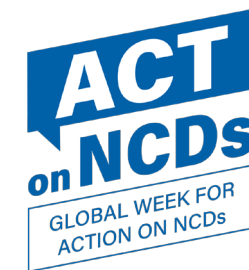


POLICY BRIEF THE GLOBAL DIABETES COMPACT: DIABETES PREVENTION AND CONTROL IN THE CARIBBEAN

POLICY BRIEF

THE GLOBAL DIABETES COMPACT: DIABETES PREVENTION AND CONTROL IN THE CARIBBEAN

May 2021



This activity was conducted thanks to an NCD Alliance's 2020 Act on NCDs Campaign Fuel Award, as part of NCD Alliance's partnership with Access Accelerate.

Contents

Acronyms and abbreviations 6

Summary of the brief 7

1. Why this brief? 12

2. Caribbean and international contexts 13

 2.1 The burden of diabetes 13

 2.2 ... and the COVID-19 pandemic 14

 2.3 Selected responses to the diabetes situation 16

 2.4 Building back better and fairer 17

3. The WHO Global Diabetes Compact 20

4. What can be done at policy level in the Caribbean? 21

 4.1 Policy asks 21

 4.2 Cross-cutting strategies for policy development 23

Annex: List of HCC Member CSOs addressing diabetes 26

List of acronyms and abbreviations

BBs	best buys
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCM	chronic care model
COVID-19	coronavirus disease of 2019
CRC	Convention on the Rights of the Child
CSO	civil society organisation
CVD	cardiovascular diseases
GAP	global action plan
GDC	Global Diabetes Compact
HCC	Healthy Caribbean Coalition
IDF	International Diabetes Federation
LAC	Latin America and the Caribbean
NCDs	non-communicable diseases
OECS	Organisation of Eastern Caribbean States
ORIs	other recommended interventions
PAHO	Pan American Health Organization
PHC	primary health care
PLWDs	people living with diabetes
PLWNCDs	people living with non-communicable diseases
POSD	Declaration of Port of Spain
SDGs	Sustainable Development Goals
TNA-NCDs	Transformative New Agenda for Non-communicable Diseases Prevention and Control
UHC	universal health coverage
UN	United Nations
UNIATF	United Nations Interagency Task Force
WHA74	74th World Health Assembly
WHO	World Health Organization

Summary of the brief

The Secretariat of the Healthy Caribbean Coalition (HCC), in close collaboration with, and input from, HCC Member Diabetes Associations, developed this policy brief on diabetes prevention and control in the Caribbean, in the context of the World Health Organization (WHO) Global Diabetes Compact (GDC), which was launched in April 2021. The brief was developed as a resource and advocacy tool, and to guide the prioritisation and implementation of diabetes-related policies in the Caribbean in the short-, medium-, and long-term, especially in the wake of the coronavirus disease of 2019 (COVID-19) pandemic, ongoing at the time of writing. It recommends priority areas for policy development for diabetes prevention and control, and the protection of persons living with diabetes (PLWDs). The brief targets primarily Ministers of Health of the Caribbean Community (CARICOM) as they prepare for the 74th World Health Assembly in May 2021, and beyond. Secondarily, it provides a framework in which civil society organisations (CSOs) and other advocates for diabetes prevention and control can agitate for policy development and support implementation of the policies.

The brief recognises that, 100 years after the discovery of insulin, life-saving treatment remains out of reach for many, and that diabetes prevention and control in the Caribbean, as in other regions of the world, remains sub-optimal. It notes with alarm that increases in diabetes prevalence, associated with increases in overweight and obesity—among other factors—pose an existential threat to the health of the people of the region and the equitable, sustainable development of Caribbean countries. It also recognises the value that CSOs such as diabetes associations in the Caribbean, most of which are members of the International Diabetes Federation (IDF), can bring to the table in developing, implementing, monitoring, and evaluating policies for diabetes prevention and control, individually and through their networks.

The brief is aligned with the GDC and the HCC’s January 2021 Transformative New Agenda for the Prevention

and Control of Non-communicable Diseases (TNA-NCDs) in the Caribbean. Both the TNA-NCDs and the GDC recognise the delays in progress to the achievement of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), including SDG 3 and target 3.4, which are those most directly related to health and NCDs, respectively. They recognise that despite increasing recognition of the crushing health, social, and economic burden of NCDs; statements from high-level decision makers that these diseases must be given priority; and the many frameworks—national, regional, and international—that exist to guide the prevention and control of the major NCDs, which include diabetes, there is a significant implementation deficit, exemplified by a global increase in premature mortality due to diabetes over the period 2000-2016.

The TNA-NCDs and GDC take stock of the lessons of the COVID-19 pandemic, which was declared in March 2020, and which has especially impacted persons living with diabetes, other NCDs, and obesity. The pandemic has shone a harsh spotlight on the influence of the social, economic, political, commercial, and other determinants of health on health outcomes, and has brought to the fore inequities that contribute to poorer outcomes among persons, groups, and countries in conditions of vulnerability. It has also shown the importance of emergency and disaster preparedness, mitigation, and recovery planning, and the need for specific strategies to protect vulnerable groups such as PLWDs.

The GDC and the TNA-NCDs emphasise, respectively, the need to place PLWDs and persons living with NCDs (PLWNCDs) at the centre of policy and programme development, and both frameworks outline the imperative of equity- and human rights-based approaches to build back better and fairer in the wake of the COVID-19 pandemic.

The brief **urges policy development for diabetes prevention and control in Caribbean countries that:**

- enables bold, innovative approaches to include meaningful participation of PLWDs, youth, and other persons directly affected;
- supports effective collaboration with government sectors other than health, civil society, and the health-supporting private sector to address the social and other determinants of health, while identifying, mitigating, and managing conflict of interest;
- considers and addresses psychosocial and mental health issues;
- seeks integration with, and mutual benefit from, other local, national, regional, and international programmes that impact NCDs, health, and well-being and offer win-win solutions, such as those to mitigate the climate crisis; and
- contributes not only to improved outcomes for PLWDs and persons at risk of developing diabetes, but also to the realisation of the objectives of the Global Diabetes Compact.

The **specific policy asks** identified by HCC Member Diabetes Associations and the HCC Secretariat are presented below in the framework of the GDC objectives: to protect/prevent; detect/diagnose; treat/manage; and recover.

Those designated as priority policy asks are indicated by this icon ●

Protect/Prevent

- Prioritise obesity prevention and reduction—especially in childhood—through:
 - healthy school environments and school nutrition, encompassing bans on the sale or provision of unhealthy foods and beverages—such as sugar-sweetened beverages and all products that are energy-dense and nutrient-poor, processed or ultra-processed, and high in fats, salt, and sugar— including by vendors in and around schools; education of teachers, children, parents, and vendors on healthy foods, beverages, and snack options; and mandatory physical activity;
 - bans on the promotion, advertising, and marketing of unhealthy foods and beverages to children, including via online and digital advertising, with enhanced promotion, advertising, and marketing of healthy foods and beverages, such as unprocessed or minimally processed products and those low in fats, salt, and sugar;
 - mandatory front-of-package nutrition warning labelling on processed and ultra-processed foods to facilitate healthy choices by consumers, based on Pan American Health Organization (PAHO) recommendations for octagonal “high-in” labelling and the 2016 PAHO Nutrient Profile Model, taking into consideration the Now More Than Ever campaign being implemented by HCC in collaboration with PAHO, the United Nations Children’s Fund (UNICEF), and the Organisation of Eastern Caribbean States (OECS) Commission;
 - taxation on sugar-sweetened beverages of at least 20%; the application of taxes to unhealthy foods and beverages; provision of subsidies on healthy foods; and sanctions against the producers and importers of processed and ultra-processed foods that do not meet the agreed standards for mandatory front-of-package nutrition warning labelling;
 - updated food-based dietary guidelines and provision of nutrition education at all levels of the education system; and
 - promotion of the enjoyment of, and participation in, physical activity according to capacity and ability, with provision of opportunities, facilities, safe green areas, and positive experiences for physical activity and recreation, as recommended in the WHO Global Action Plan (GAP) on Physical Activity 2018-2030.

- Promote prenatal care and nutrition, and implement policies to enable exclusive breastfeeding, guided by the WHO International Code of Marketing of Breastmilk Substitutes.
- Promote the rights-based approach, and strengthen the progressive realisation of the Convention on the Rights of the Child (CRC), General Comment No. 15 from the Committee on the Rights of the Child, which addresses nutrition in children, and other human rights, ensuring that the State Party (government) to the CRC, as the main duty-bearer, holds Industry and other entities accountable if their policies or actions threaten or negate the progressive realisation of these rights.
- Seek to engage diabetes associations more formally in diabetes education, including in schools; in the establishment and maintenance of diabetes registries; and in the provision of diabetes-related health services, including through contractual arrangements.
- Facilitate collaboration with sectors other than health, including agriculture, education, and trade, to strengthen local and national food and nutrition security, enabling the healthy, nutritious, accessible, and affordable choice to be the easy choice for consumers.
- Ensure the implementation of systems to protect PLWDs in emergency and disaster settings.

Detect/Diagnose

- Enable application of the chronic care model (CCM); advances in universal health coverage (UHC) and the primary health care (PHC) strategy; and social protection—including national health insurance programmes—to ensure that PLWDs and persons at risk of developing diabetes have access to comprehensive services (promotion, prevention, diagnosis, treatment, care, rehabilitation, and palliation) at the time of need without financial hardship, giving special attention to the first level of care in a framework that enables collaborative, interdisciplinary interventions.
- Explore mechanisms to ensure that private insurance companies offer competitive coverage to PLWDs/PLWNCDs and do not exclude them from procuring adequate protection—especially in emergencies—because of pre-existing conditions.
- Facilitate capacity building at the first level of care to prevent and control diabetes and its complications, manage multimorbidity, and apply the PHC strategy, to include:
 - development of guidelines for the provision of screening, care, and treatment services for diabetes and its complications, including cognitive decline and other mental health issues, taking into consideration Caribbean Public Health Agency (CARPHA) clinical guidelines and WHO technical packages;
 - monitoring of guideline implementation to detect gaps in management, and establishment of accountability systems that offer incentives and quality improvement opportunities, as well as sanctions;
 - training of health workers, encompassing specialist diabetes care practitioners;
 - provision of screening in the school setting for children at high risk of developing diabetes;
 - expansion of community care, including the establishment of support groups for children and adolescents with diabetes, and their families; and
 - meaningful involvement of PLWDs, including children and adolescents, to enable their contribution to their care, and improvement of their skills for self-care and self-management

Treat/Manage

- Allocate more resources to reduce and treat diabetes and other NCDs, and mobilise resources through:
 - fiscal measures, including taxation at evidence-based levels to reduce the consumption of unhealthy products such as sugar-sweetened beverages, tobacco, and alcohol for win-win solutions, and
 - partnerships with sectors other than health; civil society—including international CSOs such as the IDF and the World Diabetes Foundation; the health-supporting private sector; technical cooperation agencies such as CARPHA, PAHO/WHO, and other United Nations (UN) agencies; and development agencies, including regional and international financing institutions such as the Caribbean Development Bank and the Inter-American Development Bank.
- Ensure uninterrupted, high-quality supplies of insulin and other essential medicines, vaccines, and health technologies for diabetes care and treatment, considering the OECS Pharmaceutical Procurement Service, the PAHO Revolving Fund for Access to Vaccines (PAHO Revolving Fund for Vaccines) and the PAHO Revolving Fund for Strategic Public Health Supplies (PAHO Strategic Fund) as pooled procurement models.
- Ensure the provision of adequate supplies of insulin, and equipment and supplies for glucose testing and monitoring, free of cost to children and adolescents with type 1 and type 2 diabetes, and to pregnant women.
- Take advantage of lessons learned during the COVID-19 pandemic to improve access to information and communication technology and strengthen telehealth services for PLWDs, especially youth, persons with disabilities, older persons, those living in remote areas, the poor, and other persons in conditions of vulnerability.
- Catalyse the inclusion of diabetes prevention and control as an integral part of NCD prevention and control strategic and/or action plans, integrating activities with other programmes where appropriate, including maternal and child health, adolescent health, and sexual and reproductive health.
- Develop and implement communication strategies that target PLWDs and their caregivers, and encourage self-care and self-management.
- Improve mental health services, particularly at the community level, strengthening the number, capacity, distribution, and compensation of counsellors, psychologists, psychiatrists, and other mental health professionals, including those with skills to address the unique needs of children and adolescents with diabetes.

Recover

- Ensure that measures to reduce diabetes and other NCDs are included in strategies and plans for the national response to COVID-19 in the short-, medium-, and long-term, with adequate allocation and mobilisation of resources—financial, human, and technical.
- Facilitate collaboration in the adaptation and implementation at national level of the CARICOM COVID-19 Response Agrifood Plan and related policies, including those addressing climate change, to strengthen food and nutrition security.
- Ensure the participation of PLWDs or their legitimate representatives in the development, implementation, and assessment of strategies and plans for emergency and disaster preparedness, mitigation, and recovery.

The brief also suggests **cross-cutting strategies for policy development and implementation**, including:

- Promotion, adoption, and implementation of the TNA-NCDs.
- Implementation of the WHO Best Buys (BBs) and Other Recommended Interventions (ORIs) adapted, if needed, to the national situation.
- Exploration and implementation of mechanisms for effective multisectoral action, including the establishment or strengthening of National NCD Commissions (or their equivalents) that comprise representatives of key stakeholders from government, civil society, including youth, and the health-supporting private sector.
- Establishment or strengthening of National NCD Units and appointment of NCD Programme Coordinators with responsibility for the day-to-day implementation of NCD policies and the operation of NCD prevention and control programmes.
- Investment in, and capacity building of, CSOs, PLWDs, and youth, to enable their contribution to the national response to diabetes and other NCDs, and to national emergency and disaster planning.
- Establishment of partnerships with CSOs—national, regional, and international—comprising or representing PLWDs and youth, and active engagement with them to hear their needs and recommendations for interventions to promote health, improve their care and treatment, and prevent complications.
- Establishment of partnerships with the health-supporting private sector, while ensuring legislation, regulations, and guidelines to prevent Industry interference in policy development, and especially to identify, mitigate, and manage conflict of interest.
- Advocacy in high-level national, regional, and international fora with sectors other than health.
- Improvement of information systems—including the designation of diabetes as a notifiable disease, and the establishment and maintenance of diabetes registries—to collect, analyse, and report on quantitative and qualitative data related to diabetes and co-morbidities, and their impact on people, performance, productivity, and the economy, ensuring disaggregation of data by variables to identify inequities and persons in conditions of vulnerability, and taking account of advances in information technology and recommendations in the Global Report on Health Data Systems and Capacity 2020.
- Continued use and strengthening of the several innovative information and communication technology platforms and creative solutions implemented during COVID-19 lockdowns for outreach to all audiences, and to provide services for diabetes and other NCD prevention, care, and treatment.
- Development and implementation of communication strategies, including promotional campaigns, to inform the public and other key stakeholders about diabetes, its impact, measures for its prevention and control, actions being taken to develop policies and ensure policy coherence across sectors, and the impact of the policies.
- Leverage of CARPHA, PAHO, other UN agencies, the UN Country Team, and other development agencies, including international financing institutions, to support interventions for diabetes prevention and control, including equity- and human rights-based approaches and multisectoral actions.

1. Why this brief?

Increasingly conscious of diabetes as one of the most prevalent and burdensome non-communicable diseases in the Caribbean;¹ aware of documented increases in obesity—a risk factor for diabetes—among both Caribbean adults and children;² galvanised by its Member Diabetes Associations; and catalysed by the observance in 2021 of the 100th anniversary of the discovery of insulin and the announcement on World Health Day 2020³ of the launch of the World Health Organization [Global Diabetes Compact](#),⁴ the [Healthy Caribbean Coalition](#)⁵ seeks to emphasise the need for more effective diabetes prevention and control in the Caribbean.

The HCC Secretariat, in close collaboration with, and input from, HCC Member Diabetes Associations (see annex), has developed this brief as a resource and advocacy tool, and to guide the prioritisation and implementation of diabetes-related policies in the Caribbean in the short-, medium-, and long-term. It recommends priority areas for policy development to prevent and control diabetes, and targets primarily Ministers of Health of the [Caribbean Community](#)⁶ as they prepare for the 74th World Health Assembly (WHA74), 24 May–1 June 2021, and to take action in the short-, medium- and long-term to accelerate and strengthen interventions for diabetes prevention and control. A secondary target group comprises HCC civil society

organisations and other advocates working to reduce diabetes and other NCDs in the Caribbean region.

The brief provides a summary of the diabetes situation in the Caribbean region and elsewhere, examines the impact of the ongoing COVID-19 pandemic on PLWNCDs, especially PLWDs, and offers policy recommendations for consideration by Ministers of Health and other policymakers, and by civil society advocates, in building back not only better, but also fairer, during and post-COVID-19. The brief emphasises the importance of preparing for future emergencies and disasters, including those due to natural events, ensuring that strategies are in place to identify persons in conditions of vulnerability, such as PLWDs/PLWNCDs, to determine their needs, and to engage with them meaningfully in developing, implementing, and assessing policies and programmes that impact them.

The HCC, a regional, not-for-profit, civil society alliance working in NCD prevention and control in the Caribbean, has, since its establishment in 2008, tirelessly advocated for, and contributed to, NCD reduction in the region. HCC works through its Secretariat and Member CSOs, in partnership and collaboration with governments; national, regional, and international CSOs; and the health-supporting private sector.⁷

2. Caribbean and international contexts

2.1 The burden of diabetes

Studies in the Caribbean region have reported diabetes prevalence rates ranging from 9% to 18% of the population (approximately 1 in 5 to 1 in 10 persons); higher prevalence in women than men, and in persons of East Indian ethnicity; complications and poor control of the disease (controlled in only 43% of PLWDs); and only 76% of PLWDs aware of their condition.^{1,8,9,10} Even more worryingly, reviews have documented increases in the prevalence of diabetes in the region,¹⁰ associated with increases in overweight and obesity (linked to unhealthy diet and insufficient physical activity), particularly among children: 28%–35% of children in the region (approximately 1 in 3) are obese or overweight.²

Diabetes regularly ranks among the top ten causes of death in the Caribbean—the three leading causes of death from 2000 to 2016 were cerebrovascular disease, diabetes, and ischemic heart disease, which, collectively, accounted for 29.6% of all deaths over the period.¹¹ In the Region of the Americas in 2016, diabetes accounted for 33.1 deaths per 100,000 population, with the highest rates being in the non-Latin Caribbean (which includes most countries in the English-speaking Caribbean)—the rate in Trinidad and Tobago was 115.5/100,000 population.¹² Diabetes complications, among them blindness, nerve injury, cardiovascular diseases (CVD), amputations, and kidney disease, are well-known, feared, and costly

to the health and productivity of individuals, families, societies, and national economies. Estimates from 2015 indicated that Barbados is spending 64 million Barbados Dollars¹³ (BBD) per year on CVD and diabetes, and that the economy is losing BBD 145 million per year due to missed work days, poor productivity, reduced workforce participation, and the costs to business of replacing workers, from CVD and diabetes alone.¹⁴ Similar estimates from Jamaica in 2018 showed that over the 15-year period 2017–2032, the implementation of recommended interventions for diabetes would result in a return on investment of 2.10 Jamaica Dollars (JMD) for every 1 JMD.¹⁵

A 2015 study in Latin America and the Caribbean (LAC) attributed to diabetes total indirect costs of 57.1 billion United States Dollars (USD), of which USD 27.5 billion was due to premature mortality, USD 16.2 billion to permanent disability, and USD 13.3 billion to temporary disability.¹⁶ The total direct cost was estimated at USD 45–66 billion, of which the highest estimated cost was for treatment of complications, with other estimates related to the cost of insulin, oral medications, consultations, hospitalisation, emergency visits, and laboratory examinations. The study estimated the total cost of diabetes in 2015 in LAC to be USD 102–123 billion.

Diabetes is among the ‘5x5’ NCD priorities¹⁷—five major NCDs (CVD, diabetes, cancer, chronic respiratory

¹ Boyne MS. Diabetes in the Caribbean: trouble in paradise. *Insulin* 2009; 4(2): 94–105. Available at: https://www.researchgate.net/publication/236892880_Diabetes_in_the_Caribbean_Trouble_in_paradise/.

² Caribbean Public Health Agency (CARPHA). Plan of action for promoting healthy weights in the Caribbean: prevention and control of childhood obesity 2014–2019. Port of Spain: CARPHA; 2014. Available at: <https://carpha.org/Portals/0/xBlog/documents/HealthyWeights.pdf>.

³ <https://www.who.int/news/item/17-11-2020-who-announces-the-global-diabetes-compact>.

⁴ <https://www.who.int/docs/default-source/world-diabetes-day/global-diabetes-compact-final.pdf>.

⁵ <https://www.healthycaribbean.org/>.

⁶ <https://caricom.org/>

⁷ <https://www.healthycaribbean.org/category/our-work/>.

⁸ Ferguson TS, Tulloch-Reid MK, and Wilks RJ. The epidemiology of diabetes mellitus in Jamaica and the Caribbean: a historical review. *West Indian Med J* 2010; 59(3):259–264. Available at: <https://pubmed.ncbi.nlm.nih.gov/21291103/>.

⁹ Cunningham-Myrie C, Younger-Coleman N, Tulloch-Reid M et al. Diabetes mellitus in Jamaica: sex differences in burden, risk factors, awareness, treatment, and control in a developing country. *Trop Med and Int Health* 2013; 18(11): 1365–1378. Available at <https://onlinelibrary.wiley.com/doi/epdf/10.1111/tmi.12190>.

¹⁰ Hennis AJM and Fraser HS. Diabetes mellitus in the English-speaking Caribbean. *Pan American Journal of Public Health* 2004; 15(2): 90–93. Available at: https://www.researchgate.net/publication/8670018_Diabetes_in_the_English-speaking_Caribbean.

¹¹ Caribbean Public Health Agency. State of public health in the Caribbean region 2014–2016. Port of Spain: CARPHA; 2017. Available at: <https://carpha.org/Portals/0/Documents/State-of-Public-Health-in-the-Caribbean-2014-2016.pdf>.

¹² Pan American Health Organization (PAHO). NCDs at a glance: NCD mortality and risk factor prevalence in the Americas. Washington, D.C.: PAHO; 2019. Available at: <https://iris.paho.org/handle/10665.2/51696>.

¹³ Approximately USD 32 million.

¹⁴ Ministry of Health, United Nations Interagency Task Force (UNIATF), World Health Organization, and United Nations Development Programme (UNDP). The Investment Case for Non-communicable Disease Prevention and Control in Barbados. WHO and UNDP; 2015. Available at: <https://apps.who.int/iris/bitstream/handle/10665/259689/WHO-NMH-NMA-17-97-eng.pdf?sequence=1>.

¹⁵ UN Interagency Task Force on NCDs, UN Development Programme, and Pan American Health Organization. The Case for Investment in Prevention and Control of Noncommunicable Diseases in Jamaica: Evaluating the return on investment of selected tobacco, alcohol, diabetes, and cardiovascular disease interventions. Washington, D.C. UNIATF, UNDP, and PAHO; 2018. Available at: https://iris.paho.org/bitstream/handle/10665.2/49693/9789275120545_eng.pdf?sequence=5&isAllowed=y

¹⁶ Barceló A, Arredondo A, Gordillo-Tobar A, et al. The cost of diabetes in Latin America and the Caribbean in 2015: Evidence for decision and policymakers. *Journal of Global Health* 2017; 7(2). Available at: <http://jogh.org/documents/issue201702/jogh-07-020410.pdf>.

¹⁷ United Nations (UN), Together Let’s Beat NCDs, and World Health Organization (WHO). Brochure – Time to Deliver: Third UN High-level Meeting on NCDs. Geneva: WHO; 2018. Available at: <https://www.who.int/ncds/governance/third-un-meeting/brochure.pdf?ua=1>.

diseases, and mental, neurological, and substance use disorders), which have *five main risk factors* (tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity, and air pollution)—earmarked for global action in order to reduce the crushing burden of NCDs. Data from the IDF Diabetes Atlas 2019 confirm the significance of diabetes as a global public health issue: worldwide, diabetes prevalence was estimated to be 9.3% in 2019, higher in urban (10.8%) than rural (7.2%) areas, and in high-income (10.4%) than low-income countries (4.0%), with 50.1% of PLWDs not knowing that they have diabetes, and with projections for the global prevalence to increase to 10.2% by 2030 and to 10.9% by 2045.¹⁸ Globally, between 2000 and 2016, there was an increase of 5% in premature mortality (persons aged 30-70 years) due to diabetes,¹⁹ and diabetes entered the top ten causes of death in 2019,²⁰ causing 11.3% of deaths, almost half of which were in people under 60 years of age.¹⁸ Further, global health expenditure due to diabetes was USD 727 billion in 2017 for adults aged 20-79 years—an increase of approximately 300% from the USD 232 billion spent worldwide in 2007—and global total diabetes-related health expenditure in 2019 was estimated at USD 760 billion.¹⁸

2.2 ... and the COVID-19 pandemic

To add to the woes in the Caribbean region, the COVID-19 pandemic, declared in March 2020 and ongoing at the time of writing, has not spared the region from its health, social, and economic consequences.^{21,22,23} As in

other regions of the world,^{24,25} COVID-19 in the Caribbean has had the greatest health impact on persons with underlying conditions, mainly NCDs, in particular diabetes, obesity, and CVD. A modelling study estimated that, worldwide, one in five people is at increased risk of severe COVID-19 should they become infected, mostly as a result of underlying NCDs; that 6% of males are at high risk compared with 3% of females; and that the proportion of the global population at increased risk was higher in countries with older populations and small island nations with high diabetes prevalence,²⁴ criteria fulfilled by most Caribbean countries.

COVID-19 has highlighted the negative impact of inequities—conditions that are unfair, unjust, unnecessary, and avoidable—on health outcomes; the importance of identifying dimensions of inequality (equity stratifiers) such as age, sex, gender, education, income, place of residence, ethnicity, religion, and migrant status; and the imperative of addressing the social, economic, political, commercial, and other determinants of health through multisectoral, whole-of-government, whole-of-society approaches.^{26,27} The pandemic has also highlighted the importance of the prevention, detection, and effective management and control of NCDs, including the need to include them in universal health coverage.²⁸ As elsewhere, PLWNCDs/ PLWDs in the Caribbean may either be denied private health insurance or have to pay higher premiums, since they are seen as “high risk” because of this pre-existing condition. UHC is defined as ensuring that all people have

access to comprehensive, quality health services at the time of need, without suffering financial hardship, and countries with inadequate health insurance coverage are unlikely to provide universal access to essential NCD interventions.^{29,30}

A core component of UHC is the [primary health care strategy](#),³¹ which speaks to equitable access to comprehensive services that are as close as feasible to people’s everyday environment. In addition, multimorbidity—defined as the coexistence of two or more chronic conditions in the same individual³²—must be addressed. A study of multimorbidity in six countries in LAC showed a multimorbidity prevalence of 37.3% in Jamaica; noted that multimorbidity increased with age, was higher in women, and was more frequent in persons of lower socioeconomic status; and found that diabetes and heart disease were the two disorders most associated with other conditions.³³

Not only do persons living with diabetes and other NCDs have worse outcomes if they contract COVID-19, but the pandemic has also disrupted their access to prevention, treatment, and rehabilitation services, including for

those for mental health, neurological, and substance use conditions.^{34,35} Reasons include restriction of movement and travel imposed by governments (“lockdowns”); fear of contagion; diversion of NCD resources, including human resources, to deal with the COVID-19 response; and interruption in supply chains, affecting the availability of essential NCD medicines and health technologies. The mental health of children and adolescents also suffered, affected by school closures and reduction in social life and outdoor activities, and, in some instances, experiences of domestic abuse,³⁶ as well as trying to cope with home schooling and remote learning.³⁷

There are likely to be further increases in obesity—and hence in the risk of developing or exacerbating diabetes—during the pandemic, including among children. Contributing factors include school closures, lockdowns, and food and nutrition insecurity, with limited opportunities for regular physical activity, reduction in access to fresh fruits and vegetables, households stocking up on processed and ultra-processed foods, and private sector promotion of unhealthy products.^{38,39}

Efforts to strengthen the prevention and control of NCDs are crucial in mounting an effective COVID-19 response. The COVID-19 response and continued and strengthened focus on NCD prevention and management are key and interlinked aspects of public health at the present time.⁴⁰

¹⁸ Saeedi P, Petersohn I, Salpea P, et al, on behalf of the IDF Diabetes Atlas Committee. Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045; results from the International Diabetes Federation Diabetes (IDF) Atlas, 9th edition. Diabetes Research and Clinical Practice 2019; 157: 107843. Available at: <https://www.diabetesresearchclinicalpractice.com/action/showPdf?pii=S0168-8227%2819%2931230-6>.

¹⁹ World Health Organization. World Health Statistics 2020: Monitoring health for the SDGs. Geneva: WHO; 2020. Available at: <https://www.who.int/publications/i/item/9789240005105>.

²⁰ World Health Organization. Global Health Estimates. Leading causes of death and disability 2000-2019: a visual summary. Available at: <https://www.who.int/data/stories/leading-causes-of-death-and-disability-2000-2019-a-visual-summary>.

²¹ Economic Commission for Latin America and the Caribbean (ECLAC). Special Report COVID-19 No. 5: Addressing the growing impact of COVID-19 with a view to reactivation with equality: new projections. ECLAC; Santiago; 15 July 2020. Available at: https://repositorio.cepal.org/bitstream/handle/11362/45784/1/S2000470_en.pdf.

²² Economic Commission for Latin America and the Caribbean (ECLAC), and Pan American Health Organization (PAHO). Health and the economy: a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean. COVID-19 report, 30 July 2020. ECLAC-PAHO. Available at: https://iris.paho.org/bitstream/handle/10665.2/52535/PAHOHSSCOVID-19200027_eng.pdf?sequence=5&isAllowed=y.

²³ COVID-19 in the Caribbean. Lancet Respiratory Medicine 2021; 9(e46). Available at: <https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900090-4>.

²⁴ Clark A, Jit M, Warren-Gash C, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. Lancet Glob Health 2020; 8:e1003-1017. Published online June 15, 2020. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30264-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30264-3/fulltext).

²⁵ Popkin B, Shufa D, Green WD, et al. Individuals with obesity and COVID-19: a global perspective on the epidemiology and biological relationships. Obesity Reviews 2020; 1-17. DOI:10.1111/obr.13128. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/obr.13128>.

²⁶ World Health Organization: Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3.

²⁷ World Health Organization. Handbook on health inequality monitoring: with a special focus on low- and middle-income countries. Geneva: 2013; WHO. Available at: https://www.who.int/docs/default-source/gho-documents/health-equity/handbook-on-health-inequality-monitoring/handbook-on-health-inequality-monitoring.pdf?sfvrsn=d27f8211_2.

²⁸ Healthy Caribbean Coalition (HCC). First United Nations high-level meeting on universal health coverage: technical brief for CARICOM countries – a contribution from civil society. Bridgetown; HCC; 2019. Available at: <https://www.healthycaribbean.org/wp-content/uploads/2019/05/HCC-UHC-Technical-Brief-Web.pdf>.

²⁹ World Health Organization. Universal health coverage. https://www.who.int/health-topics/universal-health-coverage#tab=tab_1.

³⁰ United Nations General Assembly. Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic. Document A/74/L.92, 10 September 2020. Available at: <https://undocs.org/A/74/L.92>.

³¹ World Health Organization. Fact sheet 27 February 2019. Primary health care. Available at: <https://bit.ly/31RUYMb>.

³² World Health Organization. Multimorbidity: Technical Series on Safer Primary Care. Geneva: WHO; 2016. Available at: <https://apps.who.int/iris/bitstream/handle/10665/252275/9789241511650-eng.pdf?sequence=1>.

³³ Macinko J, Andrade FCD, Nunes BP, et al. Primary care and multimorbidity in six Latin American and Caribbean countries. Pan American Journal of Public Health 2019; 43:e8. <https://doi.org/10.26633/RPSP.2019.8>. Available at: <https://iris.paho.org/bitstream/handle/10665.2/49746/v43e82019.pdf?sequence=5&isAllowed=y>.

³⁴ Pan American Health Organization. Rapid assessment of service delivery for NCDs during the COVID-19 pandemic in the Americas, 4 June 2020. Washington, D.C.: PAHO; 2020. Available at: https://iris.paho.org/bitstream/handle/10665.2/52250/PAHONMHNVCVID-19200024_eng.pdf?sequence=6&isAllowed=y.

³⁵ World Health Organization. The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: WHO; 2020. Available at: <https://www.who.int/publications/i/item/978924012455>.

³⁶ Shah K, Mann S, Singh R, et al. Impact of COVID-19 on the mental health of children and adolescents. Cureus 2020; 12(8): e10051. Available at: <https://www.cureus.com/articles/38703-impact-of-covid-19-on-the-mental-health-of-children-and-adolescents>.

³⁷ Healthy Caribbean Coalition. The Future Talks: Cultivating healthy school environments, navigating mental health. HCC webinar 27 January 2021. Available at: <https://www.healthycaribbean.org/the-future-talks-cultivating-healthy-school-environments-navigating-mental-health/>

³⁸ Rundle AG, Park Y, Herbstman JB, et al. COVID-19-related school closings and risk of weight gain among children. Obesity 2020; 28(6): 1008-1009. Available at: <https://onlinelibrary.wiley.com/doi/10.1002/oby.22813>.

³⁹ Caribbean Paediatricians and Healthy Caribbean Coalition. Open letter to the people of the Caribbean – now more than ever we need to act now to protect children and young people. 4 March 2021. Available at: <https://www.healthycaribbean.org/we-need-to-act-now-to-protect-caribbean-children-and-young-people/>.

⁴⁰ Kluge HH, Wickramasinghe K, Rippin H, et al. Prevention and control of non-communicable diseases in the COVID-19 response. Lancet 2020; 395(10238): 1678-1680, published online May 8, 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31067-9](https://doi.org/10.1016/S0140-6736(20)31067-9)

2.3 Selected responses to the diabetes situation

Over the years, at global, regional, and national levels, many strategies, plans, mandates, and guidelines have been developed and agreed to address NCD reduction—frameworks which, if effectively implemented, would strengthen diabetes prevention and control. At *global* level, these include, but are by no means limited to, the [WHO Global Action Plan on NCD Prevention and Control 2013-2020](#),⁴¹ which includes “halt the rise in diabetes and obesity” as one of the nine voluntary global targets, with indicators as set out in the related [NCD Global Monitoring Framework](#),⁴² the 2016 [Report of the WHO Commission on Ending Childhood Obesity](#)⁴³ and its [Implementation Plan](#),⁴⁴ the [WHO Best Buys and Other Recommended Interventions](#),⁴⁵ which include interventions for diabetes management; the [WHO GAP on Physical Activity 2018–2030: More Active People for a Healthier World](#),⁴⁶ and the adaptations for the Region of the Americas found in the [PAHO Strategy for the Prevention and Control of NCDs 2012-2025](#),⁴⁷ and the [PAHO Plan of Action for the Prevention and Control of NCDs 2013-2019](#).⁴⁸

Caribbean *regional* frameworks include the [2007 Declaration of Port of Spain](#)⁴⁹ (POSD) on NCD prevention

and control made by CARICOM Heads of State and Government; the [Caribbean Cooperation in Health Phase IV \(CCH IV\) 2016-2025](#),⁵⁰ which constitutes the latest iteration of the CARICOM health agenda, while at *national* level, there are several plans for NCD prevention and control,⁵¹ and for mental health.⁵² In 2008, several CARICOM countries participated in [CARIDIAB: The Caribbean Diabetes Project](#),⁵³ which aimed to improve the quality of diabetes care and outcomes, and the quality of life of PLWDs. More recent tools to improve care for PLWDs/PLWNCDs include the chronic care model, which emphasises a team approach, and self-care and self-management;^{54,55} the five modules of the [CARPHA Clinical Guidelines for the Management of Diabetes in Primary Care in the Caribbean](#),⁵⁶ which are based on the CCM; several WHO Technical Packages;⁵⁷ and lessons from the [Bloomberg Data for Health Initiative](#).⁵⁸ This last, along with Module 5 of the CARPHA guidelines, emphasises the importance of data and evidence for monitoring, reporting, and evidence-based policy.

HCC has also been a regional force in these efforts, and though its many publications target primarily its civil society constituents, they are also useful for governments and the health-supporting private sector.

These publications include the [HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean](#),⁵⁹ which reflects the Coalition’s focus on issues related to [childhood obesity prevention](#).⁶⁰ This focus includes advocacy for food and nutrition security, healthy nutrition, and [front-of-package nutrition warning labelling](#),⁶¹ ensuring strong involvement of, and representation from, PLWNCDs and youth, through the [Our Views, Our Voices](#)⁶² and [Healthy Caribbean Youth](#)⁶³ initiatives, respectively.

However, despite the many frameworks, guidelines, and tools, there is a recognised implementation deficit in NCD prevention and control globally,⁶⁴ including in the Caribbean. Issues related specifically to poor diabetes control in the region have already been mentioned,^{1, 8, 9, 10} and a 2016 evaluation of the POSD⁶⁵ found that most CARICOM Member States had difficulty implementing the commitments, the main areas of weak policy implementation being related to mandates regarding schools, communications, and diet. Worldwide, the implementation of the WHO BBs and ORIs is lagging, and accelerated action for their further implementation continues to be a priority.^{66,67} Countries were already off-track to meet SDG 3 and other SDG targets, and with mortality related to some NCDs anticipated to increase due to COVID-19 and the national responses to it, there are fears of further slowing of progress and a surge in NCDs—including diabetes—and their complications.⁶⁸

This would worsen documented deficits related to political choices and leadership, health systems, priority-setting, national capacities, accountability, domestic and international financing, and the impact of economic, market, and commercial factors, including Industry interference.^{64,69,70} The policy brief for the Global NCD Alliance Forum in February 2020 identified gaps in the fulfilment of commitments to NCD prevention and control related to leadership, investment, care, community engagement, and accountability.⁷¹

2.4 Building back better and fairer

There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a wellbeing economy that puts achievement of health and wellbeing, rather than narrow economic goals, at the heart of government strategy; to build a society that responds to the climate crisis at the same time as achieving greater health equity.⁷²

In recognition of the lessons learned from the pandemic and the implications of the COVID-19 and NCD interactions for the future health, social, economic, and sustainable development of Caribbean countries, in January

⁴¹ https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf?ua=1. **Note:** The 72nd World Health Assembly in 2019 (Decision WHA72(11)) extended the period of the WHO GAP on NCD Prevention and Control to 2030 to ensure its alignment with the 2030 Agenda for Sustainable Development. Decision available at: https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=68.

⁴² https://www.who.int/nmh/global_monitoring_framework/2013-11-06-who-dc-c268-whp-gap-ncds-techdoc-def3.pdf?ua=1.

⁴³ http://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf?sequence=1.

⁴⁴ <https://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf?sequence=1>.

⁴⁵ World Health Organization. Tackling NCDs: Best buys and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: WHO; 2018. Available at: <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y>.

⁴⁶ <https://www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/>.

⁴⁷ <https://www.paho.org/hq/dmdocuments/2012/CSP28-9-e.pdf>.

⁴⁸ https://iris.paho.org/bitstream/handle/10665.2/35009/9789275118443_eng.pdf?sequence=1&isAllowed=y.

⁴⁹ <https://caricom.org/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds/>.

⁵⁰ https://caricom.org/documents/16429-cch-iv-publication_rev-7_health_sector_development.pdf.

⁵¹ Pan American Health Organization. In-depth qualitative analysis of noncommunicable diseases multisectoral action plans in the Caribbean. Washington, D.C.: PAHO; 2018. Available at: https://iris.paho.org/bitstream/handle/10665.2/49093/9789275120101_eng.pdf?sequence=1&isAllowed=y.

⁵² World Health Organization. WHO-AIMS report on mental health systems in the Caribbean region. Geneva: WHO; 2011. Available at: https://www.who.int/mental_health/evidence/mh_systems_caribbeans_en.pdf.

⁵³ https://www.paho.org/hq/index.php?option=com_content&view=article&id=1399:2009-caridiab-caribbean-diabetes-project&Itemid=1353&lang=en.

⁵⁴ Pan American Health Organization. Innovative Care for Chronic Conditions – Organizing and Delivering Quality Care for Chronic Noncommunicable Diseases in the Americas. Washington, D.C.: 2013; PAHO. Available at: <https://www.paho.org/hq/dmdocuments/2013/PAHO-Innovate-Care-2013-Eng.pdf>.

⁵⁵ Caribbean Community (CARICOM) Secretariat. Chronic Care Policy and Model of Care for the Caribbean Community. Georgetown: 2014; CARICOM. Available at: https://caricom.org/documents/12061-chronic_care_policy__model_of_care_for_the_caribbean_community.pdf.

⁵⁶ <https://carpha.org/What-We-Do/NCD/Integrated-Disease-Management/CARPHA-Clinical-Guidelines>.

⁵⁷ These packages include the [Package of Essential Noncommunicable \(PEN\) Disease Interventions for Primary Health Care](#); MPOWER for tobacco control, HEARTS for risk-based CVD management, SHAKE for salt reduction, REPLACE for trans fat elimination, SAFER for alcohol reduction, ACTIVE to increase physical activity, the Mental Health Gap Action Programme (mhGAP), which aims to scale up services for MNS disorders, especially in low- and middle-income countries, [CureAll](#) for the management of childhood cancer, and [SCORE](#) for strengthening country health data and information systems, and enabling governments to track progress towards the health-related SDGs and national and subnational priorities. More recently, the [PEN-Plus Toolkit](#) and HEARTS-D were released, **the latter expanding the diabetes module of the HEARTS package** and the former providing a district level-focused supplement to the PEN, and in May 2021 the WHO launched a new PEN digital App—WHOPEN—as an innovation to contribute to NCD service delivery. WHOPEN is available for Android at <https://play.google.com/store/apps/details?id=org.who.WHOPEN> and for IOS at <https://apps.apple.com/ch/app/whopen/id1566338877?l=en>.

⁵⁸ <https://www.bloomberg.org/public-health/strengthening-health-data/data-for-health/>.

⁵⁹ <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf>.

⁶⁰ <https://www.healthycaribbean.org/childhood-obesity-prevention/>.

⁶¹ <https://www.healthycaribbean.org/front-of-package-warning-labelling-fopwl/>.

⁶² <https://www.healthycaribbean.org/category/our-work/our-views-our-voices/>.

⁶³ <https://www.healthycaribbean.org/?s=Healthy+Caribbean+Youth>.

⁶⁴ World Health Organization. Time to deliver: report of the Independent High-level Commission on NCDs. Geneva: WHO; 2018. Available at: <https://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?ua=1>.

⁶⁵ Port of Spain Declaration Evaluation Research Group. Accelerating Action on NCDs: Evaluation of the 2007 CARICOM Heads of Government Port of Spain Declaration. <https://oncaribbeanhealth.org/wp-content/uploads/2016/10/ACCELERATING-ACTION-ON-NCDS-POSDEVAL-Report-1.pdf>.

⁶⁶ World Health Organization. Assessing national capacity for the prevention and control on noncommunicable diseases: report of the 2019 global survey. Geneva: 2020; WHO. Available at: <https://www.who.int/publications/i/item/ncd-ccs-2019>.

⁶⁷ World Health Organization. Noncommunicable disease progress monitor 2020. Geneva: 2020; WHO. Available at: <https://www.who.int/publications/i/item/ncd-progress-monitor-2020>.

⁶⁸ United Nations. The Sustainable Development Goal Report 2020. New York: 2020; UN. Available at: <https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf>

⁶⁹ United Nations General Assembly. Progress on the prevention and control of non-communicable diseases: Report of the Secretary-General. Document A/72/662, December 2017. Available at: https://www.who.int/ncds/governance/high-level-commission/A_72_662.pdf?ua=1.

⁷⁰ World Health Organization. Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in September 2018: Report by the Director-General. Document A71/14, 19 April 2018. Geneva: WHO; 2018. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf.

⁷¹ NCD Alliance (NCDA). Bridging the gap on NCDs: from global promises to local progress. Geneva: NCDA; January 2020. Available at: https://ncdalliance.org/sites/default/files/resource_files/Bridging%20the%20Gap_Brief_FINAL.pdf.

⁷² Marmot M, Allen J, Goldblatt P, et al. Build back fairer: the COVID-19 Marmot Review. The pandemic, socioeconomic and health inequalities in England – Executive Summary. London: Institute of Health Equity; 2020. Available at: <http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf>.

2021 **the HCC called for a new regional approach to NCD prevention and control.** The [Transformative New Agenda for NCD Prevention and Control in the Caribbean](#)⁷³ advocates for regional approaches by all key stakeholders to put equity and human rights at the core of the NCD reduction agenda, with strengthening of human security and human capital. A critical component of the TNA-NCDs is the empowerment and engagement of PLWNCs, youth, and other persons and groups in conditions of vulnerability, to enable their meaningful contribution to the identification of their needs and solutions for their health and well-being.

The implementation of the TNA-NCDs will contribute to fulfilment of the POSDC commitments and the achievement of the [2030 Sustainable Development Agenda and its Goals](#),⁷⁴ especially [SDG 3](#),⁷⁵ the goal most directly related to health, and [target 3.4](#)⁷⁶ on NCDs, leaving no one behind. The approaches promoted by the TNA-NCDs are applicable to diabetes prevention and control, and are aligned with the 2013 [General Comment No. 15 from the Committee on the Rights of the Child](#),⁷⁷ which details the provision of adequate nutritious foods, including exclusive breastfeeding for infants up to 6 months of age, school feeding, and obesity prevention, and the [July 2020 Statement by the UN Special Rapporteur on the Right to Health](#)⁷⁸ endorsing the adoption of front-of-package warning labelling to tackle NCDs. Front-of-package nutrition warning labelling complements other policies aimed at reducing the consumption of unhealthy foods and beverages, including school nutrition policies

and fiscal policies that target ultra-processed foods and foods high in fats, salt, and sugar.⁷⁹

The Caribbean comprises many vulnerable, small island developing states, significantly impacted by the climate crisis and natural events such as hurricanes,⁸⁰ and, as recently demonstrated, volcanic eruptions.⁸¹ A crucial aspect of building back better and fairer is prioritising emergency and disaster preparedness and responses that take into consideration the unique vulnerabilities of PLWDs/PLWNCs, especially children and youth, in these scenarios, given their dependence on the continuity of interventions, supplies, and services for their health and well-being. This is reflected in Advocacy Priority 7 of the [HCC Advocacy Priorities for the Outcome Document of the Third High-Level Meeting on NCDs \(HLM3\)](#),⁸² developed in preparation for the HLM3, which took place at the UN General Assembly in 2018: “Strengthen post-disaster health response systems to provide NCD treatment and care in disaster settings”. There are several international guidelines and experiences that can assist countries in maintaining NCD services in such situations.^{83,84,85,86}

In January 2021, the 148th Session of the [WHO Executive Board \(EB148\)](#) tabled a decision “Addressing Diabetes as a Public Health Problem”,⁸⁷ noting the insufficient progress in effectively addressing diabetes, and the impact of COVID-19 on PLWDs. The decision encouraged the WHO Secretariat and Member States to celebrate, in 2021, the 100th anniversary of the discovery of insulin, including during the WHA74, and urged WHO Member

States to strengthen comprehensive approaches on the prevention and management of diabetes and address gaps in advancing to the diabetes-related targets in the WHO NCD GAP 2013-2030. The major obstacles to the achievement of these targets are enumerated in Annex 11 of the [Consolidated Report by the Director General](#)⁸⁸ prepared for the WHA74, and include the increasing prevalence of risk factors such as obesity and physical inactivity; insufficient decrease in tobacco use and unhealthy diets high in energy, sugar, and fats; limited knowledge about diabetes; and limitations in PHC in preventing, detecting, diagnosing, and managing diabetes and associated co-morbidities.

The EB148 also put renewed focus on the social and other determinants of health through [resolution EB148.R2](#).⁸⁹ As expounded in the TNA-NCDs for the Caribbean,⁷³ if diabetes and other NCDs are to be effectively and equitably prevented and managed, with due regard for the progressive realisation of human rights, it is critical for these determinants to be addressed through multisectoral, whole-of-government, whole-of-society, health-in-all-policies approaches.

CSOs in the Caribbean region have been playing critical roles in NCD prevention and control through advocacy, education, service provision, holding governments accountable, and other functions,⁹⁰ including during the COVID-19 pandemic, despite limited resources and other challenges aggravated by the pandemic and responses to it.⁷³ Diabetes associations in particular have been involved in providing access for their constituents to

glucose monitoring, packages of healthy foods, and essential medications.⁷³ However, all CSOs working in NCDs in the region need additional resources, meaningful engagement, capacity strengthening—including of PLWNCs/PLWDs themselves, and of youth advocates—and recognition of the value that they bring to policy development and programme planning, implementation, and assessment, based on the lived experiences of their constituents. Diabetes associations comprise a significant proportion of these CSOs, representing the interests of PLWDs and their families, and they are well-placed to work with governments and the private sector—while identifying and managing conflict of interest—in implementing innovative, evidence-based, and equitable approaches to diabetes prevention and control in the Caribbean.

⁷³ <https://www.healthycaribbean.org/wp-content/uploads/2021/01/TNA-NCD-FINAL.pdf>.

⁷⁴ <https://sdgs.un.org/2030agenda>.

⁷⁵ <https://www.who.int/sdg/targets/en/>.

⁷⁶ <https://unstats.un.org/sdgs/metadata/?Text=&Goal=3&Target=3.4>.

⁷⁷ <https://www.refworld.org/docid/51ef9e134.html>.

⁷⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26130&LangID=E%3E>.

⁷⁹ Popkin BM, Barquera S, Corvalan C, et al. Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. *Lancet Diabetes & Endocrinology* 2021, published online April 15, 2021. DOI: [https://doi.org/10.1016/S2213-8587\(21\)00078-4](https://doi.org/10.1016/S2213-8587(21)00078-4).

⁸⁰ Pan American Health Organization. Caribbean Action Plan on Health and Climate Change. Washington D.C. PAHO; 2019. Available at: https://iris.paho.org/bitstream/handle/10665.2/38566/PAHOCODE19007_eng.pdf?sequence=19&isAllowed=y.

⁸¹ United Nations. UN stands in deep solidarity with Saint Vincent after devastating volcanic eruptions. UN News, 19 April 2021. <https://news.un.org/en/story/2021/04/1090082>.

⁸² <https://www.healthycaribbean.org/wp-content/uploads/2018/05/HCC-Advocacy-Priorities-for-the-3rd-UNHLM.pdf>.

⁸³ United Nations Interagency Task Force on NCDs and World Health Organization. Noncommunicable diseases in emergencies. Geneva: WHO; 2016. Available at: https://apps.who.int/iris/bitstream/handle/10665/204627/WHO_NMH_NVI_16_2_eng.pdf?sequence=1&isAllowed=y.

⁸⁴ World Health Organization Regional Office for South-East Asia. Integration of NCD care in emergency response and preparedness. Manila: 2018; WHO. Available at: <https://apps.who.int/iris/bitstream/handle/10665/272964/9789290226352-eng.pdf?sequence=1&isAllowed=y>.

⁸⁵ The UN Refugee Agency (UNHCR). Integrating non-communicable disease care in humanitarian settings: an operational guide. Geneva: UNHCR; 2020. Available at: <https://www.unhcr.org/5fb537094.pdf>.

⁸⁶ World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context – interim guidance. Geneva: WHO; June 2020. Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>.

⁸⁷ [https://apps.who.int/gb/ebwha/pdf_files/EB148/B148\(6\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB148/B148(6)-en.pdf).

⁸⁸ Document A74/10 Rev.1, 26 April 2021. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_10Rev1-en.pdf.

⁸⁹ https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_R2-en.pdf.

⁹⁰ Healthy Caribbean Coalition. Ten years of a civil society regional response to the prevention and control of noncommunicable diseases in the Caribbean. Bridgetown: HCC; 2018. Available at: <https://www.healthycaribbean.org/wp-content/uploads/2018/09/HCC-Ten-Year-Report-September-27-2018.pdf>.

3. The WHO Global Diabetes Compact

In recognition of the gaps in diabetes prevention and control, including—for many—barriers to access insulin and other effective treatment, the WHO Global Diabetes Compact,⁹¹ was [announced on World Diabetes Day 2020](#)⁹² and launched on 14 April 2021 at the [Global Diabetes Summit](#),⁹³ which was co-hosted by WHO and the Government of Canada, with the support of the University of Toronto. The GDC puts PLWDs at its centre, and its **overall goal** is to support countries in the effective management of diabetes, such that fewer people get diabetes and the lives of those who have diabetes is improved. The Compact seeks to increase access to treatment and improve outcomes for persons with both type 1 and type 2 diabetes, ensuring that everyone can access comprehensive, affordable, and quality care in primary health care settings.⁹⁴ The GDC also pledges to reach those furthest left behind,⁹¹ including the poor, those in situations of vulnerability, those in marginalised sections of the populations, those living in humanitarian emergencies, and migrants.

Specific GDC goals are to:

- increase the capacity of health systems to detect, diagnose, and manage diabetes;
- integrate diabetes care into existing programmes, leveraging existing capacities in the health care system, and meeting people’s health care needs in a more holistic way, with a focus on improving access to diabetes medicines and technologies; and
- scale-up health promotion efforts to prevent diabetes, particularly among young people, with a focus on reducing obesity.

The GDC objectives are stated under strategies of Protect, Detect, Treat, and Recover:⁹¹

- *Protect*: Reduce major diabetes risk factors through population-based policy and fiscal measures.
- *Detect*: Include diagnosis and treatment of diabetes as part of PHC services and UHC benefit packages.
- *Treat*: Scale-up access to essential diabetes medicines, including insulin and associated devices.
- *Recover*: Protect PLWDs from COVID-19 and build back better.

⁹¹ World Health Organization Global Diabetes Compact. Presentation at Global Diabetes Summit by Bente Mikkelsen, Director NCDs, WHO, 14 April 2021. Available at: [https://cdn.who.int/media/docs/default-source/country-profiles/diabetes/narrative---who-global-diabetes-compact---web-version-\(corr1\)a5fe1aec-bae2-4edd-ac9a-b1257bb9323d.pdf?sfvrsn=bb572210_1&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/diabetes/narrative---who-global-diabetes-compact---web-version-(corr1)a5fe1aec-bae2-4edd-ac9a-b1257bb9323d.pdf?sfvrsn=bb572210_1&download=true).

⁹² <https://www.who.int/news/item/17-11-2020-who-announces-the-global-diabetes-compact>.

⁹³ <https://www.who.int/news-room/events/detail/2021/04/14/default-calendar/global-diabetes-summit>.

⁹⁴ Hunt D, Hemmingsen B, Matzke A, et al. The WHO Global Diabetes Compact: a new initiative to support people living with diabetes. *Lancet Diabetes & Endocrinology* 2021, published online April 13, 2021. DOI: [https://doi.org/10.1016/S2213-8587\(21\)00111-X](https://doi.org/10.1016/S2213-8587(21)00111-X).

4. What can be done at policy level in the Caribbean?

4.1 Policy asks

In order to improve diabetes prevention and control in the Caribbean region, contribute to implementation of the TNA-NCDs, mitigate COVID-19, participate in the Global Diabetes Compact, contribute to achievement of the SDGs, build back better and fairer with due consideration of equity and human rights, and facilitate equitable and sustainable national development,

Ministers of Health of the Caribbean Community are urged to develop, implement, monitor, and evaluate, and NCD civil society stakeholders are urged to advocate for, and support the implementation of, policies for diabetes prevention and control that:

- enable bold, innovative approaches to include meaningful participation of PLWDs, youth, and other persons directly affected;
- support effective collaboration with government sectors other than health, civil society, and the health-supporting private sector to address the social and other determinants of health, while identifying, mitigating, and managing conflict of interest;
- consider and address psychosocial and mental health issues;
- seek integration with, and mutual benefit from, other local, national, regional, and international programmes that impact NCDs, health, and well-being, and offer win-win solutions, such as those to mitigate the climate crisis; and
- contribute not only to improved outcomes for PLWDs and persons at risk of developing diabetes, but also to the realisation of the objectives of the Global Diabetes Compact.

More specifically, these policies should:⁹⁵

Protect/Prevent

- Prioritise obesity prevention and reduction—especially in childhood—through:
- healthy school environments and school nutrition, encompassing bans on the sale or provision of unhealthy foods and beverages—such as sugar-sweetened beverages and all products that are energy-dense and nutrient-poor, processed or ultra-processed, and high in fats, salt, and sugar—including by vendors in and around schools; education of teachers, children, parents, and vendors on healthy foods, beverages, and snack options; and mandatory physical activity;
- bans on the promotion, advertising, and marketing of unhealthy foods and beverages to children, including via online and digital advertising, with enhanced promotion, advertising, and marketing of healthy foods and beverages, such as unprocessed or minimally processed products and those low in fats, salt, and sugar;
- mandatory front-of-package nutrition warning labelling on processed and ultra-processed foods to facilitate healthy choices by consumers, based on PAHO recommendations for octagonal “high-in” labelling⁹⁶ and the [2016 PAHO Nutrient Profile Model](#),⁹⁷ taking into consideration the [Now More Than Ever campaign](#)⁹⁸ being implemented by HCC in collaboration with PAHO, UNICEF, and the OECS Commission;
- taxation on sugar-sweetened beverages of at least 20%;^{99,100} the application of taxes to unhealthy foods and beverages; provision of subsidies on healthy foods; and sanctions against the producers and

⁹⁵ **Though all the areas listed are considered important, the five (5) priority areas for policy development, the priority policy asks—including details in sub-bullets in selected asks—are indicated by this icon** ●

⁹⁶ Pan American Health Organization. Front-of-package labelling as a policy tool for the prevention of noncommunicable diseases in the Americas. Washington, D.C: PAHO; 2021. Available at: https://iris.paho.org/bitstream/handle/10665.2/52740/PAHONMHRF200033_eng.pdf?sequence=6&isAllowed=y.

⁹⁷ https://iris.paho.org/bitstream/handle/10665.2/18621/9789275118733_eng.pdf?sequence=9&isAllowed=y.

⁹⁸ <https://www.healthycaribbean.org/now-more-than-ever-regional-campaign-promoting-front-of-package-warning-labelling/>.

⁹⁹ World Health Organization. Taxes on sugary drinks: Why do it? Geneva: WHO; 2017 Available at: <https://apps.who.int/iris/bitstream/handle/10665/260253/WHO-NMH-PND-16.5Rev.1-eng.pdf?sequence=1>.

¹⁰⁰ Pan American Health Organization. Sugar-sweetened beverage taxation in the Region of the Americas. Washington, D.C.: 2020; PAHO. Available at: https://iris.paho.org/bitstream/handle/10665.2/53252/9789275123003_eng.pdf?sequence=1&isAllowed=y.

importers of processed and ultra-processed foods that do not meet the agreed standards for mandatory front-of-package nutrition warning labelling;

- updated food-based dietary guidelines and provision of nutrition education at all levels of the education system; and
- promotion of the enjoyment of, and participation in, physical activity according to capacity and ability, with provision of opportunities, facilities, safe green areas, and positive experiences for physical activity and recreation, as recommended in the WHO GAP on Physical Activity 2018-2030.⁴⁶
- Promote prenatal care and nutrition, and implement policies to enable exclusive breastfeeding, guided by the [WHO International Code of Marketing of Breastmilk Substitutes](#).¹⁰¹
- Promote the rights-based approach, and strengthen the progressive realisation of the [Convention on the Rights of the Child](#),¹⁰² General Comment No. 15 from the Committee on the Rights of the Child,⁷⁷ which addresses nutrition in children, and other human rights, ensuring that the State Party (government) to the Convention, as the main duty-bearer, holds Industry and other entities accountable if their policies or actions threaten or negate the progressive realisation of these rights.
- Seek to engage diabetes associations more formally in diabetes education, including in schools; in the establishment and maintenance of diabetes registries; and in the provision of diabetes-related health services, including through contractual arrangements.
- Facilitate collaboration with sectors other than health, including agriculture, education, and trade, to strengthen local and national food and nutrition security, enabling the healthy, nutritious, accessible, and affordable choice to be the easy choice for consumers.
- Ensure the implementation of systems to protect PLWDs in emergency and disaster settings.

Detect/Diagnose

- Enable application of the CCM,^{54, 55} advances in UHC and the PHC strategy; and social protection—including national health insurance programmes—to ensure that PLWDs and persons at risk of developing diabetes have access to comprehensive services (promotion, prevention, diagnosis, treatment, care, rehabilitation, and palliation) at the time of need without financial hardship, giving special attention to the first level of care in a framework that enables collaborative, interdisciplinary interventions.
- Explore mechanisms to ensure that private insurance companies offer competitive coverage to PLWDs/PLWNCDs and do not exclude them from procuring adequate protection—especially in emergencies—because of pre-existing conditions.
- Facilitate capacity building at the first level of care to prevent and control diabetes and its complications, manage multimorbidity, and apply the PHC strategy, to include:
 - development of guidelines for the provision of screening, care, and treatment services for diabetes and its complications, including cognitive decline and other mental health issues, taking into consideration CARPHA clinical guidelines⁵⁶ and WHO technical packages;⁵⁷
 - monitoring of guideline implementation to detect gaps in management, and establishment of accountability systems that offer incentives and quality improvement opportunities, as well as sanctions;
 - training of health workers, encompassing specialist diabetes care practitioners;
 - provision of screening in the school setting for children at high risk of developing diabetes;
 - expansion of community care, including the establishment of support groups for children and adolescents with diabetes, and their families; and
 - meaningful involvement of PLWDs, including children and adolescents, to enable their contribution to their care, and improvement of their skills for self-care and self-management.

Treat/Manage

- Allocate more resources to reduce and treat diabetes and other NCDs, and mobilise resources through:
 - fiscal measures, including taxation at evidence-based levels to reduce the consumption of unhealthy products such as sugar-sweetened beverages, tobacco, and alcohol for win-win solutions, and
 - partnerships with sectors other than health; civil society—including international CSOs such as [IDF](#)¹⁰³ and the [World Diabetes Foundation](#),¹⁰⁴ the health-supporting private sector; technical cooperation agencies such as CARPHA, PAHO/WHO, and other UN agencies; and development agencies, including international financing institutions such as the Caribbean Development Bank and the Inter-American Development Bank.
- Ensure uninterrupted, high-quality supplies of insulin and other essential medicines, vaccines, and other health technologies for diabetes care and treatment, considering the [OECS Pharmaceutical Procurement Service](#),¹⁰⁵ the [PAHO Revolving Fund for Access to Vaccines](#)¹⁰⁶ (PAHO Revolving Fund for Vaccines), and the [PAHO Revolving Fund for Strategic Public Health Supplies](#)¹⁰⁷ (PAHO Strategic Fund) as pooled procurement models.
- Ensure the provision of adequate supplies of insulin, and equipment and supplies for glucose testing and monitoring, free of cost to children and adolescents with type 1 and type 2 diabetes, and to pregnant women.
- Take advantage of lessons learned during the COVID-19 pandemic to improve access to information and communication technology and strengthen telehealth services for PLWDs, especially youth, persons with disabilities, older persons, those living in remote areas, the poor, and other persons in conditions of vulnerability.

- Catalyse the inclusion of diabetes prevention and control as an integral part of NCD prevention and control strategic and/or action plans, integrating activities with other programmes where appropriate, including maternal and child health, adolescent health, and sexual and reproductive health.
- Develop and implement communication strategies that target PLWDs and their caregivers, and encourage self-care and self-management.
- Improve mental health services, particularly at the community level, strengthening the number, capacity, distribution, and compensation of counsellors, psychologists, psychiatrists, and other mental health professionals, including those with skills to address the unique needs of children and adolescents with diabetes.

Recover

- Ensure that measures to reduce diabetes and other NCDs are included in strategies and plans for the national response to COVID-19 in the short-, medium-, and long-term, with adequate allocation and mobilisation of resources—financial, human, and technical.
- Facilitate collaboration in the adaptation and implementation at national level of the [CARICOM COVID-19 Response Agrifood Plan](#)¹⁰⁸ and related policies, including those addressing climate change, to strengthen food and nutrition security.
- Ensure the participation of PLWDs or their legitimate representatives in the development, implementation, and assessment of strategies and plans for emergency and disaster preparedness, mitigation, and recovery.

4.2 Cross-cutting strategies for policy development

In developing policy for strengthening diabetes prevention and control and facilitating policy coherence across sectors, the following strategies will be useful:

¹⁰³ <https://idf.org/>.

¹⁰⁴ <https://www.worlddiabetesfoundation.org/>.

¹⁰⁵ <https://www.oecs.org/en/our-work/human-and-social/pharmaceuticals>.

¹⁰⁶ <https://www.paho.org/en/revolvingfund>.

¹⁰⁷ <https://www.paho.org/en/paho-strategic-fund>.

¹⁰⁸ <https://caricom.org/caricom-covid-19-response-agri-food-plan/>.

¹⁰¹ <https://apps.who.int/iris/bitstream/handle/10665/40382/9241541601.pdf>.

¹⁰² <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.

- Promotion, adoption, and implementation of the TNA-NCDs.
- Implementation of the WHO BBs and ORIs⁴⁵ adapted, if needed, to the national situation.
- Exploration and implementation of mechanisms for effective multisectoral action, including the establishment or strengthening of National NCD Commissions (or their equivalents) that comprise representatives of key stakeholders from government, civil society, including youth, and the health-supporting private sector.
- Establishment or strengthening of National NCD Units and appointment of NCD Programme Coordinators with responsibility for the day-to-day implementation of NCD policies and the operation of NCD prevention and control programmes.
- Investment in, and capacity building of, CSOs, PLWDs, and youth, to enable their contribution to the national response to diabetes and other NCDs, and to national emergency and disaster planning.
- Establishment of partnerships with CSOs—national, regional, and international—comprising or representing PLWDs and youth, and active engagement with them to hear their needs and recommendations for interventions to promote health, improve their care and treatment, and prevent complications.
- Establishment of partnerships with the health-supporting private sector, while ensuring legislation, regulations, and guidelines to prevent Industry interference in policy development, and especially to identify, mitigate, and manage conflict of interest.
- Advocacy in high-level national, regional, and international fora with sectors other than health.
- Improvement of information systems—including the designation of diabetes as a notifiable disease, and the establishment and maintenance of diabetes registries—to collect, analyse, and report on quantitative and qualitative data related to diabetes and co-morbidities, and their impact on people, performance, productivity, and the economy, ensuring disaggregation of data by variables to identify inequities and persons in conditions of vulnerability, and taking account of advances in information technology and recommendations in the [Global Report on Health Data Systems and Capacity 2020](#).¹⁰⁹
- Continued use and strengthening of the several innovative information and communication technology platforms and creative solutions implemented during COVID-19 lockdowns for outreach to all audiences, and to provide services for diabetes and other NCD prevention, care, and treatment.
- Development and implementation of communication strategies, including promotional campaigns, to inform the public and other key stakeholders about diabetes, its impact, measures for its prevention and control, actions being taken to develop policies and ensure policy coherence across sectors, and the impact of the policies.
- Leverage of CARPHA, PAHO, other UN agencies, the UN Country Team, and other development agencies, including international financing institutions, to support interventions for diabetes prevention and control, including equity- and human rights-based approaches and multisectoral actions.

ANNEX

We need to create momentum for not only living with diabetes, but thriving with it. Let us work together to build resilient health systems, address stigma, and deliver interventions within our communities.⁹⁴

Dr. Apoorva Gomber
Participant in informal consultation for the GDC and
person living with type 1 diabetes





¹⁰⁹ https://cdn.who.int/media/docs/default-source/world-health-data-platform/score/who_2021-01-31_global-report-score_tb_v2.pdf?sfvrsn=cf86a4fb_3&download=true.

List of HCC Member CSOs addressing diabetes¹¹⁰

- [Antigua and Barbuda Diabetes Association](#)
- [Bahamas Diabetes Association](#)
- [Barbados Diabetes Foundation](#)
- [Belize Diabetes Association](#)
- [Bermuda Diabetes Association](#)
- [Bovell Cancer Diabetes Foundation](#) (Trinidad and Tobago)
- [British Virgin Islands Diabetes Association](#)
- [Diabetes Association of Jamaica](#)
- [Diabetes Association of Trinidad and Tobago](#)
- [Diabetes Foundation for Youth](#) (Saint Lucia)
- [Diabetes and Hypertension Association of Barbados](#)
- [Dominica Diabetes Association](#)
- [Grenada Diabetes Association](#)
- [Guyana Diabetes Association](#)
- [Haitian Foundation for Diabetes and Cardiovascular Diseases \(FHADIMAC\)](#)
- [Saint Lucia Diabetes and Hypertension Association](#)

¹¹⁰ Source: <https://www.healthycaribbean.org/membership/>.

Follow the Healthy Caribbean Coalition on:

-  GetTheMessage
-  healthcaribbean
-  healthcaribbean
-  healthcaribbean

For more information please contact the HCC at
hcc@healthycaribbean.org
or visit our website
www.healthycaribbean.org

© Healthy Caribbean Coalition, May 2021

Cover images: monkeybusiness/Deposit Photos | Angelo Esslinger/Pixabay | Syda_Productions/Deposit Photos

Design and layout: Ian Pitts

ISBN: 978-976-96774-0-1



All reasonable precautions have been taken by the Healthy Caribbean Coalition to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader.



Wise Financial Thinking for Life

The work of the HCC would not be possible without the kind support of
Sagikor Life Inc.



