

## HCC COVID-19 Advocacy and Communication Strategy

March 31 2020

*\*Updated 8 June 2020*

### I. Introduction and Summary

The Healthy Caribbean Coalition (HCC) is committed to advocating for environments which prevent NCDs, and to supporting improved quality of life for those living with NCDs. As with many other organisations, we are navigating our way through the COVID-19 pandemic, determining how best we can continue to achieve our institutional goals and objectives within the context of our new realities. In response, we have developed a communication strategy to guide our advocacy and communication during the COVID-19 pandemic. In the coming weeks and months, we will tailor some of our work to address the pandemic, ensuring that our messaging is relevant, clear, guided by global and regional emerging good practice and, most importantly, grounded in evidence. This strategy, successfully implemented, will contribute to universal health and universal health coverage (UH/UHC) and reduction of inequities, which is a key HCC guiding principle.

The HCC COVID-19 advocacy and communication strategy is aimed at our broad stakeholder audience, with the primary target group being HCC member civil society organisations (CSOs) representing people living with NCDs (PLWNCDs) and vulnerable populations such as older persons and youth. The secondary audience will consist of other key actors in the Caribbean NCD response.

The strategy aims to achieve the following five objectives:

1. Increase knowledge about COVID-19 and NCDs.
2. Promote access to, and consumption of, healthy foods.
3. Promoting access to continuous care, essential medicines and life-saving treatments for PLWNCDs.
4. Promote good mental and physical health.
5. Engage young people as key players in the COVID-19 response.

The following four strategies will be used to achieve the five objectives:

- a. Information dissemination.
- b. Strengthening of CSO communication networks for information and experience sharing.
- c. High-level advocacy targeting policymakers
- d. Leveraging partnerships with critical regional and global public health institutions.

We will work with national, regional, and global partners to meet the needs of our community and add value to their work, with the ultimate aim of reducing the impact of COVID-19 on PLWNCs, vulnerable populations such as older persons and youth, and the general public. The timeline of, and adjustments to, the strategy will depend on the duration and course of the COVID-19 epidemic in the Caribbean.

## II. Background

The pandemic of COVID-19 has reached the Caribbean. While we are in the early stages of our local epidemics, we are witnessing the devastating and catastrophic impact of this disease as it wreaks havoc on entire nations, giving us a glimpse into our futures—an ominous forewarning of what is to come.

The Caribbean is grappling with the inevitability of rising cases of COVID-19 in the coming days and weeks—anticipated to overwhelm our health care system and societies—and citizens are beginning to come to terms with the reality of national lockdowns in which movements are largely restricted to within the walls of their homes. In this ‘new normal’, access to basic needs such as food and medicines will pose challenges as never before, especially for PLWNCs. The measures necessary to curb the spread of COVID-19, including mass school closures, halting of non-essential services, and ‘coronavirus house arrest’ threaten to undermine healthy eating, constrain access to medicines, reduce physical activity, and test the limits of our mental health and promote the abuse of substances such as alcohol.

We have the opportunity to plan and put measures in place to flatten the curve and save lives of those most at risk, including older persons, people living with NCDs, and vulnerable, marginalised population groups.

## III. Our Objectives

We have therefore developed the **HCC COVID-19 Advocacy and Communication Strategy**, which focuses on the following five key objectives:

1. Increasing knowledge about COVID-19 and NCDs.
2. Promoting access to, and consumption of, healthy foods and beverages.
3. Promoting access to continuous care, essential medicines and life-saving treatments for PLWNCs.
4. Promoting good mental and physical health.
5. Engaging young people as key players in the COVID-19 response.

1. **Increasing knowledge about COVID-19 and NCDs:** Collating and disseminating research on the linkages between COVID-19 and NCDs.

Evidence from countries hardest hit by COVID-19 shows that older persons and those with underlying conditions such as NCDs are most vulnerable.

Global data emerging from countries in the midst of the COVID-19 pandemic demonstrate stark and frightening vulnerabilities for older persons and people living with chronic NCDs such as diabetes, cancer, cardiovascular disease, and hypertension. The Caribbean has some of the highest levels of NCDs globally and NCDs are the leading causes of death. Eight out of every ten people in the Caribbean die from an NCD and 40% of these deaths occur prematurely, in persons under 70 years of age. Hypertension is the leading risk factor for death, and diabetes prevalence is double the average global rate. According to surveys conducted in 12 Caribbean Community (CARICOM) countries, 10% to 25% of adults have diabetes, and 20% to over 50% suffer from high blood pressure.

People within the NCD community are keen to better understand the links between NCDs and COVID-19, and identify strategies to protect this at-risk population.

*The HCC will collate information on the linkages between NCDs and COVID-19 and share with its members and wider audiences using various platforms, including social media.*

**2. Promoting access to, and consumption of, healthy foods and beverages:** Healthy diets for strong immune systems.

The COVID-19 pandemic is set to create significant food insecurity in the region. Access to fresh fruits and vegetables is likely to become challenging for entire communities, with acute shortages in certain settings (countries with limited food sovereignty) and among certain sub-populations (groups with limited financial resources). As communities prepare for protracted periods of lockdown, it is likely that diets will shift to consumption of more processed, non-perishable foods, especially with widespread reduction or loss of incomes. Lack of access to nutrient-rich fruits and vegetables, coupled with overconsumption of energy-dense, nutrient-poor fast foods and processed foods, threaten to compromise already weakened immune systems and place PLWNCDs at greater risk of contracting COVID-19 and increasing the likelihood of poor health outcomes. Additionally, in the longer term, these diets will contribute to an increased NCD burden.

Regional food insecurity is exacerbated by the fact that the Caribbean is a net importer of food. Half of CARICOM countries import 80% of what they consume and a significant proportion of this falls into the category of processed and ultra-processed foods, which are known to increase the risk of NCDs. Already weak regional agricultural industries are vulnerable to COVID-19, raising serious doubts about the region's ability to be self-sustainable at this critical time.

The COVID-19 crisis has also created a space for the food and beverage industry to provide increased access to food. We must encourage the food and beverage sector to see this as an opportunity for innovation and social responsibility in providing healthy nutritious food, rather one for offloading ultra-processed products on entire communities.

Ensuring access to safe nutritious food for PLWNCDs and vulnerable populations such as older persons and youth will be critical. This will mean implementing policies which focus not only on preventing food insecurity but on promoting the production and consumption of healthy food.

*The HCC will advocate for and encourage policy coherence and coordinated actions across sectors to enhance food security and food sovereignty.*

**3. Promoting access to continuous care, essential medicines and life-saving treatments for PLWNCDs:** Continuity of life-saving NCD care/medication/treatments.

PLWNCDs take daily life-saving medication to manage their conditions, and those with cancer may be receiving active chemotherapy or intensive radiotherapy. PLWNCDs will need to ensure that they have enough medicines for full adherence through national shutdowns and mandatory curfews. This means filling prescriptions through public or private pharmacies, ideally for three months.

People living with NCDs will likely experience significant disruptions in essential care due to COVID-19-control and containment measures including lockdowns and redirection of health services to manage coronavirus patients. Where possible, health care providers should minimise interruptions of necessary care and maintain continuity of routine healthcare using a variety of approaches including telemedicine. Ongoing life-saving NCD treatments such as chemotherapy and dialysis are also under threat and may be interrupted in order to protect patients from COVID-19 infection in hospital-based settings or to deploy health care workers to assist with the coronavirus response. Again, where possible health care providers should explore strategies to ensure access to these life-saving treatments in safe-settings. These measures are especially critical in settings with limited resources to prevent significant aftershocks to healthcare systems associated with the post-lockdown presentation of large numbers of patients with uncontrolled or late stage disease.

*The HCC will advocate for and encourage mechanisms to ensure that care, medications and treatment are available and accessible through the public and private sectors, or via civil society organisations.*

**4. Promoting good mental and physical health:** Healthy minds and healthy bodies.

The physical distancing and isolation measures being implemented by governments to slow the progression of COVID-19, protect health systems, and save lives, combined with wide dissemination of misinformation and myths about the disease, are giving rise to increased levels of stress, fear, anxiety, and loneliness. Individuals and family units are being faced with situations and ways of living which they have not known in their lifetimes. School and workplace closures, immobility, restricted ability to engage in physical activity, financial insecurity, illness and loss of life, combined with uncertainty about when the measures will end, threaten to profoundly impact the mental health of entire societies, from children to older persons. Physical activity is not only an important factor for NCD prevention and control and immune system strengthening, but also for mental health, and limited spaces and opportunities for such activity further exacerbate the situation.

With lay-offs and business closures comes financial stress, and governments will need to encourage employers to facilitate teleworking where possible, and to work with their citizens to implement policies which create financial safety nets. Children's education and development must continue, and national authorities will need to ensure that online schooling platforms are put into place to create as normal a learning environment as possible for children.

For those on the frontlines of this crisis, including health care and other essential services workers, as well as the most vulnerable, including older persons and PLWNCDs, governments will need to implement policies which create safety nets and protect these populations from COVID-19 infection. Strong measures which limit the introduction of COVID-19 into countries and reduce in-country transmission are the best strategies to create confidence and comfort in citizens that all is being done to slow local epidemics and reduce the loss of lives, especially in our resource-limited and vulnerable settings. In addition, national evidence-based social media campaigns to educate the public about the need to maintain mental and physical health, refute misinformation and myths, and provide guidance on specific coping strategies, will be critical.

*The HCC will advocate for and encourage multi-sectoral strategies to facilitate and enable the maintenance of physical and mental health at individual and community levels.*

**5. Engaging young people as key players in the COVID-19 response:** Empowering young people as messengers and protectors.

Although, to date, the risk of COVID-19 infection among young people is relatively low, data have shown they may largely be asymptomatic vectors of infection, unknowingly transmitting the virus to the more vulnerable. In addition, young people—adolescents and children—may be experiencing confusion, fear, and anxiety about the future and what it holds for their loved ones. It will be important to engage this group to ensure that messages around social distancing and containment reach them, and to give them the tools to cope with mental health issues they may face during this time of uncertainty.

*The HCC will advocate for and encourage consultation with young people in planning and disseminating messages that target them, taking advantage of its established youth advocates and youth initiatives.*

#### **IV. Strategies for Achieving the Objectives**

We will rely on the following four strategies to achieve the five objectives: information dissemination; strengthening of CSO communication networks for information and experience sharing; high-level advocacy targeting policymakers; and leveraging partnerships with critical regional and global public health institutions.

**1. Information dissemination:**

We will use various communication channels to disseminate and share information with our stakeholders.

- a. Updates in our weekly News Roundup, including expanding our reach to include additional stakeholder populations identified through various projects.
- b. Creation of a dedicated webpage to house this information under the four key areas, including disease and risk factor-specific information hubs.
- c. Development and sharing of social media materials, with adaptation for CSOs where requested.
- d. Hosting of webinars which will address concerns faced by PLWNCDs, youth, older persons, and CSOs, in supporting these population groups
- e. Engagement with priority target groups to develop, and garner feedback on proposed, communication strategies and channels.
- f. Leveraging of existing networks and influencers to disseminate information.
- g. Obtaining COVID-19 testimonials/experiences from target groups.

Key messages for each of the objectives and activities will be developed based on emerging information, consultation, and feedback. Efforts will be made to amplify national, regional, and global key messages to maximise impact.

## **2. Strengthening of CSO communication networks for information and experience sharing:**

Building on existing networks such as the Caribbean Cancer Alliance (Facebook) and the CSO Childhood Obesity Action Network (WhatsApp), and exploring the creation of new networks, we will work to facilitate enhanced communication between disease-specific organisations in order to support sharing of experiences and information. Ideally, we will also facilitate linkages between these communities and key stakeholders in the public sector (policymakers), private sector, and among public health institutions, such as the Pan American Health Organization (PAHO), the Caribbean Public Health Agency (CARPHA), and others.

## **3. High Level advocacy targeting policymakers:**

The HCC will seek to engage senior policymakers and Heads of State and Government, and advocate for policies which protect people living with NCDs, other vulnerable population groups, and health care providers. This will include open and closed letters to government leaders; social media posts targeting same; and informal virtual meetings, where the opportunity arises. The HCC will also seek to ensure that civil society voices are included in decision-making bodies charged with the task of responding to the pandemic.

## **4. Leveraging partnerships with critical regional and global public health institutions:**

We will seek to leverage partnerships with critical regional and global public health institutions, including CARPHA and PAHO, as well as academic institutions such as the University of the West Indies, to access information and leverage their expertise and access to resources.

## **V. Implementing the Strategy**

We will aim to develop an implementation plan to outline the main activities, indicative resources, and timelines related to each objective, perhaps initially for a 6-month period.

## **VI. Monitoring and Evaluation**

A monitoring and evaluation (M&E) plan will be developed, based on the objectives and strategies outlined above, and the implementation plan, to track the success of our communication during this period. Given that the communication platform will be electronic and largely through social media and HCC's weekly News Roundup and website, e-metrics will be used to measure audience access and dissemination. Success will be assessed by the extent to which key stakeholders accept and act on the messages disseminated, including the development and implementation of relevant policies and programmes.