NCDs AND COVID-19 IN THE CARIBBEAN: A CALL TO ACTION

THE CASE FOR A TRANSFORMATIVE NEW NCD AGENDA

HCC ACTION PLAN 2021-2022
ACKNOWLEDGEMENTS

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ACRONYMS AND ABBREVIATIONS

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<th>Acronym</th>
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<tr>
<td>A&amp;C</td>
<td>advocacy and communication</td>
<td>NCDA</td>
<td>NCD Alliance</td>
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<td>BBs</td>
<td>Best Buys</td>
<td>NGO</td>
<td>non-governmental organisation</td>
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<td>CARICOM</td>
<td>Caribbean Community</td>
<td>NNDCDC</td>
<td>National Non-communicable Diseases Commission</td>
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<td>CARPHA</td>
<td>Caribbean Public Health Agency</td>
<td>OECs</td>
<td>Organisation of Eastern Caribbean States</td>
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<td>CDB</td>
<td>Caribbean Development Bank</td>
<td>ORIs</td>
<td>Other Recommended Interventions</td>
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<td>CDoH</td>
<td>commercial determinants of health</td>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>Col</td>
<td>conflict of interest</td>
<td>PEA</td>
<td>political economy analysis</td>
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<td>COP</td>
<td>childhood obesity prevention</td>
<td>PHC</td>
<td>primary health care</td>
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<td>COVID-19</td>
<td>coronavirus disease 2019</td>
<td>PLWNCDs</td>
<td>persons living with non-communicable diseases</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
<td>POSD</td>
<td>Declaration of Port Spain</td>
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<td>CROSQ</td>
<td>Caribbean Regional Organisation for Standards and Quality</td>
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<td>CSD</td>
<td>civil society organisation</td>
<td>ROI</td>
<td>return on investment</td>
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<td>CVD</td>
<td>cardiovascular diseases</td>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>FAO</td>
<td>United Nations Food and Agriculture Organization</td>
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<td>FNS</td>
<td>food and nutrition security</td>
<td>SDoH</td>
<td>social determinants of health</td>
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<td>FoPNWLS</td>
<td>front-of-package nutrition warning labelling</td>
<td>SECOR</td>
<td>social, economic, and cultural rights</td>
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<td>GDP</td>
<td>gross domestic product</td>
<td>SSBs</td>
<td>sugar-sweetened beverages</td>
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<td>GHAI</td>
<td>Global Health Advocacy Incubator</td>
<td>TNA-NCDs</td>
<td>transformative new agenda for the prevention and control of non-communicable diseases</td>
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<td>HAP</td>
<td>household air pollution</td>
<td>UHC</td>
<td>universal health coverage</td>
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<td>HCC</td>
<td>Healthy Caribbean Coalition</td>
<td>UN</td>
<td>United Nations</td>
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<td>HIA</td>
<td>health-in-all-policies</td>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>HLM</td>
<td>high-level meeting</td>
<td>USD</td>
<td>United States dollar</td>
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<td>HoSG</td>
<td>Heads of State and Government</td>
<td>UWI</td>
<td>University of the West Indies</td>
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<td>JMD</td>
<td>Jamaican dollar</td>
<td>WHO</td>
<td>World Health Organization</td>
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<td>MHPSS</td>
<td>mental health and psychosocial support</td>
<td>WoG</td>
<td>whole-of-government</td>
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<td>MNS</td>
<td>mental, neurological, and substance use</td>
<td>WoS</td>
<td>whole-of-society</td>
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<td>NCDs</td>
<td>non-communicable diseases</td>
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The Healthy Caribbean Coalition (HCC) Action Plan 2021-2022 represents the HCC’s contribution to implementation of the Transformative New Agenda for the Prevention and Control of Non-communicable Diseases (TNA-NCDs) in the Caribbean during, and in the aftermath of, the coronavirus disease 2019 (COVID-19) pandemic.

Supported by a much-appreciated grant from the NCD Alliance Civil Society Solidarity Fund, and with significant input from HCC Member Civil Society Organisations (CSOs), and key regional stakeholders and thought leaders, the HCC developed the TNA-NCDs as a call to action for innovative, bold approaches to NCD reduction in the Caribbean region to address the inequities, health system gaps, and implementation deficits laid bare by COVID-19. The TNA-NCDs embraces new approaches to accelerate NCD reduction in the Caribbean, based on principles of equity and human rights, and enhancement of the region’s human security and human capital. It provides impetus for social activism that puts persons living with NCDs (PLWNCDs) at the heart of a new framework to which governments, civil society, the health-supporting private sector, and development agencies can contribute, collaborating to step up reduction of the region’s crushing burden of NCDs.

The TNA-NCDs demands multisectional, whole-of-government, whole-of-society, and health-in-all-policies approaches to address the social, economic, political, commercial, and other determinants of health that are the root causes of inequities. Partnerships that place PLWNCDs and other persons in conditions of vulnerability at the heart of all interventions, and meaningfully engage children, adolescents, and youth in efforts to prevent NCDs, are critical to successful implementation of the TNA-NCDs.

In addition, recognising that new approaches to NCD reduction in the region must indeed take “all hands on deck”, the TNA-NCDs seeks to engage with healthy commodity industries to identify win-win solutions that benefit both the industries and public health, mindful of the need to identify and manage conflict of interest.

The HCC anticipates fruitful partnerships with all key stakeholders in achieving the outputs and outcomes of its Action Plan 2021-22, and looks forward to civil society’s involvement in the planning and execution of key stakeholders’ interventions for their own contributions to the implementation of the TNA-NCDs.

In summary, in implementing the AP 21-22, HCC will:

1. Advocate and communicate for trade and fiscal policies, legislation, regulations, and guidelines to promote:
   - reduction of harmful use of alcohol
   - reduction of physical inactivity
   - strengthening of food and nutrition security

2. Implement and advocate for policies and regulations to address tobacco use, including:
   - global implementation of the WHO FCTC
   - national and regional implementation of the WHO FCTC
   - implementation of taxation on tobacco products
   - industry reformulation of unhealthy food and beverage products
   - exclusive breastfeeding and regulation of the marketing of breastmilk substitutes
   - bans on the sale and marketing of unhealthy foods to children, including in and around schools

3. Strengthen physical activity and sedentary behaviour, and advocate for policies to promote these, including:
   - national and regional implementation of the WHO Guidelines on Physical Activity and Sedentary Behaviour
   - encouragement of active transport and active commuting
   - promotion of sports, physical activity, and fitness

4. Advocate for policies to promote healthy diets, including:
   - national and regional implementation of the WHO Guidelines for the Prevention and Control of NCDs
   - implementation of mandatory front-of-package nutrition warning labelling
   - development of Caribbean regional standards for the advertising, promotion, sale, and sponsorship of tobacco products
   - implementation of taxation on unhealthy food and beverages

5. Advocate for policies to promote healthy, locally-grown, accessible and affordable foods, including:
   - promotion of healthy eating and healthy lifestyle practices
   - encouragement of local food systems and local food production
   - promotion of healthy foods and nutrition

6. Advocate for policies to promote healthy environments, including:
   - promotion of healthy environments
   - promotion of healthy buildings and communities

7. Advocate for policies to promote healthy workplaces, including:
   - promotion of healthy workplaces
   - promotion of healthy work environments

8. Advocate for policies to promote healthy environments, including:
   - promotion of healthy environments
   - promotion of healthy buildings and communities

9. Advocate for policies to promote healthy environments, including:
   - promotion of healthy environments
   - promotion of healthy buildings and communities

10. Advocate for policies to promote healthy environments, including:
    - promotion of healthy environments
    - promotion of healthy buildings and communities

In support of the implementation of the TNA-NCDs in the Caribbean, the HCC TNA-NCDs Action Plan 2021-2022 (AP 21-22) outlines the activities that HCC entities (Secretariat and Member CSOs) will undertake for the stated two-year period. The activities are aligned with specific outcomes and outputs delineated for the five priority areas of focus of the TNA-NCDs: life course prevention; social inclusion and participation for policy development; people-centred, primary health care-based health systems for universal health; partnerships, networks, and resource mobilisation; and accountability for decision-making.

The AP 21-22 activities are aligned with the values and guiding principles of the HCC Strategic Plan 2017-2021 and, emphasising equity- and rights-based approaches, they address primarily advocacy and communication targeting key stakeholders; capacity building for CSOs; establishment of partnerships and networks that facilitate inclusion and resource mobilisation; and accountability.

In summary, in implementing the AP 21-22, HCC will:

1. Advocate and communicate for trade and fiscal policies, legislation, regulations, and guidelines to promote:
   - reduction of tobacco use, taking advantage of partners’ interventions and participation in the development of Caribbean regional standards for the advertising, promotion, sale, and sponsorship of tobacco products
   - reduction of unhealthy diet, including:
     - implementation of taxation on unhealthy food and beverages
     - implementation of mandatory front-of-package nutrition warning labelling
     - industry reformulation of unhealthy food and beverage products
     - exclusive breastfeeding and regulation of the marketing of breastmilk substitutes
     - bans on the sale and marketing of unhealthy food and beverages to children, including in and around schools
   - development and/or update of school nutrition policies and/or national food-based dietary guidelines, focusing on healthy, locally-grown, accessible and affordable foods
   - strengthening of food and nutrition security (FNS) aligned with national and regional initiatives that encourage school and backyard gardening, and agricultural projects that involve youth
   - childhood obesity prevention (COP), focusing on the Convention on the Rights of the Child (CRC), General Comment No. 15 of the Committee on the Rights of the Child (CRC), and child nutrition as a rights issue
   - reduction of physical inactivity, promoting the 2020 World Health Organization (WHO) Guidelines on Physical Activity and Sedentary Behaviour and encouraging school, community, and workplace interventions
   - reduction of harmful use of alcohol, focusing on the annual observance of Caribbean Alcohol Reduction Day

1. Advocacy, action, empowerment of people; equity. inclusive partnerships, social justice, innovation, simplicity and flexibility, and transparency and integrity. See http://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan_WEB.pdf
2 Social inclusion and participation for policy development

- Advocate and communicate to promote the collection, analysis, and reporting of NCD data disaggregated by equity stratifiers such as age, sex, gender, education, urban/rural residence, ethnicity, occupation, and socio-economic status;
- Undertake and support interventions, including campaigns, guidance, and exploration of the formation of an Our Voices, Our Voices regional network that contribute to engagement, and amplification of the voices of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability, and their contribution to policy development; and
- Build the capacity of PLWNCDs, youth, and other key actors for advocacy, and implement PLWNCDs- and youth-led advocacy and communication activities.

3 People-centred, primary health care-based health systems for universal health

- Advocate and communicate to foster discussion on the social determinants of health (SDOH), the commercial determinants of health (CDoH), and the relationships among NCDs and equity, human rights, human security, and human capital, including annual observation of Human Rights Day;
- Prepare a concept paper and implement a workshop to review concepts, frameworks, and international experiences related to multisectoral, integrated, health-in-all-policies (HIAP), action, making recommendations for their application to NCD reduction in the Caribbean, and strengthen CSOs and other key stakeholder capacity to undertake relevant initiatives;
- Strengthen CSOs’ capacity to identify and manage conflict of interest (CoI);
- Prepare and disseminate to CSOs and healthy commodity industries a concept paper on the shared value and social impact business model, to explore its application in the Caribbean for mutually beneficial partnerships with the private sector in NCD reduction;
- Implement strategies to increase CSOs’ awareness of the chronic care model; management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction;
- Strengthen CSOs’ capacity to use digital strategies and platforms, and telehealth, in serving their constituencies;
- Share the final report on essential NCD medicines in the Caribbean developed by HCC and the Pan American Health Organization (PAHO), and disseminate information on lessons learned in COVID-19 regarding strategies for the continuity of essential medicines, vaccines, and health technologies;
- Explore strategies for CSO contribution to the roll-out of COVID-19 vaccines in the Caribbean;
- Advocate for the application of at least a portion of taxation on unhealthy commodities to finance NCD reduction, and analyse the multisectoral response to human immunodeficiency virus (HIV) in the Caribbean, identifying strategies and lessons learned that may be applicable to NCD reduction;
- Advocate for and support interventions to expand HCC membership (to include CSOs working in areas other than NCD reduction, such as gender, disabilities, poverty, climate change, environment, and human rights), facilitate collaboration, and build wide support for the TNA-NCDs;
- Strengthen CSOs’ capacity to promote and participate in National NCD Commissions (NNCDCs) or their equivalents; encourage greater engagement of CSOs in existing NNCDCs or their equivalents; and promote the establishment of national NCD alliances;
- Map the regional political governance architecture and identify partnership opportunities for collaboration in addressing the SDoH, CDoH, human rights, and social justice, and advocate for HCC’s acceptance as an Associate Institution of the Caribbean Community (CARICOM);
- Collaborate with key partners to identify and promote synergies in addressing both the climate crisis and NCD prevention and control; and
- Identify and sensitise public and private media, and public relations entities, on the TNA-NCDs and equity- and rights-based approaches to NCD reduction, and collaborate with them to promote the Agenda and related approaches; and
- Strengthen awareness of, and collaboration for, equity- and rights-based approaches to NCD reduction in the Caribbean, including establishing links with human rights groups and bodies, such as the United Nations (UN) Special Rapporteur on the Right to Health, and with other social justice groups, such as the Caribbean Public Health Law Forum, to promote and monitor advances in the realisation of social, economic, and cultural rights, gender equity, and other equity issues in the region.

4 Partnerships, networks, and resource mobilisation

- Host a regional meeting and quarterly webinars for key stakeholders, featuring regional and national thought leaders from all sectors, to promote and facilitate multisectoral, whole-of-government (WoG) and whole-of-society (WoS) buy-in to the TNA-NCDs;
- Develop advocacy and communication products to enable HCC high-level engagement to promote the TNA-NCDs;
- Advocate and communicate for multisectoral partnerships to address the SDoH and CDoH for NCD reduction, and analyse the multisectoral response to human immunodeficiency virus (HIV) in the Caribbean, identifying strategies and lessons learned that may be applicable to NCD reduction;
- Advocate for and support interventions to expand HCC membership (to include CSOs working in areas other than NCD reduction, such as gender, disabilities, poverty, climate change, environment, and human rights), facilitate collaboration, and build wide support for the TNA-NCDs;
- Prepare and disseminate to CSOs and healthy commodity industries a concept paper on the shared value and social impact business model, to explore its application in the Caribbean for mutually beneficial partnerships with the private sector in NCD reduction;
- Implement strategies to increase CSOs’ awareness of the chronic care model; management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction;
- Strengthen CSOs’ capacity to use digital strategies and platforms, and telehealth, in serving their constituencies;
- Share the final report on essential NCD medicines in the Caribbean developed by HCC and the Pan American Health Organization (PAHO), and disseminate information on lessons learned in COVID-19 regarding strategies for the continuity of essential medicines, vaccines, and health technologies;
- Explore strategies for CSO contribution to the roll-out of COVID-19 vaccines in the Caribbean;
- Advocate for the application of at least a portion of taxation on unhealthy commodities to finance NCD prevention strategies and strengthen social protection mechanisms, especially in the context of mitigating the health, social, and economic impacts of COVID-19; and
- Promote research related to:
  - prioritisation of the WHO Best Buys (BBs) and Other Recommended Interventions (ORIs) for implementation in the Caribbean;
  - strategies to improve multisectorality and promote desired behaviour change for NCD reduction;
  - the effects of COVID-19 on PLWNCDs in the region; and
  - mental, neurological, and substance use (MNS) disorders in young people, especially in the context of COVID-19.

5 Accountability for decision making

- Promote Caribbean governments’ annual reporting on trends in NCDs, CoI identification and management, and fulfilment of major regional and international NCD commitments, through an equity- and rights-based lens;
- Encourage HCC entities to develop and implement CoI policies;
- Map unhealthy commodity industries’ activities in the region, including interference with policy and programme development; disseminate the information as appropriate; implement a regional counter-interference campaign; and develop other strategies to counter industry influence; and
- Take measures to integrate components of the TNA-NCDs into all HCC project elements; develop and disseminate templates for periodic reporting on the execution of the AP 21-22; and conduct internal and external evaluations of the AP 21-22, noting progress in the implementation of the TNA-NCDs.
**2. INTRODUCTION**

Globally, the COVID-19 pandemic—ongoing at the time of writing—has severely impacted PLWNCDs, and has highlighted the need for significant improvements in approaches—especially by governments—to reduce NCDs and their complications, in order to achieve better outcomes for both NCD reduction and the COVID-19 response.

The HCC AP 21-22 aims to steer the Coalition’s contributions to the implementation of the Transformative New Agenda for NCD Prevention and Control in the Caribbean and sustain the momentum created through the implementation of the HCC COVID-19 Advocacy and Communication (A&C) Strategy.1 The AP 21-22 provides a roadmap that includes values, guiding principles, vision, mission, and an overall outcome that responds to the overall outcome of the TNA-NCDs and to regional and international goals for NCD reduction; specific outcomes with indicators and targets; outputs and indicators; deliverables, activities, inputs and resources, and proposed roles and responsibilities; implementation strategies; risks and risk mitigation strategies; resource mobilisation strategies; and a monitoring and evaluation framework.

The COVID-19 pandemic—declared by the WHO Director-General on 11 March 2020—disproportionately affects PLWNCDs and other persons in conditions of vulnerability. The illness, caused by the novel coronavirus SARS-CoV-2, and countries’ efforts to contain it, have highlighted inequities; factors that delay the progressive realisation of human rights; the importance of the social, economic, political, commercial, environmental, and other determinants of health; the threats that NCDs pose to the enhancement of human security and human capital; and the need for governments to expand and intensify their efforts to protect and preserve health, establishing health systems that promote and advance universal health and the primary health care (PHC) approach.

The HCC,2 a registered not-for-profit Caribbean regional network of over 100 CSOs focused on NCD prevention and control, saw the opportunity to re-energise stakeholders’ efforts to reduce NCDs in the Caribbean, in light of lessons learned from COVID-19. The HCC, established in 2008 as a consequence of the 2007 Declaration of Port of Spain (DPS2007): Uniting to Stop the Epidemic of Chronic NCDs,3 made by the Heads of State and Government (HoSG) of the CARICOM;4 collaborates closely with government, health-supporting private enterprise, academia, and international partners to leverage the power of civil society in efforts to reduce NCDs.

In March 2020, in response to the COVID-19 pandemic, the HCC developed the HCC A&C Strategy to guide relevant action. However, the Strategy did not explicitly address the post-COVID-19 NCD legacy and building back better, which are of paramount importance in light of the inequities and systemic failures—and their impact on health outcomes—that the pandemic has highlighted. In November 2020, as part of a project financed by the NCD Alliance NCD AI Civil Society Solidarity Fund (SF),5 the HCC prepared a report and Call to Action that justified a new line of attack for NCD reduction in the Caribbean—the TNA-NCDs.

The HCC saw the NCDA SF project as an opportunity not only to support the implementation of the COVID-19 A&C Strategy, but also to catalyse and accelerate innovative NCD policy development and implementation in the region, and contribute to more equitable, rights-based, and effective approaches to NCD reduction. This is especially relevant in light of the limited fiscal space available to Caribbean governments, made worse by the severe economic impact of COVID-19 on their vulnerable, developing, mainly tourism-dependent States. In July 2020, the UN Economic Commission for Latin America and the Caribbean forecast an average decline of 9.1% in gross domestic product (GDP) in 2020 in Latin America and the Caribbean, with decreases of 9.4% in South America, 8.4% in Central America and Mexico, and 7.9% in the Caribbean, excluding Guyana.6

The TNA-NCDs7 is a regional framework designed for implementation by all actors in NCD prevention and control. It was developed based on international and regional recommendations for NCD reduction and input from CSOs, key stakeholders, and thought leaders in NCD prevention and control in the region. It builds on previous efforts and evidence-based interventions, and brings fresh, innovative ideas in a framework that all stakeholders can buy into and use—for at least the next five years—to guide their actions, make up lost ground, and accelerate NCD reduction in the region. The TNA-NCDs focuses on prevention and PLWNCDs, and contributes to strengthening health systems for universal health; reducing NCDs and the existential threat that these conditions pose to health; enhancing human security and human capital, both of which have health as a critical component; reducing inequities; and accelerating the progressive realisation of human rights, especially the right to health.

COVID-19 has created unprecedented global, regional, and national awareness of the monumental burden of NCDs, paving a potential pathway for a social movement of citizens demanding change, and providing an opportunity for political action to develop and strengthen policies for NCD reduction. The inequalities and failures that have led to this silent pandemic of NCDs have become more apparent than ever, resulting in global awakening to the need for urgent action to address these diseases.

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The Policy Declaration from the Third UN High-level Meeting (HLM) on the Prevention and Control of NCDs in 2018 recognized five major NCDs and five main risk factors—the “5x5” priorities—for global attention to reduce the NCD burden. The five major NCDs are CVD, including coronary artery disease (heart attack), cerebrovascular disease (stroke), and hypertension (high blood pressure); diabetes; cancer; chronic respiratory diseases; and mental health and neurocognitive conditions, more recently termed mental, neurological, and substance use disorders. The five main risk factors are tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.

NCDs and their risk factors are strategically linked not only to economic, social, political, commercial, and environmental determinants of health, but also to health systems and universal health coverage (UHC) communicable diseases; maternal, child, and adolescent health; sexual and reproductive health; ageing; and palliative care. Multimorbidity, defined as the coexistence of two or more chronic conditions, can occur in the same individuals, 19 is a particular challenge—a study in Jamaica showed multimorbidity prevalence of 37.3%; noted that multimorbidity increased with age, was higher in women, and was more frequent in persons of lower socioeconomic status; and observed that diabetes and heart disease were the two disorders most associated with other conditions. 20

The NCD burden is not only reflected in poor individual and population health, but also in reduced productivity, strained health systems, and associated economic costs. The September 2020 report of the Lancet NCDs and COVID-19 in the Caribbean: A Call To Action - The Case for a Transformative New NCD Agenda: HCC 2021-22: ACTION PLAN recognized five major NCDs and five main risk factors—the “5x5” priorities, given the implementation deficit on NCDs and Economics 21 noted that though poverty drives and is driven by NCDs, financial protection from high medical costs can break this cycle; that price policies and taxation are effective means to reduce NCD risk factors such as tobacco use, harmful use of alcohol, and unhealthy diets; and can reduce inequalities; and that investment in NCD control results in increased economic growth.

A 2015 investment case for NCD prevention and control in Barbados showed that scaling up prevention interventions, combined with diagnostic and treatment coverage, would give a return on investment (ROI) of 4.1 Barbados dollars (BB$) for every dollar invested. 22 A similar analysis in Jamaica in 2018 showed that scaling up the recommended package of NCD interventions would avoid labour productivity losses of over 47.3 billion Jamaican dollars (JMD), 23 save over 29.8 billion JMD of direct medical costs to treat diseases, grow GDP by an extra 0.11 percentage points by five years alone, and give a minimum ROI of 2.1. 24 The studies demonstrated that increased preventive actions will yield a greater ROI than diagnostic and treatment interventions, and that ROI from increased taxation of tobacco and alcohol is high.

The International Diabetes Federation Atlas 2019 indicates that the overall prevalence of diabetes in adults aged 20-79 years in the North American and Caribbean region is 13.3%, with prevalence in individual Caribbean countries ranging from 5.7% in Haiti to 9.4% in The Bahamas, 13.0% in Suriname, and 17.8% in Barbados. 25 The estimated prevalence of diabetes in adults in the Caribbean was 1.3% in 1960 and 17.9% in 1995, 26 and a review of studies in diabetes showed...
Caribbean from 1989 to 2002 showed a prevalence of the disease among adults ranging from 11.1% to 18% associated with increases in obesity. The prevalence of hypertension in the Caribbean was estimated to be 26% and as high as 55% in studies of populations over 25 years of age and over 40 years of age, respectively. Without effective interventions, the burden of NCDs is expected to continue to increase in the region, given that age is a non-modifiable risk factor, and the anticipated rapid and dramatic ageing of Caribbean populations over the period 2015-2035.

Mental disorders have significant health, social, human rights, and economic consequences globally, with depression accounting for 4.5% of the global burden of disease, being one of the main causes of disability worldwide, and affecting more women than men. Bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders, including autism, contribute significantly to the burden of mental disorders, and persons with major depression and schizophrenia have a 45% to 60% greater chance of dying prematurely than the general population, due to physical health problems such as cancers, CV, diabetes, and HIV that are often left unattended, and suicide. Suicide is the second most common cause of death among young people worldwide.

In the Caribbean, studies have shown an incidence rate of schizophrenia of 2.0–3.0 per 100,000 population; a prevalence of depression ranging from 20% to 45%; and a rate of 0.8 per 1,000 hospital admissions in Trinidad and Tobago in 1990. In Jamaica for bipolar disorder. Suicide was associated with a psychiatric disorder. Suicide is the second most common cause of death among young people worldwide.

Main risk factors
Four of the five main NCD risk factors—tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol—remain problematic in the Caribbean, despite some advances in tobacco control and other POSD and international commitments for NCD reduction. In 2015, unhealthy diets pose a greater risk to morbidity and mortality than does unsafe sex, alcohol, drug, and tobacco use, combined.

Globally, in 2016, 39% of adults aged 18 years and over were overweight, 11.1% to 18% and 4.0% to 6.0% of women and men were obese (11% men and 15% women); 18% of children and adolescents aged 5-19 years were overweight or obese, compared with 4% in 1975, and the increase has occurred similarly among both boys and girls. In the Caribbean, overweight and obesity are also on the rise—it is estimated that more than 60% of the adult Caribbean population is overweight. The increasing trends in overweight and obesity also affect children and adolescents in the region, with approximately one in three being overweight or obese; prevalence rates of between 26% and 35% have been found. Among boys and 33% among girls.

Data on air pollution and its impact in the Caribbean are scarce, but in Haiti, the use of solid fuels and inefficient cookstoves has a significant impact on health outcomes and livelihoods, particularly for women. Household air pollution (HAP) from cooking is the second leading risk factor for mortality in Haiti—the only greater risk factor for mortality in that country is hypertension. In 2015, over 8,000 deaths were attributable to HAP from cooking with solid fuels, with women accounting for approximately 58%, 13% of HAP-attributable deaths are among children under 5 years of age.

The Annex summarises mortality and prevalence data on selected NCDs and risk factors from several Caribbean countries, extracted from "NCDs in the Caribbean country profiles for 2016", which are based on WHO NCD and risk factor STEPS surveys.

3.2 Implementation deficit
Many international frameworks provide information and guidance on evidence-based interventions for NCD prevention and control, including the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, the 2016 Report of the WHO Commission on Ending Childhood Obesity (ECO) and its 2017 Implementation Plan, the Pan American Health Organization Strategy for the Prevention and Control of NCDs 2012-2020, the PAHO Plan of Action for the Prevention and Control of NCDs in the Americas 2013-2015, the Political Declaration from the UN HLM on NCD prevention and control in 2011, the Outcome Document from the 2014 HLM on NCDs, and the Political Declaration from the 2018 HLM on NCDs. Also instructive are the widely-promoted WHO Best Buys and Recommended Interventions, a suite of evidence-based, cost-effective strategies that address reduction of the main NCD risk factors and management of the major NCDs, and the WHO Mental Health Action Plan 2013-2020, which offers global guidance to countries on addressing this underserved area.

In the Caribbean, the 2007 POSD is the 2007 Declaration of St. Ann's: Implementing Agriculture and Food Policies to Prevent Obesity and NCDs in the CARICOM Region, and the Caribbean Public Health Agency (CARPHA) Plan of Action for the Prevention and Control of NCDs in the Caribbean Region, 2017-2020 is the "Caribbean Action Plan: 2017-2021: Preventing Childhood Obesity in the Caribbean Region", which is based on the 2007 Declaration of St. Ann's: Implementing Agriculture and Food Policies to Prevent Obesity and NCDs in the CARICOM Region.

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Action for supporting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-201919 and the Caribbean Cooperation in Health Phase IV (CCPH IV) 2016-202820 are some of the regional frameworks for NCD prevention and control. These are complemented by many NCD-related HCC publications21 that primarily targeted to a wide range of stakeholders, including governments, and several national plans for NCD prevention and control,22 and for mental health.23

Despite the myriad global and regional frameworks, there is a recognised implementation deficit in NCD prevention and control, including in the Caribbean. Government actions have been documented 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.24,25 Worldwide, the implementation of the WHO BBs and ORIs is lagging, and accelerated action for their further implementation continues to be a priority.26 Before the pandemic, countries were already off-track to meet SDG 3 and other SDG targets, and the impact of COVID-19 has raised fears of further slowing of progress and a surge in NCDs and their complications.27

The policy brief for the Global NCDA Forum in February 2020 identified gaps in the fulfillment of commitments to NCD prevention and control related to leadership, investment, care, community engagement, and accountability.28 In addition, the WHO 2019 Global Monitoring Report on UHC stated that, of the countries monitored, no income group demonstrated significant progress in the NCD component of the UHC service coverage index (SCI) since 2000, while high-income countries showed faster gains than the other income groups. Further, several countries, particularly at low and middle-income levels, experienced deteriorating performance on the NCD component of the SCI over time.29

The situation in the Caribbean reflects many of these global findings, and the commitments of the POSD also implement a significant deficit.30 A political economy analysis (PEA) of NCD policy-making in the globally examined the role, interests, and political leverage of major actors: private sector regulation; the institutional landscape and its impact on the policy-making process, especially regional institutions related to NCD policy and decision-making; the influence of donor priorities and funding; and the potential impact of CARICOM’s main trade agreements. The PEA made recommendations for promoting NCD policy action in the Caribbean, an important one being critical review of private industry access to decision making at national and regional levels, especially related to the alcohol and food and beverage industries.

The 2016 POSD evaluation31 found that most CARICOM Member States had difficulty in implementing the commitments, and that the main areas of weak policy implementation related to mandates regarding schools, communications, and diet.32 Key recommendations from the evaluation included multisectoral actions at all levels of government and society to tackle NCDs: promotion of healthy living in different settings, such as schools, workplaces, and faith-based institutions; marketing of healthy foods; introduction of compulsory standards for nutrition labelling; banning the advertisement, sale, and promotion of unhealthy foods in school; and a decrease consumption of sugar-sweetened beverages (SSBs); subsidies to increase consumption of fresh fruit and vegetables; partnerships with civil society and the private sector; and sharing information, experiences, and “best practices” more effectively with local and regional stakeholders.

3.3 Lessons for NCDs from COVID-19

COVID-19 and NCD interactions

Emerging studies confirm that the “5x5” NCD priorities are all associated with more severe COVID-19 disease and mortality—persons with diabetes and CVHD in particular are more likely to have poor outcomes.69 PLWNCDs and persons who are obese are at higher risk of severe COVID-19-related illness and death, but services for the prevention and treatment of NCDs have been severely disrupted since the pandemic began.70 It is therefore imperative that strong action on NCDs be an integral part of the COVID-19 response, recovery, and building back better, starting immediately and in the longer-term.71

COVID-19 and NCDs have been characterised as a syndrome that is exacerbating social and economic inequities.21 In 2019, the Lancet Commission on Obesity defined a syndrome as “two or more diseases that co-occur, interact with each other, and have common societal drivers”, and described a syndrome of obesity, undernutrition, and climate change, focusing attention on the need to address these challenges and find common solutions.72 The Commission noted that systems-level interventions could serve as double or triple-duty actions to address all components of the syndrome simultaneously, an argument that can also be applied to COVID-19 and NCDs.

Though the pandemic was initially seen as primarily an acute health issue that demanded hospitals, doctors, and nurses, sectors other than health soon felt its impact, as businesses, food outlets, schools, churches, and other entities closed; curfews were imposed; and restrictions were placed on the movement of people and goods between and within countries, to prevent the spread of COVID-19. Public health measures to prevent spread—face coverings, hand hygiene, physical distancing, and isolation—remain essential components of the response. With hospitals focusing on essential services for care sick patients, the PHC approach, the first level of care, self-care, and self-management assume greater importance for PLWNCDs.

A PAHO rapid assessment of the impact of the pandemic on NCD services in the Americas in May 2020 received responses from 28 of the 35 PAHO Member States, including 12 of the 13 Member States in the Caribbean.33 The assessment found that NCD services were partially or completely disrupted in 85.7% of the countries, with the main reasons for service disruption being cancellation of elective care services (58.3%), clinical staff being re-assigned to the COVID response (50%), and patients not presenting for care (50%). The partial or complete disruption affected all types of care for PLWNCDs, but more so for acute care and rehabilitation services. Other planned NCD activities were also suspended or postponed, including implementation of NCD surveys (57.1%); screening for cancer, diabetes, and other NCDs (42.8%); implementation of the WHO NCD Action Plan; and promotion of healthy diets (28.6%), and mass communication campaigns (25%).


The main strategies used to minimize the disruptions were specific for PLWNCDs,72 including several that promoted youth voices and provided a platform for PLWNCDs to share their COVID-19 experiences.

Many private sector entities, especially the food and beverage industry—which both internationally and regionally took advantage of the pandemic to promote their brands online to a captive “stay-at-home” audience—that included children. They donated unhealthy products, including foods high in fats, salt, and sugar, to children and other persons in conditions of vulnerability, under the guise of corporate social responsibility.1,2,6 However, some private sector entities in the region made health-supplementing contributions. South American governments, in response, similar to their international counterparts, through financial donations in support of personal protective equipment for health workers; adapting their manufacturing processes to produce supplies for public health measures; and complying with government regulations and protocols.3

Key lessons from COVID-19

COVID-19 has demonstrated that—given impetus, political will, and leadership—governments can allocate and mobilise resources, put coordination mechanisms in place, and develop policies and regulations to respond rapidly to issues that pose serious threats to health, social, and economic development, with cooperation from civil society and private sector. NCDs pose exactly those threats, but, in contrast to COVID-19, the governmental response has been slow and tortuous, with NCDs almost being seen as “a normal part of life” in the region and a “slow burn”, as opposed to the immediate evidence of death, illness, and the “fast burn” of COVID-19. The pandemic has provided an environment for creative thinking: shown the advantages and limitations of available telemedicine technology; encouraged efforts towards digital transformation and strengthening information systems for health; and spurred the development of innovative, cost-effective, local solutions to identified challenges.

Specific lessons from the pandemic that have utility for NCD reduction include the importance of:

• heightened recognition of equity and human rights issues as they relate to health in general, and NCD prevention and control in particular, and the imperative of addressing them;

• multisectoral, multidisciplinary, WoG, WoS, HiAP actions to enable policy coherence across sectors and address the social, economic, political, commercial, environmental, and other determinants of health;

• traditional and non-traditional partnerships, with meaningful engagement of PLWNCDs, children, adolescents, and youth;

• addressing in situ the common drivers and root causes of priority health issues, seeking common objectives, looking for co-benefits and more efficient and effective use of resources across themes, and integrating actions across programmes and systems;

• pre-emptive emergency and disaster preparedness and planning, encompassing interventions for MHPS, including for health workers;

• strengthening health systems for greater resilience and universal health, including adopting the PHC approach and improving the first level of care; establishing PHC teams that include community health workers and persons trained to recognise common MNS disorders; adopting the chronic care model, which includes self-care and self-management; and addressing multimorbidity;

• ensuring social protection and continuity of care for PLWNCDs, including the supply of essential medicines and technologies;

• taking advantage of technology, the digital transformation, and digital strategies to communicate, disseminate information, improve health literacy, build capacity, and promote telehealth;

• ensuring inclusivity of people with PLWNCD and digital devices, and relevant training in their use, especially for persons in conditions of vulnerability, as well as using other methods to ensure that such persons are included in the planning, implementation, and assessment of
interventions that impact them, where access to the technology:

- conducting research and ensuring that information systems for health provide up-to-date data disaggregated by key variables such as place of residence (urban/rural); race or ethnicity; occupation; sex; gender; religion; education; socio-economic status; and social capital or resources, that enable identification of persons in conditions of vulnerability and implementation of interventions that reduce inequalities and promote human rights;

- using scientific, evidence-based information to inform advocacy, policy development, and programme planning, and to counter misinformation and disinformation;

- developing or strengthening conflict of interest policies to facilitate COL identification and management and promote good governance;

- monitoring unhealthy commodities industries’ exploitative actions—especially during times of crisis—and implementing counter-strategies; and

- learning from global experiences, adapting those lessons to national and local contexts.

The NCDA, in collaboration with WHO and the Norwegian Ministry of Foreign Affairs, hosted a webinar “NCDs and COVID-19: Learning lessons, building back better” on 14 July 2020 that summarised, from an international perspective, the lessons learned from COVID-19, and proposed ways forward for strengthening NCD prevention and control. Mirroring input provided by the Caribbean national and regional CSOs, key stakeholders, and thought leaders who contributed to the development of the TNA-NCDs, the speakers in the webinar:

- noted that NCD reduction was essential to improve health, economic, and other aspects of human security, address the social and other determinants of health to reduce poverty and inequities, and advance the realisation of human rights;

- emphasised the importance of increasing public spending on health and public health services, including the first level of care, amplifying the voices of PLWNCDs, extending existing financing instruments to assist low-income countries in dealing with COVID-19 and NCDs, and establishing constructive debates and dialogues with the private sector;

- characterised COVID-19 as an “acute pandemic”, and NCDs as a “chronic pandemic”, but noted common elements and tools in dealing with both, including surveillance, community participation, involvement of civil society, health systems, the essential public health functions, and communication;

- noted that the model of HIV prevention and control was worthy of emulation, as it placed the needs of, and inputs from, affected communities and people at its core; and

- encouraged “joined up” movements, rather than siloed actions, to enable building back better.

Overall, COVID-19 has highlighted the importance of public health, a team approach, and multidisciplinary and multisectoral action, as well as the need to identify persons in conditions of vulnerability, including PLWNCDs and other groups such as poor people, persons with disabilities, women, children, youth, Afro-descendants, and indigenous peoples.83 The needs of PLWNCDs and other vulnerable persons must be determined and incorporated into planning for COVID-19 and its aftermath, to guide investment in health systems that offer comprehensive, people-centred services that do not cause financial hardship to the users, and that advance universal health based on the PHC approach. There must be adequate financial, human and other resource allocation by governments to promote and maintain the health of their populations, with the involvement of those affected, civil society, and the private sector, identifying and managing conflict of interest and curtailing industry interference. Without such measures to reduce NCDs—given their significant negative impact on human security and human capital, as defined in section 3.4 below—economic recovery and stability, and sustainable development, will not occur.84

3.4 Equity, human rights, human security, and human capital

Health equity or equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential—core of the SDG pledge to “leave no one behind”. The social determinants of health, defined by WHO as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, are mostly responsible for health inequities, which are the unjust, unfair, and avoidable or remediable differences in health outcomes and health status seen within and between countries.85 Though many of the SDG forces and systems, which include economic policies and systems, development agendas, social norms, social policies, and political systems, are outside the direct scope of the health sector, the sector has essential roles to play, including evidence-based advocacy, in achieving health equity, including achieving universal health based on the PHC approach.86

Most Caribbean countries have ratified major human rights treaties, including the International Covenant on Economic, Social and Cultural Rights87 Article 12 of which expresses “the right of everyone to the highest attainable standard of physical and mental health”; the International Covenant on Civil and Political Rights88 Article 2 of which argues against discrimination on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, and birth or other status; the Convention on the Rights of the Child89 Article 24 of which sets out the right of the child to the enjoyment of the highest attainable standard of health and specifically obliges States Parties to “combat disease and malnutrition, including within the framework of primary health care... through the provision of adequate nutritious foods and clean drinking water...”; and the Convention on the Rights of Persons with Disabilities90 Article 25 of which addresses health.

In 2013, the Committee on the Rights of the Child detailed the obligations in CRC Article 24 and specifically indicated that States Parties should address obesity in children.91 In February 2020, a WHO–UN Children’s Fund (UNICEF)–Lancet Commission noted that “all sectors are responsible for children’s well-being”, and, concerned about the threat of predatory commercial practices—among other dangers—to children’s health and future, called for the development of an Optional Protocol to the CRC.92 The Commission proposed that this additional component to the treaty, which would have to be independently ratified, should protect children from various threats, including the marketing of tobacco, alcohol, formula milk, SSBs, and potentially damaging social media.

In July 2020, the Statement by the UN Special Rapporteur on the right to health on the adoption of front-of-package warning labelling to tackle NCDs93 noted that within the framework of the right to health, States are required to adopt regulatory measures aimed at tackling NCDs, such as front-of-package warning labelling on foods and beverages containing excessive amounts of critical nutrients. This statement provides further justification and ammunition for current regional efforts to effect front-of-package nutrition labelling, as endorsed by the CARICOM HoS at their 39th Regular Meeting in 2018.94 The revision of the nutrition standards is under the leadership of the Caribbean Regional Organisation for Standards and Quality (CROSQ)95 and PAHO has recommended that Caribbean countries adopt the easily-understood octagon ‘high-in’ model implemented

83 A recording of the webinar is available at: https://www.youtube.com/watch?v=1dyAFgFv5Dg.


86 https://www.who.int/topics/health_equality/en/.

87 https://www.who.int/social_determinants/en/.


89 https://www.ohchr.org/EN/Professions/interests/Pages/CSR.aspx.

90 https://www.ohchr.org/EN/Professions/interests/Pages/CRC.aspx.

91 https://www.ohchr.org/EN/Professions/interests/Pages/CRPD.aspx.

92 https://www.ohchr.org/EN/Professions/interests/Pages/ConventionsRightsPersonsWithDisability.aspx.


96 https://www.crosp.org/.
in Chile and other countries, based on evidence of its effectiveness, which was confirmed in a 2021 study in Jamaica. However, as stated at a PAHO-HCC-supported November 2020 webinar on ‘The human rights approach to front-of-package warning labelling in the Caribbean’, at both regional and national levels the food and nutrition industries asserted undue influence to delay and thwart the process, and the revised standards are poised to fail well below expectations.

As the main-duty-bearers for the progressive realisation of human rights—to respect, protect, and fulfil—national governments must be held accountable for implementing policies and programmes that enable the rights-holders—all people—to achieve the highest attainable standard of health. Similarly, they must be held accountable for implementing policies or enabling actions by others, including industry, which threaten these rights.

Human security is characterised as freedom from fear (peace), freedom from want (development), and freedom from indignity (human rights), and as a multisectoral concept with seven essential dimensions of security: economic, food, health, environmental, personal, community, and political. In 2012, the UN General Assembly (UNGA) noted that ‘Human security is an approach to assist Member States in identifying and addressing widespread and cross-cutting challenges to the survival, livelihood and dignity of their people.’ The 2012 UNGA also noted that human security includes the right of people to live in freedom and dignity, free from poverty and despair. All individuals, in particular vulnerable people, are entitled to freedom from fear and freedom from want, with an equal opportunity to enjoy all their rights and fully develop their human potential; 2) calls for people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people and all communities; and 3) recognises the interlinkages among peace, development, and human rights, and equally considers civil, political, economic, social and cultural rights.

A recording of the webinar is available at: https://www.youtube.com/watch?v=Esjgp0QgiuM&feature=youtu.be.

Human capital is defined variously as the skills, knowledge, and experience possessed by an individual or population viewed in terms of their value or cost to an organisation or country and as an intangible asset or quality that can be classified as the economic value of a worker’s experience and skills, including assets such as education, training, intelligence, skills, and health. The improvement of a country’s human capital is essential for social and economic progress, and for sustainable human and national development, and health is an essential ingredient for its full realisation. In most Caribbean countries, which are, or have the characteristics of, small island developing states (SIDS), such as vulnerability to global economic shocks, disasters due to natural hazards, and the climate crisis; dependence on a few industries, including tourism; and insufficient economies of scale, their human capital is their greatest asset. With some of the highest rates in the Americas and globally, NCDs in the Caribbean pose an existential threat to the development of the region’s human capital.

Advancing equity, the progressive realisation of human rights, and the strengthening of human security and human capital are interlinked. Health is a necessary condition for all, and as a major threat to health, NCD prevention and control must be given priority. The unacceptably heavy burden of NCDs in the Caribbean, the alarming growth in the number of children and adults who are obese or overweight, and the documented implementation deficit—worsened by diversion of resources to manage COVID-19—demand a radical shift in the approach to NCD reduction. In the development of forward-looking policies, it is critical to involve government, civil society, and the private sector, especially healthy commodity industries; engage with traditional and new media; and utilise champions or policy entrepreneurs—highly-respected individuals able to use their credibility and visibility to gain access to high-level policymakers—as advocates.
4. SNAPSHOTS OF THE TNA-NCDs

4.1 Vision, mission, and overall outcome

Vision of the TNA-NCDs

A tangible and permanent shift in the Caribbean health and development environment that promotes equity and human rights, and allows persons living with NCDs to achieve their fullest potential, contributing to sustainable national and regional development, and the attainment of the SDGs. 

This vision aligns with the HCC’s vision as stated in the HCC Strategic Plan 2017-2021: “Vibrant, healthy Caribbean people free of chronic non-communicable diseases, achieving their fullest potential, and contributing to equitable national and regional development.”

Mission of the TNA-NCDs

To enable people-powered action that galvanises bold political leadership and policies for NCD reduction in the Caribbean, to address the social and other determinants of health, enhance human security and human capital, emphasise prevention, and enable integrated action across themes, sectors, and disciplines.

This mission aligns with HCC’s mission: “to harness the power of civil society, in collaboration with government, private enterprise, academia, and international partners, as appropriate, in the development and implementation of plans for the prevention and management of chronic NCDs among Caribbean people.”

Overall outcome of the TNA-NCDs and contribution to international goals

Strengthened multistakeholder, innovative contributions and interventions for NCD reduction in the Caribbean, focusing on the “5x5” priorities: five major NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental, neurological, and substance use disorders, and five main risk factors—tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.

The overall outcome of the TNA-NCDs contributes to HCC’s long-term goal,109 which is the goal of the WHO Global Action Plan for NCD prevention and control 2013-2020: “To reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional, and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.”

These aspirations are reflected in the goal of the PAHO Plan of Action for the Prevention and Control of NCDs in the Americas 2013-2019: “To reduce avoidable mortality and morbidity, minimise exposure to risk factors, increase exposure to protective factors, and reduce the socioeconomic burden of these diseases by taking multisectoral approaches that promote well-being and reduce inequity within and among Member States.”

The TNA-NCDs’ overall outcome also aligns with the commitments of the POSID and contributes to the achievement of SDG target 3.4 and its indicators.110

4.2 Approaches

The TNA-NCDs builds on previous and current HCC initiatives111 including those addressing COP and FNS, consistent with the emphasis on youth, prevention, and PLWNCDs. It also complements and encompasses the HCC COVID-19 A&C Strategy,111 which has five objectives: to increase knowledge about COVID-19 and NCDs; promote access to, and consumption of, healthy foods; promote access to continuous care, essential medicines, and life-saving treatments for PLWNCDs; promote good mental and physical health; and engage young people as key players in the COVID-19 response. The four strategies identified in the HCC COVID-19 A&C Strategy to achieve the objectives comprise information dissemination; strengthening of CSO communication networks for information and evidence sharing; high-level advocacy targeting policymakers; and leveraging partnerships with critical regional and global health institutions. The approaches in the TNA-NCDs amplify these objectives and strategies.

The TNA-NCDs embraces transformative approaches that:

- Promote and emphasise equity and human rights as overarching principles for NCD prevention and control, and the critical importance of NCD reduction in developing and strengthening human security and human capital;
- Ensure appreciation of MNS disorders as integral components of NCD prevention and control policies and programmes;
- Encourage and empower PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability to participate in NCD policy and programme development, implementation, and assessment;
- Promote strategies to improve health and digital literacy, and communication for health, for an informed public that can make healthier choices;
- Promote research and information systems for health that provide disaggregated data on the impact of the COVID-19 and NCDs synergic, and enable evidence-based policies and interventions that advance equity and human rights;
- Promote analysis of the political economy and behavioural economics in the Caribbean context.

However, the TNA-NCDs also includes traditional approaches that:

- Accelerate implementation of the WHO BBs and ORls, and use of tools such as the WHO technical packages for NCD risk factor reduction and management of NCDs in primary health care as well as other guidance from international frameworks for health development, emphasising government policy, legislation, and regulations for prevention and protecting the policy space from industry and vested interests;
- Enable integrated, multisectoral, HiAP, WoG, and WoS partnerships and interventions to address the social and other determinants of health;
- Promote strong, resilient health systems and universal health based on the PHC strategy, addressing multimorbidity and lifelong care of chronic diseases;112 and
- Enhance the accountability of civil society, government, and private sector, including policies to identify and manage CoI and improve leadership, governance, and transparency.

References


114 Economics Help. 'Nudges'. https://www.economicshelp.org/blog/glossary/nudges/.


116 These packages include: Package of Essential NCD Interventions (PEN) for PHC in Low-Resource Settings; MPOWER for tobacco control, HEARTS for CVD prevention, ACT22 for HIV and other priorities; and a package for physical activity, Healthy Physical Activity, which comprises evidence-based interventions to scale-up services; 7x7x7 Disorders, expanded 7x7x7, and mid-income countries. More recently the Action Health Package, 7x7x7 Mid Income, released the latter expanding the diseases module of the 7x7x7 package and the former providing a broader level of assistance.

4.3 Priority areas of focus

The five priority areas of focus of the TNA-NCDs are:

1. **Life course prevention**
   - Working to prevent NCDs using a life course approach to reduce tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution, focusing on early prevention of NCDs and interventions among children, including COP.

2. **Social inclusion and participation for policy development**
   - Meaningful engagement of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability, in the planning, implementation, monitoring, and evaluation of policies and programmes that affect them, enabling their voices to be heard.

3. **People-centred, primary health care-based health systems for universal health**
   - Addressing leadership and governance; service delivery, essential medicines, vaccines, and health technologies; health financing, investment for health as public good, and social protection; health workforce; and information systems for health, all aimed at providing resilient systems and resources for quality promotion, prevention, detection, care, and treatment.

4. **Partnerships, networks, and resource mobilisation**
   - Aiming to establish effective partnerships and networks nationally, regionally, and internationally among governments, intergovernmental agencies, institutions of the major political integration entities, civil society, and healthy commodity industries; foster integrated action and division of labour according to their interests and resources; identify sources for mobilisation of resources, and their interests; and develop grant proposals at both regional and national levels, highlighting benefits to PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability, and the potential for reduction in inequities.

5. **Accountability for decision making**
   - Strengthening digital strategies and information systems for health, with disaggregated qualitative and quantitative data to identify inequities; monitor and evaluate the achievement of agreed NCD and related goals and objectives; and enable the “watchdog” function, holding governments, civil society, and private sector accountable, including for the identification and management of conflicts as well as countering interference from, and the impact of, unhealthy commodity industries, especially the purveyors of processed and ultra-processed products within the food and beverage industry.

5. **HCC TNA-NCDs ACTION PLAN 2021-2022**

5.1 **Values, guiding principles, vision, mission, and overall outcome**

The AP 21-22 builds on the HCC Strategic Plan 2017-2021/19 and serves to guide HCC’s strategic actions for the period 2021-2022. The implementation and assessment of the AP 21-22 will inform the development of the HCC Strategic Plan 2023-2027, and its core principles, aligned with those of the TNA-NCDs, will provide the foundation for the continuing of HCC’s strategic actions in support of NCD reduction in the Caribbean. The AP 21-22 espouses the same values and guiding principles as the HCC Strategic Plan 2017-2021: accountability, action; empowerment of people; equity; inclusive partnerships; independence; innovation; simplicity and flexibility; and transparency and integrity. Similarly, as a roadmap for HCC’s interventions in contributing to the implementation of the TNA-NCDs, the vision and mission of the AP 21-22 are those of the TNA-NCDs.

The AP 21-22 presents objectives and related activities that the HCC—Secretariat and Member CSOs—will address both ambitiously and realistically, in close collaboration with partners, recognising that challenges will arise, and that there are risks to achievement of all the objectives.

**Overall outcome of the AP 21-22**

Strengthened civil society actions in support of multistakeholder, innovative contributions and interventions for NCD reduction in the Caribbean, focusing on the “5x5” priorities: five major NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental, neurological, and substance use disorders, and five main risk factors—tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.

**Indicator**

Number of HCC entities (Secretariat and Member CSOs) reporting involvement in multistakeholder, innovative contributions and interventions for NCD reduction in the Caribbean, focusing on the “5x5” priorities: five major NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental, neurological, and substance use disorders; and five main risk factors—tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.

**Target:** 18 (90%).

**Table 1**

Outlines, for each TNA-NCDs priority area of focus, the specific outcomes (OCEs) that will contribute to achievement of the overall outcome, with indicators and targets; outputs (OFTs) related to each specific OCM, with indicators; and deliverables (products and services) to realise the OFTs.

**Table 2**

Outlines the main activities to produce the OFTs and deliverables (which are included in the table for ease of reference), with indicative inputs and resources, and proposed roles and responsibilities.

Unless otherwise stated, the targets are to be achieved by the end of 2022.
### 5.2 Specific outcomes, indicators, and targets; outputs and indicators; and deliverables

Table 1. Specific outcomes, with indicators and targets, outputs and indicators, and deliverables

<table>
<thead>
<tr>
<th>Specific OCMs</th>
<th>Specific OCM indicators and targets</th>
<th>Outputs and indicators</th>
<th>Deliverables (products and services)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1.1</strong> HCC entity A&amp;C to promote trade and fiscal policies, legislation, and regulations to reduce tobacco use.</td>
<td>Ind: Number of HCC entities undertaking A&amp;C to promote trade and fiscal policies, legislation, and regulations to reduce tobacco use. Target: 2 (10%)</td>
<td></td>
<td>A&amp;C products for reduction of tobacco use.</td>
</tr>
</tbody>
</table>
| **1.1.2** HCC entity A&C to promote trade and fiscal policies, legislation, regulations, and guidelines to reduce unhealthy diet, strengthen FNS, and contribute to COP, emphasizing equity- and rights-based approaches. | Ind: Number of HCC entities undertaking A&C for trade and fiscal policies, legislation, regulations, and guidelines to reduce unhealthy diet, strengthen FNS, and contribute to COP, including any of:  
- Taxation on unhealthy food and beverages;  
- Implementation of mandatory FoPNWL;  
- Provision of subsidies for healthy foods and beverages;  
- Regulations and incentives for industry reformulation of unhealthy food and beverage products;  
- Promotion of exclusive breastfeeding and regulation of the marketing of breastmilk substitutes;  
- Promotion of the CARICOM COVID-19 Response Agri-Food Plan;121  
- Bans on the promotion, advertising, and marketing of unhealthy food and beverages to children;  
- Bans on the sale and marketing of unhealthy foods, including SSBs, in and around schools, and provision of incentives for healthy school meals and other products supplied by school vendors; and  
- Development and/or update of national school nutrition policies and/or national food-based dietary guidelines to focus on healthy, locally-grown, available, accessible, and affordable foods. | | A&C products for reduction of unhealthy diet; strengthened FNS; and COP, emphasizing equity- and rights-based approaches. |
| **1.1.3** HCC entity A&C to promote school and backyard gardening, and other agricultural projects involving youth. | Ind: Number of HCC entities promoting and supporting school and backyard gardening, and youth agricultural projects. | | A&C products to support school and backyard gardening, and involvement of youth in agriculture. |

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### Outputs and indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HCC entities undertaking A&amp;C to promote policies, regulations, and guidelines to reduce physical inactivity.</td>
<td>8 (40%)</td>
</tr>
<tr>
<td>Number of HCC entities undertaking A&amp;C for policy development, regulations, and guidelines to reduce physical inactivity, including:</td>
<td></td>
</tr>
<tr>
<td>- Mandating physical activity in schools;</td>
<td></td>
</tr>
<tr>
<td>- Promoting community physical activity, including through online platforms; and</td>
<td></td>
</tr>
<tr>
<td>- Promoting workplace health programmes.</td>
<td></td>
</tr>
</tbody>
</table>

### Deliverables (products and services)

- A&C products for reduction of physical inactivity.

### Outputs and indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HCC entities undertaking A&amp;C for trade and fiscal policies, legislation, and regulations, to reduce the harmful use of alcohol.</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Number of HCC entities undertaking A&amp;C to reduce the harmful use of alcohol, including any of:</td>
<td></td>
</tr>
<tr>
<td>- Increasing excise taxes on alcohol products;</td>
<td></td>
</tr>
<tr>
<td>- Banning promotion of alcoholic beverages for sponsorships targeting young people; and</td>
<td></td>
</tr>
<tr>
<td>- Observance of annual Caribbean Alcohol Reduction Day.</td>
<td></td>
</tr>
</tbody>
</table>

### Social inclusion and participation for policy development

#### Specific OCMs

2.1 Strengthened involvement of HCC entities in improving social inclusion and participation related to policy development for NCD reduction.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HCC entities contributing to identification of persons in conditions of vulnerability.</td>
<td>4 (20%)</td>
</tr>
</tbody>
</table>

#### Outputs and indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HCC entities involved in interventions to foster activism, engage PLWNCDs and other persons in conditions of vulnerability, and amplify their voices for, and contributions to, policy development for NCD reduction.</td>
<td>4 (20%)</td>
</tr>
</tbody>
</table>

#### Deliverables (products and services)

- Intervention(s) to strengthen involvement of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability in policy development for NCD reduction.

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[122] https://www.healthycaribbean.org/5th-caribbean-alcohol-reduction-day-card-2020/
### Specific OCMs

<table>
<thead>
<tr>
<th>Specific OCMs</th>
<th>Specific OCM indicators and targets</th>
</tr>
</thead>
</table>
| 3.1 Enhanced contributions by HCC entities to advance universal health based on the PHC approach. | Ind: Number of HCC entities involved in interventions — including A&C—to contribute to advances to universal health based on the PHC approach, focusing on NCD reduction, including any of:  
  • Leadership and governance;  
  • Service delivery;  
  • Essential medicines, vaccines, and health technologies;  
  • Health financing; and  
  • Information systems for health  
  Target: 16 (80%) |

### Outputs and indicators

<table>
<thead>
<tr>
<th>Indicators and targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and governance</td>
</tr>
<tr>
<td>HCC Secretariat A&amp;C to increase awareness of the SDoH, the CDoH, and the relationships among NCDs and equity, human rights, human security, and human capital.</td>
</tr>
<tr>
<td>Ind: HCC Secretariat undertaking at least one A&amp;C initiative annually to increase awareness of the SDoH, CDoH, and the relationships among NCDs and equity, human rights, human security, and human capital.</td>
</tr>
</tbody>
</table>

**Deliverables (products and services)**

- A&C products to increase awareness of key equity and human rights principles and concepts impacting, and impacted by, NCDs.

<table>
<thead>
<tr>
<th>Indicators and targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthened capacity of HCC entities to advocate for, and participate in, interventions for improved multisectoral action for NCD reduction.</td>
</tr>
<tr>
<td>Ind: Number of HCC entities participating in interventions to strengthen their capacity to promote and participate in multisectoral, integrated, HiAP action for NCD reduction, based on related concepts, frameworks, guidelines, tools, and international experiences, tailored to the Caribbean reality.</td>
</tr>
</tbody>
</table>

**Deliverables (products and services)**

- Intervention(s) to strengthen capacity of HCC entities for multisectoral, integrated, HiAP actions tailored to the Caribbean reality.

<table>
<thead>
<tr>
<th>Indicators and targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthened capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col.</td>
</tr>
<tr>
<td>Ind: Number of HCC entities developing and/or adopting policies/guidelines for identification and management of Col.</td>
</tr>
</tbody>
</table>

**Deliverables (products and services)**

- Intervention(s) to strengthen capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col.

<table>
<thead>
<tr>
<th>Indicators and targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCC Secretariat A&amp;C to strengthen awareness of strategies for collaboration with healthy commodity industries.</td>
</tr>
<tr>
<td>Ind: HCC Secretariat undertaking at least one A&amp;C initiative to raise awareness of the shared value and social impact business model.</td>
</tr>
</tbody>
</table>

**Deliverables (products and services)**

- A&C products to strengthen awareness of the shared value and social impact business model and its application in the Caribbean.

<table>
<thead>
<tr>
<th>Indicators and targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery</td>
</tr>
<tr>
<td>HCC Secretariat A&amp;C to strengthen CSOs’ awareness of the chronic care model, management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction.</td>
</tr>
<tr>
<td>Ind: HCC Secretariat undertaking at least one A&amp;C initiative to increase CSOs’ awareness of the chronic care model, management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction.</td>
</tr>
</tbody>
</table>

**Deliverables (products and services)**

- A&C products to strengthen CSOs’ awareness of the chronic care model; management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction.

<table>
<thead>
<tr>
<th>Indicators and targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthened capacity of HCC entities to utilise telehealth and other digital strategies to serve their clients and constituents.</td>
</tr>
<tr>
<td>Ind: Number of HCC entities using telehealth and other digital strategies to serve their clients and constituents.</td>
</tr>
</tbody>
</table>

**Deliverables (products and services)**

- Intervention(s) to strengthen capacity of HCC entities in the use of telehealth and other digital strategies.
<table>
<thead>
<tr>
<th>Specific OCMs</th>
<th>Specific OCM indicators and targets</th>
<th>Outputs and indicators</th>
<th>Deliverables (products and services)</th>
</tr>
</thead>
</table>
|              |                                   | **3.1.7 Essential medicines, vaccines and health technologies**  
|              |                                   | HCC Secretariat A&C to promote improved access to essential medicines for NCDs in the Caribbean, including COVID-19 vaccines.  
|              |                                   | **Ind:** HCC Secretariat undertaking at least one A&C initiative annually to promote improved access to essential medicines for NCDs, including COVID-19 vaccines.  
|              |                                   | **A&C products to promote improved access to, and continuity in supply of, essential medicines for NCDs, including COVID-19 vaccines.** |
|              |                                   | **3.1.8 Health financing**  
|              |                                   | HCC entity A&C for application of at least a portion of taxation of unhealthy commodities to finance NCD prevention strategies and strengthen social protection mechanisms.  
|              |                                   | **Ind:** Number of HCC entities undertaking A&C for application of taxes on unhealthy commodities to finance NCD prevention and strengthen social protection mechanisms.  
|              |                                   | **A&C products for application of taxes on unhealthy commodities to prevent NCDs and strengthen social protection mechanisms.** |
|              |                                   | **3.1.9 Information systems for health**  
|              |                                   | HCC Secretariat A&C to promote research on key topics related to NCDs and NCDs/COVID-19 interactions.  
|              |                                   | **Ind:** HCC Secretariat undertaking at least one A&C initiative annually to promote research on key topics related to NCDs and NCDs/COVID-19 interactions, including adaptation of internationally recommended interventions for NCD reduction, multisectorality, and behaviour change to the Caribbean context; determination of the impact of these interventions; and monitoring of the interactions between NCDs and COVID-19.  
|              |                                   | **A&C products to promote research on key topics related to NCD reduction, and NCDs/COVID-19 interactions.** |
Partnerships, networks, and resource mobilisation

<table>
<thead>
<tr>
<th>Specific OCMs</th>
<th>Specific OCM indicators and targets</th>
<th>Outputs and indicators</th>
<th>Deliverables (products and services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Strengthened contribution by HCC entities to promotion of the TNA-NCDs; multisectoral, and integrated action for NCD reduction, advances in equity, and the progressive realisation of human rights.</td>
<td>Ind: Number of HCC entities involved in partnerships, networks, and resource mobilisation to promote the TNA-NCDs; address the SDoH and CDoH; and/or enhance multisectoral, integrated approaches to NCD reduction; and/or promote equity and human rights; and/or focus on PLWNCDs and groups in conditions of vulnerability. Target: 16 (80%)</td>
<td>4.1.1 HCC entity A&amp;C to promote and disseminate the TNA-NCDs widely among key stakeholders. Ind: Number of HCC entities undertaking A&amp;C to promote and disseminate the TNA-NCDs widely.</td>
<td>A&amp;C products promoting the TNA-NCDs.</td>
</tr>
<tr>
<td></td>
<td>4.1.2 HCC Secretariat A&amp;C to provide information on the SDoH and CDoH, their impact on NCDs, and the importance of multisectorality and partnerships in NCD reduction. Ind: HCC Secretariat undertaking at least one A&amp;C initiative annually to highlight the SDoH and CDoH, justifying and promoting multisectoral action and partnerships for NCD reduction.</td>
<td></td>
<td>A&amp;C products addressing SDoH, CDoH, multisectorality, and partnerships.</td>
</tr>
<tr>
<td></td>
<td>4.1.3 Strengthened capacity of HCC entities to advocate for the establishment of national NCD alliances, and to participate in multisectoral national NCD commissions (NNCDCs) or equivalents. Ind: Number of HCC entities advocating for establishment of national NCD alliances. Ind: Number of CSOs that are active participants in, or members of, multisectoral NNCDCs or equivalents.</td>
<td>4.1.3 HCC Secretariat promotion of, and support for, formal collaboration between HCC and key regional institutions and entities for multisectoral, integrated actions across themes to address the SDoH, CDoH, and NCD reduction. Ind: HCC Secretariat undertaking at least one initiative annually to promote and support the establishment of formal collaboration mechanisms between HCC and key regional institutions and entities for multisectoral, integrated actions across themes to address the SDoH, CDoH, and NCD reduction.</td>
<td>Intervention(s) to strengthen the capacity of HCC entities to advocate for the establishment of national NCD alliances, and to participate in NNCDCs or equivalents.</td>
</tr>
<tr>
<td></td>
<td>4.1.4 HCC Secretariat promotion of, and support for, formal collaboration between HCC and key regional institutions and entities for multisectoral, integrated actions across themes to address the SDoH, CDoH, and NCD reduction.</td>
<td></td>
<td>A&amp;C products, including policy briefs, to facilitate HCC collaboration with regional institutions and entities, and integrated actions across themes for NCD reduction.</td>
</tr>
<tr>
<td></td>
<td>4.1.5 HCC entity A&amp;C for the establishment of links between CSOs and public and private media, and public relations entities, to promote equity- and human rights-based policy action to reduce NCDs, aligned with the TNA-NCDs. Ind: Number of HCC entities undertaking A&amp;C regarding establishment of links with public and private media, and public relations entities, to promote policy action to reduce NCDs, aligned with the TNA-NCDs.</td>
<td></td>
<td>A&amp;C products for the establishment of links between CSOs and media, to promote equity- and human rights-based policy action for NCD reduction, aligned with the TNA-NCDs.</td>
</tr>
<tr>
<td></td>
<td>4.1.6 Strengthened capacity of HCC entities to establish links with human rights groups and bodies, and other social justice groups, to promote and monitor advances in social, economic, and cultural rights (SECR), gender equity, and other equity issues in the Caribbean. Ind: Number of HCC entities with links to human rights groups and bodies, and other social justice groups, including women’s groups, media, media houses, and/or advertising agencies, to promote and monitor advances in SECR, gender equity, and other equity issues in the region.</td>
<td></td>
<td>Intervention(s) to strengthen the capacity of HCC entities to explore and effect collaboration with human right groups and bodies, and other social justice groups, to promote and monitor advances in SECR and equity in the region.</td>
</tr>
</tbody>
</table>
## Accountability for decision making

<table>
<thead>
<tr>
<th>Specific OCMs</th>
<th>Specific OCM indicators and targets</th>
<th>Outputs and indicators</th>
<th>Deliverables (products and services)</th>
</tr>
</thead>
</table>
| **5.1** Strengthened promotion and monitoring by HCC entities of accountability at all levels. | **Ind:** Number of HCC entities involved in interventions—including A&C—to promote, encourage, and monitor accountability, related to any of:  
- Trends in the NCD situation;  
- Identification and management of CoI;  
- Mapping of unhealthy commodity industries activities and development of strategies to counter industry interference;  
- Fulfilment of regional and international commitments for NCD reduction;  
- Implementation of the HCC AP-21-22 and the TNA-NCDs; and  
- Progress in the realisation of equity and human rights.  
**Target:** 16 (80%) | **5.1.1** HCC entity A&C to encourage governments’ updates on trends in the NCD situation in the Caribbean, including fulfilment of regional and international commitments for NCD reduction; identification and management of CoI; and progress in equity and the realisation of human rights.  
**Ind:** Number of HCC entities undertaking A&C to encourage governments’ monitoring of trends in the NCD situation in the Caribbean, including fulfilment of regional and international commitments for NCD reduction; and/or identification and management of CoI; and/or related progress in equity and human rights.  
**A&C products** summarising unhealthy commodity industries’ activities and promoting strategies to counter their influence. | **Intervention(s)** to strengthen the capacity of HCC entities to develop and implement policies to identify and manage CoI.  
**Intervention(s)** for integration of TNA-NCDs’ vision, mission, approaches, and strategies, and AP 21-22 activities, into HCC projects, and development of methodology for reporting on progress in their implementation. |
| **5.1.2** Strengthened capacity of HCC entities to develop and implement policies/guidelines for identification and management of CoI in their contributions to NCD reduction.  
**Ind:** Number of HCC entities developing and implementing CoI policies/guidelines to manage their work, based on the HCC CoI Policy (2020 Working Document) or other model. | **5.1.3** Strengthened mapping by HCC Secretariat of unhealthy commodity industries’ activities in the Caribbean, and promotion of strategies to counter their influence.  
**Ind:** HCC Secretariat monthly mapping of unhealthy commodity industries’ activities, and at least annual dissemination of summary information and promotion of counter strategies.  
**A&C products summarising unhealthy commodity industries’ activities and promoting strategies to counter their influence.** | **Intervention(s)** to strengthen the capacity of HCC entities to develop and implement policies to identify and manage CoI.  
**Intervention(s)** for integration of TNA-NCDs’ vision, mission, approaches, and strategies, and AP 21-22 activities, into HCC projects, and development of methodology for reporting on progress in their implementation. |
| **5.1.4** Strengthened contribution by HCC entities to implementation, monitoring, and evaluation of the TNA-NCDs and the AP 21-22.  
**Ind:** Number of HCC entities contributing to execution and assessment of the AP 21-22, and reporting on the AP 21-22 and the TNA-NCDs. | **Accountability for decision making**  
**Ind:** Number of HCC entities involved in interventions—including A&C—to promote, encourage, and monitor accountability, related to any of:  
- Trends in the NCD situation;  
- Identification and management of CoI;  
- Mapping of unhealthy commodity industries activities and development of strategies to counter industry interference;  
- Fulfilment of regional and international commitments for NCD reduction;  
- Implementation of the HCC AP-21-22 and the TNA-NCDs; and  
- Progress in the realisation of equity and human rights.  
**Target:** 16 (80%) | **Intervention(s)** to strengthen the capacity of HCC entities to develop and implement policies to identify and manage CoI.  
**Intervention(s)** for integration of TNA-NCDs’ vision, mission, approaches, and strategies, and AP 21-22 activities, into HCC projects, and development of methodology for reporting on progress in their implementation. |

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5.3 Outputs, deliverables, main activities, indicative inputs and resources, and proposed roles and responsibilities

Table 2: Outputs, deliverables, main activities, indicative inputs and resources, and proposed roles and responsibilities

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
</tr>
</thead>
</table>
| 1.1.1   | HCC entity A&C to promote trade and fiscal policies, legislation, and regulations to reduce tobacco use. | A&C products for reduction of tobacco use. | 1.1.1.1 Support interventions by partners to promote regional and national policies, legislation, and regulations for reduction in tobacco use, including increased taxation and plain packaging with graphic warnings on tobacco products; strengthened legislation and regulations for smoke-free environments; and bans on tobacco advertising, promotion, and marketing, including the annual observance of World No Tobacco Day. | Responsible: HCC Secretariat
Partners: Jamaica Coalition for Tobacco Control, Framework Convention Alliance, PAHO |
|         |              |                 | 1.1.1.2 Continue to encourage and support the participation of the HCC Tobacco Control Advisor in the CROSQ regional standards committee on advertising, promotion, sale, and sponsorship of tobacco products. | |
| 1.2.1   | HCC entity A&C to promote trade and fiscal policies, legislation, regulations, and guidelines to reduce unhealthy diet, strengthen FNS, and contribute to COP, emphasizing equity- and rights-based approaches. | A&C products for reduction of unhealthy diet; strengthened FNS; and COP, emphasizing equity- and rights-based approaches | 1.1.2.1 Develop and disseminate A&C products to promote human rights- and equity-based approaches to policies, legislation, regulations, and guidelines for reduction in unhealthy diet, strengthened FNS, and COP, including any of: • taxation on unhealthy food and beverages; • implementation of mandatory FoPNWL; • provision of subsidies for healthy foods and beverages; • regulations and incentives for Industry reformulation of unhealthy food and beverage products; • exclusive breastfeeding and regulation of the marketing of breastmilk substitutes; • CARICOM COVID-19 Response Agri-Food Plan; • bans on the promotion, advertising, and marketing of unhealthy food and beverages to children; • bans on the sale and marketing of unhealthy foods, including SSBs, in and around schools, and provision of incentives for healthy school meals and other products supplied by school vendors; and • development and/or update of national school nutrition policies and/or national food-based dietary guidelines to focus on healthy, locally-grown, available, accessible, and affordable foods | Responsible: HCC Secretariat, CSOs
Partners: Youth organisations, PAHO, UNICEF, NCD Child, World Obesity, CARICOM Secretariat, media |

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124 The bold, italicised number in parentheses at the end of each OPT indicates the level of priority, on a scale of 1 to 3 where 1 is the highest, that HCC will give to the achievement of the OBT based on existing programmes, existing and mobilised funding, and centrality to TNA-NCDs, that is, to demonstrate a true shift towards a transformative approach.

125 https://www.facebook.com/JCTCJamaica/.
126 https://www.fctc.org/about-us/.
130 https://www.unicef.org/.
131 https://www.unicef.org/.
132 http://www.ncdchild.org/.
133 https://www.worldobesity.org/.
134 https://www arkadaşılığı.org/.
<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.2.2</td>
<td>HCC entity A&amp;C to promote school and backyard gardening, and other agricultural projects involving youth. (3)</td>
<td>Collaborate with UNICEF, youth groups, and other key children’s advocates to promote the CRC and General Comment No. 15 of the Committee on the Rights of the Child, (2) and develop and implement a communication campaign on childhood nutrition as a rights issue.</td>
<td>Communications consultant 3,000</td>
<td>Responsible: HCC secretariat Partners: Youth organisations, UNICEF, media</td>
</tr>
<tr>
<td>1.1.3</td>
<td>HCC entity A&amp;C to promote school and backyard gardening, and other agricultural projects involving youth. (3)</td>
<td>A&amp;C products to promote school and backyard gardening, and involvement of youth in agriculture.</td>
<td>Preparation of campaign materials 4,000</td>
<td>HCC Advocacy and Communications Officers HCC Youth Voices Advisor</td>
</tr>
<tr>
<td>1.1.4</td>
<td>HCC entity A&amp;C for policy development, regulations, and guidelines to reduce physical inactivity. (2)</td>
<td>A&amp;C products for reduction of physical inactivity.</td>
<td>Paid media 8,000</td>
<td>Responsible: HCC secretariat, CSOs Partners: Government ministries, Food and Agriculture Organization (FAO), youth organisations</td>
</tr>
<tr>
<td>1.1.5</td>
<td>HCC entity A&amp;C to promote trade and fiscal policies, legislation, and regulations to reduce the harmful use of alcohol. (1)</td>
<td>A&amp;C products for reduction of the harmful use of alcohol.</td>
<td>Earned and social media</td>
<td>Virtual communication and dissemination HCC Advocacy and Communications Officers HCC Physical Activity Advisor</td>
</tr>
<tr>
<td>1.1.6</td>
<td>HCC entity A&amp;C to promote school and backyard gardening, and other agricultural projects involving youth. (3)</td>
<td>Implement the annual Caribbean Alcohol Reduction Day in 2021 and 2022 with the involvement of PLWNCDs, young people, and other groups in conditions of vulnerability.</td>
<td>Development of A&amp;C products 2,000</td>
<td>Responsible: HCC Secretariat, CSOs Partners: Government ministries, PAHO, media, trade unions, health-supporting private sector</td>
</tr>
</tbody>
</table>

134 https://apps.who.int/iris/bitstream/handle/10665/336656/9789240015128-eng.pdf?sequence=1&isAllowed=y.
## Social inclusion and participation for policy development

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 HCC entity A&amp;C to promote the collection, analysis, and reporting of disaggregated data related to NCDs. (3)</td>
<td>A&amp;C products to promote collection, analysis, and reporting of disaggregated data related to NCDs.</td>
<td>2.1.1.1 Develop and disseminate A&amp;C products to justify and promote the need for epidemiological and health systems and services data related to NCDs, disaggregated by equity stratifiers—age, sex, urban/rural residence; race or ethnicity; occupation; religion; education; socio-economic status; and social capital or resources.(^{135})</td>
<td>Development of A&amp;C products 5,000 Paid media 5,000 Earned and social media HCC Communications Officer HCC Policy Advisor HCC Policy and Practice Advisor</td>
<td>Responsible: HCC Secretariat, CSOs Partners: CARPHA, PAHO, UWI</td>
</tr>
<tr>
<td>2.1.2 HCC entity interventions that advocate for, and contribute to, activism, engagement and amplification of the voices of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability, and their contribution to policy development for NCD reduction. (1)</td>
<td>Intervention(s) to strengthen involvement of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability in policy development for NCD reduction.</td>
<td>2.1.2.1 Explore the formation of an Our Views, Our Voices regional network to promote the TNA-NCDs, based on the [Healthy Caribbean Youth(^{136}) (HCY) model.</td>
<td>Ongoing project resources* HCC Executive Director HCC Advocacy and Communications Officers HCC Our Views, Our Voices Advisor HCC Youth Voices Advisor</td>
<td>Responsible: HCC Secretariat, CSOs Partners: NCDA, PAHO, [UN Women](^{137}), UNICEF, UN Development Programme [UNDP](^{138})</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1.2.2 Undertake at least two activities annually, including campaigns and development of guidelines, to build the capacity of PLWNCDs, young people and other key actors to advocate for the TNA-NCDs.</td>
<td></td>
<td>Ongoing project resources* HCC Executive Director HCC Advocacy and Communications Officers HCC Our Views, Our Voices Advisor HCC Youth Voices Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1.2.3 Implement at least two PLWNCDs- and youth-led A&amp;C activities annually.</td>
<td></td>
<td>Ongoing project resources* HCC Advocacy and Communications Officers HCC Our Views, Our Voices Advisor HCC Youth Voices Advisor</td>
</tr>
</tbody>
</table>


\(^{137}\) [https://www.unwomen.org/en.](https://www.unwomen.org/en.)

\(^{138}\) [https://www.undp.org.](https://www.undp.org.)

\(^{139}\) [https://www.caribank.org/](https://www.caribank.org/)
### 3. People-centred, primary health care-based health systems for universal health

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>HCC Secretariat A&amp;C to increase awareness of the SDoH, CDoH, and the relationships among NCDs and equity, human rights, human security, and human capital.</td>
<td>3.1.1.1 Develop and disseminate A&amp;C products to identify, explain, and discuss the SDoH and CDoH, their influence on health, and the relationships among NCDs and equity, human rights, human security, and human capital, including for annual observation of Human Rights Day.</td>
<td>Development of A&amp;C products 5,000 Paid media 5,000 Earned and social media</td>
<td>Responsible: HCC Secretariat Partners: PAHO, UNICEF, human rights and social justice groups</td>
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<td></td>
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<td>Consultant to prepare concept paper and workshop outline 3,500</td>
<td>Responsible: HCC Secretariat Partners: PAHO, CARPHA, CARICOM Secretariat</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Strengthened capacity of HCC entities to advocate for, and participate in, interventions for improved multisectoral action for NCD reduction.</td>
<td>3.1.2.1 Review concepts, frameworks—including PEA 67—guidelines, tools, and international experiences related to multisectoral, integrated, HiAP action; prepare a concept paper suggesting their application in the Caribbean; and develop an outline for a workshop to strengthen CSO capacity in these areas.</td>
<td>Workshop materials 1,500 Virtual platform</td>
<td>Responsible: HCC Secretariat Partners: Government ministries, PAHO, CARPHA, CARICOM Secretariat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing project resources*</td>
<td>Responsible: HCC Secretariat Partners: PAHO</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Strengthened capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col.</td>
<td>3.1.3.1 Convene virtual workshop for CSOs to strengthen leadership, governance, and partnerships, focusing on strategies and mechanisms to identify and manage Col, promoting the HCC Col Policy (Working Document) as a possible template for CSO Col policy development.</td>
<td>Consultant to prepare concept paper 2,000</td>
<td>Responsible: HCC Secretariat Partners: Chambers of Commerce, Business Associations</td>
</tr>
<tr>
<td>3.1.4</td>
<td>HCC Secretariat A&amp;C to strengthen awareness of strategies for collaboration with healthy commodity industries.</td>
<td>3.1.4.1 Review concepts and frameworks related to the shared value and social impact business model, and prepare and disseminate to CSOs and healthy commodity industries a concept paper suggesting its application in the Caribbean, to promote the model.</td>
<td>Consultant to prepare concept paper 2,000</td>
<td>Responsible: HCC Secretariat Partners: Chambers of Commerce, Business Associations</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Outputs</th>
<th>Delivables</th>
<th>Main Activities</th>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.5 HCC Secretariat</td>
<td>A&amp;C to strengthen CSOs' awareness of the chronic care model; management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction. (3)</td>
<td>Prepare and disseminate materials to increase CSOs' awareness of the chronic care model; management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction.</td>
<td>Consultant to prepare materials 3,000 Virtual platform HCC Executive Director</td>
<td>Responsible HCC Secretariat Partners: PAHO, Ministries of Health, health professionals’ associations, NCDA</td>
</tr>
<tr>
<td>3.1.6 Strengthened capacity of HCC entities to utilise telehealth and other digital strategies to serve their clients and constituents. (2)</td>
<td>Intervention(s) to strengthen capacity of HCC entities in the use of telehealth and other digital strategies.</td>
<td>Convene virtual workshop for CSOs to increase awareness, and demonstrate the use, of digital strategies and platforms, and telehealth, in serving their constituents.</td>
<td>Consultant to prepare workshop outline and materials, and facilitate workshop 3,500 Virtual platform HCC Executive Director HCC Digital Content Coordinator</td>
<td>Responsible HCC Secretariat, CSOs Partners: PAHO, health professionals’ associations</td>
</tr>
<tr>
<td>3.1.7 HCC Secretariat A&amp;C to promote improved access to essential medicines for NCDs in the Caribbean, including COVID-19 vaccines. (1)</td>
<td>A&amp;C products to promote improved access to, and continuity in supply of, essential medicines for NCDs, including COVID-19 vaccines.</td>
<td>Disseminate widely, including to private sector health providers, the final report on essential NCD medicines in the Caribbean, developed through HCC’s Letter of Agreement with PAHO</td>
<td>Virtual communication HCC Executive Director HCC Communication Officer</td>
<td>Responsible HCC Secretariat Partners: PAHO</td>
</tr>
<tr>
<td>3.1.7.1 Disseminate information on the lessons learned in COVID-19 regarding strategies for continuity of essential medicines, vaccines, and health technologies.</td>
<td></td>
<td>Virtual communication HCC Executive Director HCC Communication Officer Results of PAHO-HCC survey of PLWNCDs and COVID-19</td>
<td>Responsible HCC Secretariat Partners: PAHO, CARPHA, CARICOM Secretariat, OECS Commission</td>
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<tr>
<td>3.1.7.2 Explore with regional and national health authorities how best CSOs can support/contribute to the roll-out of COVID-19 vaccines, focusing on PLWNCDs as a priority group.</td>
<td></td>
<td>Virtual communication HCC Executive Director HCC Policy Advisor</td>
<td>Responsible HCC Secretariat Partners: PAHO, CARPHA, CARICOM Secretariat, OECS Commission</td>
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<tr>
<td>3.1.8 HCC entity A&amp;C for application of at least a portion of taxation of unhealthy commodities to finance NCD prevention strategies and strengthen social protection mechanisms. (2)</td>
<td>A&amp;C products for application of taxes on unhealthy commodities to prevent NCDs and strengthen social protection mechanisms.</td>
<td>Develop and disseminate A&amp;C products to promote governments’ application of at least a portion of taxation of unhealthy commodities to finance NCD prevention strategies and strengthen social protection mechanisms—the latter including national health insurance programmes that cover pre-existing conditions and consideration of targeted cash transfers—highlighting their importance in dealing with the impact of COVID-19.</td>
<td>Development of A&amp;C products 2,500 Virtual communication HCC Executive Director HCC Advocacy and Communication Officer</td>
<td>Responsible HCC Secretariat, CSOs Partners: PAHO</td>
</tr>
<tr>
<td>Outputs</td>
<td>Deliverables</td>
<td>Main Activities</td>
<td>Indicative inputs and resources (amounts in USD)</td>
<td>Proposed roles and responsibilities</td>
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<tr>
<td>3.1.9</td>
<td>HCC Secretariat A&amp;C to promote research on key topics related to NCDs and NCDs/COVID-19 interactions.</td>
<td>A&amp;C products to promote research on key topics related to NCD reduction, and NCDs/COVID-19 interactions.</td>
<td>Development of A&amp;C products 2,500</td>
<td>Responsible: HCC Secretariat Partners: PAHO, CARPHA, UWI, other academic institutions</td>
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<td>3.1.9.1 Develop and disseminate A&amp;C products targeting selected academic and public health institutions in the region to promote research to prioritise the WHO BBs and ORIs for implementation in the Caribbean context; apply PEA67, 111, 112, and behavioural economics95, 113, 114 to shape, respectively, multisectorality and behaviour change for NCD reduction; determine the impact of interventions for NCD reduction; and analyse the short-, medium-, and long-term effects of COVID-19 on PLWNCDs in the region.</td>
<td>Virtual dissemination</td>
<td>Responsible: HCC Secretariat Partners: PAHO</td>
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<td>3.1.9.2 Finalise and disseminate widely the results of the PAHO-HCC survey of PLWNCDs on their experiences during the COVID-19 pandemic, including recommendations for addressing identified needs and challenges.</td>
<td>Virtual dissemination</td>
<td>Responsible: HCC Secretariat Partners: PAHO, UNICEF</td>
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<td>3.1.9.3 Develop a call to action for governments to prioritise research and interventions regarding MNS disorders in young people, especially given the COVID-19 pandemic and its impact.</td>
<td>Virtual dissemination</td>
<td>Responsible: HCC Secretariat Partners: PAHO, UNICEF</td>
</tr>
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</table>

### Partnerships, networks, and resource mobilisation

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<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1</td>
<td>HCC entity A&amp;C to promote and disseminate the TNA-NCDs widely among key stakeholders.</td>
<td>A&amp;C products promoting the TNA-NCDs.</td>
<td>Development of meeting materials 2,500</td>
<td>Responsible: HCC Secretariat Partners: PAHO</td>
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<td>4.1.1.1 Host a regional meeting of key stakeholders to promote, and facilitate promotion of, the TNA-NCDs.</td>
<td>Virtual platform</td>
<td>Responsible: HCC Secretariat Partners: PAHO</td>
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<td>4.1.1.2 Host at least one webinar quarterly featuring regional and national thought leaders across all sectors to build WoG and WoS awareness of, and buy-in for, the TNA-NCDs.</td>
<td>Virtual platform</td>
<td>Responsible: HCC Secretariat, CSOs Partners: PAHO</td>
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<td>4.1.1.3 Develop A&amp;C products for use by the HCC Board of Directors for high-level engagement with key stakeholders to promote the TNA-NCDs.</td>
<td>Development of A&amp;C products 1,000</td>
<td>Responsible: HCC Secretariat Partners: PAHO</td>
</tr>
<tr>
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<td>4.1.1.4 Request and enable HCC Directors to undertake high-level advocacy to promote the TNA-NCDs in their own spheres of influence.</td>
<td>HCC Executive Director</td>
<td>Responsible: HCC Secretariat Partners: Ministries of Health, other government ministries, development agencies</td>
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</table>
### Outputs and Deliverables

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
</tr>
</thead>
</table>
| 4.1.2   | HCC Secretariat A&C to provide information on the SDoH and CDoH, their impact on NCDs, and the importance of multisectorality and partnerships in NCD reduction | 4.1.2.1 Develop and disseminate A&C products that provide information on the SDoH, CDoH, and their impact on NCDs, and that promote multisectorality and partnerships in NCD reduction.  
4.1.2.2 Conduct review and analysis of the model used in the Caribbean regional HIV response, to identify lessons learned for multisectoral action, partnerships, and involvement of PLWHIV that can be applied to NCD reduction.  
4.1.2.3 Advocate for and support interventions to expand HCC membership (to include CSOs working in areas other than NCD reduction, such as human rights, gender, disabilities, poverty, climate change, and environment), facilitate collaboration, and build wide support for the TNA-NCDs. |
| 4.1.3   | Strengthened capacity of HCC entities to advocate for the establishment of national NCD alliances, and to participate in multisectoral NNCDCs or equivalents. | 4.1.3.1 Convene virtual workshop for CSOs to review strategies and mechanisms to promote and participate in NNCDCs or equivalents, based on the HCC publication: Getting National NCD Commissions up and running: a framework for the establishment and strengthening of NNCDCs in the Caribbean.  
4.1.3.2 Encourage greater engagement of CSOs in existing functioning NNCDCs, including requesting the regional network of Chairs of NNCDCs to share CSO membership and invite new CSOs to join, to promote the establishment of national NCD alliances. |
| 4.1.4   | HCC Secretariat promotion of, and support for, formal collaboration between HCC and key regional institutions and entities for multisectoral integrated actions across themes to address the SDoH, CDoH, and NCD reduction. | 4.1.4.1 Map the regional political governance architecture to determine partnership opportunities and facilitate collaboration in addressing the SDoH, CDoH, human rights, and social justice.  
4.1.4.2 Accelerate advocacy for HCC to be accepted as an Associate Institution of CARICOM.  
4.1.4.3 Collaborate with key partners to develop a brief on partnerships to address both the climate crisis and NCD prevention and control. |

### Indicative inputs and resources (amounts in USD)

<table>
<thead>
<tr>
<th>Indicative inputs and resources</th>
<th>Proposed roles and responsibilities</th>
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</thead>
</table>
| HCC Executive Director  
HCC Advocacy and Communication Officers  
HCC Our Views, Our Voices Advisor  
HCC Youth Advisor | Responsible: HCC Secretariat Partners: PAHO, Ministries of Health |
| Consultant to review, analyse, and report 1,500  
HCC Executive Director  
HCC Advocacy Officer | Responsible: HCC Secretariat Partners: PANCAP, PAHO |
| Consultant to assist with process 1,500  
HCC Executive Director  
HCC Advocacy Officer | Responsible: HCC Secretariat Partners: NNCDCs |
| Consultant to prepare workshop outline and materials, and facilitate the workshop 2,500  
Virtual platform  
HCC Executive Director  
HCC Advocacy and Communications Officers | Responsible: HCC Secretariat, CSDs Partners: PAHO, NNCDCs, Ministries of Health |
| HCC Executive Director | Responsible: HCC Secretariat, CSDs Partners: PAHO, NNCDCs, Ministries of Health |
| Ongoing project resources*  
HCC Executive Director  
HCC Advocacy Officer | Responsible: HCC Secretariat Partners: Global Health Advocacy Incubator (GHIA)  
CARICOM Secretariat, OECS Commission, PAHO |
| HCC Executive Director  
HCC Policy Advisor | Responsible: HCC Secretariat Partners: CARICOM Secretariat |
| HCC Executive Director  
HCC Policy Advisor | Responsible: HCC Secretariat Partners: EarthMedic/EarthNurse,144 CARICOM Secretariat, OECS Commission, PAHO |

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* [https://caricom.org/institutions/?tx_institution_type=associate-institutions](https://caricom.org/institutions/?tx_institution_type=associate-institutions)  
* [https://earthmedic.com/](https://earthmedic.com/)  
* [https://advocacyincubator.org/](https://advocacyincubator.org/)  
* [https://ghia.caricom.org/](https://ghia.caricom.org/)  
* [https://advocacyincubator.org/](https://advocacyincubator.org/)  
* [https://ghia.caricom.org/](https://ghia.caricom.org/)  
* [https://earthmedic.com/](https://earthmedic.com/)
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<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
</tr>
</thead>
</table>
| 4.1.5   | HCC entity A&C for the establishment of links between CSOs and public and private media, and public relations entities, to promote equity- and human rights-based policy action to reduce NCDs, aligned with the TNA-NCDs. *(T)* | 4.1.5.1 Establish a database of public and private media, and public relations entities, in the region, to facilitate the establishment of linkages.  
4.1.5.2 Convene forum with public and private media, and public relations entities, to sensitize them on the TNA-NCDs, and equity- and rights-based approaches to NCD reduction. (May be integrated with Activities 4.1.1.1 and 4.1.1.2) |
| 4.1.6   | Strengthened capacity of HCC entities to establish links with human rights groups and bodies, and other social justice groups, to promote and monitor advances in social, economic, and cultural rights (SECR), gender equity, and other equity issues in the Caribbean. *(T)* | 4.1.6.1 Convene virtual workshop for CSOs and other key stakeholders on the TNA-NCDs and AP 21-22, highlighting human rights and equity, and methodologies to monitor advances in these areas. (May be integrated with Activities 4.1.1.1 and 4.1.1.2) |

### Indicative inputs and resources (amounts in USD)

<table>
<thead>
<tr>
<th>Proposed roles and responsibilities</th>
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</thead>
</table>
| Ongoing project resources*  
HCC Advocacy Officer |
| Consultant to develop concept paper and forum outline 2,000  
Virtual platform  
HCC Executive Director |
| Consultant to prepare workshop outline and materials 3,000  
Virtual dissemination  
HCC Executive Director |
| Consultant to develop policy brief 2,500  
Virtual dissemination  
HCC Executive Director |
| Materials for Human Rights Day 1,500  
Virtual dissemination  
HCC Executive Director |
| HCC Executive Director |
| HCC Executive Director |

### Indicative budget for Specific Outcome 4.1 USD 18,000

### Outputs

<table>
<thead>
<tr>
<th>Deliverables</th>
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<th>Indicative inputs and resources (amounts in USD)</th>
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</thead>
<tbody>
<tr>
<td>5.1.1 HCC entity A&amp;C to encourage governments' updates on trends in the NCD situation in the Caribbean, including fulfilment of regional and international commitments for NCD reduction; identification and management of CoI; and progress in equity and the realisation of human rights. (1)</td>
<td>Develop and disseminate A&amp;C products to promote Caribbean governments' annual reporting on trends in NCDs, CoI identification and management, and fulfilment of major regional and international NCD commitments, through an equity- and rights-based lens.</td>
<td>Development of A&amp;C products 2,000 HCC Executive Director HCC Advocacy Officer HCC Policy Advisor</td>
<td>Responsible: HCC Secretariat, CSOs Partners: PAHO, Ministries of Health, human rights entities and groups</td>
</tr>
<tr>
<td>5.1.2 Strengthened capacity of HCC entities to develop and implement policies/guidelines for identification and management of CoI in their contributions to NCD reduction. (1)</td>
<td>Intervention(s) to strengthen the capacity of HCC entities to develop and implement policies/guidelines to identify and manage CoI.</td>
<td>Consultant to support CSOs’ development/adaptation of CoI policies/guidelines 3,000 HCC Policy Advisor</td>
<td>Responsible: HCC Secretariat, CSOs Partners: PAHO</td>
</tr>
<tr>
<td>5.1.3 Strengthened mapping by HCC Secretariat of unhealthy commodity industries’ activities in the Caribbean, and promotion of strategies to counter their influence. (1)</td>
<td>A&amp;C products summarising unhealthy commodity industries’ activities and promoting strategies to counter their influence.</td>
<td>Ongoing project resources HCC Advocacy Officer</td>
<td>Responsible: HCC Secretariat Partners: Vital Strategies[146]</td>
</tr>
<tr>
<td></td>
<td>Continue monthly mapping of unhealthy commodity industries’ activities in the Caribbean, including interference in policy and programme development, and implement a regional A&amp;C campaign to expose and counter this interference.</td>
<td>Preparation of workshop outline and materials 1,500 Virtual platform</td>
<td>Responsible: HCC Secretariat Partner: GHAI, Vital Strategies</td>
</tr>
</tbody>
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[146] https://www.vitalstrategies.org/
<table>
<thead>
<tr>
<th>Outputs</th>
<th>Deliverables</th>
<th>Main Activities</th>
</tr>
</thead>
</table>
| 5.1.4 Strengthened contribution by HCC entities to implementation, monitoring, and evaluation of the TNA-NCDs and AP 21-22 | Intervention(s) for integration of TNA-NCDs’ vision, mission, approaches, and strategies, and AP 21-22 activities, into HCC projects, and development of methodology for reporting on progress in their implementation. | 5.1.4.1 Analyse HCC’s current and planned projects, and take advantage of opportunities to integrate the TNA-NCDs’ vision, mission, approaches, and strategies across all project elements.  
5.1.4.2 Draft a user-friendly template for 6-monthly progress reports on advances towards achievement of the AP-21-22 outputs and indicators; obtain comments from CSOs, finalise, and disseminate for use.  
5.1.4.3 Develop 6-monthly progress reports on the execution of the AP-21-22 and conduct internal and external evaluations in late 2022. |

<table>
<thead>
<tr>
<th>Indicative inputs and resources (amounts in USD)</th>
<th>Proposed roles and responsibilities</th>
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</thead>
</table>
| HCC Executive Director  
HCC Advocacy Officer | Responsible: HCC Secretariat, CSOs |
| HCC Executive Director  
HCC Advocacy Officer | Responsible: HCC Secretariat, CSOs |
| Consultant to conduct external evaluation of the AP 21-22, with submission of a report including successes, challenges, and recommendations for improvement 5,000 | Responsible: HCC Secretariat, CSOs |

Indicative budget for Specific Outcome 5.1 USD 11,500

The total indicative budget for the HCC Action Plan 2021-2022 is USD 97,000
6. SUMMARY OF IMPLEMENTATION STRATEGIES

The matrices presented in Tables 1 and 2 reflect the implementation strategies to be used in the execution of the AP 21-22, which are aligned with those in the TNA-NCDs. The implementation strategies include:

- Advocacy and communication targeting policymakers, the public, healthy commodity industries, academia, development partners, and other key stakeholders, to facilitate multisectoral, multidisciplinary, integrated, policy-coherent interventions for NCD reduction.
- Greater involvement of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability to share their experiences, express their needs, and participate in decision making that affects their lives, building on the WHO “NCD Diaries” and HCC “My COVID-19 Story” initiatives.
- Raising awareness, sharing information, and building capacity on tackling NCDs and their risk factors, as well as on the principles of equity and human rights, and the importance of human security and human capital, among a wide range of stakeholders, including the public.
- Involvement of NCD champions and policy entrepreneurs from all walks of life to disseminate messages and advocate for appropriate policies, legislation, and regulations.
- Enhanced investment in, and capacity building of, civil society, for more effective functioning, contribution, and partnerships.
- Involvement of an informed public, to exert influence for policy development, legislation, and regulations.
- Engagement with traditional and new media as important partners and conduits in raising awareness and facilitating not only individual behaviour change, but changes in the environment that enable desired behaviours.
- Use of settings—schools, workplaces, churches and other faith-based organisations, and communities—for promotion and prevention interventions, the school environment in particular offering opportunities to involve teachers, parents, and vendors, as well as students.
- Promotion of, and support for, the integration of NCD prevention and control into other programmes and interventions for health, such as climate change mitigation and adaptation, disaster and emergency preparedness, maternal and child health, and sexual and reproductive health, in efforts to promote cross-sector work and cost-efficiency.
- Promotion of research related not only to the situation regarding NCDs, equity, and human rights in the region, but also to provide evidence and inform prioritisation and tailoring to the Caribbean context of global recommendations such as the implementation of the WHO BBs and ORIs; the establishment and maintenance of effective partnerships through political economy analysis; and the role of behavioural economics in shaping policies and interventions that “make the healthy choice the easy choice”.
- Promotion of surveillance, monitoring, and evaluation to determine progress and trends, celebrate successes, make adjustments based on challenges and lessons learned, and facilitate accountability.
- Identification of, and recommendations for, sustainability mechanisms through institutional and other structures and systems at both regional and national levels.
- Partnerships, networking, and resource mobilisation involving intergovernmental development agencies, international NGOs, international financing institutions, foundations, media houses, healthy commodity industries, and other entities, taking into account their unique strengths, and identifying and managing conflict of interest.
- Implementation of digital strategies and platforms to facilitate and enable other strategies—not only during the constraints imposed by COVID-19, but also after the pandemic—and to enhance participation, especially among youth, foster cost-effectiveness, and improve access to health services, while ensuring outreach to persons without access to such platforms using traditional and innovative methods.
- Accountability, with monitoring of the implementation of the AP 21-22 and efforts to determine the extent to which key stakeholders buy into, and implement NCD reduction activities aligned with, the TNA-NCDs.

147 https://apps.who.int/ncds-and-me/.
### 7. SELECTED RISKS AND RISK MITIGATION STRATEGIES

Table 3 lists selected risks associated with implementation of the AP 21-22 and indicates risk mitigation strategies, most of which have been integrated into the Action Plan.

#### Table 3. Selected risks and risk mitigation strategies

<table>
<thead>
<tr>
<th>Risks</th>
<th>Risk mitigation strategies</th>
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| 1. Ongoing COVID-19 pandemic and possibility of other emergencies, e.g. hurricanes, with diversion of political attention from NCDs, as well as public health measures that include physical distancing and restrictions on meetings. | • Continued advocacy at political level for NCD reduction, emphasising links with COVID-19 and preparation for responses to emergencies.  
• Observance of guidance provided through the national responses to COVID-19.  
• Adoption of digital strategies to implement activities. |
| 2. Limited resources in most sectors, including government and civil society, some private sector entities, and some development agencies, with reduction in their activities, spending, and the availability of funding opportunities. | • Resource mobilisation, with expansion of partnerships and alliances, capacity development in grant/project proposal writing, and submission of proposals to possible funders, emphasising equity- and rights-based approaches, and co-benefits with other issues. |
| 3. Inadequate buy-in to the HCC AP-21-22 and the TNA-NCDs from CSOs and other key stakeholders. | • Launching, raising awareness of, disseminating, and discussing the TNA-NCDs and the AP 21-22 and their core principles and key approaches.  
• Involve of NCD champions, policy entrepreneurs, health professionals, and other key stakeholders in promoting the frameworks. |
| 4. Failure by key stakeholders to realise the importance of equity- and human rights-based approaches to NCD reduction. | • Involve of PLWNCDs, children, adolescents, youth, and human rights and social justice entities in A&C interventions, with messages tailored for various audiences. |
| 5. A&C products inadequately tailored for specific audiences and platforms, for example, being too long or too technical. | • Involvement of persons/entities with expertise in communications, including health-supporting private sector. |
| 6. Significant variations in CSO size, capacity, and resources available. | • Resource mobilisation to enable CSO capacity development, focusing on technical cooperation and assistance from intergovernmental development agencies, international NGOs, foundations, and international financing institutions. |
| 7. Failure to mobilise adequate resources—technical, financial, and human—for successful implementation of the AP 21-22. | • Resource mobilisation that emphasises equity and human rights, and emphasises co-benefits, taking advantage of resources available to fight COVID-19, the climate crisis, food and nutrition insecurity, and other priority issues that impact PLWNCDs. |
| 8. Inadequate monitoring and accountability, including in addressing CoI and countering undue private sector influence on policy and programme development. | • Promoting and monitoring the development and implementation of CoI policies by CSOs and other key stakeholders.  
• Regular monitoring of, and reporting to key stakeholders on, the execution of the AP 21-22. |
The HCC AP 21-22 comprises activities deemed most likely to contribute significantly to the implementation of the TNA-NCDs over the stated period, and was designed to be achievable within the resource realities of the HCC. These realities include the use of resources across existing grants; taking advantage of initiatives and interventions led by partners such as PAHO and CARPHA; and the identification of ‘mobilisable’ resources from various sources. Partnerships, networks, and the submission of grant and project proposals will be critical in mobilising technical, financial, and human resources for the implementation of the AP 21-22. The HCC Secretariat comprises few full-time personnel and resource mobilisation is critical to its functioning—the Secretariat’s work is done through collaboration with HCC Member CSOs, assistance from volunteers, interns, technical and special advisors addressing specific areas, and consultants recruited to complete specific assignments.

HCC is a member of the NCDA, which provides critical support. Other important HCC partners include, but are not limited to:

- Other international NGOs, including GHAI, Vital Strategies, World Obesity, and NCD Child;
- Regional political integration entities, such as CARICOM and OECS, and their institutions, including those with scopes of work that impact on NCDs, the SDoH, and the CDoH, such as CARPHA, CROSQ, the Caribbean Disaster Emergency Management Agency (CDEMA), and OECS health programmes and projects;
- Regional financing institutions such as the CDB;
- UN agencies such as PAHO, UNICEF, and UN Women; and, significantly,
- Ministries of Health and other government entities, which often provide crucial in-kind support for HCC’s work.

Resource mobilisation strategies will involve these traditional partners, and HCC will continue its efforts to become an Associate Institution of CARICOM, to facilitate closer collaboration with this regional entity. However, given the thrust to more explicitly address equity and human rights, and the enhancement of human security and human capital, expanded partnerships and networks will also be sought with not only UN agencies, which have a remit to adopt a rights-based approach to their technical cooperation and assistance, but also with national, regional, and international human rights and social justice groups and entities. There will also be efforts to establish bonds with CSOs dealing with health issues other than NCDs, and with issues related to the SDoH and CDoH, and to identify common objectives and areas for cooperation in improving the lives of persons in conditions of vulnerability.

8. RESOURCE MOBILISATION STRATEGIES

9. MONITORING AND EVALUATION FRAMEWORK

The outcomes, outputs, indicators, and targets identified in Tables 1 and 2, Sections 5.2 and 5.3, respectively, provide the framework for monitoring and evaluation (M&E) of the AP 21-22.

The main means of verification include:

- Reports from the HCC Secretariat and the Member CSOs, based on formal and informal interactions between them;
- Recordings and reports of virtual and other sessions and events;
- Copies of A&C products;
- Tabulation of website and social media posts and ‘hits’; and
- Completion of the reporting template that will be developed and disseminated.

The HCC Secretariat will prepare six-monthly summary reports on progress in the implementation of the AP 21-22 as its main formal monitoring strategy, and conduct both internal and external evaluations in late 2022.

The results of the M&E processes and relevant reports will allow adjustments for improved implementation of the AP 21-22, identifying achievements, gaps, challenges, and lessons learned. This will inform and enable progress to the achievement of the AP’s overall outcome—strengthened multistakeholder, innovative contributions and interventions for NCD reduction in the Caribbean, focusing on the “5x5” priorities: five major NCDs—CVD, diabetes, cancer, chronic respiratory diseases, and mental, neurological, and substance use disorders, and five main risk factors—tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution. It will also facilitate HCC’s continued, strategic contributions to the implementation of the Transformative New Agenda for NCDs in the region.

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149 https://www.healthycaribbean.org/hcc-partners/
150 https://www.cdema.org/
151 https://www.oecs.org/health-eastern-caribbean
Selected mortality and prevalence data for NCDs and risk factors in selected Caribbean countries

<table>
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<tr>
<th>COUNTRY</th>
<th>Suicide mortality 2016 data (per 100,000 population)</th>
<th>Harmful use of alcohol 2016 data</th>
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<th>Diabetes Raised blood glucose 2014 data Adults aged 18+ years (%)</th>
<th>Obesity 2016 data Adults aged 18+ years (%)</th>
<th>Obesity 2016 data Adolescents aged 10-19 years (%)</th>
<th>Household air pollution 2016 data Population with primary reliance on polluting fuels and technologies (%)</th>
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Source: WHO NCD Country Profiles 2018

ATG = Antigua and Barbuda  BHS = The Bahamas  BRB = Barbados  BLZ = Belize
DMA = Dominica  GRD = Grenada  GUY = Guyana  HTI = Haiti
JAM = Jamaica  KNA = St. Kitts and Nevis  LCA = St. Lucia  VCT = St. Vincent and the Grenadines
SUR = Suriname  TTO = Trinidad and Tobago

M = Male  F = Female  T = Total  - = Not applicable or no data

WHO recommends that adults consume less than 5 grams (g) salt per day.

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healthycaribbean

For more information please contact the HCC at

hcc@healthycaribbean.org

or visit our website

www.healthycaribbean.org

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