

POLICY BRIEF | THE GLOBAL DIABETES COMPACT: DIABETES PREVENTION AND CONTROL IN THE CARIBBEAN - PRIORITY POLICY ASKS



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

Protect/Prevent

1. 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.

Detect/Diagnose

2. 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.
3. 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

4. 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.

Recover

5. 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.