Good morning, everyone. Thank you, Sir Trevor and the Healthy Caribbean Coalition for inviting me to make a few opening remarks in my capacity as CARICOM’s Secretary General Designate. I really am very pleased to be here.

The explosion of non-communicable diseases in the region in the last few decades as our lifestyle evolved; the links across obesity, cancer, heart disease, diabetes, hypertension, cardiovascular diseases, chronic respiratory diseases and mental disorders; the negative impact of NCDs on the quality of life and productivity of our Caribbean people; all of these are important considerations from a public policy point of view.

This discussion is not new to CARICOM. Twenty years ago, the Conference of Heads of Government issued the Nassau Declaration on Health entitled “The Health of the Region is the Wealth of the Region”. This still very relevant statement began with acknowledging the critical role of health in economic development and the threat that current health problems – the focus was on HIVAIDS at that time - may impede that development through the devastation of our human capital. It continued by recognizing the need for access to services for vulnerable groups, behavioural change in the youth, and the empowerment of women. Heads of Government took account of the successes of our region – in collaboration with the international community – in successfully combatting major public health problems such as poliomyelitis and measles and cholera. Of relevance today, of course is that these diseases were defeated by vaccine and hygiene programs, both of which are critical in the present fight against Covid19.

This Nassau Declaration also confirmed recommitment to the work of the Caribbean Co- operation in Health (CCH) as the framework under which regional and sub-regional, national and institutional sector plans for health will be considered. Among the several strategic plans

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that should have emerged from the Nassau Declaration was a “Regional Strategic Plan for the Prevention and Control of the Chronic Non-Communicable Diseases” in 2002.²

It most likely was not possible for this plan to emerge in such a short time period, but a lot of work was done in the subsequent 5 years and on September 17, 2007, after a special Summit on Chronic Non-Communicable Diseases (NCDs), the Conference of Heads issued the Declaration of Port of Spain: “Uniting to Stop the Epidemic of Chronic NCDs”³. That Declaration affirmed the main recommendations of the Caribbean Commission on Health and Development which included strategies to prevent and control NCDs in the Region. As that declaration stated, the Conference of Heads was:

“**Impelled by a determination to reduce the suffering and burdens caused by NCDs on the citizens of our Region which is the one worst affected in the Americas.**”

CARICOM was the first region in the world to take NCDs so seriously as to have a summit of our Heads of Government meet to specially consider the impact and implications for the future of the region. Four years later, in 2011, Heads of State and Government at the first UN High-level Meeting on the Prevention and Control of NCDs expressed grave concern about the vicious cycle; “**whereby NCDs and their risk factors worsen poverty, while poverty contributes to rising rates of NCDs, posing a threat to public health and economic development.**”⁴

How were health professionals able to convince CARICOM Heads of Government of the criticality of focusing on NCDs? The answer is quite simple. You were able to do this by demonstrating the huge current and future cost of NCDs. Evidence shows that NCDs, are leading cause of mortality, and sickness in our societies. NCDs are associated with risk factors including tobacco use, abuse of alcohol, unhealthy diets, physical inactivity, and air pollution. By 2016, NCDs were responsible for 76.8% of all deaths in the Caribbean. Moreover, 38.1% of all NCD deaths occurred in persons under 70 years of age. And, most shocking of all, people in the “non-Latin” (mostly English-speaking countries) of the Caribbean had the highest probability in this whole hemisphere of dying prematurely, that is, between the ages of 30 and 70 years. This means, in addition to loss of life, there is loss in household income, decline in productivity and reduced gross domestic product (GDP).

I am advised, for example, that an unpublished study by PAHO in collaboration with Harvard University estimated that NCDs and mental health conditions will lead to a US$17 billion loss in

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²CCH is now in Phase IV, covering the period 2016 - 2025. Since Phase 2, beginning in 1997, CCH has had the issue of NCDs at its core and controlling NCDs remain a strategic priority. [https://caricom.org/documents/16429-cch-iv-publication_rev-7_health_sector_development.pdf](https://caricom.org/documents/16429-cch-iv-publication_rev-7_health_sector_development.pdf)


Jamaica, equivalent to an annual reduction of 3.9% of GDP, over the period from 2015 to 2030. Also, a 2015 investment case prepared by PAHO and UNDP for NCD prevention and control in Barbados showed that investments in NCD prevention interventions and treatment coverage 15 years ending 2030 could yield a return on investment of 4.1\(^5\). This would represent an increase of 1% of annual gross domestic product.

Having convinced our governments quite a long time ago of the absolute importance of addressing the causes and consequences of NCDs in the CARICOM region, however, we – governments, health professionals, international partners, producers, consumers, all of us together - have been spending a long time considering how to design and implement acceptable and effective solutions.

Part of the difficulty is the fact that many of the changes that are required are cultural and/or lifestyle changes - eating more healthy food, returning to more healthy lifestyles, reducing alcohol and tobacco. In a cultural reality where an indication of prosperity is the ability to purchase prepared food, it is not surprising that increasing income has led to eating more restaurant food and imported processed food. The other side of that reality is that families in poverty cannot access low-cost, healthy, locally grown food. This situation was worsened as the loss of jobs brought on by the Covid-induced economic downturn which resulted in many more vulnerable people being unable to access healthy foods, with all the negative implications for persons with NCDs.

Cheap healthy food is just not available. Cheap food is now imported from abroad in cans, boxes, bottles and plastic bags. It is estimated that more than 60% of food consumed in the region is imported and these are largely processed and ultra-processed foods. Changes in lifestyles, preferences and cultural practices are difficult to achieve without strong public education programs. It is also difficult because the major global producers have huge marketing budgets that keep global demand growing for imported food and drink.

One of the early economic impacts of Covid was the disruption of supply chains globally which gave new meaning to “food insecurity” in countries that import most of their food. It quickly became clear to many that if the next ship could not reach, food could run short. This realisation has given to some impetus across the region to the importance of expanding domestic food production and at the CARICOM level, long made policy decisions about ramping up food production in the region are being revisited and urgent plans for agriculture sector development are being given high priority.

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Which brings us to the subject of your meeting today: Our Food, Our Health, Our People - Accelerating Healthy Food Policies to tackle NCDs - A Transformative New NCD Agenda. The timing is excellent. Your conversation about healthy foods is taking place in a context in which the focus in CARICOM is already on increasing the production of farm fresh foods which suggests a present strategic opportunity for alliances across the health and agriculture sectors.

Production of local grown healthy food can be strengthened with support, not only from governments and international agencies that support agricultural production, but also from agencies, such as Healthy Caribbean Coalition and its members, who can advocate for increased consumption of fresh food because it is good for our health, advances food security and strengthens our economy.

I want to close by thanking the Healthy Caribbean Coalition (HCC) for the role it plays in coordinating civil society organisations to advocate for policies and actions that promote good health of Caribbean people. The positive role that the Coalition plays has made it well regarded regionally and internationally. Here in Belize, we are privileged to have Mrs Laura Tucker-Longsworth, president of the Belize Cancer Society, and previously Speaker of the House and, in that role, as strong advocate for healthy living. As a Senator, I had the privilege of working with Mrs Tucker-Longsworth when she convened the Belize Parliamentary Front against Hunger and Malnutrition. I am sure she brings the same passion to her role on the Board of the Coalition.

I want to also acknowledge the civil society organisations in the region, partner agencies and experts who contribute to the critical work and success of the Healthy Caribbean Coalition. I look forward to assuming the role of CARICOM Secretary General on August 15, and giving priority to broadening the range of community stakeholders, including civil society, that are kept abreast of Community work, contribute to discussions of critical community issues, and whose advice can help to improve the formulation of community policy. So don’t be surprised that I do expect to receive recommendations for policy development and other suggestions arising out of this conference and after. The issues facing the region – from tackling NCDs to building resilience to climate change, strengthening food security, reducing poverty - all of these issues need many hands on deck.

Best wishes for a productive meeting.

Thank you!