##### HCC

Since its inception, HCC has developed Action Plans and/or Strategic Plans to guide the Coalition's actions and enable transparency and accountability. These plans, comprising the four listed below, not only reflect Caribbean regional NCD priorities, as viewed through the lens of civil society, but are also aligned with regional and global frameworks, including, but not limited to, those outlined in **Table 5**.

1. Caribbean Civil Society Action Plan for the Prevention and Control of NCDs, 2008-2011
2. A [Civil Society Strategic Plan of Action for the Prevention and Control of NCDs for countries of the Caribbean Community, 2012-2016](https://www.healthycaribbean.org/wp-content/uploads/2016/04/HCC_Strategic_Plan_2012-16.pdf) <sup>170</sup>
3. [HCC Strategic Plan 2017-2021: Enabling Caribbean civil society's contribution to national regional, and global action for NCD prevention and control](https://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan_WEB.pdf) <sup>171</sup>
4. Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean

<sup>170</sup> [https://www.healthycaribbean.org/wp-content/uploads/2016/04/HCC\\_Strategic\\_Plan\\_2012-16.pdf](https://www.healthycaribbean.org/wp-content/uploads/2016/04/HCC_Strategic_Plan_2012-16.pdf)

<sup>171</sup> [https://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan\\_WEB.pdf](https://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan_WEB.pdf)

**Table 5. Selected regional and global frameworks for HCC strategic planning**

Caribbean	Americas	Global
<p><b>CCH, and other CARICOM plans and strategies, as outlined in Section 1.3.</b></p>	<p>InterAmerican Heart Foundation <u>5-year Strategic Plan 2015–2020</u>.<sup>172</sup></p> <p>PAHO <u>Regional Plan of Action for the Prevention and Control of NCDs in the Americas 2013–2019</u>.<sup>173</sup></p> <p>PAHO <u>Plan of Action for the Prevention of Obesity in Children and Adolescents</u>.<sup>174</sup></p>	<p>International Diabetes Federation <u>Global Diabetes Plan 2011–2021</u>.<sup>175</sup></p> <p>NCDA <u>Strategic Plan 2016–2020</u>.<sup>176</sup></p> <p>World Health Organisation (WHO) 1981 International Code of Marketing of Breast-milk Substitutes.</p> <p>WHO 2000 Global Strategy for the Prevention and Control of NCDs,<sup>177</sup> which linked the four most prominent NCDs to four preventable risk factors and initiated global focus on prioritisation of NCDs at the highest political levels.</p> <p>WHO <u>2003 Framework Convention on Tobacco Control</u>.<sup>178</sup></p> <p>WHO 2008–2013 <u>Action Plan for the Global Strategy on NCDs</u>.<sup>179</sup></p> <p>WHO <u>GAP 2013–2020</u> <sup>180</sup> with its nine voluntary targets,<sup>181</sup> including the overall target of a 25% relative reduction in premature mortality from NCDs by 2025 (WHO 25*25) and recommendations for cost-effective NCD interventions – the WHO “Best Buys” – in its Appendix 3. Appendix 3 was updated in 2017 to revise the “<u>Best Buys and other recommended interventions for NCD prevention and control</u>”, based on new evidence of cost-effectiveness or new WHO recommendations since the adoption of the GAP in 2013.<sup>182</sup></p> <p>WHO and FAO 2014 ICN2<sup>183</sup> which led to the <u>Rome Declaration on Nutrition</u><sup>184</sup> and the UN Decade of Action on Nutrition 2016–2025, and helped mainstream a food system approach to malnutrition in all its forms, including obesity and diet-related NCDs.</p> <p>WHO <u>Global Monitoring Framework</u>.<sup>185</sup></p> <p>WHO <u>Population-based approaches to childhood obesity prevention</u><sup>186</sup> and WHO <u>Report of the Commission on Ending Childhood Obesity</u>.<sup>187</sup></p> <p>United Nations <u>2030 Sustainable Development Goals (SDGs)</u>, especially SDG 3 “Ensure healthy lives and promote well-being for all at all ages” and Target 3.4 “By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and wellbeing.”<sup>188</sup></p>

<sup>172</sup> <http://www.archive.healthycaribbean.org/newsletters/jan-2016/IAHF-Strategic-Plan%202015-2020-Eng.pdf>

<sup>173</sup> <https://bit.ly/2jh064P>

<sup>174</sup> <https://bit.ly/2LWrhAv>

<sup>175</sup> <https://bit.ly/2MDjYBO>

<sup>176</sup> <https://ncdalliance.org/who-we-are/our-vision-mission-history/strategic-plan-2016-2020>

<sup>177</sup> [http://apps.who.int/gb/archive/pdf\\_files/WHA53/ea14.pdf?ua=1](http://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf?ua=1)

<sup>178</sup> [http://www.who.int/tobacco/framework/WHO\\_FCTC\\_english.pdf](http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf)

<sup>179</sup> [http://www.who.int/nmh/publications/ncd\\_action\\_plan\\_en.pdf](http://www.who.int/nmh/publications/ncd_action_plan_en.pdf)

<sup>180</sup> <https://bit.ly/2kL0ysQ>

<sup>181</sup> <http://www.who.int/beat-ncds/take-action/targets/en/>

<sup>182</sup> <http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf?ua=1>

<sup>183</sup> <http://www.fao.org/about/meetings/icn2/en/>

<sup>184</sup> <http://www.fao.org/3/a-ml542e.pdf>

<sup>185</sup> [http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/)

<sup>186</sup> [http://apps.who.int/iris/bitstream/10665/80149/1/9789241504782\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/80149/1/9789241504782_eng.pdf?ua=1)

<sup>187</sup> [http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1)

<sup>188</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)

*Caribbean Civil Society Action Plan for the Prevention and Control of NCDs, 2008-2011*

This first Civil Society Action Plan was developed in a participative manner by the invitees and attendees of the Caribbean civil society-led “Healthy Caribbean 2008 – A Wellness Revolution Conference” in October 2008. The Action Plan’s objective was the development and execution of a coordinated approach to prevent and control NCDs in the Caribbean, building on the several programmes and projects being undertaken throughout the region.

The Action Plan proposed an Organising Task Force to oversee its implementation, and the lines of action included:

- Establishment of a Caribbean Civil Society NCD Coalition/Network.
- Advocacy, including for national policy decisions to prevention and control NCDs; establishment of NNCDs or analogous bodies; and reduction of NCD risk factors.
- Development of a communications strategy for the Coalition, including establishment of a website.
- Development and implementation of an NCD public education programme.
- Support for annual observance of Caribbean Wellness Day.
- Support for NCD prevention and control initiatives, plans, and programmes at country and organisational levels.

*Civil Society Strategic Plan of Action for the Prevention and Control of NCDs for countries of the Caribbean Community, 2012-2016*

The second Civil Society Strategic Plan of Action built on the previous framework to strengthen existing activities and respond to emerging Caribbean civil society priorities for NCD prevention and control, including deepening the relations between health and non-health sectors. The Plan of Action identified core principles and values, including a focus on evidence-based public health initiatives; consideration of equity issues; and enhancement of the voice, role, and recognition of health NGOs and civil society as partners in the response to NCDs.

Four strategic approaches were identified:

1. Advocacy
2. Enhancing communication
3. Capacity-building for health NGOs in the region
4. Promotion of mHealth and eHealth in NCD prevention and control.

*HCC Strategic Plan 2017-2021*

The HCC Strategic Plan 2017–2021 resulted from a qualitative review of the implementation of the Plan of Action 2012-2016; recommendations from a Strategic Planning Meeting held in April 2016 in Barbados, involving HCC members, Secretariat, and key partners; the 2016 CINA of HCC CSO Members Working in NCD Prevention and Control; and the 2016 CISR. The long-term goal of the HCC Strategic Plan is also the goal of the WHO GAP 2013–2020:



*To reduce the preventable and avoidable burden of morbidity, mortality, and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional, and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to wellbeing or socioeconomic development.*

**WHO GAP for the Prevention and Control of NCDs 2013-2020**

The HCC Strategic Plan 2017–2021 identifies strategic pillars of Accountability, Advocacy, Capacity Development, Communication, and Sustainability, with specific goals and expected outcomes for each pillar. In achieving the expected outcomes, HCC's key areas of focus are:

1. Governance and organisational development
2. Financial sustainability and resource mobilisation
3. Strategic partnerships
4. Expanding and strengthening membership
5. Effective communication
6. Performance assessment/monitoring and evaluation

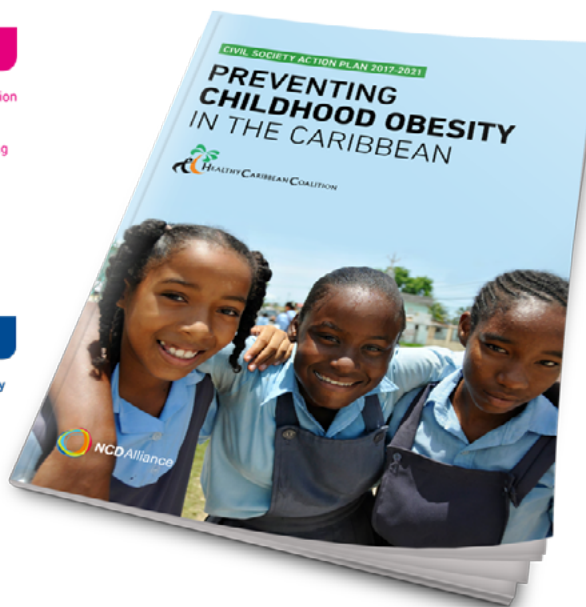
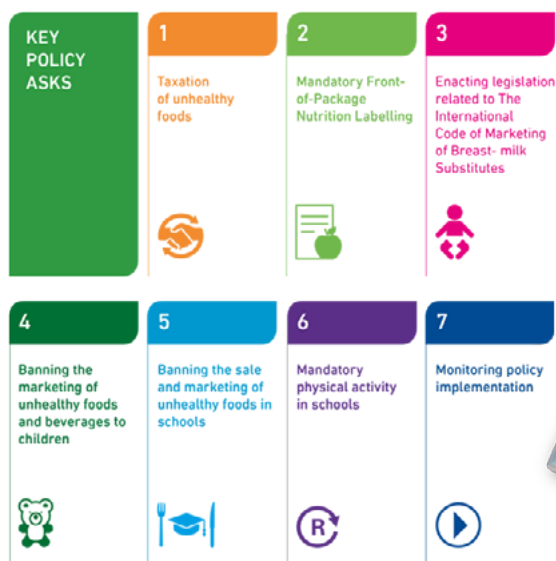
*HCC Civil Society Action Plan 2017–2021: Preventing childhood obesity in the Caribbean*

At the April 2016 HCC Strategic Planning Meeting, participants agreed that the Coalition should prioritize civil society's contribution to COP, and the HCC CSAP 2017–2021 for COP was developed. The priority areas for action in the CSAP, with focus on advocacy and other interventions for the development, implementation, and monitoring of national policies, legislation,<sup>189</sup> and

regulations to address obesogenic environments,<sup>189</sup> are:

1. Trade and fiscal policies
2. Nutrition literacy
3. Early childhood nutrition
4. Marketing of healthy and unhealthy foods and beverages to children
5. School- and community-based interventions
6. Resource mobilisation
7. Strategic planning, monitoring, and evaluation

The key policy issues in the CSAP are taxation of unhealthy foods, mandatory front-of-package labeling, enacting legislation related to the International Code of Marketing of Breast Milk Substitutes, banning the marketing of unhealthy foods and beverages to children, banning the sale and marketing of unhealthy foods in schools, mandatory physical activity in schools, and monitoring policy implementation. The CSAP details HCC actions to support these issues, including CSO capacity building and strengthening of COP national and regional coalitions, public awareness, development of policy briefs, regional CSO-led advocacy campaigns, assessment of consumer attitudes to nutrition, and mapping marketing in schools.



<sup>189</sup> An obesogenic environment is one that promotes high energy intake and sedentary behaviour. This includes the foods that are available, affordable, accessible, and promoted; physical activity opportunities; and the social norms in relation to food and physical activity. WHO. Report of the Commission on Ending Childhood Obesity. WHO, Geneva, 2016. [http://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066\\_eng.pdf;jsessionid=FE4836CE214946598BF984FAE3D70959?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf;jsessionid=FE4836CE214946598BF984FAE3D70959?sequence=1)



### 4.3.2 Community-based and participatory research

HCC has sought to contribute to the assessment, documentation, and reporting of the situation on aspects of NCDs, their risk factors, and responses—including by civil society and the private sector—and has encouraged and supported research and/or collaborated with partners in several research areas. These include, but are not limited, to those summarised below.

- 2014: The Director of the Barbados National Registry (BNR), who is also a member of the HCC, participated in the 59th Annual CARPHA Health Research Conference in Aruba and made two presentations as part of the lead-up to the conference: “Priority research areas for national policy action on NCDs: Caribbean civil society experience” at the Chief Medical Officers’ (CMOs’) Caribbean Meeting on Research for Policy Action on Economic Implications of Chronic Non-Communicable Diseases, and “Educating the public and relevant authorities on the importance of cancer/NCD registries: a civil society response” at the National Cancer Institute meeting on Cancer Surveillance in the Caribbean.

The HCC was one of the participating organisations in the project to evaluate the POSD, “The CARICOM political declaration on noncommunicable diseases seven years on: An evaluation to accelerate further multi-sectoral implementation”, implemented by the UWI in collaboration with the International Development Research Centre (IDRC).

- 2016: HCC collaborated with the UWI Cave Hill Campus in an assessment of the impact of the imposition of a ten percent excise tax on SSBs in Barbados which became effective 1 August 2015. [Preliminary results](#) showed an increase in the price of sugary drinks, though companies appeared to have absorbed some of the tax, so that consumers did not see its full effect. Further studies and lobbying for an increase of the tax to the WHO-recommended level of at least 20 percent are ongoing.
- 2017: The HCC President participated in a [two-day summit in New Haven, Connecticut, USA](#), organised

by the Yale Transdisciplinary Collaborative Center (Yale-TCC) for Health Disparities focused on Precision Medicine. This initiative, funded by the National Institute on Minority Health and Health Disparities Yale-TCC, includes the Eastern Caribbean Health Outcomes Research Network ([ECHORN](#)), a collaborative research study that examines lifestyles, eating habits, and health behaviours associated with cancer, diabetes, and heart disease in adult men and women living in the Eastern Caribbean. The collaboration involves the Yale School of Medicine, UWI Cave Hill and St. Augustine campuses, University of the Virgin Islands, and the University of Puerto Rico, and leverages the infrastructure and knowledge of ECHORN to support research efforts using precision medicine to promote the early detection and prevention of diabetes and hypertension; expand ECHORN’s consortium of stakeholders and promote a multi-directional learning environment; and promote dissemination, uptake, and scale-up of evidence-based, cost-effective interventions to reduce the burden of diabetes and hypertension.

- 2018: HCC is a member of the multidisciplinary, multistakeholder team working to establish the Centre for CardioMetabolic Disease and Cancer Research at the UWI Mona Campus in Jamaica, through an NIH P20 grant ([see also Table 3](#)). The Centre, currently in the planning and conceptual phase, was launched in February 2018, and will be part of the UWI Caribbean Institute for Health Research (CAIHR).<sup>190</sup> HCC will be working as part of the outreach core team, which aims to ensure that the research reflects the needs of the community, and that members of the community are engaged in every aspect of the Centre’s functioning.

As evidenced by the respective publications ([see Annex 3](#)), HCC has led, participated in, or collaborated with research entities—particularly the UWI—in the assessment of NNCDs in the Caribbean; civil society responses to NCDs; private sector responses to NCDs; and documentation of tobacco control activities in the Caribbean.

<sup>190</sup> <https://uwi.edu/caihr/>



### 4.3.3 Managing conflict of interest

Notwithstanding their recognition of the importance of the private sector, the HCC Secretariat and membership are highly aware of the potential for conflict of interest (Col) when collaborating with private sector industries such as those related to tobacco, food, alcohol, and non-alcoholic beverages. The need for a whole-of-society approach to reduction of NCDs and the imperative of resource mobilisation do not outweigh the threats of delayed progress and loss of reputation that can result from ill-advised collaboration with the private sector. Each such instance is carefully analysed and considered, and the HCC's commitment to managing Col is most evident in its relationship with Sagikor Life Inc., where the terms and conditions of each MoU between the entities are crafted to ensure that Sagikor Life Inc. has no influence on HCC policy.

HCC is in the process of developing a model Col policy that can be used by both the Secretariat and membership, which was initiated at an HCC meeting on "[NCD Advocacy, Accountability, and Conflict of Interest](#)"<sup>191</sup> held in Antigua and Barbuda in February 2017. The meeting was convened in collaboration with the Antigua and Barbuda Ministry of Health and the Environment, the Antigua and Barbuda Diabetes Association, the Antigua and Barbuda Medical Association, and the American University of Antigua, supported by the UWI Open Campus, Peter Moores Foundation, CARPHA, PAHO/WHO, and Sagikor Life Inc., with resources from the NCD/Amtronic Philanthropy "Expanding Access to Care, Supporting Global-, Regional-, and Country-level NCD Action" project. In the interim, strategies for Col prevention and management have been discussed in various HCC fora that address partnerships with the private sector in fostering a whole-of-society approach to NCD prevention and control, and were an important aspect of building CSOs' capacity to contribute to COP.

### 4.3.4 Reporting

- Over the period 2009–2017, HCC has produced nine annual reports, all disseminated to its members and key stakeholders electronically, and [posted on its website](#).<sup>192</sup>

- HCC has produced annual audited financial statements since incorporation in 2012.
- Interim and final reports of all projects, grants, MoUs, and LoAs implemented by the HCC have been developed, with meticulous accounting for programmatic and financial execution, including reports to Sagikor Life Inc., progress reports on HCC's collaborative work with PAHO/WHO, and quarterly reports to CDB. In the CDB-funded project for COP advocacy, the HCC Secretariat mandated structured monthly CSO progress reports and a schedule to discuss the reports with the respective CSO sub-grantees, using Skype. The HCC Secretariat also facilitated the CSOs' formulation of their final implementation reports to ensure acceptable reporting of programmatic and financial execution of the grants, and identification of successes, success factors, challenges, lessons learned, and next steps.
- HCC has developed and launched tools to hold governments accountable for some of their NCD-related commitments, including:
  - Development of the COP Scorecard, an online monitoring tool for national interventions to prevent childhood obesity launched in March 2018;
  - My Healthy Caribbean Schools initiative; and
  - A 2009 email-based audit of the implementation of the FCTC by Caribbean governments.
- The various reports listed under Publications in **Annex 3** also reflect the HCC's extensive documentation of issues and inputs related to improving NCD prevention and control in the region.

### 4.4 Capacity building

HCC has sponsored, or co-sponsored, numerous seminars, webinars, workshops, exchanges, and opportunities for networking and capacity building among CSOs, NNDCs, and key stakeholders, including both face-to-face conferences and meetings via e-platforms such as [WhatsApp](#),<sup>193</sup> [Skype](#),<sup>194</sup> and [Zoom](#).<sup>195</sup> Several [videos](#)<sup>196</sup> that share information or provide training on a variety of NCD-related topics are available on the HCC website.

<sup>191</sup> <https://www.healthycaribbean.org/advocacy-accountability-conflict-of-interest-in-caribbean/>

<sup>192</sup> <https://www.healthycaribbean.org/hcc-annual-activity-reports/>

<sup>193</sup> <https://www.whatsapp.com/>

<sup>194</sup> <https://www.skype.com/en/>

<sup>195</sup> <https://zoom.us/>

<sup>196</sup> <https://www.healthycaribbean.org/category/videos/>

## National NCD Commissions

Since its inception, HCC has worked tirelessly to assist in the establishment, maintenance, and strengthening of NNCDs or their equivalents, as recommended in the POSD to facilitate the multisectoral, whole-of-government, whole-of-society approach that is essential for NCD prevention and control. This work with NNCDs, supported by the Commonwealth Secretariat, NCDA, and PAHO/WHO, included:

- 2015: An assessment of NNCDs in the region, resulting in the publication [A Civil Society Report on National NCD Commissions in the Caribbean: Towards a more Effective Multisectoral Response to NCDs - Part I](#),<sup>197</sup> which included recommendations for strengthening the Commissions.
- April 2017: Completion and dissemination of a framework and toolbox for NNCD establishment and strengthening: [Getting National NCD Commissions Up and Running: A Framework for the Establishment and Strengthening of NNCDs in the Caribbean – Towards a More Effective Multisectoral Response to NCDs, Part II](#).<sup>198</sup>
- October 2017: Hosting of the First Meeting of the Virtual Network of CARICOM Chairs of NNCDs or Equivalents using the virtual Zoom platform, in partnership with the UWI Open Campus, Washington, D.C. During this event the [Online Portal of CARICOM NNCDs](#) was launched.
- January 2018: A two-day Observership to the Barbados NNCD by the Grenada NNCD to facilitate information-sharing and knowledge exchange.
- February 2018: A one-day retreat of the Grenada NNCD to revise the Commission's Terms of Reference and produce a two-year action plan to guide its work, in which the HCC President participated.
- June 2018:
  - A two-day Study Tour by members of the Guyana NNCD to the Barbados NNCD, accompanied by the NCD Specialist in PAHO/WHO Office in Guyana.

The Guyana NNCD is the only Commission in the Caribbean located in the Office of the President.

- Visit to the Guyana NNCD for two days by the HCC President and Executive Director the week after the Study Tour mentioned above, to assist in developing the Guyana NNCD's framework for action. The HCC team used the opportunity to meet with the Vice-President of Guyana, the Minister of Health, and other officials, and to have them sign the COP ePetition/Call to Action.

## Other selected capacity building interventions

- 2010: HCC co-sponsored, with the University Diabetes Outreach Programme, a meeting on "Diabetes and Smoking – the Deadly Duo" in Jamaica, for which the HCC also provided guest speakers, and, in collaboration with PAHO/WHO, implemented a capacity building workshop on chronic diseases for HCC members, supporters and representatives.
- 2011: HCC participated in a workshop for Caribbean journalists hosted by the Commonwealth Secretariat and PAHO/WHO on the "Epidemic of Killer NCDs"
- 2012: HCC convened a workshop "Rallying for Action on NCDs", an NCD Prevention and Control and Strategic Planning Workshop for CSOs, in Kingston, Jamaica, with funding support from the World Bank, LIVESTRONG, National Health Fund of Jamaica, Medtronic, ACS, Sagicor, and PAHO/WHO. An important output of this workshop was the publication of the [Conference Proceedings Report](#).<sup>199</sup>
- 2013: HCC held a regional Cervical Cancer Advocacy Capacity Building Workshop in Sint Maarten for cancer societies and foundations, in partnership with the Sint Maarten Ministry of Public Health, Social Development, and Labour, Collective Prevention Services. Twenty-one cancer organisations representing 16 Caribbean countries participated in the workshop. Also in 2013, HCC was selected by the NCDA/Medtronic Philanthropy as an implementing partner for a grant associated with its "[Strengthening Health Systems, Supporting NCD Action](#)"<sup>200</sup> project. The grant supported a meeting "Advocating for Policies and Action: From the Declaration of POS to

<sup>197</sup> <https://bit.ly/2xKI9ra>

<sup>198</sup> <http://www.healthycaribbean.org/wp-content/uploads/2017/04/Getting-National-NCD-Commissions-Up-and-Running.pdf>

<sup>199</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/05/HCC-conference-proceedings-report-final.pdf>

<sup>200</sup> <https://www.healthycaribbean.org/ncd-alliance-selects-hcc-partner-caribbean/>

The Global NCD Framework and Beyond: A Meeting of Caribbean NCD Stakeholders to Advance National NCD Plans, and Consider Priorities for Action”, which was held in collaboration with PAHO/WHO and CARPHA.

- 2014: The health systems strengthening project supported the production of the “Civil Society Regional Status Report: Responses to NCDs in the CARICOM”; the CSO Regional Advocacy Plan; a meeting of FBOs to discuss NCDs, convened by the St. Kitts and Nevis Health Alliance; and a regional health systems strengthening meeting. In addition, HCC convened a meeting to explore the establishment of the Barbados Coalition for Tobacco Control; supported the establishment of the Trinidad and Tobago Coalition for Tobacco Control; and participated in the launch of the Jamaica FBO Network/Committee, all supported by NCDA/Medtronic Philanthropy
- 2015: HCC, in collaboration with PAHO/WHO and the University of South Florida, launched the project “Building Capacity of Civil Society for Dietary Salt Reduction Applying Social Marketing Training and Technical Assistance” in three countries – Antigua and Barbuda, Jamaica, and St. Vincent and the Grenadines – for the period May to October.
- 2017: HCC held a workshop “NCD Regional NCD Advocacy Accountability, and Conflict of Interest”, in Antigua and Barbuda.
- 2018: HCC convened the first Caribbean NCD Forum, held in Jamaica in April, resulting in formation of the HCC Action Team for the HLM3 and the launch of the COP Call to Action.

HCC has also paid attention to internal capacity development, exemplified by the participation of the HCC Tobacco Control Advisor in the Latin America and Caribbean Tobacco Control Leadership Programme of the Institute for Global Tobacco Control, Johns Hopkins Bloomberg School of Public Health, in December 2016. In addition, the [HCC Volunteer and Internship Programme](#)<sup>201</sup> provides learning and experience in public health and CSO operations for participants, and allows the HCC Secretariat to have temporary, much-needed support in selected areas, for a mutually beneficial relationship.

<sup>201</sup> <https://www.healthycaribbean.org/hcc-volunteer-and-internship-programme/>

<sup>202</sup> [facebook.com/GettheMessage/](https://www.facebook.com/GettheMessage/), [twitter.com/healthycaribbean/](https://twitter.com/healthycaribbean/), [instagram.com/healthycaribbean/](https://www.instagram.com/healthycaribbean/), [youtube.com/user/HealthyCaribbean/](https://www.youtube.com/user/HealthyCaribbean/), and email

## 4.5 Communication

HCC’s communications and communication products are widely known, and are much appreciated and referenced by its stakeholders, as expressed in the 2016 CSO CINA and the 2016 CISR. HCC has taken full advantage of advances in information and communication technology not only for advocacy and digital publishing, but also to communicate with its members and stakeholders, using platforms like WhatsApp, Zoom, and Skype to interact, hold meetings, stream events, provide records of various initiatives, and build capacity.

### Online health promotion

Through its online presence—website and social media<sup>202</sup>—HCC promoted and disseminated information and materials on annual regional and global health “Days”, including, but not limited to:

- Caribbean Alcohol Reduction Day
- Caribbean Wellness Day in September of each year, as proposed in the 2007 POSD
- World Health Day
- World Diabetes Day
- World No-Tobacco Day
- World Heart Day
- World Mental Health Day

### HCC News Roundup

The weekly online [HCC News Roundup](#), the flagship of the HCC, has earned much appreciation and wide readership (see also section 4.1), and is recognised as one of the leading health communication products of its kind in the region and beyond. It provides information on a wide range of NCD-related topics; highlights events sponsored, and/or implemented, and/or contributed to by national, regional, and international CSOs; features developments in government or private sector entities; and includes results of assessments and research conducted by the HCC and various institutions.

In the 2016 HCC CINA, asked to identify the benefits of their HCC membership, 94 percent of the CSO respondents cited their receipt of the HCC News Roundup, which they found very informative; 81 percent also found it useful in their work.



## WHAT CAN BE DONE?

<p><b>GOVERNMENTS</b></p> <p>Implement and enforce recommended WHO 'BEST BUYS' policies to create environments which help people to make the healthier choices.</p> 	<p><b>PRIVATE SECTOR</b></p> <p>Cease predatory marketing and promotion of alcoholic products.</p> 	<p><b>HEALTH CARE PROVIDERS</b></p> <p>Regularly ask patients about their drinking and encourage all to DRINK LESS TO PREVENT CANCER.</p> 
	<p><b>CIVIL SOCIETY</b></p> <p>Advocate for proven policies such as those recommended in the WHO 'BEST BUYS'.</p> 	<p><b>INDIVIDUALS</b></p> <p>Drink Less. If you don't drink, don't start.</p> <p><b>NOT DRINKING IS THE BEST PREVENTION.</b></p> 






**Drink Less, Reduce Cancer**

### Publications

As summarised in **Annex 3**, HCC has published a myriad of NCD and related information in many formats, for different audiences, on a variety of topics. The publications include situation analyses; results of assessments; reports of interventions and projects; guidelines and frameworks for action in NCD prevention and control; infographics on depression, harmful use of alcohol, sugar content of beverages, and cervical cancer prevention; and policy briefs.

In addition to their provision of useful information, the readability of these products is enhanced by their attractive design, while their digital publication enables access by a wide range of stakeholders. As importantly, HCC released the publications at opportune and strategic moments, as in the release of three reports to coincide with the UN Sustainable Development Summit in 2015: "A Civil Society Report on NNCDs in the Caribbean: Towards a More Effective Multisectoral Response to NCDs, Part I"; "The Caribbean Private Sector Response to NCDs: A Situational Analysis and Framework for Action"; and "Measuring and Engaging the Business Sector Response to NCDs: The Caribbean NCD Private Sector Forum Meeting Report".

### 4.6 Sustainability

The HCC's partnerships and networks, as outlined in Section 3, have played a critical role in its sustainability to date, and will continue to do so in the future. The provision of resources and other support by Sagikor Life Inc. has been crucial to maintain the HCC Secretariat and its functions, with Memoranda of Understanding for three-year periods signed between the two entities in 2012, 2015, and 2018.

The development and submission of grant proposals to various partners to mobilise resources for interventions are major functions of the HCC Secretariat, which has worked strategically to link resources from various sources to provide support for complementary or integrated interventions, such as prevention of cervical cancer and childhood obesity in the region. HCC members have also mobilised resources for their own functioning, both individually and in collaboration with the HCC Secretariat. In the absence of long-term, reliable core funding, grant and project funds are the major financial inputs to the Coalition, and HCC has successfully managed projects and provided small grants to its CSO members—as sub-grantees—to implement projects of their own.

Selected examples are outlined below.

#### 4.6.1 HCC-managed/-implemented projects

- *Barbados Global Standardised Hypertension Treatment Project*,<sup>203</sup> supported by the CDC and PAHO/WHO, in collaboration with the Barbados Ministry of Health and the UWI Cave Hill Campus. The project involved the development and implementation of a framework for standardising the medical treatment of hypertension. After Year 2 of the pilot, the HCC disseminated the results to the Barbados Ministry of Health, for incorporation into relevant protocols.
- “*Strengthening Health Systems, Supporting NCD Action*”, an NCDA/Medtronic Philanthropy-supported programme for which HCC was selected as Implementing Partner in the Caribbean. The programme aimed to build civil society capacity to monitor national progress on NCDs and advocate for improved NCD policies and health systems strengthening.

#### 4.6.2 HCC sub-grants

- 2013–2017: Four consecutive years of funding from the Australian DAP for the C4PI and demonstration of successes among the sub-grantees in strengthening interventions for cervical cancer prevention, enabled HCC to provide sub-grants to the Belize Cancer Society, Dominica Cancer Society, Grenada Cancer Society, Cancer Institute of Guyana, Groupe de Support Contre le Cancer (GSCC) in Haiti, and the Jamaica Cancer Society.
- 2015: The Australian DAP also provided funding for the multicountry [Blood Pressure Control through Community Action](#) (BPCCA) project, which involved the Dominica Diabetes Association (DOMDA); Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires (FHADIMAC) in Haiti; HFJ; Saint Lucia Diabetes and Hypertension Association (SLDHA); and the Lions Club of Kingstown, St. Vincent and the Grenadines.
- 2016: Small grants were awarded to the Barbados Family Planning Association and Cancer Support Services (Barbados) to support their contribution to national health systems strengthening.
- 2017: As part of the NCDA “Expanding Access to Care, Supporting Global, Regional and Country

level NCD Action Programme”, in partnership with Medtronic Philanthropy, the Barbados Family Planning Association received a small grant to work with the Barbados Diabetes Foundation to establish a model for integrated NCD and SRH service delivery. The pilot project is reported in the HCC October 2017 publication “[Civil Society Collaborating to Provide Integrated NCD/SRH Service Delivery in Barbados](#)”.<sup>204</sup>

- 2017–2018: CDB funding for COP, with grants of 10,500 USD each awarded to the BCNF, BCS, CSOB, HFJ, and HSFB (**see also section 4.2.4**).

Sustainability will be assured provided that the HCC works to fulfill its mission and demonstrates tangible benefits for its membership, governments, the private sector, and most importantly, the people of the Caribbean, in the quest to prevent and control NCDs. Another important aspect of sustainability for the HCC is succession planning, to ensure that the Coalition and its leadership retain the enthusiasm, dedication, and drive that have been critical HCC success factors. As reflected in section 7 of this report, the HCC Secretariat is aware of, and active in, this aspect of HCC operations.

Some of the **advantages and benefits of membership, relationship, and collaboration with HCC** identified by HCC members and key stakeholders are summarised below.

- HCC’s dynamism and efforts to include all the countries in the region.
- Information-sharing and updates on national, regional, and international health policies, legislation, initiatives, interventions, and best practices for NCD prevention and control; on other CSOs and their work; and on opportunities to contribute to solutions through advocacy and policy making, with enhanced learning about the issues, especially through the HCC News Roundup.
- Motivation and inspiration for CSOs; reinforcement of, and support for, the messages and efforts of CSOs.
- Recognition from various entities, including development partners, as part of a larger movement for NCD reduction, and participation in regional fora,

<sup>203</sup> <https://www.healthycaribbean.org/wp-content/uploads/2016/04/GSHTP-One-Page-Summary.pdf>

<sup>204</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Civil-Society-Collaborating-to-Provide-Integrated-NCD-SRH.pdf>



in person or virtually; networking with like-minded entities; and opportunities for civic leadership.

- Access to regional NCD data; reports; advocacy resources, including health-related subject matter experts from across the region; collaboration; technical guidance; and grant funding.
- Capacity building for the CSOs; reduced risk of duplication of efforts in an environment with limited resources.
- For international CSOs, HCC—as a reputable, reliable, credible entity and potential influencer, open to collaboration, with a sophisticated approach to advocacy and political engagement, consistent delivery to high standards, administrative rigour,

and documentation of initiatives—provides a conduit to Caribbean stakeholders at all levels, including national, regional, and international political and policymaking bodies. This solidifies the Coalition as a critical stakeholder and partner to facilitate development of alliances between the international CSOs and national and regional entities, and to consolidate their global presence.

- For international intergovernmental agencies, HCC's priorities, processes, and goals are aligned with internationally agreed frameworks, and the HCC also offers the opportunity to channel and strengthen their collaboration with civil society and the private sector as appropriate to achieve mutually acceptable objectives.

#### 4.7 Voices of our membership and other stakeholders

HCC member organisations and key stakeholders identified the following as **important HCC successes**:

- Increased awareness of NCDs, NCD priorities, and root causes in the region, including among youth; NCD promotion and outreach locally, regionally, and internationally; and contribution to increased prominence of NCDs in the global health agenda.
- Solidification and international recognition of HCC's role as the leading Caribbean advocacy and lobbying agency, and as the voice of Caribbean civil society in NCD-related issues, through exceptional, strategic leadership; access to high-level political regional and international fora; creation and mobilisation of a strong coalition of CSOs; networking; advocacy campaigns; and provision of support to countries in the region facing barriers to creating healthy environments.
- Strategic engagement, partnerships, and collaboration with, and coordination and leverage of, civil society, government, and private sector stakeholders at national, regional, and international levels to mobilise resources—especially for education/awareness—and to promote and support evidence-based NCD programming.
- Building CSO capacity and contributing to greater CSO visibility and the development of a new governance culture within the region.
- Putting pressure on governments to live up their NCD commitments, and holding them accountable.
- Inclusion of government officials and the private sector in interventions, as appropriate.
- Targeting the private sector and stimulation of corporate social responsibility.
- Development of the HCC Strategic Plan 2017–2021.
- Keeping members updated, including through the weekly online HCC News Roundup; publication of excellent reports and policy briefs.
- Support for NNCDs.
- Advocacy and awareness campaigns for cervical cancer prevention; reduction of alcohol consumption; and blood pressure control.
- Leadership in COP initiatives, including the HCC CSAP 2017–2021, the Call to Action, and promotion of SSB bans in schools.
- Support for, and contribution to, studies in the region.

## 5. Challenges

### 5.1 Main challenges

The HCC faces several challenges, as identified in the 2016 HCC CINA and CISR, and the July 2018 preparatory survey. The main issues are summarised below.

#### Internal to HCC

- Limited financial and human resources, with a small HCC Secretariat dependent on private sector funding for its maintenance and sustainability. The Secretariat's human resource limitations sometimes result in less than timely communication and responses to issues, the former including notices to CSOs regarding webinars and conferences. Some CSOs also mention inadequate transparency of, and their involvement in, HCC Secretariat planning processes.
- Major dependence on resource mobilisation and external funding for its interventions, resulting in an agenda that may be perceived as being driven by those providing the funding.
- Need for improvement in regional visibility and mobilising Caribbean-wide political attention; the Coalition is sometimes perceived to be too "Barbados-centric".
- Perceived imbalance and occasional tensions between global and Caribbean national priorities.
- Need for enhanced focus on vulnerable and disadvantaged population groups and the social determinants of health, in order to contribute to the reduction of health inequities.
- Perceived conflict of interest due to partnerships with private sector.
- Unclear succession planning and sustainability mechanisms.
- Need for greater efforts to enable CSOs to advocate for, and participate in, policy development—"upstream" interventions—rather than focusing solely on service delivery.
- Variability in resource base, size, and capacity among HCC CSO members, with significant limitations in the smaller CSOs, and in some CSOs in smaller Caribbean countries, often resulting in inadequate implementation of HCC mandates and plans.
- Limited practical engagement of the Caribbean people.
- Limited success in convincing policy makers to make necessary changes.
- Pending realisation of concrete donations from the corporate sector.

#### HCC Secretariat challenges



*HCC is understaffed for the volume of work done.*

*Sometimes unclear relationship with national organisations.*

*The challenge between realistic and aspirational goals still needs to be resolved.*

### External to HCC

- Limited political support and commitment from some governments, and inadequate government implementation of needed legislation, policies, and regulations, including the WHO “Best Buys” and other recommended interventions for NCD prevention and control. The impact of HCC’s interventions is demonstrated through the development or strengthening of such national frameworks, but relevant action is outside HCC’s direct control, being the purview of the government.
- Inadequate allocation at national level of human and financial resources for effective NCD prevention and control.
- Inadequate mechanisms for strengthening linkages among regional health NGOs and for maintaining partnerships as desired, due to, respectively, limited use of technology to drive an effective communication strategy, and weak infrastructure and resources—especially human resources—of the partnering entities.
- Limited capacity or reluctance of some regional health organisations to take advantage of advances in information technology for virtual meetings and to access information online.



## 5.2 Voices of our membership and other stakeholders

As much as they recognise and appreciate the benefits of HCC membership, relationship, and collaboration, and though 13 of the 32 respondents (41 percent) to the preparatory questionnaire for this report (see **Annex 1**) found no negative aspects to their involvement with HCC, some CSO members and partners identified **disadvantages and challenges**, as noted below.

The health issues for which a few CSOs advocate are not specifically addressed in the HCC's mandate, resulting in limited collaboration and support for those CSOs.

Managing HCC Secretariat's expectations with respect to resource mobilisation to meet the Coalition's goals; limited material support for implementation of programmes.

Lack of mechanisms for a clear, structured engagement with UWI.

Unclear roles of HCC Advisors.

Limited human and financial resources in both the HCC Secretariat and the CSOs themselves for effective contribution to various regional NCD prevention and control initiatives, and optimal benefit from partnerships.

Late notification of events such as conferences and webinars, limiting opportunities for participation.

Need to travel to meetings.

Weak communication strategy, with inadequate regular communication, less-than-timely updates on the status of projects at country level, and delayed responses to queries and suggestions.

No local HCC office or representation to facilitate contact with key partners.

Insufficient collaboration with other regional CSOs to promote mutually beneficial results and learning

Unique circumstances in Haiti, where the health development situation differs from other CARICOM Member States and sometimes it is "hard to keep up". As an example, childhood obesity is not an issue in the country. There are also issues with French as the official language of Haiti; many of the citizens do not speak English.

<sup>205</sup> [http://www.who.int/about/collaborations/non-state-actors/A69\\_R10-FENSA-en.pdf?ua=1](http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf?ua=1)





Some countries seem not to be “focus countries” for HCC.

CSOs are at different stages of development, and will have differing responses to the issues, including delays in submission of information requested.

Inadequate transparency in the planning and execution of key strategies; sometimes “misplaced priorities”, based on a global agenda, rather than on Caribbean needs and issues.

Greater emphasis on joint projects, and on organisational, rather than personal, relationships between the Secretariat and member CSOs, with increased involvement of the respective executive bodies.

Limited availability of strong, consistent Caribbean NCD data to support shared messaging with international CSOs.

Frustration at the limited effect of individual efforts to advance HCC goals and plans.

Perceived inadequate appreciation by HCC of the resource and other limitations in the environment in which some international intergovernmental organisations operate, including the Framework for Engagement with Non-State Actors (FENSA),<sup>205</sup> the current political climate, and the need to demonstrate the impact of partnerships, such as policy change.



## 6. Lessons Learned

In the ten years of HCC's existence, through CSO assessments and requests for inputs, the HCC Secretariat, members, and other stakeholders have identified several lessons that the Coalition has already started to internalise and address, for improved efficiency and effectiveness.

- *HCC as an organisation.* HCC is considered to be a reputable, recognised, valuable, and influential organisation that speaks on behalf of Caribbean civil society. The implementation of strategies for greater recognition and reach in the Caribbean, and strengthened connection with membership, are important.
- *Membership.* Expanded membership, to include individuals, non-health CSOs, and focus on "grass roots" community organisations is important, as is an inventory of the skills of the individuals and entities that might contribute to strengthening HCC outreach and functioning.
- *Sustainability, including financial resources.* Mechanisms are needed to ensure HCC's viability and sustainability, with focus on sustainability of both CSOs and the HCC Secretariat, in terms of human and financial resources, governance, management, and succession planning. Identification and implementation of sustainable funding mechanisms, with exploration and adoption or adaptation of models used by other international CSOs, and other sustainability strategies are essential.
- *Capacity building.* Continued focus on capacity building of HCC members is critical, and innovative capacity building methods are needed, making use of advances in information and communication technology. There is scope for less developed CSOs to learn from more developed CSOs – inter-CSO collaboration, exchanges, and networking are important strategies.
- *Advocacy, communication strategy and communication products.* Information-sharing and advocacy are among the most-appreciated and valued of HCC's functions. CSOs and partners value the policy focus and technical content of the HCC website and other HCC information and communication products and services, blended with the "human" touch. Enhanced use of social media and other innovative forms of communication is needed to reach wider audiences, especially younger people, and vulnerable and disadvantaged groups, who may not have access to electronic media, who may be more comfortable speaking Indigenous languages, and who may need health literacy strengthening. However, it is important that HCC communication products and dissemination media be appropriate for the age, sex, and culture of the targeted audience, and that standards for quality of the products be observed and monitored. This is especially important for those posted on the HCC website, given their wide national, regional, and global reach.
- *Partnerships.* Additional, enhanced, and effective partnerships, including with ministries other than health, international organisations in non-health sectors, and the private sector are critical for HCC's continued

success and sustainability. Enhanced interaction and collaboration with the private sector regarding reformulation of unhealthy products; resource mobilisation; and corporate responsibility, will be essential, operating under an HCC framework or policy that identifies and manages Col.

- *Conflict of interest.* Col recognition, policies, and management are critical, especially given CSOs' relatively limited resources, the tactics used by many players in the food and beverage industry, and the anticipated greater interaction with industry actors in efforts to advocate for legislation, fiscal measures, and regulations to improve food and nutrition security, and increase access to healthier foods and non-alcoholic beverages. The private sector is diverse, and decisions on engagement with private sector entities require differentiation and appropriate analysis.
- *Prioritisation.* Strategic focus, to enable effective use of limited resources, contribute to impact, and avoid HCC's "spreading itself too thin", is essential. National priorities, and the mandates of local and regional CSOs should feed into national, regional, and global frameworks for holistic improvement of health, using a multisectoral approach and engaging all members of society in a collected, collaborative voice.
- *Upstream work.* Enhanced focus on policy, legislation, and regulations for COP and other priority NCD issues must continue, with increased advocacy for CARICOM and other influential regional entities to act as "Champions", in order to create enabling environments for NCD prevention and control, and not address only individual behaviour and health system elements. Further, the production of these frameworks as regional public goods, to be tailored to the national situation, is important to countries that do not have adequate expertise and capacity to produce national frameworks on their own.
- *Accountability.* Transparency of HCC's operations is important. Mechanisms are needed to enable greater involvement of CSO members in HCC planning processes, and to enable identification, attribution, and measurement of HCC's contribution to the achievement of 25\*25 targets and the SDGs in the Caribbean.
- *Technical assistance.* More formal mechanisms and clarity are needed to define the roles and guide the functioning of HCC Advisors.





## 7. Looking to the next 10 years—future state and recommendations

The HCC recognises that society, including civil society, has changed over the past ten years, and will continue to evolve over the next ten years. HCC, in order to more efficiently and effectively promote and implement civil society's contribution to NCD prevention and control, the attainment of the SDGs, and the health of the people of the Caribbean, must scan the environment, keep abreast of developments, and make necessary adjustments to its functioning.

### 7.1 Future state

The Coalition must also reflect on what and where it wishes to be in the year 2028. Inputs from the 2016 HCC CISR and July 2018 preparatory survey of HCC membership, key stakeholders, and the HCC Secretariat indicate their vision of the future state of the HCC:



## Key Stakeholders

- A pan-Caribbean alliance addressing NCDs; the unifying credible Caribbean voice on NCDs; the voice of the Caribbean in the NCD fight, undertaking advocacy at all levels.
- Expansion beyond its current level, becoming recognised internationally and paving the way for regional NGOs and CSOs to do the same by way of partnerships, with amendment of policies within the region and regional impact to effect change among Caribbean people, regardless of age, class, and other factors.
- Recognition as a leading health advocacy voice, a global leader, and a model for NCD response, leading change throughout the region.
- A Caribbean regional multisectoral body advocating for the right to health of all Caribbean people, where they live, work, and play, including persons affected by, or living with, an NCD.
- The premier health organisation for the region, a reckoning force for global health, and the main financial supporter of regional CSOs.
- An organisation in a healthy financial state which is stable, with a succession plan in place, kept thriving by a dedicated President and Executive Director, and playing a major role in having the Caribbean at the forefront in terms of achieving the SDGs and the recommendations of the three HLMs on NCDs.
- An organisation able to fund research and programmes in all territories.
- The main resource for CARICOM Member States on NCD-related issues, with advocacy that results in meeting the SDG NCD target.
- Continued existence and relevance, taking a more activist stand in holding governments accountable for the wellbeing of their citizens, with a clear focus on policy and emphasising how countries are meeting their global commitment.
- Continued advocacy for prevention and control of NCD and their risk factors, with greater focus on independent evaluation of the impact of its work.
- Continuation of the current state, with greater recognition on a regional and international scale as a trusted voice regarding the NCD burden and policy action in the Caribbean and around the world.
- Development of a Technical Assistance Unit that is able to provide regional assistance to CSOs for continued capacity building, with an increase in HCC team members through full-time employees and consultants.
- Establishment of about four regional offices in key Caribbean countries, with expansion of the HCC technical advisory team to offer support to Member States in various areas of NCD education and prevention.
- Development of a legal arm to support regional CSOs in drafting policies and further understanding the legal frameworks to support respective country initiatives.
- Development of a fund, through a charitable arm, that can directly fund regional advocacy campaigns for specific, shared issues.
- Strengthened capacity to bring policies to fruition, with increase in membership base and integration with like-minded international organisations, as well as funding and support from international organisations to fulfill its mission.
- A larger organisation in terms of its team/personnel, with capacity to provide technical and advisory services on NCD issues.
- A coalition dedicated to strengthening and supporting CSOs in countries, now including relevant non-health CSOs more fully.
- Better engagement with youth around risk factors and healthy living, including the identification and promotion of delicious, healthy food options.
- Continued governance with no exclusion of smaller CSOs, leadership for regional CSOs, and leader in obesity and chronic disease prevention and management.
- Greater education and empowerment of persons regarding NCDs, with implementation of legislation and policies.



## HCC Secretariat

In its vision of the future state of HCC, the HCC Secretariat noted that HCC will seek to:

- Take a more strategic and focused approach to regional NCD priorities, focusing on the four priority NCDs, their four risk factors, and mental disorders. The greater focus on mental health is timely, since related disorders cause significant illness and, in certain Caribbean countries, are important causes of death (by suicide), but they continue to be relatively neglected with focus on institutional care, rather than community-based interventions.
- Emphasize enhanced collaboration with, and involvement of, non-health sectors and CSOs, to achieve the multisectoral, whole-of-government, whole-of-society approaches that address the social determinants of health and are critical for NCD prevention and control, and reduction of inequities.
- Strengthen mechanisms to give “a voice to the voiceless” and continue to contribute to NCD research and the production of qualitative and quantitative data, disaggregated to identify vulnerable, disadvantaged groups and facilitate targeted interventions.
- Enhance its efforts to demonstrate to HCC members that they, and not just the Secretariat, comprise the HCC.
- Promote and position HCC as a legitimate regional partner with CARICOM and its entities in meeting the SDGs and other regional and global commitments, and in promoting and monitoring governments’ accountability for those commitments.
- Identify acceptable international sources of funding compatible with HCC’s status as a not-for-profit, regional civil society organisation.
- Continue to use the most suitable partnerships within and outside of the region, and cost-effective media for advocacy and information-sharing, targeting a variety of audiences.
- Enhance HCC governance, including succession planning, transparency, visibility, and functions of

the executive board members, as well as prevention or management of conflict of interest, all of which are important factors for the sustainability of the HCC.

- Strengthen communication with and involvement of HCC members in the planning, implementation, and evaluation of interventions, based on an inventory of their capacity, skills, and competencies.
- Analyse and discuss the issue of working to establish “Healthy National Coalitions” (“HNCs”) which would have multisectoral membership comprising national CSOs, with such HNCs falling under the HCC umbrella. In this scenario, HCC would have HNCs, rather than individual CSOs, as its exclusive membership, facilitating action by these entities for NCD prevention and control at national level, and further validating HCC as a regional umbrella organisation with the capacity for enabling multisectoral advocacy and contributions to NCD reduction in the Caribbean.

The HCC Secretariat also noted that:

- Neither the Secretariat nor HCC members are sufficiently mature to warrant or anticipate successful establishment of technical assistance services or creation of a foundation arm.
- There is concern about members’ readiness and capacity to pay membership fees; uncertainty that HCC can demonstrate value for the fees that would be provided; and suspicion that the effort put into collecting annual fees would far outweigh the value of the fees collected.
- Telling HCC’s stories needs to be strengthened and done more proactively.
- Serving as an NCD regional alliance mentor and providing twinning opportunities is in keeping with HCC’s mandate and strategic plan, as is shadowing entities in other regions that have experiences and models that can be adopted or adapted to contribute to HCC’s improved efficiency and effectiveness.

## 7.2 Recommendations

**Tables 6 and 7** summarise, respectively, the July 2018 responses to the recommendations from the 2016 CISR and additional recommendations made, among them the development of an HCC App.

**Table 6. Summary of responses to CISR recommendations for HCC's future state<sup>206</sup>**

Statement	Recommendations	Agree	Disagree	Comments
<b>Think big and think bold about your desired future</b>	As the HCC approaches its 10-year anniversary, it is clear from the stakeholders that the organization has improved the landscape for how the region works to address the prevention and control of NCDs. With this maturity comes a greater responsibility of how and what the HCC should be in the future.	32	0	<ul style="list-style-type: none"> <li>• HCC has charted a path and strategic plan for the region which will be very beneficial to all Caribbean nations involved in its work.</li> <li>• HCC has played a significant role in improving government and other responses to NCDs and must continue its support to sustain this positive change.</li> <li>• HCC has received global recognition for its participation at UN meetings.</li> </ul>
	Think about where you want to be in the future in the context of the current global health infrastructure and mandates, such as the Sustainable Development Goals, the Global Strategy for Human Resources for Health, Universal Health Coverage initiatives, and the new Caribbean Cooperation in Health (CCH) IV.	26	3	<ul style="list-style-type: none"> <li>• The starting point should be a focus on the SDGs.</li> <li>• HCC provides technical information related to each of these mandates in a way that is easy for CSOs to understand and appreciate. This approach continues to empower these organisations to better advocate for the attainment of the applicable goals and objectives of these mandates.</li> <li>• Neither PAHO health mandates nor the WHO NCD GAP and “Best Buys” are mentioned.</li> </ul>
<b>Increase and diversify funding: revenue streams and mechanisms</b>	Diversify funding opportunities by targeting a diverse range of private sector companies and faith-based organisations.	30	2	<ul style="list-style-type: none"> <li>• Faith-based organisations are not usually in a position to function as sources of funding.</li> <li>• Funding should be mission-driven.</li> <li>• Additional funding would be advantageous in achieving HCC's goals, but care must be taken to reduce any chances of conflicting interests.</li> </ul>
	Create a consultancy and technical assistance (TA) services arm of your core business as a way to generate revenue. The HCC should create and implement a “twinning model” to provide TA to other CSOs, as well as regional and national NCD alliance members.	21	8	<ul style="list-style-type: none"> <li>• Making TA a fundraising venture may limit the possibility to nurture civil society involvement in NCDs; many NGOs that could benefit from HCC's competencies will not have resources to pay for TA.</li> <li>• This may detract from the core business of HCC and might run into competition with some international organisations. This does not mean shunning consultancies – but not a core function.</li> </ul>

<sup>206</sup> Number of responses = 32. Where the total is less than 32, respondent(s) did not indicate agreement or disagreement with the recommendation

Statement	Recommendations	Agree	Disagree	Comments
<b>Increase and diversify funding: revenue streams and mechanisms (cont..)</b>		32	0	<ul style="list-style-type: none"> <li>• This could be done in collaboration with CSOs and small companies in the region to provide the consultancy services, giving them the opportunity to also provide these services should they have the relevant expertise.</li> <li>• Technical assistance is a good goal, but it would better to develop a joint project with CSOs and attempt to secure a large grant.</li> <li>• Agree with the overall point, but the focus/ wording is wrong and straying from the role of a non-profit entity. Rather than “consultancy services/revenue generation”, the wording should be “programme development”, which has high odds of being funded, and which includes comprehensive guidance to CSOs that may go beyond the basic membership package (such as the twinning model); establishment of a capacity development/ technical assistance team or work stream, which can offer a funding opportunity; and knowledge production (policies, resources) that can be funded as part of advocacy and HCC’s broader mission..</li> </ul>
	Create a foundation arm, such as the “Foundation for the Healthy Caribbean Coalition,” as a different legal entity to raise money in different ways that is separate from the HCC.	20	11	<ul style="list-style-type: none"> <li>• A charitable arm would heighten awareness of HCC and messages would reach a wider audience.</li> <li>• This just adds to the pool; given the small environments of some entities coming together would be best when looking at revenue building strategies.</li> <li>• Why create a foundation when funds can be raised under the current legal status? A new arm of the organisation also requires additional resources; this should be carefully considered.</li> <li>• I have observed that once companies/ entities form foundations, they no longer assist anyone, but put their resources back into their foundations in an effort to raise more and more money. In this case, CSOs will suffer.</li> <li>• There is potential for resource mobilisation from the Caribbean diaspora in the US.</li> </ul>

Statement	Recommendations	Agree	Disagree	Comments
<b>Increase and diversify funding: revenue streams and mechanisms (cont..)</b>	Initiate membership fees and look toward other association and federated models that require organisations to submit an application and a fee for membership.	23	8	<ul style="list-style-type: none"> <li>• How do you implement a fee for an organisation that is already cash-strapped? Most Caribbean CSOs struggle to maintain financial stability.</li> <li>• If membership fees are considered as a financial sustainability strategy, they should not be too high; a tiered fee structure is preferred, with special consideration being given to small CSOs that cannot afford to pay, to ensure that they are not excluded.</li> <li>• The additional benefits to be derived for fee-paying CSOs will need to be clearly stated.</li> <li>• Membership fees may mean stronger commitment and involvement from paying members.</li> <li>• I worry that the NCD community is going to cannibalise itself, so would not encourage this until at least the NCDA model of charging member fees has shown some results.</li> <li>• This would increase HCC's responsibilities and it would now have to "deliver" to paying members. Does the capacity exist or can it be developed to achieve this?.</li> </ul>
	Tell your story and add a "donate" button to the HCC website. The HCC has a compelling story that should be featured on the website to generate interest and revenue.	28	13	<ul style="list-style-type: none"> <li>• HCC members should be given the opportunity to tell their membership story and HCC Secretariat should tell the HCC story to generate interest.</li> </ul>
<b>Potential twinning partners: mentoring, shadowing, and learning from other organisations</b>	Serve as a NCD regional alliance mentor and provide twinning opportunities for other NCD regional alliance members to learn from the HCC	30	1	-

Statement	Recommendations	Agree	Disagree	Comments
<b>Potential twinning partners: mentoring, shadowing, and learning from other organisations (cont...)</b>	Shadow the C3 Organisation in London. The C3 Organisation has a wealth of experience in fundraising and in strengthening the capacity of other CSOs in the UK and worldwide. The shadowing could be synergistic because C3 can also learn from HCC.	25	5	<ul style="list-style-type: none"> <li>HCC must ensure that models and methods from other regions are well-suited for adoption or adaptation to the Caribbean context.</li> <li>This could work with staff exchange or study tour.</li> <li>Don't know if PIHOA would be appropriate.</li> </ul>
	Shadow the Pacific Island Health Officers' Association (PIHOA) in Hawaii, which knows how to raise funds specifically for regional activities for the islands in the North Pacific region and how to work with the PIHOA membership to ensure they speak regionally, and with one voice.	22	9	
<b>Prioritised and focused advocacy campaigns</b>	Lead a more focused and disciplined regional advocacy campaign to change NCD-related policies and laws.	29	3	<ul style="list-style-type: none"> <li>Already doing so.</li> <li>Also need a team to help organisations at local level.</li> </ul>
	Be a more "vocal" advocate for change and serve as a "watchdog" group holding governments accountable for their inaction around agreed upon regional commitments such as the 2007 Port of Spain Declaration and the CCH IV.	29	3	<ul style="list-style-type: none"> <li>Perhaps tone down the "watchdog" side to enable collaborative partnerships; "watchdog" is a bit of a deterrent to forming good relationships.</li> <li>Often, after decisions are made, there is limited policing of the implementation phase.</li> <li>Good idea, but HCC cannot do this for all the Caribbean countries; it has to be a national call, which can be supported by HCC..</li> </ul>
	Based on the success of the "Get the Message" campaign in 2011, partner with Digicel or FLOW to deploy various NCD prevention and control texting campaigns. This advocacy approach would build HCC's advocacy arm with the public and especially with youth.	29	1	<ul style="list-style-type: none"> <li>While the appeal of texting and the importance of youth are obvious, try to link the two in a sustainable way through an ongoing programme.</li> <li>Be careful that campaigns do not become intrusive and risk youth becoming desensitised; a variety of digital methods would be good.</li> <li>Also consider an HCC App.</li> <li>Help other countries where Digicel is present to gain easy access to the company's support.</li> </ul>



Statement	Recommendations	Agree	Disagree	Comments
<b>Succession planning and continued practice of principles of good governance</b>	Determine a succession plan for the overall governance and management of the organization.	30	0	<ul style="list-style-type: none"> <li>• Cross-training may be useful, in addition to the plan.</li> </ul>
	Consider hiring a Vice-President (VP) as a potential successor to the President.	24	5	<ul style="list-style-type: none"> <li>• If this is the sole reason for hiring a VP, it may not be necessary.</li> <li>• Consider rotation over a 5-year period to bring new management, ideas, and programmes.</li> <li>• Not all posts should be held by Barbadians; this is a way to build faith in the organisation that comprises regional partnerships.</li> <li>• HCC needs a broader base and more technical experts to support advocacy activities; a review of the organisational structure is needed.</li> </ul>
	Highlight the expertise of the executive board members by including their biographies and their board terms and responsibilities on the HCC website for HCC members, potential funders, and other key stakeholders to review.	29	1	<ul style="list-style-type: none"> <li>• Potential donors or new members should be able to find the information easily.</li> <li>• These members should be asked to contribute more directly to helping HCC meet its mandate.</li> </ul>
	Clearly communicate to HCC members the executive board nomination and selection process.	29	1	<ul style="list-style-type: none"> <li>• Transparency is key; it brings greater credibility and always helps organisations.</li> </ul>
<b>HCC re-branding</b>	Enhance the website content to focus on HCC's compelling story, adding personal blog posts from HCC members, NCD activists, and persons living with NCDs.	30	1	<ul style="list-style-type: none"> <li>• This will make it more appealing to all stakeholders.</li> <li>• Member organisations should have a feed on their pages on the work of HCC as it relates to their mission and vision.</li> <li>• If a blog is added, resources must be in place to monitor posts and ensure that communication guidelines are followed.</li> <li>• Website has a lot of information; need to be mindful that additional information is not "lost".</li> </ul>
	Develop a "human" tone to the website and balance the "policy" tone.	24	8	<ul style="list-style-type: none"> <li>• Include information of interest to all stakeholders.</li> <li>• Having "tone" is good, but getting the policy message through should be the main focus.</li> </ul>

**Table 7. Summary of other recommendations from respondents for HCC's future state**

Other Recommendations	Selected Comments
Focus on implementation of global policies, potentially securing implementation research funding.	
Continue to seek stable, sustainable funding sources, and co-opt persons with business and fundraising skills to work for the HCC.	
Seek special arrangement status with regional institutions, perhaps through a special designation with CARICOM, to minimise HCC operational costs.	This could perhaps be accommodated under the CARICOM Directorate for Human and Social Development.
Build value using a country-by-country marketing strategy and consider establishing HCC branch offices or focal points in each country (or selected countries) to provide in-country support to the government and CSOs, act as ambassadors for HCC, intensify interaction and collaboration with local authorities and partners, and assist with advocacy efforts at local level.	Placement of HCC focal points in PAHO/WHO country offices could be explored with that Organisation. The persons could also function as PAHO/WHO's civil society focal points and coordinate activities to achieve mutually agreed outcomes for NCD prevention and control.
Continue leadership in harnessing political will, NCD advocacy, and capitalising on a solid evidence base; find ways to share with other SIDS.	
Focus more on actual implementation of national NCD responses and progress in impactful policy change, and include impact evaluation metrics in the interventions.	
Continue contributions to the establishment of operational national committees in each country and to NNCD capacity building and stimulation.	
Provide technical assistance to members and focus on capacity building of country level CSOs, including for their participation in discussions on SDGs and universal health coverage.	
Educate the public regarding implications of policy; create even more web content that is downloadable and shareable; if possible, create a widget page link to HCC members' social media pages on the HCC website and invite members to do the same, so that the programme is mutually beneficial.	
Develop studies throughout the Caribbean to compare tendencies of each country and their similarities.	
Ensure more inclusive and open consultations with members.	

Other Recommendations	Selected Comments
Clarify the role of HCC Advisors.	
Impose time limits on the term of the President..	
Maintain enthusiasm for the work being done, and continue to be the beacon for the Caribbean in NCD education and prevention.	
Re-engage and re-commit to HCC's membership, and strategise to deliver on key objectives.	
Provide more structured opportunities for members to take part in campaigns and initiatives.	
Provide monthly up-to-date educational lecture and television series.	
Take more time to harness the individual strengths of the member organisations.	
Consider development of a Caribbean NCD Atlas as an interesting way to both advocate and keep the HCC brand in high profile.	
Engage more with the local media in all the countries.	
Improve direct engagement of Caribbean territories, especially the smaller islands.	
Strengthen advocacy with governments.	
Improve mobilisation of Caribbean populations.	
Ensure more inclusive and open consultations with members.	
Clarify the role of HCC Advisors.	
Impose time limits on the term of the President..	







## Conclusion

Over the past ten years, HCC has made significant progress in fulfilling its mission. This work will continue and intensify, since in 2028, not only will the next HCC ten-year report be formulated, but there will also be ongoing efforts to prepare for the evaluation of the 2030 Sustainable Development Agenda. The HCC, its members, and its partners at national, regional, and international levels need to ensure that their collaborative efforts can be documented and recognised as having contributed in a meaningful way to Caribbean countries' achievement of agreed NCD prevention and control targets and the Sustainable Development Goals.



## HCC members and key stakeholders - final comments

“

*It has been a pleasure for our Charity to be associated with the HCC – the partnership has been indeed beneficial*

“

*Continue the great work!*

“

*Done a great job in trying to bring civil society together, but following through and maintaining change is the challenge, along with funding for sustainability...*

“

*Very good work has been done by a dedicated team*

“

*Would like to congratulate the HCC team on the spectacular work over the past ten years. We extend sincere appreciation for the continued relations with the HCC – Happy Anniversary!”*

“

*HCC has been a model for the use of strategic marketing and partnerships to advance its agenda and visibility*

“

*Very impressed with the work of the HCC and wish them continued success*

“

*It has been a pleasure to see HCC develop and mature – congratulations for the fantastic work!*

“

*Great job up to this point, continue the good work!*

“

*The HCC is a Caribbean success story and it should be less modest about its achievements...*

“

*Congratulations – there is much to be proud of!*

“

*Much has been achieved, but there is much more to be done...*

## Acknowledgements

The Healthy Caribbean Coalition expresses its sincere appreciation to all those persons and entities that have assisted with, and contributed to its work over the past ten years, including, but not limited to:

- Ministers and Ministries of Health and other government sectors of CARICOM Member Countries.
- CARICOM Secretariat.
- CARPHA.
- Sagicor Life Inc.
- PAHO/WHO.
- NCDA and Medtronic Philanthropies.
- Bloomberg Foundation/GHAI/VS.
- UWI, especially GA-CDRC.
- All the committed member organisations that together comprise the Healthy Caribbean Coalition, which not only advocate, educate, and provide services, but also hold governments and key stakeholders accountable and serve as a voice for people who may not otherwise be heard.
- Individuals and well-wishers.
- Caribbean Catalyst Inc., which has housed the HCC Secretariat since its inception, and continues to provide a well-equipped, healthy, and hospitable work environment for Secretariat staff.
- The many members and leaders of the international NCD community that encouraged and supported the HCC from its inception.
- HCC also acknowledges, with gratitude, the work of its Patron, Board of Directors, President, Executive Director, Special Advisor, Digital Content Coordinator, Social Media Coordinator, Communication and Advocacy Officer, Technical Advisors, interns, and volunteers, as well as the primary author and the graphic designer of this report.

## Annexes

## Annex 1: Preparatory questionnaire and numerical summary of responses and respondents

**Total number of responses: 32 (18 in online format, 14 in electronic Word version)**

**Total number of countries represented: 15**

**Responses by country and respondent category:**

Country	Number of responses	Category of respondent
Barbados	8	CSOs – 4 Academia – 3 Private sector – 1
Belize	1	CSO
Bermuda	1	CSO
Cayman Islands	2	CSOs
Denmark	1	International CSO
Dominica	2	CSOs
Haiti	2	CSOs
Jamaica	3	CSOs – 2 Government sector – 1
Norway	1	International CSO
Saint Lucia	2	CSOs
St. Kitts and Nevis	1	CSO
Switzerland	1	International CSO
Trinidad and Tobago	4	CSOs – 3 Bilateral development partner - 1
United Kingdom	1	International CSO
United States of America	2	Individual HCC member – 1 International intergovernmental development agency – 1
Total	32	<ul style="list-style-type: none"> <li>• TCSOs – 24 (20 national, 4 international)</li> <li>• Academia – 3</li> <li>• Government sector – 1</li> <li>• Private sector – 1</li> <li>• Bilateral development partner – 1</li> <li>• International intergovernmental development agency – 1</li> <li>• Individual HCC member – 1</li> </ul>



## PREPARATION OF HEALTHY CARIBBEAN COALITION 10-YEAR REPORT

### Questionnaire for HCC CSO members and key partners

The Healthy Caribbean Coalition (HCC) was established in 2008 to harness the power of civil society to contribute to the prevention and control on noncommunicable diseases (NCDs) in the Caribbean, in the wake of the Caribbean Community (CARICOM) Heads of Government 2007 Port of Spain Declaration "Uniting to Stop the Epidemic of Chronic NCDs".

In preparing HCC's 10-year report, and looking to the Coalition's next 10 years, the views of its member civil society organisations (CSOs) and key partners will provide invaluable input.

We greatly appreciate your completion of this brief questionnaire and its return by **31 July 2018**.

Country:

Date of completion:

Name of organisation/entity:

Name of respondent:

1. What are the top 3 advantages or benefits of your organisation's/your membership in, or relationship/ collaboration with, the HCC?
  
2. What are the top 3 disadvantages or challenges of your organisation's/your membership in, or relationship/ collaboration with, the HCC?
  
3. What do you think have been the HCC's top 3 successes as an organisation over this 10-year period?
  - a)
  - b)
  - c)
  
4. What do you think have been the HCC's top 3 challenges as an organisation over this 10-year period?
  - a)
  - b)
  - c)
  
5. The 2016 HCC Comprehensive Independent Stakeholder Review to inform the development of the HCC Strategic Plan 2017–2021 includes statements and strategic recommendations for HCC, as noted in the following table. Please indicate, using a tick or an X, your agreement or disagreement with the statements/recommendations, and provide brief comments.

### Strategic recommendations for HCC 2017–2021 strategic planning process<sup>207</sup>

Statement	Recommendations	Agree	Disagree	Comments
<b>Think big and think bold about your desired future</b>	As the HCC approaches its 10-year anniversary, it is clear from the stakeholders that the organization has improved the landscape for how the region works to address the prevention and control of NCDs. With this maturity comes a greater responsibility of how and what the HCC should be in the future.			
	Think about where you want to be in the future in the context of the current global health infrastructure and mandates, such as the Sustainable Development Goals, the Global Strategy for Human Resources for Health, Universal Health Coverage initiatives, and the new Caribbean Cooperation in Health (CCH) IV.			
<b>Increase and diversify funding: revenue streams and mechanisms</b>	Diversify funding opportunities by targeting a diverse range of private sector companies and faith-based organisations.			
	Create a consultancy and technical assistance (TA) services arm of your core business as a way to generate revenue. The HCC should create and implement a “twinning model” to provide TA to other CSOs, as well as regional and national NCD alliance members.			
	Create a foundation arm, such as the “Foundation for the Healthy Caribbean Coalition,” as a different legal entity to raise money in different ways that is separate from the HCC.			
	Initiate membership fees and look toward other association and federated models that require organisations to submit an application and a fee for membership.			
	Tell your story and add a “donate” button to the HCC website. The HCC has a compelling story that should be featured on the website to generate interest and revenue.			
<b>HCC re-branding</b>	Enhance the website content to focus on HCC’s compelling story, adding personal blog posts from HCC members, NCD activists, and persons living with NCDs.			
	Develop a “human” tone to the website and balance the “policy” tone.			

<sup>207</sup> Source: HCC. Healthy Caribbean Coalition Comprehensive Independent Stakeholder Review: Report and recommendations for the 2017-2021 Strategic Planning Process – Final Report. December 2016

Statement	Recommendations	Agree	Disagree	Comments
<b>Potential twinning partners: mentoring, shadowing, and learning from other organisations</b>	Serve as a NCD regional alliance mentor and provide twinning opportunities for other NCD regional alliance members to learn from the HCC			
	Shadow the C3 Organisation in London. The C3 Organisation has a wealth of experience in fundraising and in strengthening the capacity of other CSOs in the UK and worldwide. The shadowing could be synergistic because C3 can also learn from HCC.			
	Shadow the Pacific Island Health Officers' Association (PIHOA) in Hawaii, which knows how to raise funds specifically for regional activities for the islands in the North Pacific region and how to work with the PIHOA membership to ensure they speak regionally, and with one voice.			
<b>Prioritised and focused advocacy campaigns</b>	Lead a more focused and disciplined regional advocacy campaign to change NCD-related policies and laws.			
	Be a more "vocal" advocate for change and serve as a "watchdog" group holding governments accountable for their inaction around agreed upon regional commitments such as the 2007 Port of Spain Declaration and the CCH IV.			
	Based on the success of the "Get the Message" campaign in 2011, partner with Digicel or FLOW to deploy various NCD prevention and control texting campaigns. This advocacy approach would build HCC's advocacy arm with the public and especially with youth.			
<b>Succession planning and continued practice of principles of good governance</b>	Determine a succession plan for the overall governance and management of the organization.			
	Consider hiring a Vice-President (VP) as a potential successor to the President.			
	Highlight the expertise of the executive board members by including their biographies and their board terms and responsibilities on the HCC website for HCC members, potential funders, and other key stakeholders to review.			
	Clearly communicate to HCC members the executive board nomination and selection process.			

6. Based on the above recommendations and any others you may have, what are your top 3 recommendations for the HCC, as an organisation?

7. Regarding the HCC's future state: What is your vision of the HCC in the year 2028? Please provide no more than 3 ideas/thoughts on this issue.

8. Any final comments/observations about the HCC over the past 10 years, and looking to the future?

Yes

No

If Yes:

***Thank you for your time!***



## Annex 2: Caribbean Civil Society Bridgetown Declaration on Chronic Noncommunicable Diseases, October 2008

### Caribbean Civil Society Bridgetown Declaration: Tackling the Caribbean Epidemic of Chronic Diseases

We, the undersigned representatives of Caribbean Civil Society and related organisations, on the occasion of a special Caribbean Civil Society led conference titled “Healthy Caribbean 2008 – a Wellness Revolution Conference”, held on the 16-18 October, 2008, at Bridgetown, Barbados;

**Recognizing** that chronic non-communicable diseases (CNCDs), which include heart diseases, stroke, diabetes, cancer, and lung diseases, are occurring in epidemic proportions in all countries of the region, resulting in the majority of ill health, suffering and premature death, producing excessive financial and personal burden on the people of the region, and requiring urgent, comprehensive intervention;

**Aware** that the above situation has occurred as a result of the increase in several common risk factors for CNCDs in the region, and an inadequate societal response to risk factor management, screening, prevention of these conditions, and treatment of persons already affected;

**Recognizing** that prevention of disease and promotion of good health are both affordable and effective and would prevent much suffering for the people of the Caribbean;

**Mindful** of the fact that CNCDs may be prevented and even reversed in an environment supportive of healthy lifestyles, based on regular physical activity, healthy eating and weight control, avoidance of alcohol abuse, tobacco consumption and exposure to tobacco smoke;

**Conscious** that healthy living, which prevents or delays the development of the CNCDs, requires the independent and collaborative efforts and contributions of all sectors of society including corporate and civil society, the private sector, policy makers, community planners, educators, media, health care providers and administrator, among others;

**Aware** that there is substantial scientific evidence regarding the magnitude of the CNCD problem, its causes and solutions to inform our actions to reduce risk factors for CNCDs and improve the management of these diseases throughout the age spectrum;

**Acknowledging** that many circumstances of daily living provide opportunities to pursue healthy living including workplace, school, places of worship, the community and the home;

**Sensitive** to the fact that civil society has at its disposal a variety of useful tools to mobilize society and drive change, such as advocacy, coalition building, service delivery programmes, and resource mobilization that can be applied effectively to address the CNCDs epidemic;

**Noting** that civil society organisations have a strong record of providing services and public education, and have traditional linkages with people in the community that can be harnessed to effect behavior change; and

**Recognizing** the significant leadership given by the Heads of Government of CARICOM countries as demonstrated at the Port-of-Spain Summit on CNCDs in September 2007 and the Summit Declaration “Uniting to Stop the Epidemic of Chronic Non-communicable Diseases,” which recognized the role of civil society, private sector, and other social actors and international partners.

**We declare our commitment to contribute actively, at the personal, family, organization, community, national, regional and global levels, to avoid, delay and reverse the further development of CNCDS through the following:**

1. Support fully the CARICOM Heads of Government Declaration of Port-of-Spain: "Uniting to stop the epidemic of CNCDS";
2. Establish a Caribbean Civil Society coalition for tackling CNCDS in the areas of advocacy and coalition building, public education and media campaigns, provision of services, and monitoring and evaluation, before, or as soon as possible after the 31st December 2008; support existing country level networks/coalitions where they exist, and promote their development by June 2009, where they do not; and encourage the establishment of National Commissions for Chronic Non Communicable Diseases in all countries of the Caribbean;
3. Advocate for and participate actively in partnerships between civil society, government and the business/corporate sector in developing and implementing strategies for preventing and managing CNCDS nationally and regionally;
4. Advocate for policies and strategic targeted programmes to prevent and control CNCDS and risk factors, mindful of gender, youth and issues affecting the elderly;
5. Promote physical activity through population based actions and policy change to create environments that facilitate physical activity among all sectors of the population, including effective spatial planning and design, guidelines, daily school physical education, workplace programmes, among others;
6. Promote healthier diets by encouraging the availability of affordable and nutritious foods, preferably locally grown, banning trans fats, reducing salt, harmful fats and sugar in Caribbean diets, establishing regional standards for food labeling and services, encouraging breast feeding, and protecting children and society's other vulnerable groups, through legislative, educational, health promotional and other measures;
7. Seek the full implementation of the Framework Convention on Tobacco Control (FCTC), following the recommendations of the Conferences of the Parties, in those countries that have ratified this treaty, and support ratification in those that have not;
8. Promote reduction in harmful alcohol use through updated legislation, policy change and user awareness campaigns;
9. Foster and lead sustained and well-targeted Caribbean wide public education and media campaigns, including annual Caribbean Wellness Day, to promote prevention, screening and treatment of CNCDS;
10. Strengthen screening, early diagnosis, counseling, treatment, and care for people living with CNCDS and their families, and support development of such initiatives where they do not exist, considering the need to provide continuing health education to health professionals and de-medicalizing healthcare and education where appropriate;
11. Hold governments accountable for implementing the Port of Spain Declaration by encouraging and publicizing the monitoring and evaluation of efforts and results towards the prevention and control of CNCDS as well as promoting collaboration on risk factor surveillance and other research approaches; and
12. Commit to continued recruitment of civil society signatory organisations to this Declaration in an effort to enhance its implementation, strengthening the efficacy of individual member organisations, and hosting a biennial meeting to monitor and carry forward commitments made in this declaration.

## Annex 3: HCC publications by category

### Infographics/Posters (10)

- The Caribbean Civil Society Cervical Cancer Prevention Initiative (C4PI), 2015
- HCC cervical cancer e-Petition, 2015
- Sugar in the Caribbean, October 2016
- Sodium adds up – A comparison of sample meal plans in Barbados, March 2017
- An insight into depression in the Caribbean, April 2017
- Cervical Cancer Prevention Initiative, June 2017
- Commemorating the 10th anniversary of the Port of Spain Declaration, July 2017
- Alcohol and cancer in the Caribbean, November 2017
- Childhood obesity prevention – Call to Action posters, March 2018
- HCC Advocacy Priorities for the Outcome Document of the 3rd High-level Meeting on NCDs, May 2018

### Policy Briefs (4)

- A closer look: The implementation of taxation on SSBs by the Government of Barbados, July 2016
- NCDs and trade policy in the Caribbean: Informing civil society for action, November 2017
- Preparing CARICOM Foreign Ministers for the 3rd UN High-level Meeting on NCDs and Beyond, May 2018

### Reports (14)

- NCD prevention and strategic planning workshop for civil society organisations, May 27-29 2012: Conference proceedings report, 2012
- PAHO/WHO-HCC situational analysis of cervical cancer prevention and control in the Caribbean: Results from a 2013 assessment of country policies and services for HPV vaccination, cervical cancer screening, diagnosis and treatment, December 2013
- A civil society regional status report: Responses to NCDs in the Caribbean Community, March 2014
- Caribbean civil society health systems strengthening meeting report and CSO HCC Statement of Commitment, January 2015
- Caribbean civil society regional preparatory meeting: In preparation for the Global NCD Alliance Forum – Meeting report, September 2015
- Measuring and engaging the business sector response to NCDs: The Caribbean NCD Private Sector Forum – Meeting Report, September 2015
- The Caribbean private sector response to noncommunicable diseases (NCDs): A situational analysis and framework for action, August 2015
- A civil society report on NNCDs in the Caribbean: Towards a more effective multisectoral response to NCDs, Part I, September 2015

- Capacity and information needs assessment of HCC CSO members working in the prevention and control of NCDs, July 2016
- BPCCA – Blood Pressure Control through Community Action: Multicountry project implemented in Dominica, Haiti, Jamaica, Saint Lucia, and St. Vincent and the Grenadines, September 2016
- Civil society-led tobacco control advocacy in the Caribbean: Experiences from the Jamaica Coalition for Tobacco Control, December 2016
- A spoonful of sugar – the “not so sweet” truth about Barbados’ breakfast cereals, February 2017
- Civil society collaboration to provide integrated NCD/SRH service delivery in Barbados: Report of health systems strengthening small grants project, October 2017
- Report: HCC Caribbean NCD Forum – Supporting National Advocacy in Lead-up to the 2018 High-level Meeting on NCDs: Towards 25\*25 and the SDGs, July 2018

### **Frameworks/Guidelines (3)**

- Connecting, communicating, collaborating: Social media “how to” guide, 2013
- Caribbean civil society cervical cancer advocacy handbook and planning tool: A practical tool for the design and implementation of community-based cervical cancer advocacy initiatives, November 2013
- Getting National NCD Commissions UP AND RUNNING: A framework for the establishment and strengthening of National NCD Commissions in the Caribbean – Towards a more effective multisectoral response to NCDs, Part II, April 2017

### **Strategic and/or action plans (4)**

- Caribbean Civil Society Action Plan for the Prevention and Control of NCDs, 2008–2012
- A Civil Society Strategic Plan of Action for the Prevention and Control of NCDs for countries of the Caribbean Community, 2012–2016 (2012)
- HCC Strategic Plan 2017–2021: Enabling Caribbean civil society’s contribution to national regional, and global action for NCD prevention and control (February 2017)
- Civil Society Action Plan 2017–2021: Preventing Childhood Obesity in the Caribbean (October 2017)

### **Other information documents (3)**

- Climate change, NCDs, and SIDS: First of a series of HCC occasional papers on NCD prevention and control, 2016
- World Cancer Day 2017: Caribbean cancer advocacy agenda, February 2017
- Technical Document for the HCC Caribbean NCD Forum—Supporting National Advocacy in Lead-up to the 2018 High-level Meeting on NCDs: Towards 25\*25 and the SDGs, April 2018

### **Declarations (3)**

- Caribbean Civil Society Bridgetown Declaration: Tackling the Caribbean Epidemic of Chronic Diseases, October 2008.<sup>208</sup>

- Declaration of Bridgetown: Faith-based Organisations of Barbados Uniting with the National NCD Commission and the Healthy Caribbean Coalition to Prevent and Control NCDs, February 2014.<sup>209</sup>
- Caribbean Private Business Sector: Statement of Support on Prevention and Control of NCDs, June 2015<sup>210</sup>

### Open Letters/Statements (7)

- CARICOM HoSG, 38th Regular Meeting of the Conference of HoSG, 30 June 2017<sup>211</sup>
- CARICOM HoSG, 38th Regular Meeting of the Conference of HoSG, 20 July 2017<sup>212</sup>
- Prime Minister Andrew Holness of Jamaica, 25 April 2018<sup>213</sup>
- Minister of Health of Jamaica, Honourable Dr. Christopher Tufton, 15 June 2018<sup>214</sup>
- CARICOM HoSG, 39th Regular Meeting of the Conference of HoSG, 29 June 2018<sup>215</sup>
- CARICOM HoSG, 39th Regular Meeting of the Conference of HoSG, 9 July 2018<sup>216</sup>
- Co-signatory to congratulatory letter to the Government of Jamaica on its decision to restrict SSBs in schools, effective January 2019, August 2018<sup>217</sup>

<sup>208</sup> <https://www.healthycaribbean.org/caribbean-civil-society-bridgetown-declaration-2008/>

<sup>209</sup> <http://www.archive.healthycaribbean.org/onevs/faith-based-organisations-united-against-ncds.html>

<sup>210</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/08/HCC-PS-STATEMENT-SUPPORT-JULY-22-2015-FINAL-V4.pdf>

<sup>211</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/07/HCC-Open-Letter-CARICOM-HEADS-June-30-2017-final.pdf>

<sup>212</sup> <https://www.healthycaribbean.org/wp-content/uploads/2017/07/HCC-FU-to-CHOG-38-NCDs-JULY-20.pdf>

<sup>213</sup> <http://www.healthycaribbean.org/wp-content/uploads/2018/04/HCC-Open-Letter-of-Support-for-the-HFJ-April-25-2018.pdf>

<sup>214</sup> <https://bit.ly/2tUjjR8>

<sup>215</sup> <https://www.healthycaribbean.org/wp-content/uploads/2018/06/HCC-HLM3-Open-Letter-CARICOM-HEADS-June-28-2018.pdf>

<sup>216</sup> <http://healthycaribbean.org/wp-content/uploads/2018/07/HCC-Open-Congratulatory-Letter-CARICOM-Heads-Post-39th-HOG-July-9-2018.pdf>

<sup>217</sup> <https://bit.ly/2w8U7Xn>



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