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

List of acronyms and abbreviations

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

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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 Voluntary Fund for Access to Medicines (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, including equity- and human rights-based approaches and multisectoral actions, and to provide services for diabetes and other NCD prevention, care, and treatment.
- Establish 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.
- Development and implementation of communication strategies, including promotional campaigns, to improve their care and treatment, and prevent complications.
- 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, with 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 involve 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 Coalition⁵ 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 Community⁶ 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 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.¹⁸,¹⁹ Even more worryingly, reviews have documented increases in the prevalence of diabetes in the region,¹⁸ 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 (BBDD) per year on CVD and diabetes, and that the economy is losing BBDD 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.²¹ 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 Jamaican Dollars (JMD) for every 1 JMD.²²

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.²³ The total direct cost was estimated at USD 45.6–64 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 123–132 billion.

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

diseases, and mental, neurological, and substance use disorders, which have five main risk factors (tobacco use, high blood pressure, high cholesterol, physical inactivity, and air pollution)—emphasized 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 (10.6%) 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. Globally, between 2002 and 2016, there was an increase of 5% in premature mortality (persons aged 30-70 years) due to diabetes, and diabetes entered the top ten causes of death in 2019, causing 11.3% of deaths, almost half of which were in people under 60 years of age. 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 total diabetes-related health expenditure in 2019 was estimated at USD 740 billion.4

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 country, its health, and economic consequences.5-7 As in other regions of the world,8-11 COVID-19 in the Caribbean has had the greatest health impact on persons with underlying health conditions, mainly NCDs, such as 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,12 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, race, ethnicity, religion, and migrant status; and the imperative of addressing the social, economic, political, and commercial, and other determinants of health through multisectional, whole-of-government, whole-of-society approaches.13,14 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.15 As elsewhere, PLWNCs/ 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 costs that are inadequate health insurance coverage are unlikely to provide universal access to essential NCD interventions.16,17 A core component of UHC is the primary health care strategy,18 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 individual—is19-21 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.22

Not only do people 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 with mental health, neurological, and substance use conditions.23,24 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, as well as trying to cope with home schooling and remote learning.25,26 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 fruit and vegetables, households stockpiling on processed and ultra-processed foods, and private sector promotion of unhealthy products.27,28

Efforts to strengthen the prevention and control of NCDs are crucial in mounting an effective COVID-19 response. The COVID-19 response and continued focus on NCD prevention and management are key and interlinked aspects of public health at the present time.3


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


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


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 2013-2020,46 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,47 the 2016 Report of the WHO Commission on Ending Childhood Obesity48 and its Implementation Plan,49 the World Best Buys and Other Recommended Interventions50 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 Caribbean countries participated in CARICOM The Clinical Guidelines for the Management of Diabetes in Primary Care in the Caribbean,53 which are based on the CCM; several WHO Technical Packages54; and lessons from the Bloomberg Data for Health Initiative.55 This latest, along with Module 5 of the CARICOM Clinical Guidelines for the Management of Diabetes in Primary Care, addresses the quality of diabetes care and outcomes, and the quality of life of PLWDs. More recent tools to improve care for PLWDs/PLWNCs include the chronic care model, which emphasizes a team approach, and self-care and self-management.56

HCC has also been a regional force in these efforts, through as many of its publications target primary its civil society constituencies, they are also useful for governments and the health-supporting private sector.

Conclusion

These publications include the HCC Civic Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean Phase IV: ICCS 2020,57 which reflects the Coalition’s focus on issues related to childhood obesity prevention.58 This focus includes advocacy for food and nutrition security, healthy nutrition, and front-of-package nutrition warning labeling,59 ensuring strong involvement of, and regular engagement with, PLWNCDs and youth, through the HCC’s Our Views, Our Voices60 and Healthy Caribbean Youth61 initiatives, respectively.

However, despite the many frameworks, guidelines, and tools, there is a recognised implementation deficit in NCD prevention and control globally,56 including in the Caribbean. Issues related specifically to poor diabetes control in the region have already been mentioned.13,15 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 Countries were already off-track to meet SDG 3 and other SDG targets, and with more related to some NCDs increased to 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, cross-border and jurisdictional interactions, and the impact of economic, market, and commercial factors, including Industry interference.64,69,70 The policy brief for the Global NCD Alliance Forum to February 2020 identified gaps in the fulfilment of commitments, prevention and control related to leadership, investment, care, community engagement, and accountability.71

2.4 Building better and fairer

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,

46 https://apps.who.int/iris/bitstream/handl


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 Caribbean77 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 is the empowerment and engagement of PLWCDs, 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 fullfilment of the FOSH commitments and the achievement of the 2030 Sustainable Development Agenda and its Goals especially SDG 3, the goal most directly related to health, and target 3.4 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,78 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 2021 Statement by the UN Special Rapporteur on the Right to Health79 endorsing the adoption of front-of-package warning labelling to tackle NCDs. Front-of-package 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,78 and, as recently demonstrated, volcanic eruptions.78 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 PLWCDs/PLWCDs, 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 NCC Advocacy Priorities for the Outcome Document of the Third High-Level Meeting on NCDs (HLM3)80 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.80,81,82

In January 2021, the 148th Session of the WHO Executive Board (EB148) tabled a decision ‘Addressing Diabetes as a Public Health Problem,’ noting the insufficient progress in effectively addressing diabetes, and the impact of diabetes and other NCDs on PLWCDs. The decision encouraged the WHO Secretariat and Member States to celebrate, in 2021, the 100th anniversary of the discovery of insulin, during the WHA74, and urged WHO Member States to strengthen comprehensive approaches on the prevention and management of diabetes and address gaps in accessing 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,83 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/ R2.84 As expounded in the TNA-NCDs for the Caribbean,85 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,85,86 including during the COVID-19 pandemic, despite limited resources and other challenges aggravated by the pandemic and responses to it.85 Diabetes associations in particular have been involved in providing access for their constituents to glucose monitoring, packages of healthy foods, and essential medications.87 However, all CSOs working in NCDs in the region need additional resources, meaningful engagement, capacity strengthening— including of PLWCDs/PLWCDs 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 PLWCDs 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.
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,13 was announced on World Diabetes Day 202014 and launched on 14 April 2021 at the Global Diabetes Summit,15 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.16 The GDC also pledges to reach those furthest left behind,17 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.18

• 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.

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 wellness, 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:19

• 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 labelling” and the 2016 PAHO Nutrient Profile Model20 being taken into consideration the Now More Than Ever campaign21 being implemented by HCC in collaboration with PAHO, UNICEF, and the OECS Commission;

  - taxation on sugar-sweetened beverages of at least 20%;22 the application of taxes to unhealthy foods and beverages; provision of subsidies on healthy foods; and sanctions against the producers and consumers of unhealthy foods; and

13 World Health Organization Global Diabetes Compact. Presentation at Global Diabetes Summit by Bente Mikkelson, Director NCDs, WHO, 14 April 2021. Available at: https://apps.who.int/iris/bitstream/handle/10665/278225/9789275187733_eng.pdf;jsessionid=1E022021_201_4d11?sequence=1


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


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

18 https://www.who.int/news-room/items/2021-04-14-default-calendar-global-diabetes-summit


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


What can be done at policy level in the Caribbean?

**Detect/Diagnose**
- Enable application of the CCM, 
- 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 (prevention, promotion, education, 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, inter-disciplinary interventions.

**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 and the World Diabetes Foundation; 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.

**Recover**
- 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 and 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.

**What can be done at policy level in the Caribbean?**

- Catalyst 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.

**Promote prenatal care and nutrition, and implement policies to enable exclusive breastfeeding, guiding 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.**

**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 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.

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102 https://idf.org/
103 https://www.worlddiabetesfoundation.org/
• Promotion, adoption, and implementation of the TNA-NCDs.
• Implementation of the WHO BBs and 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.

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.

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


ANNEX
List of HCC Member CSOs addressing diabetes

- 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

Source: https://www.healthycaribbean.org/membership/