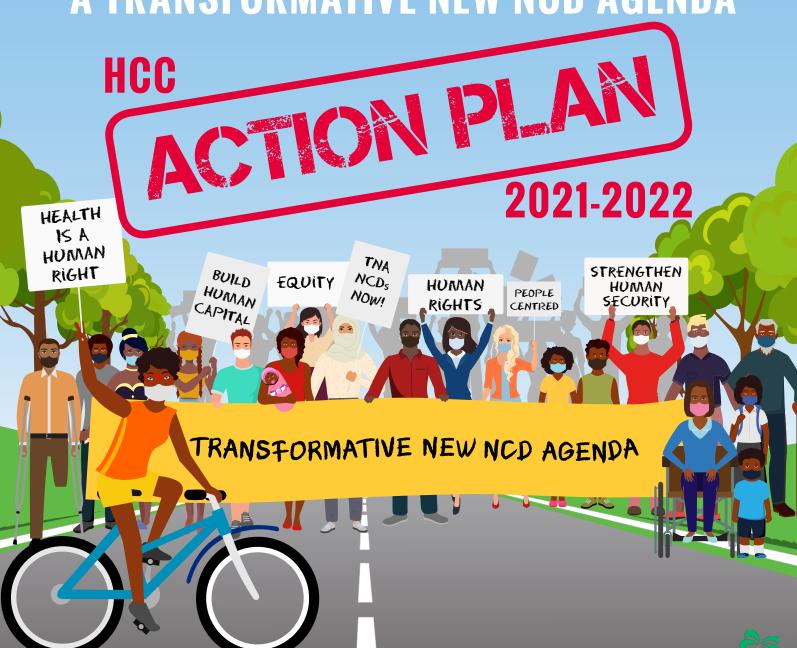




THE CASE FOR

A TRANSFORMATIVE NEW NCD AGENDA



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NCDs AND COVID-19 IN THE CARIBBEAN:

# A CALL TO ACTION

THE CASE FOR A TRANSFORMATIVE NEW NCD AGENDA





April 2021



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# **ACRONYMS AND ABBREVIATIONS**

| A&C      | advocacy and communication                                | NCDA     | NCD Alliance  |
|----------|---|----------|---|
| BBs      | Best Buys   | NGO      | non-governmental organisation                               |
| CARICOM  | Caribbean Community                                       | NNCDC    | National Non-communicable Diseases                          |
| CARPHA   | Caribbean Public Health Agency                            |          | Commission  |
| CDB      | Caribbean Development Bank                                | OECS     | Organisation of Eastern Caribbean States                    |
| CDoH     | commercial determinants of health                         | ORIs     | Other Recommended Interventions                             |
| Col      | conflict of interest                                      | PAHO     | Pan American Health Organization                            |
| СОР      | childhood obesity prevention                              | PEA      | political economy analysis                                  |
| COVID-19 | coronavirus disease 2019                                  | PHC      | primary health care   |
| CRC      | Convention on the Rights of the Child                     | PLWNCDs  |   |
| CROSQ    | Caribbean Regional Organisation for Standards and Quality | PLWNCDS  | persons living with non-communicable diseases               |
| CSO      | -   | POSD     | Declaration of Port of Spain                                |
|          | civil society organisation                                | ROI      | return on investment  |
| CVD      | cardiovascular diseases                                   | SDGs     | Sustainable Development Goals                               |
| FA0      | United Nations Food and Agriculture Organization          | SDoH     | social determinants of health                               |
| FNS      | food and nutrition security                               | SECR     | social, economic, and cultural rights                       |
| FoPNWL   | front-of-package nutrition warning                        | SSBs     | sugar-sweetened beverages                                   |
|          | labelling   | TNA-NCDs | transformative new agenda for                               |
| GDP      | gross domestic product                                    |          | the prevention and control of non-<br>communicable diseases |
| GHAI     | Global Health Advocacy Incubator                          | UHC      | universal health coverage                                   |
| НАР      | household air pollution                                   | UN       | United Nations  |
| нсс      | Healthy Caribbean Coalition                               | UNDP     | United Nations Development                                  |
| HiAP     | health-in-all-policies                                    |          | Programme   |
| HIV      | human immunodeficiency virus                              | UNICEF   | United Nations Children's Fund                              |
| HLM      | high-level meeting  | USD      | United States dollar  |
| HoSG     | Heads of State and Government                             | UWI      | University of the West Indies                               |
| JMD      | Jamaican dollar   | WHO      | World Health Organization                                   |
| MHPSS    | mental health and psychosocial support                    | WoG      | whole-of-government   |
| MNS      | mental, neurological, and substance use                   | WoS      | whole-of-society  |
| NCDs     | non-communicable diseases                                 |          |   |

## **PREFACE**

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 multisectoral, 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.

> Sir Trevor Hassell President Healthy Caribbean Coalition Bridgetown Barbados April 2021



# 1. SNAPSHOT OF THE HCC TNA-NCDS **ACTION PLAN 2021-2022**

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 2017-20211 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:

## Life course prevention

<sup>&</sup>lt;sup>1</sup> Accountability; action; empowerment of people; equity; inclusive partnerships; independence; innovation; simplicity and flexibility; and transparency and integrity. See http://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan\_WEB.pdf

Snapshot of the HCC TNA-NCDs Action Plan 2021-2022 Snapshot of the HCC TNA-NCDs Action Plan 2021-2022



## Social inclusion and participation for policy development



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

- commercial determinants of health (CDoH), and the relationships among NCDs and equity, human





# Partnerships, networks, and resource mobilisation

- · Host a regional meeting and quarterly webinars for key stakeholders, featuring regional and national 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 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;
- 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;
- 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



## **Accountability for decision making**

Introduction Introduction

## 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 TransformativeNew 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.<sup>2</sup> 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)

The HCC,<sup>3</sup> 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 (POSD): 'Uniting to Stop the Epidemic of Chronic NCDs,4 made by the Heads of State and Government (HoSG) of the CARICOM.<sup>5</sup> collaborates closely with government, health-supporting private enterprise, academia, and international partners to leverage the power of civil society in efforts to reduce

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 (NCDA) Civil Society Solidarity Fund (SF),6 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, rightsbased, 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.8

The TNA-NCDs<sup>9</sup> 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.



<sup>&</sup>lt;sup>2</sup> https://www.healthycaribbean.org/wp-content/uploads/2020/04/HCC-Coronavirus-Communication-Strategy-31-March-2020-FINAL.pdf.

<sup>3</sup> https://www.healthvcaribbean.org/

<sup>4</sup> https://caricom.org/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds/.

<sup>&</sup>lt;sup>6</sup> https://ncdalliance.org/news-events/news/ncda%E2%80%99s-new-solidarity-fund-will-support-20-ncd-alliances-to-strengthen-civil-society%E2%80%99s-response-to-covid-19.

<sup>&</sup>lt;sup>7</sup> In this context, 'region' refers primarily to Member States and Associate Members of the Caribbean Community, CARICOM.

<sup>&</sup>lt;sup>8</sup> Economic Commission for Latin America and the Caribbean (ECLAC). Special Report COVID-19 No. 5: Addressing the growing impact of COVID-19 with a view to reactivation with equality: new projections. ECLAC; Santiago; 15 July 2020. Available at: https://repositorio.cepal.org/bitstream/handle/11362/45784/1/S2000470\_en.pdf.

<sup>&</sup>lt;sup>9</sup> Healthy Caribbean Coalition. NCDs and COVID-19 in the Caribbean: a call to action—the case for a transformative new NCD agenda. Bridgetown: 2021; HCC. Available at: https://www.healthycaribbean.org/wp-content/uploads/2021/01/TNA-NCD-FINAL.pdf.

## 3. BACKGROUND

#### 3.1 NCD situation synopsis

#### General considerations

NCDs are the major causes of death and illness globally. 10 The WHO 2019 Global Health Estimates. 11 which cover data from 2000 to 2019 inclusive, demonstrate that NCDs now account for seven of the ten leading causes of death globally, up from four of the ten leading causes in 2000.12 The estimates highlight the need for greater global focus on preventing and treating cardiovascular diseases (CVD), cancer, diabetes, and chronic respiratory diseases, and on addressing injuries. They also show that heart disease remains the main cause of death, with diabetes and dementia entering the top ten-Alzheimer's disease and other forms of dementia ranked third in both the Americas and Europe in 2019. Globally. deaths from diabetes increased by 70% between 2000 and 2019, with an 80% rise in deaths among males. while 65% of deaths from Alzheimer's and other forms of dementia occurred among women.

The 2030 Agenda for Sustainable Development.<sup>13</sup> endorsed in 2015 by UN Member States, includes 17 Sustainable Development Goals (SDGs). SDG 3,14 the goal most directly related to health, is to "Ensure healthy lives and promote wellbeing for all at all ages", with target 3.4<sup>15</sup> "By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being", and indicators addressing mortality rates from CVD, diabetes, cancer, chronic respiratory diseases, and suicide.

The Political Declaration from the Third UN High-level Meeting (HLM) on the Prevention and Control of NCDs in 2018,16 recognised five major NCDs and five main risk factors—the "5x5" priorities<sup>17</sup>—for global attention in efforts 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 neurological 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 social, economic, political, commercial, environmental, and other 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. 18 Multimorbidity, defined as the coexistence of two or more chronic conditions in the same individual, 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.<sup>20</sup>

The NCD burden is not only reflected in poor individual and population health, but also in reduced productivity, stymied economic growth, and delayed sustainable national development. The Lancet Taskforce on NCDs and Economics<sup>21</sup> 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 diet, 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 (BBD) for every dollar invested.<sup>22</sup> 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),<sup>23</sup> save over 29.8 billion JMD of direct medical costs to treat diseases, grow GDP by an extra 0.11 percentage points by year five 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 hiah.

The September 2020 report of the Lancet Noncommunicable Diseases and Injuries (NCDI) Poverty Commission called for the re-framing of the NCD burden to go beyond the "5x5" priorities and address the full scope of the heterogeneous set of conditions that comprise NCDIs among the poorest billion people, including rheumatic heart disease, road iniuries, congenital defects, and sickle cell disease.<sup>25</sup> Notwithstanding the validity of this perspective, the

TNA-NCDs and the HCC AP-21-22 both focus on the "5x5" priorities, given the implementation deficit in addressing them, the inadequate investment in NCD prevention and control to date, and the limited resources available, among other factors. However, it is anticipated that the scope of priority NCDs to be tackled as part of the TNA-NCDs will widen in the medium- and long-term, aligned with the Lancet NCDI Poverty Commission's call and in keeping with the greater emphasis on equity and human riahts.

#### Maior NCDs

In the Region of the Americas, CVD, diabetes, cancer, and chronic respiratory diseases are responsible for 3 out of every 4 deaths, and the Caribbean region has the highest mortality from these NCDs in the Americas, with seven countries—Guyana, Haiti, Belize, Saint Vincent and the Grenadines, Trinidad and Tobago, Suriname, and Grenada, in rank order—having mortality rates above 583.5 per 100,000 population.<sup>26</sup> Forty percent of those deaths occur prematurely, in persons aged 30-69 years, with heart attack, stroke, and diabetes causing most premature deaths, followed by cancer; hypertension is the leading contributor to heart attack and stroke; and the prevalence of diabetes in the Caribbean is twice the global average.<sup>27</sup>

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.<sup>28</sup> The estimated prevalence of diabetes in adults in the Caribbean was 1.3% in 1960 and 17.9% in 1995.<sup>29</sup> and a review of studies on diabetes in the

<sup>21</sup> The Lancet Taskforce on NCDs and economics. Series. Lancet 2018; 391:2029-2078. Available at: https://www.thelancet.com/series/Taskforce-NCDs-and-

<sup>&</sup>lt;sup>10</sup> World Health Organization. Fact sheet: Non-communicable diseases, 1 June 2018. Available at: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.

<sup>11</sup> https://www.who.int/data/global-health-estimates.

<sup>12</sup> World Health Organization. Fact sheet: The top 10 causes of death, 9 December 2020. Available at https://www.who.int/news-room/fact-sheets/detail/the-

<sup>13</sup> https://www.un.org/ga/search/view\_doc.asp?symbol=A/RES/70/1&Lang=E.

<sup>14</sup> https://www.who.int/sdg/targets/en/.

<sup>15</sup> https://unstats.un.org/sdgs/metadata/?Text=&Goal=3&Target=3.4.

<sup>&</sup>lt;sup>16</sup> https://undocs.org/pdf?symbol=en/A/RES/73/2.

<sup>&</sup>lt;sup>17</sup> United Nations (UN), Together Let's Beat NCDs, and World Health Organization (WHO). Brochure – Time to Deliver: Third UN High-level Meeting on NCDs.

<sup>&</sup>lt;sup>18</sup> World Health Organization. Time to deliver: report of the Independent High-level Commission on NCDs. Geneva: WHO; 2018. Available at: https://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?ua=1.

<sup>&</sup>lt;sup>19</sup> World Health Organization. Multimorbidity: Technical Series on Safer Primary Care. Geneva: WHO; 2016. Available at: https://apps.who.int/iris/bitstream/handle/10665/252275/9789241511650-eng.pdf?sequence=1.

<sup>&</sup>lt;sup>20</sup> Macinko J, Andrade FCD, Nunes BP, et al. Primary care and multimorbidity in six Latin American and Caribbean countries. Rev Panam Salud Publica. 2019; 43:e8. https://doi.org/10.26633/RPSP.2019.8. Available at: https://iris.paho.org/bitstream/handle/10665.2/49746/v43e82019.pdf?sequence=5&isAllowed=y

<sup>&</sup>lt;sup>22</sup> Ministry of Health, UN Interagency Task Force (UNIATF), World Health Organization, and UN Development Programme (UNDP). The Investment Case for Non-communicable Disease Prevention and Control in Barbados. WHO and UNDP; 2015. Available at: https://apps.who.int/iris/bitstream/handle/10665/259689/WHO-NMH-NMA-17.97-eng.pdf?sequence=1.

<sup>&</sup>lt;sup>23</sup> In 2018 1 US Dollar = 129.72 JMD (average). http://boj.org.jm/foreign\_exchange/fx\_rates\_annual.php.

<sup>24</sup> UN Interagency Task Force on NCDs (UNIATF), UN Development Programme, and Pan American Health Organization. The Case for Investment in Prevention and Control of Noncommunicable Diseases in Jamaica: Evaluating the return on investment of selected tobacco, alcohol, diabetes, and cardiovascular disease interventions. Washington, D.C.: UNIATF, UNDP, and PAHO; 2018. Available at: https://iris.paho.org/bitstream/handle/10665.2/49693/9789275120545\_eng.pdf?sequence=5&isAllowed=y.

<sup>&</sup>lt;sup>25</sup> Bukhman G, Mocumbi AO, Atun R, et al. The Lancet NCDI (NCDs and Injuries) Poverty Commission: bridging a gap in universal health coverage for the poorest billion. Lancet 2020. Published online September 14, 2020. Available at: https://doi.org/10.1016/S0140-6/36(20)31907-3.

<sup>&</sup>lt;sup>26</sup> Pan American Health Organization. Noncommunicable diseases in the region of the Americas: facts and figures. Washington, D.C.: PAHO; 2019. Available at: https://iris.paho.org/bitstream/handle/10665.2/51483/PAHONMH19016\_eng.pdf?sequence=6&isAllowed=y.

<sup>&</sup>lt;sup>27</sup> Port of Spain Declaration Evaluation Research Group. Accelerating Action on NCDs: Evaluation of the 2007 CARICOM Heads of Government Port of Spain Declaration. https://onecaribbeanhealth.org/wp-content/uploads/2016/10/ACCELERATING-ACTION-ON-NCDS-POSDEVAL-Report-1.pdf.

<sup>&</sup>lt;sup>28</sup> International Diabetes Federation (IDF). IDF Diabetes Atlas, 9th Edition. Brussels: 2019; IDF. Available at: https://diabetesatlas.org/upload/resources/material/20191218\_144608\_nac\_factsheet\_en.pdf.

<sup>&</sup>lt;sup>29</sup> Ferguson TS, Tulloch-Reid MK, and Wilks RJ. The epidemiology of diabetes mellitus in Jamaica and the Caribbean: a historical review. West Indian Med J 2010; 59(3):259-264. Available at: https://pubmed.ncbi.nlm.nih.gov/21291103/.

Caribbean from 1989 to 2002 showed a prevalence of the disease among adults ranging from 11.1% to 18%, associated with increases in obesity.<sup>30</sup> 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.<sup>31</sup> 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 2015-2035.32

Mental disorders have significant health, social, human rights, and economic consequences globally, with depression accounting for 4.3% of the global burden of disease, being one of the main causes of disability worldwide, and affecting more women than men.<sup>33</sup> 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 40% to 60% greater chance of dying prematurely than the general population, due to physical health problems such as cancers, CVD, diabetes, and HIV that are often left unattended, and suicide. Suicide is the second most common cause of death among young people worldwide.34

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 and 12 per 100,000 in Jamaica for bipolar disorder.<sup>35</sup> Suicide was associated with a psychiatric illness in 70% of cases, with depression being the most frequently occurring psychiatric diagnosis (60% of

cases), and suicide rates varied from 2.0-2.7/100.000 in Jamaica and 4.0/100.000 in Barbados, to 12.3/100.000 in Trinidad and Tobago. Suicide rates were particularly high among persons of East Indian descent, perhaps reflecting cultural differences<sup>35</sup> and constituting a challenge for multiethnic countries such as Guyana, Suriname, and Trinidad and Tobago.

The stress and upheaval that usually accompany disasters and emergencies increase not only the risk of the development of new mental disorders, but also the exacerbation of pre-existing ones. Persons with psychiatric conditions are at risk for decreased ability to carry on activities of daily living in the face of stressful circumstances such as disasters, 35 and are therefore a vulnerable group in situations such as the COVID-19

#### 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.36 Unhealthy diets are of particular concern, as almost all CARICOM countries import more than 60% of the food they consume, with half of them importing more than 80% of the food they consume—only Belize, Guyana, and Haiti produce more than 50% of their consumption. Much of the imported food comprises energy-dense, nutrient-poor products high in fats, oils, sweeteners, and sodium, linked to the epidemic of overweight and obesity in the region.<sup>37</sup> Worldwide, unhealthy diets pose a greater risk to morbidity and mortality than do unsafe sex, and alcohol, drug, and tobacco use, combined.38

Globally, in 2016, 39% of adults aged 18 years and over were overweight (39% men and 40% women), and 13% were obese (11% men and 15% women); 18% of children and adolescents aged 5-19 years were overweight or 3.2 Implementation deficit obese, compared with 4% in 1975, and the increase has occurred similarly among both boys and girls.<sup>39</sup> 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. 40 The increasing trends in overweight and obesity also affect children and adolescents in the region, with approximately one in three being overweight or obese;41 prevalence rates of between 28% and 35% have been found.42 27% among boys and 33% among girls.<sup>40</sup>

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. 43

The Annex summarises mortality and prevalence data on selected NCDs and risk factors from several Caribbean countries, extracted from WHO NCD country

profiles for 2018.44 which are based on WHO NCD and risk factor STEPS surveys.45

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;46 the 2016 Report of the WHO Commission on Ending Childhood Obesity<sup>47</sup> and its 2017 Implementation Plan<sup>48</sup>; the Pan American Health Organization Strategy for the Prevention and Control of NCDs 2012-2025;49 the PAHO Plan of Action for the Prevention and Control of NCDs in the Americas 2013-2019;50 the Political Declaration from the UN HLM on NCD prevention and control in 2011:51 the Outcome Document from the 2014 HLM on NCDs:52 and the Political Declaration from the 2018 HLM on NCDs. 16 Also instructive are the widely-promoted WHO Best Buys and Other Recommended Interventions, 53 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 2013-2020,34 which offers global guidance to countries on addressing this underserved area.

In the Caribbean, the 2007 POSD:4 the 2007 Declaration of St. Ann: Implementing Agriculture and Food Policies to Prevent Obesity and NCDs in the CARICOM:54 the Caribbean Public Health Agency (CARPHA)55 Plan of

<sup>&</sup>lt;sup>30</sup> Boyne MS. Diabetes in the Caribbean: trouble in paradise. Insulin 2009; 4(2):12. Available at: https://www.researchgate.net/publication/236892880\_Diabetes\_in\_the\_Caribbean\_Trouble\_in\_paradise.

<sup>&</sup>lt;sup>31</sup> Caribbean Health Research Council (CHRC) and Pan American Health Organization. Managing hypertension in primary care in the Caribbean. Trinidad and Tobago: CHRC; 2007. Available at: http://www.caribgp.org/files/Hypertension.pdf.

<sup>&</sup>lt;sup>32</sup> Jones F (Economic Commission for Latin America and the Caribbean, ECLAC). Ageing in the Caribbean and the human rights of older persons: twin imperatives for action. Santiago: ECLAC; January 2016. Available at: https://repositorio.cepal.org/bitstream/handle/11362/39854/1/S1501220\_en.pdf.

<sup>33</sup> World Health Organization, Mental disorders; Fact sheet, Geneva; WHO; 28 November 2019, Available at: https://www.who.int/en/news-room/fact-sheets/

 $<sup>^{34}\</sup> World\ Health\ Organization.\ Mental\ Health\ Action\ Plan\ 2013-2020.\ Geneva:\ WHO;\ 2013.\ Available\ at:\ https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021\_eng.pdf; jsessionid=93476B888ED3EBC1661CD4D232D1EBAE?sequence=1.$ 

<sup>&</sup>lt;sup>35</sup> Abel W, Baboolal N, and Gibson R. The epidemiology of mental health issues in the Caribbean. In PAHO. Mental health and psychological support in disaster situations in the Caribbean: Core knowledge for emergency preparedness and response (Chapter 5). Washington, D.C.: PAHO. 2012. Available at: https://www.paho.org/disasters/index.php?option=com\_docman&view=download&category\_slug=books&alias=1973-mental-health-and-psychosocial-support-indisaster-situations-in-the-caribbean-chapter-5&ltemid=1179&lang=en.

<sup>&</sup>lt;sup>36</sup> George Alleyne Chronic Disease Research Centre (GA-CDRC), 2019 POS NCD Summit Grid Report. Barbados: GA-CDRC, University of the West Indies; 2020. Available at: https://onecaribbeanhealth.org/wp-content/uploads/2020/09/2019-POS-grid-20190927.pdf.

<sup>&</sup>lt;sup>37</sup> Food and Agricultural Organization (FAO). State of food insecurity in the CARICOM Caribbean – Meeting the 2015 hunger target: taking stock of uneven progress. Bridgetown: FAO; 2015. http://www.fao.org/3/a-i5131e.pdf.

<sup>38</sup> Willett W. Rockstrom J. Loken B. et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. Lancet 2019; 393(10170):447-492. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31788-4/fulltext.

<sup>39</sup> World Health Organization. Fact sheet: Obesity and overweight, 1 April 2020. Available at: https://www.who.int/en/news-room/fact-sheets/detail/obesity-

<sup>&</sup>lt;sup>40</sup> Henry, F. Obesity in the Caribbean: a case for public policies. J Nutr Disorders Ther 2016; 6:3 DOI: 10.4172/2161-0509.1000194. Available at: https://www.longdom.org/open-access/obesity-in-the-caribbean-a-case-for-public-policies-2161-0509-1000194.pdf.

<sup>&</sup>lt;sup>41</sup> Healthy Caribbean Coalition (HCC). Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean. Bridgetown: HCC; 2017. Available at: https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf.

<sup>&</sup>lt;sup>42</sup> Caribbean Public Health Agency, Plan of action for promoting healthy weights in the Caribbean: Prevention and control of childhood obesity 2014- 2019. Port of Spain, Trinidad and Tobago: CARPHA, 2014. Available at: http://carpha.org/Portals/0/docs/HealthyWeights.pdf.

<sup>&</sup>lt;sup>43</sup> Clean Cooking Alliance. Haiti—Cookstoves and Fuels Market Assessment: Preliminary Report, 2016. Available at: https://www.cleancookingalliance.org/resources/529.html.

<sup>44</sup> https://www.who.int/nmh/countries/en/

<sup>45</sup> https://www.who.int/ncds/surveillance/steps/en/.

<sup>46</sup> https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236\_eng.pdf;jsessionid=374037C18CFB518F5C7BCDE0934737F1?sequence=1.

<sup>&</sup>lt;sup>47</sup> https://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066\_eng.pdf?sequence=1.

 $<sup>^{48}\</sup> https://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf? sequence=1.$ 

<sup>49</sup> https://www.paho.org/hq/dmdocuments/2012/CSP28-9-e.pdf

<sup>50</sup> https://www.paho.org/hq/dmdocuments/2015/action-plan-prevention-control-ncds-americas.pdf.

<sup>&</sup>lt;sup>51</sup> https://www.who.int/nmh/events/un\_ncd\_summit2011/political\_declaration\_en.pdf.

<sup>52</sup> https://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1.

<sup>&</sup>lt;sup>53</sup> World Health Organization (WHO). Tackling NCDs: Best buys and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: WHO; 2018. Available at: https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y https://caricom.org/declaration-of-st-ann-implementing-agriculture-and-food-policies-to-prevent-obesity-and-non-communicable-diseases-ncds-in-the-

<sup>55</sup> https://carpha.org/.

Action for supporting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019;42 and the Caribbean Cooperation in Health Phase IV (CCH IV) 2016-2025<sup>56</sup> are some of the regional frameworks for NCD prevention and control. These are complemented by many NCD-related HCC publications<sup>57</sup> that primarily target civil society, but which appeal to a wide range of stakeholders, including governments, and several national plans for NCD prevention and control, 58 and for time. 65 mental health.59

Despite the myriad global and regional frameworks, there is a recognised implementation deficit in NCD prevention and control, including in the Caribbean. Globally, deficits have been documented related to political choices and leadership, health systems, prioritysetting, national capacities, accountability, domestic and international financing, and the impact of economic, market, and commercial factors, including Industry interference. 18,60,61 Worldwide, the implementation of the WHO BBs and ORIs is lagging, and accelerated action for their further implementation continues to be a priority.<sup>62</sup> 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. 63

The policy brief for the Global NCDA Forum in February 2020 identified gaps in the fulfilment of commitments to NCD prevention and control related to leadership, investment, care, community engagement, and accountability.64 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, though high-income countries showed faster gains than the other income groups. Further, several countries, particularly at low and lower-middle incomes, experienced deteriorating performance on the NCD component of the SCI over

The situation in the Caribbean reflects many of these global findings, and the commitments of the POSD also demonstrate an implementation deficit.36,66 A political economy analysis (PEA) of NCD policy-making in the region<sup>67</sup> examined the role, interests, and political leverage of major actors; private sector regulation; the institutional landscape and its impact on the policymaking 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 evaluation<sup>27</sup> 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. 68 Key recommendations from 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 schools; taxation to 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 CVD in particular are more likely to have poor outcomes. 69,70 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.<sup>71</sup> 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.72

COVID-19 and NCDs have been characterised as a syndemic that is exacerbating social and economic inequalities.<sup>73</sup> In 2019, the Lancet Commission on Obesity defined a syndemic as "two or more diseases that co-occur, interact with each other, and have common societal drivers", and described a syndemic of obesity, undernutrition, and climate change, focusing attention on the need to address the combined challenges and find common solutions.74 The Commission noted that

the evaluation included multisectoral actions at all levels systems-level interventions could serve as double-duty or triple-duty actions to address all three components of the syndemic simultaneously, an argument that can also be applied to COVID-19 and NCDs.

> Though the pandemic was initially seen as primarily a clinical 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, testing, contact tracing, quarantine, and isolation—remain essential components of the response. With hospitals focusing on essential services to care for 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.71 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-allocated 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 diabetes and dental 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 HEARTS technical package<sup>75</sup> for reduction of CVD (28.6%); and mass communication campaigns (25%).

<sup>&</sup>lt;sup>56</sup> https://caricom.org/documents/16429-cch-iv-publication\_rev-7\_health\_sector\_development.pdf.

<sup>57</sup> https://www.healthycaribbean.org/publications/.

<sup>&</sup>lt;sup>58</sup> Pan American Health Organization. In-depth qualitative analysis of noncommunicable diseases multisectoral action plans in the Caribbean. Washington, D.C.: PAHO; 2018. Available at: https://iris.paho.org/bitstream/handle/10665.2/49093/9789275120101\_eng.pdf?sequence=1&isAllowed=y.

<sup>59</sup> World Health Organization. WHO-AIMS report on mental health systems in the Caribbean region. Geneva: WHO; 2011. Available at: https://www.who.int/ mental health/evidence/mh systems caribbeans en.pdf

<sup>&</sup>lt;sup>60</sup> United Nations General Assembly. Progress on the prevention and control of non-communicable diseases: Report of the Secretary-General. Document A/72/662, December 2017. Available at: https://www.who.int/ncds/governance/high-level-commission/A\_72\_662.pdf?ua=1.

<sup>61</sup> World Health Organization. Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in September 2018: Report by the Director-General. Document A71/14, 19 April 2018. Geneva: WHO; 2018. Available at: https://apps.who.int/gb/ebwha/pdf\_files/WHA71/A71\_14-en.pdf.

<sup>&</sup>lt;sup>62</sup> World Health Organization. Assessing national capacity for the prevention and control on noncommunicable diseases: report of the 2019 global survey. Geneva: 2020; WHO. Available at: https://www.who.int/publications/i/item/ncd-ccs-2019.

<sup>&</sup>lt;sup>63</sup> United Nations. The Sustainable Development Goal Report 2020. New York: 2020; UN. Available at: https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf

<sup>64</sup> NCD Alliance (NCDA). Bridging the gap on NCDs: from global promises to local progress. Geneva: NCDA; January 2020. Available at: https://ncdalliance.org/sites/default/files/resource\_files/Bridging%20the%20Gap\_Brief\_FINAL.pdf.

<sup>65</sup> World Health Organization. Primary health care on the road to universal health coverage: 2019 Global Monitoring Report. Geneva: WHO; 2019. Available at: https://www.who.int/healthinfo/universal\_health\_coverage/report/uhc\_report\_2019.pdf?ua=1. 66 Healthy Caribbean Coalition. Port of Spain Declaration 10th Anniversary Commemoration Infographic. Bridgetown; HCC; July 1, 2017. Available at: https://www.healthycaribbean.org/pos-declaration-10th-anniversary-infographic/.

<sup>67</sup> Knight A and Hippolyte D. Keeping NCDs as a political priority in the Caribbean: a political economy analysis of NCD policymaking. Institute of International Relations, UWI. Presented at Forum of Key Stakeholders in the Caribbean: Advancing the NCD Agenda in the Caribbean, 8-9 June 2015, Bridgetown, Barbados. Available at: https://www.paho.org/hg/index.php/20ption=com\_docman&view=download&category\_slug=forum-key-stakeholders-on-ncd-advancing-ncd-agenda-caribbean-8-9-june-2015-7994&alias=36065-keeping-ncds-as-a-political-priority-caribbean-andy-knight-065&ltemid=270&lang=en.

<sup>68</sup> Summary POSDEVAL. Available at: https://onecaribbeanhealth.org/fan-posdeval/.

<sup>&</sup>lt;sup>69</sup> World Health Organization and United Nations Development Programme. Responding to non-communicable diseases during and beyond the COVID-19 pandemic: state of the evidence on COVID-19 and non-communicable diseases: a rapid review. Geneva: WHO and UNDP; 2020. Available at: https://apps.who.int/iris/handle/10665/334143.

<sup>&</sup>lt;sup>70</sup> United Nations Interagency Task Force on NCDs, World Health Organization, and United Nations Development Programme. COVID-19 and NCDs—Infographic. Geneva: WHO and UNDP; 2020. Available at: https://www.who.int/docs/default-source/ncds/un-interagency-task-force-on-ncds/uniatf-policy-brief-ncds-and-covid-030920-poster.pdf?sfvrsn=b8c946fa\_4.

<sup>&</sup>lt;sup>71</sup> Pan American Health Organization. Rapid assessment of service delivery for NCDs during the COVID-19 pandemic in the Americas, 4 June 2020. Washington, D.C.: PAHO; 2020. Available at: https://iris.paho.org/bitstream/handle/10665.2/52250/PAHONMHNVCOVID-19200024\_eng.pdf?sequence=6&isAllowed=y.

<sup>&</sup>lt;sup>72</sup> World Health Organization and United Nations Development Programme. Responding to NCDs during and beyond the COVID-19 pandemic. Geneva: WHO and UNDP; 2020. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-communicable\_diseases-Policy\_brief-2020.1.

<sup>&</sup>lt;sup>73</sup> Editorial. COVID-19: a new lens for non-communicable diseases. Lancet 2020; 396:649, September 5, 2020. Available at: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31856-0.pdf. <sup>74</sup> Swinburn B, Kraak VI, Allender s, et al. The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report. Lancet 2019; 393:791-846. Available at: https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2932822-8.

<sup>&</sup>lt;sup>75</sup> https://www.paho.org/hq/index.php?option=com\_content&view=article&id=15056:hearts-in-the-americas&Itemid=3465&lang=en.

The main strategies used to minimize the disruptions were triage of patients and prioritisation of care based on the severity of the condition; use of telemedicine to replace in-person consultations; and novel dispensing for NCD medicines.

The pandemic intensified concerns about mental health,76 as many people, particularly PLWNCDs, became anxious and fearful about contracting the virus, including through exposure to family members or friends in high-risk occupations. Fear of severe illness and death from COVID-19 was compounded by feelings of loneliness and loss of social contact due to physical distancing, and persons who were furloughed or lost their jobs due to the lockdown of businesses, schools, and other entities faced economic hardship and associated anxiety and depression. Lockdowns and physical distancing also offered opportunities for increases in the harmful use of alcohol and other substances, with risk of precipitating or aggravating MNS disorders. Adding to the psychological stress were misinformation and disinformation about the virus. COVID-19, and management of the disease, spread widely through social media and other communication platforms.77

A WHO rapid assessment of mental, neurological, and substance use services during COVID-1978 revealed that of the 130 countries that responded (including 11 Caribbean countries), although 89% included mental health and psychosocial support (MHPSS) as part of their national COVID-19 response plans, and 51% reported inclusion of all services for MNS disorders in the list of essential services during COVID-19, there were significant disruptions in the services. In almost 33% of countries, at least 75% of MNS-related services were completely or partially disrupted; preventive and promotive services and programmes were most severely affected, with about 75% of school and workplace mental health services fully or partially disrupted. The leading causes of disruption were decreases in outpatient volume due to patients not presenting and cancellation of elective care; travel restrictions hindering access to health facilities; and repurposing of staff or facilities. The countries' approaches to overcome the disruptions

included telemedicine/teletherapy (70%): helplines for MHPSS (67.7%); specific measures for infection prevention and control in MNS services (65.4%); self-help or digital format of psychological interventions (53.8%); triaging to identify priorities (49.2%); and training of COVID-19 health care providers in basic psychosocial skills (44.6%).

#### Selected COVID-19 responses – national, regional, and international

Most Caribbean governments mounted multisectoral interventions coordinated by the HoSG,9 especially in light of the severe impact of the pandemic on the primarily travel- and tourism-dependent economies of the region. Caribbean countries monitored the COVID-19 situation and implemented control measures with guidance from ministries of health, the main political integration entities—CARICOM and the Organisation of Eastern Caribbean States (OECS)—and regional and international technical cooperation agencies, including CARPHA and PAHO, and other UN agencies. Most agencies established webpages with evidencebased information on COVID-19 and necessary control measures, and some participated in online meetings with both high-level policymakers and technical personnel in countries to discuss, advise, and respond to emerging issues as the pandemic unfolded. Governments in the region designated categories of essential workers, shifted tasks among the health workforce, and sought to put in place social protection measures to support the most vulnerable among their populations.9

CSOs working in NCD prevention and control, as well as in other areas, continued to serve their constituents and communities as best they could, with information. education, and communication; service delivery; community outreach; and advocacy to government. Several mobilised resources to continue their functions to target PLWNCDs, including the provision of packages and hampers with healthy food and basic supplies, and collaborated with partners to promote and implement webinars to inform, educate, and build capacity.9 The HCC, among other actions, wrote open letters to HoSG advocating for food and nutrition security and other measures to mitigate the effects of the pandemic on

PLWNCDs,9 and convened a series of webinars on COVID-19 and NCDs in the Caribbean, 79 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—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. 9,80,81 However, some private sector entities in the region made healthsupporting interventions as part of the COVID-19 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.9

#### Kev 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 information and communication 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 tandem 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 MHPSS, 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; applying the chronic care model, which includes self-care and selfmanagement;82 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.anddigitalstrategiestocommunicate. disseminate information, improve health literacy, build capacity, and promote telehealth;
- ensuring access to the Internet 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

<sup>&</sup>lt;sup>76</sup> United Nations Policy Brief: COVID-19 and the need for action on mental health, 13 May 2020. Available at: https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf.

<sup>&</sup>lt;sup>77</sup> Fleming N. Fighting coronavirus misinformation. Nature 2 July 2020; 583:155-156. Available at: https://media.nature.com/original/magazine-assets/d41586-020-01834-3/d41586-020-01834-3.pdf.

<sup>&</sup>lt;sup>78</sup> World Health Organization. The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: WHO; 2020. Available at: https://www.who.int/publications/i/item/978924012455.

<sup>79</sup> https://www.healthycaribbean.org/category/webinars/.

<sup>&</sup>lt;sup>80</sup> Collin J, Ralston R, Hill SE, et al. Signalling virtue, promoting harm: unhealthy commodity industries and COVID-19. NCD Alliance and SPECTRUM Research Consortium, September 2020. Available at: https://ncdalliance.org/sites/default/files/resource\_files/Signalling%20Virtue%2C%20Promoting%20Harm\_Sept2020\_FINALv.pdf.

<sup>&</sup>lt;sup>81</sup> Global Health Advocacy Incubator (GHAI). Facing two pandemics: how Big Food undermined public health in the era of COVID-19. Washington, D.C.: GHAI; 2020. Available at: https://advocacyincubator.org/wp-content/uploads/2020/11/GHAI-Facing-Two-Pandemics-Report-November-2020.pdf.

<sup>82</sup> Caribbean Community. Chronic care policy and model of care for the Caribbean Community (CARICOM). Georgetown: CARICOM Secretariat; 2011. Available at: https://caricom.org/documents/12061-chronic\_care\_policy\_model\_of\_care\_for\_the\_caribbean\_community.pdf.

interventions that impact them, where access to the technology is not feasible;

- 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 inequities 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 commodity 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 for the future"83 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 dialogues and partnerships with the
- 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,84 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 people.85 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 countering 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.

#### 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 —it is at the 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.86 Though many of the SDoH 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.

Most Caribbean countries have ratified major human rights treaties, including the International Covenant on Economic Social and Cultural Rights, 88 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 Rights, 89 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 Child.90 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 Disabilities, 91 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.92 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.93 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 NCDs94 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 HoSG at their 39th Regular Meeting in 2018.95 The revision of the nutrition standards is under the leadership of the Caribbean Regional Organisation for Standards and Quality (CROSQ).96 and PAHO has recommended that Caribbean countries adopt the easily-understood octagon "high-in" model implemented



<sup>83</sup> A recording of the webinar is available at: https://www.youtube.com/watch?v=4zyGFWXPG6g.

<sup>&</sup>lt;sup>84</sup> Pan American Health Organization (PAHO). The essential public health functions in the Americas: a renewal for the 21st century. Conceptual framework and description. Washington, D.C.: PAHO; 2020. Available at: https://iris.paho.org/bitstream/handle/10665.2/53124/9789275122655\_eng. pdf?sequence=1&isAllowed=y.

<sup>&</sup>lt;sup>85</sup> Pan American Health Organization. Guidance for implementing non-pharmacological public health measures in populations in situations of vulnerability in the context of COVID-19. Washington, D.C.: 2020; PAHO. Available at: https://iris.paho.org/bitstream/handle/10665.2/53078/PAHOIMSFPLCOVID-19200021\_eng.pdf?sequence=5&isAllowed=y.

<sup>86</sup> https://www.who.int/topics/health\_equity/en/

<sup>87</sup> https://www.who.int/social\_determinants/en/.

<sup>88</sup> https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx.

<sup>89</sup> https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx.

<sup>90</sup> https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx.

<sup>91</sup> https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx.

<sup>92</sup> Committee on the Rights of the Child. General comment No. 15 (2013), paragraph 47. Available at http://www.refworld.org/docid/51ef9e134.html

<sup>&</sup>lt;sup>93</sup> Clark H, Coll-Seck AM, Banerjee A, et al. A future for the world's children? A WHO-UNICEF-Lancet Commission. Lancet 2020; 395: 605-658. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32540-1/fulltext.

<sup>94</sup> https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26130&LangID=E%3E.

<sup>95</sup> Caribbean Community. Communiqué issued at the conclusion of the 39th Regular Meeting of the Conference of Heads of Government of the Caribbean Community. Available at: https://caricom.org/communique-issued-at-the-conclusion-of-the-thirty-ninth-regular-meeting-of-the-conference-of-heads-of-government-of-the-caribbean-community/.

<sup>96</sup> https://website.crosq.org/.

in Chile and other countries, based on evidence of its effectiveness, 97 which was confirmed in a 2021 study in Jamaica.98 However, as stated at a PAHO- and HCCsupported November 2020 webinar on "The human rights approach to front-of-package warning labelling in the Caribbean", 99 at both regional and national levels the food and beverage industry has exerted undue influence to delay and thwart the process, and the revised standards are poised to fall well below expectations.

As the main duty-bearers for the progressive realisation of human rights—to respect, protect, and fulfil national governments <u>must</u> be <u>held</u> 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. 100 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 a) 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; b) calls for people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people and all communities; and c) recognises the interlinkages among peace, development, and human rights, and equally considers civil, political, economic, social and cultural rights.<sup>101</sup> A case has been made for the recognition of NCDs as a threat to both personal and global security, given their long-lasting impact on individual health and well-being; high burden and increasing prevalence; global costs; potential to overwhelm the response capacity of low-income countries: and contribution to health inequalities. 102

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<sup>103</sup> and as an intangible asset or quality that can be classified as the economic value of a worker's experience and skills, including assets like education, training, intelligence, skills, and health. 104 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. 105 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 the documented implementation deficit—worsened by 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

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<sup>106</sup>—as advocates.

For effective and sustained NCD reduction, there must not only be accelerated and strengthened implementation of proven, cost-effective strategies such as the WHO BBs and ORIs, according to prioritisation and adaptation based on the national situation. $^{107}$ but, vitally, a reframing of the NCD agenda to promote justice and equity. 108

<sup>97</sup> Pan American Health Organization. Front-of-package labeling as a policy tool for the prevention of noncommunicable diseases in the Americas. Washington, D.C.: 2020; PAHO. Available at: https://iris.paho.org/bitstream/handle/10665.2/52740/PAHONMHRF200033\_eng.pdf?sequence=6&isAllowed=y.

<sup>\*\*</sup> Pan American Health Organization. Octagonal warning labels perform best in helping consumers choose healthier food, major study in Jamaica shows. 9 March 2021. Available at: https://www.paho.org/en/news/9-3-2021-octagonal-warning-labels-perform-best-helping-consumers-choose-healthier-food-

<sup>99</sup> A recording of the webinar is available at: https://www.youtube.com/watch?v=Esjgp0QgiuM&feature=youtu.be.

<sup>100</sup> Gomes OA and Gasper D. Human security: a thematic guidance note for regional and national human development report teams. New York: 2013; United Nations Development Programme. Available at: http://hdr.undp.org/sites/default/files/human\_security\_guidance\_note\_r-nhdrs.pdf.

<sup>101</sup> United Nations General Assembly, Resolution adopted by the General Assembly on 10 September 2012: Follow-up to paragraph 143 on human security of the 2005 World Summit Outcome. Document A/RES/66/290. Available at: https://www.un.org/en/ga/search/view\_doc.asp?symbol=A/RES/66/290.

<sup>102</sup> Saha A and Alleyne G. Recognizing noncommunicable diseases as a global health security threat. Bull World Health Organ 2018; 96:792-793. Published online 1 October 2018. DOI: http://dx.doi.org/10.2471/BLT.17.205732.

<sup>103</sup> Oxford Dictionary. See https://www.lexico.com/definition/human\_capital.

<sup>104</sup> Investopedia. See: https://www.investopedia.com/terms/h/humancapital.asp#.

<sup>&</sup>lt;sup>105</sup> Samuels TA. UHC in small island developing states. In Kirton J and Kickbusch I (Eds.). Delivering Universal Health Coverage 2030. Health: a political choice. London: Global Governance Project; 2019. Available at: https://www.healthpolicy-watch.org/wp-content/uploads/2019/06/f736fefa-3c34-47e2-b6f7-0218bffe0075.pdf.

<sup>&</sup>lt;sup>106</sup> Unwin N, Samuels AT, Hassell T, et al. The development of public policies to address non-communicable diseases in the Caribbean country of Barbados: the importance of problem framing and policy entrepreneurs. Int J Health Policy Manag 2017; 6(2):71–82. Available at: https://www.ijhpm.com/article\_3222\_75340d3b996529e187033bfeca39f3ab.pdf.

<sup>107</sup> Isaranuwatchai W et al. Prevention of non-communicable disease: best buys, wasted buys, and contestable buys. BMJ 2020; 369:m141. D0I:10.1136/bmj.m141. Available at: https://www.bmj.com/content/bmj/368/bmj.m141.full.pdf.

<sup>108</sup> Zuccala E and Horton R. Re-framing the NCD agenda: a matter of justice and equity. Lancet 2020: Published online first, 14 September 2020, DOI: https://doi.org/10.1016/S0140-6736(20)31910-3 Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31910-3/fulltext.

Snapshot of the TNA-NCDs Snapshot of the TNA-NCDs

## 4. SNAPSHOT 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.9

This vision aligns with the HCC's vision as stated in the HCC Strategic Plan 2017-2021:109 "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.9

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."109

# 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.9

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 2013-2020:46 "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 2013-2019:50 "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 wellbeing and reduce inequity within and among Member States."

The TNA-NCDs' overall outcome also aligns with the commitments of the POSD4 and contributes to the achievement of SDG target 3.4 and its indicators. 15

#### 4.2 Approaches

The TNA-NCDs builds on previous and current HCC initiatives, 110 including those addressing COP and FNS, Overall outcome of the TNA-NCDs and contribution to consistent with the emphasis on youth, prevention, and PLWNCDs. It also complements and encompasses the HCC COVID-19 A&C Strategy,<sup>2</sup> 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; highlevel advocacy targeting policymakers; and leveraging partnerships with critical regional and global public health institutions. The approaches in the TNA-NCDs amplify these objectives and strategies.

#### The TNA-NCDs embraces transformative approaches However, the TNA-NCDs also includes traditional that:9

- 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 syndemic, and enable evidencebased policies and interventions that advance equity and human rights;
- Promote analysis of the political economy<sup>67,111,112</sup> and behavioural economics<sup>113,114</sup> in the Caribbean context.

- with a view to, respectively, catalysing investment and multisectoral collaboration, and influencing behaviour change; and
- Promote a shared value and social impact business model<sup>115</sup> tailored to the Caribbean that enables and enhances investment by, and partnerships with, healthy commodity industries.

# approaches that:9

- Accelerate implementation of the WHO BBs and ORIs, and use of tools such as the WHO technical packages for NCD risk factor reduction and management of NCDs in primary health care<sup>116</sup> as well as other guidance from international frameworks for health and 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;117 and
- Enhance the accountability of civil society, government, and private sector, including policies to identify and manage Col and improve leadership, governance, and transparency.



Bennett S, Glandon D, and Rasanathan K. Governing multisectoral action for health in low-income and middle-income countries: unpacking the problems and rising to the challenge. BMJ Glob Health 2018; 3:e000880. doi:10.1136/bmjgh-2018-000880. Available at: https://gh.bmj.com/content/bmjgh/3/Suppl\_4/e000880.full.pdf

<sup>112</sup> Rasanathan K, Atkins V, Mwansambo C, et al. Governing multisectoral action for health in low-income and middle-income countries: an agenda for the way forward. BMJ Glob Health 2018;3: e000890. doi:10.1136/ bmjgh-2018-000890. Available at: https://gh.bmj.com/content/bmjgh/3/Suppl\_4/e000890.full.pdf.

<sup>113</sup> Vlaev I, King D, Dolan P, et al. The theory and practice of "nudging": changing health behaviors. Public Administration Review 2016; 76(4): 550-561. Available at: http://eprints.lse.ac.uk/id/eprint/67963.

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

<sup>&</sup>lt;sup>115</sup> Porter ME and Kramer M. The Big Idea: Creating Shared Value. Posted online 25 May, 2011. Available at: https://www.huffpost.com/entry/the-big-idea-creating-sha\_b\_815696.

<sup>116</sup> These packages include Package of Essential NCD Interventions (PEN) for PHC in Low-Resource Settings; MPOWER for tobacco control, HEARTS for CVD prevention, SHAKE for salt reduction, REPLACE for trans fat elimination, SAFER for alcohol reduction, ACTIVE to increase physical activity, and the Mental Health Gap Action Programme (mhGAP), which aims to scale up services for MNS disorders, especially in low- and middle-income countries. More recently the PEN-Plus Toolkit and HEARTS—D were released, the latter expanding the diabetes module of the HEARTS package and the former providing a district level-focused supplement to the PEN.

<sup>117</sup> Bermejo RA, Prashant NS, and Sharma SK. Stronger guidance needed on lifelong care for chronic diseases. Lancet 2011; 377:463. Available at: https://www.thelancef.com/action/showPdf?nii=S0140-6736%/811%/960152-9

<sup>109</sup> http://www.healthycaribbean.org/wp-content/uploads/2017/02/HCC-Strategic-Plan\_WEB.pdf

<sup>110</sup> https://www.healthycaribbean.org/category/our-work.

Snapshot of the TNA-NCDs HCC TNA-NCDs Action Plan 2021-2022

#### 4.3 Priority areas of focus

The five priority areas of focus of the TNA-NCDs are:9



### Life course prevention



### Social inclusion and participation for policy development

evaluation of policies and programmes that affect them, enabling their voices to be heard.



### 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 a public good, and social protection; health workforce; and information systems for health, all aimed at providing resilient systems and resources for quality promotion, prevention,



### 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.



### Accountability for decision making

strengthening digital strategies and information systems for health, with disaggregated achievement of agreed NCD and related goals and objectives; and enable the "watchdog" function, holding governments, civil society, and private sector accountable, including 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 2017-2021109 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 continuation of HCC's strategic actions in support of NCD reduction in the Caribbean. The AP 21-22 espouses the same values and NCDs—cardiovascular diseases, diabetes, cancer, **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, by the end of 2022. 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.

Number of HCC entities (Secretariat and Member CSOs) reporting involvement<sup>118</sup> in multistakeholder, innovative contributions and interventions for NCD reduction in the Caribbean, focusing on the "5x5" priorities: five major 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%).119

Table 1 outlines, for each TNA-NCDs priority area of focus, the **specific outcomes** (OCMs) that will contribute to achievement of the overall outcome, with **indicators** and targets; outputs (OPTs) related to each specific OCM, with indicators; and deliverables (products and **services)** to realise the OPTs.

**Table 2** outlines the **main activities** to produce the OPTs 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



<sup>118 &</sup>quot;Involvement" of the HCC entity means leadership, contribution, active participation, or implementation of current plan or strategy by the entity, or the entity's official recognition by government or development agencies as a primary partner in initiatives or interventions related to the priorities specified in the overall outcome.

<sup>&</sup>lt;sup>119</sup> The denominator for the "number of HCC entities" indicators and targets in the Action Plan 2021-2022 is 20, comprising the HCC Secretariat and 19 Member CSOs. The Member CSOs were selected based on criteria of current activities, capacity, and interest.

### 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



# Life course prevention

| Sp  | ecific OCMs  | Specific OCM indicators and targets  |  |  |
|-----|--|--|--|--|
| 1.1 | Enhanced advocacy and communication (A&C) by HCC entities for trade and fiscal policies, legislation, regulations, research, and guidelines to reduce tobacco use and unhealthy diet; strengthen COP and FNS; and decrease physical inactivity and harmful use of alcohol, emphasising equity- and rights- | Ind: Number of HCC entities undertaking A&C to promote trade and fiscal policies, legislation, and regulations to reduce tobacco use.  Target: 2 (10%)   |  |  |
|     | 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, emphasising equity- and rights-based approaches and aligned with the HCC Civil Society.  Action Plan (CSAP) 2017-2021: Preventing Childhood Obesity in the Caribbean.  Target: 16 (80%) |  |  |
|     |  |  |  |  |

| Out   | outs and indicators   | Deliverables (products and services)  |  |
|-------|---|---|--|
| 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.  |  |
|       | <ul> <li>Ind: Number of HCC entities undertaking A&amp;C to reduce tobacco use, including for:         <ul> <li>Increased taxation and plain packaging with graphic warnings on tobacco products;</li> <li>Strengthened legislation and regulations for smoke-free environments; and</li> <li>Bans on tobacco advertising, promotion, and marketing.</li> </ul> </li> </ul>   |   |  |
| 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, emphasising equity- and rights-based approaches.   | A&C products for reduction of unhealthy diet; strengthened FNS; and COP, emphasising            |  |
|       | <ul> <li>Ind: Number of HCC entities undertaking A&amp;C to reduce unhealthy diet, strengthen FNS, and contribute to COP, including any of: <ul> <li>Taxation on unhealthy food and beverages;</li> <li>Implementation of mandatory FoPNWL;</li> <li>Provision of subsidies for healthy foods and beverages;</li> <li>Regulations and incentives for Industry reformulation of unhealthy food and beverage products;</li> <li>Promotion of exclusive breastfeeding and regulation of the marketing of breastmilk substitutes;</li> <li>Promotion of the CARICOM COVID-19 Response Agri-Food Plan;<sup>121</sup></li> <li>Bans on the promotion, advertising, and marketing of unhealthy food and beverages to children;</li> <li>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</li> <li>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.</li> </ul> </li> </ul> | 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. |  |

 $<sup>^{120}\</sup> https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf.$ 

<sup>121</sup> https://caricom.org/caricom-covid-19-response-agri-food-plan/.

| Specific OCMs | Specific OCM indicators and targets   |  |
|---------------|---|--|
|               | Ind: Number of HCC entities undertaking A&C to promote policies, regulations, and guidelines to reduce physical inactivity.  Target: 8 (40%)                    |  |
|               | Ind: Number of HCC entities undertaking A&C for trade and fiscal policies, legislation, and regulations, to reduce the harmful use of alcohol.  Target: 6 (30%) |  |

| Outp  | outs and indicators  | Deliverables (products and services)                      |
|-------|--|---|
| 1.1.4 | HCC entity A&C for policy development, regulations, and guidelines to reduce physical inactivity.  Ind: Number of HCC entities undertaking A&C for policy development, regulations, and guidelines to reduce physical inactivity, including:  • Mandating physical activity in schools;  • Promoting community physical activity, including through online platforms; and  • Promoting workplace health programmes   | A&C products for reduction of physical inactivity.        |
| 1.1.5 | <ul> <li>HCC entity A&amp;C to promote trade and fiscal policies, legislation, and regulations to reduce the harmful use of alcohol.</li> <li>Ind: Number of HCC entities undertaking A&amp;C to reduce the harmful use of alcohol, including any of:         <ul> <li>Increasing excise taxes on alcohol products;</li> <li>Banning promotion of alcoholic beverages for sponsorships targeting young people; and</li> <li>Observance of annual Caribbean Alcohol Reduction Day.<sup>122</sup></li> </ul> </li> </ul> | A&C products for reduction of the harmful use of alcohol. |



# Social inclusion and participation for policy development

| Specific OCMs |   | Specific OCM indicators and targets   |  |
|---------------|---|---|--|
| 2.1           | Strengthened involvement of HCC entities in improving social inclusion and participation related to policy development for NCD reduction. | Ind: Number of HCC entities contributing to identification of persons in conditions of vulnerability.  Target: 4 (20%)  |  |
|               |   | Ind: 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.  Target: 4 (20%) |  |

| Outputs and indicators |  | Deliverables (products and services)   |
|------------------------|--|--|
| 2.1.1                  | HCC entity A&C to promote the collection, analysis, and reporting of disaggregated data related to NCDs.  Ind: Number of HCC entities undertaking A&C to promote the collection, analysis, and reporting of disaggregated data related to NCDs.  | A&C products to promote collection, analysis, and reporting of disaggregated data related to NCDs.   |
| 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.  Ind: Number of HCC entities involved in interventions—including campaigns and guidance—that promote input from, and engage, PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability, to influence policy development for NCD reduction. | Intervention(s) to strengthen involvement of PLWNCDs, children, adolescents, youth, and other persons in conditions of vulnerability in policy development for NCD reduction |

<sup>122</sup> https://www.healthycaribbean.org/5th-caribbean-alcohol-reduction-day-card-2020/.



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

| 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 |  | Deliverables (products and services)  |
|------------------------|--|---|
| 3.1.1                  | Leadership and governance HCC Secretariat A&C to increase awareness of the SDoH, the CDoH, and the relationships among NCDs and equity, human rights, human security, and human capital.  Ind: HCC Secretariat undertaking at least one A&C initiative annually to increase awareness of the SDoH, CDoH, and the relationships among NCDs and equity, human rights, human security, and human capital.   | A&C products to increase awareness of key equity and human rights principles and concepts impacting, and impacted by, NCDs.   |
| 3.1.2                  | Strengthened capacity of HCC entities to advocate for, and participate in, interventions for improved multisectoral action for NCD reduction.  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.                           | Intervention(s) to strengthen capacity of HCC entities for multisectoral, integrated, HiAP actions tailored to the Caribbean reality.   |
| 3.1.3                  | Strengthened capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col.  Ind: Number of HCC entities developing and/or adopting policies/guidelines for identification and management of Col.   | Intervention(s) to strengthen capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col.   |
| 3.1.4                  | HCC Secretariat A&C to strengthen awareness of strategies for collaboration with healthy commodity industries.  Ind: HCC Secretariat undertaking at least one A&C initiative to raise awareness of the shared value and social impact business model.  | A&C products to strengthen awareness of the shared value and social impact business model and its application in the Caribbean.   |
| 3.1.5                  | Service delivery  HCC Secretariat A&C to strengthen CSOs' awareness of the chronic care model;82 management of multimorbidity; self-care and self-management for PLWNCDs; and WHO technical packages related to NCD reduction.116  Ind: HCC Secretariat undertaking at least one A&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. | 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. |
| 3.1.6                  | Strengthened capacity of HCC entities to utilise telehealth and other digital strategies to serve their clients and constituents.  Ind: Number of HCC entities using telehealth and other digital strategies to serve their clients and constituents.  | Intervention(s) to strengthen capacity of HCC entities in the use of telehealth and other digital strategies.   |

| Specific OCMs |  | Specific OCM indicators and targets |  |
|---------------|--|-------------------------------------|--|
|               |  |                                     |  |
|               |  |                                     |  |
|               |  |                                     |  |
|               |  |                                     |  |
|               |  |                                     |  |
|               |  |                                     |  |
|               |  |                                     |  |

| Outputs and indicators |       | outs and indicators  | Deliverables (products and services)  |
|------------------------|-------|--|---|
|                        | 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 to 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

| Sp            | ecific OCMs  | Specific OCM indicators and targets  |
|---------------|--|--|
| <b>Sp</b> 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. | 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%) |
|               |  |  |
|               |  |  |

| Outp  | uts and indicators   | Deliverables (products and services)  |
|-------|--|---|
| 4.1.1 | HCC entity A&C to promote and disseminate the TNA-NCDs widely among key stakeholders.  | A&C products promoting the TNA-NCDs.  |
|       | Ind: Number of HCC entities undertaking A&C to promote and disseminate the TNA-NCDs widely.  |   |
| 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.   | A&C products addressing SDoH, CDoH, multisectorality,   |
|       | Ind: HCC Secretariat undertaking at least one A&C initiative annually to highlight the SDoH and CDoH, justifying and promoting multisectoral action and partnerships for NCD reduction.  | and partnerships.   |
| 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.   | Intervention(s) to strengthen the capacity of HCC entities to advocate for the  |
|       | Ind: Number of HCC entities advocating for establishment of national NCD alliances.  | establishment of national NCD alliances, and to   |
|       | Ind: Number of CSOs that are active participants in, or members of, multisectoral NNCDCs or equivalents.   | participate in NNCDCs or equivalents.   |
| 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.  | A&C products, including policy briefs, to facilitate HCC collaboration with regional  |
|       | 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. | institutions and entities, and integrated actions across themes for NCD reduction.  |
| 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.   | A&C products for the establishment of links between CSOs and media, to  |
|       | Ind: Number of HCC entities undertaking A&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.   | promote equity- and human rights-based policy action for NCD reduction, aligned with the TNA-NCDs.                          |
| 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.                               | Intervention(s) to strengthen<br>the capacity of HCC entities<br>to explore and effect<br>collaboration with human          |
|       | 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.                  | right groups and bodies, and other social justice groups, to promote and monitor advances in SECR and equity in the region. |

# Accountability for decision making

| S    | pecific OCMs   | Specific OCM indicators and targets  |
|------|--|--|
| 5.11 | Strengthened promotion and monitoring by HCC entities of accountability at all levels. | <ul> <li>Ind: Number of HCC entities involved in interventions—including A&amp;C—to promote, encourage, and monitor accountability, related to any of: <ul> <li>Trends in the NCD situation;</li> <li>Identification and management of Col;</li> <li>Mapping of unhealthy commodity industries activities and development of strategies to counter Industry interference;</li> <li>Fulfilment of regional and international commitments for NCD reduction;</li> <li>Implementation of the HCC AP-21-22 and the TNA-NCDs; and</li> <li>Progress in the realisation of equity and human rights.</li> </ul> </li> <li>Target: 16 (80%)</li> </ul> |

| Outp  | outs and indicators   | Deliverables (products and services)   |
|-------|---|--|
| 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 to encourage governments' reporting on trends in NCDs, including fulfilment of regional and international commitments for NCD reduction, identification and management of Col, and progress in equity and human rights. |
| 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) <sup>123</sup> or other model.  | Intervention(s) to strengthen<br>the capacity of HCC entities<br>to develop and implement<br>policies to identify and<br>manage Col.   |
| 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.   |
| 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.  | 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.              |

<sup>122</sup> Healthy Caribbean Coalition. HCC individual and organisational conflict of interest policy: a guide for identifying, preventing, mitigating, and managing conflict 0of interest in NCD prevention and control in the context of Small Island Developing States in the Caribbean. October 2020 Working Document. Bridgetown: HCC; 2020.

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

 $Table\ 2.\ Outputs, deliverables, main\ activities, indicative\ inputs\ and\ resources, and\ proposed\ roles\ and\ responsibilities$ 



# Life course prevention

| Outp  | outs   | Deliverables   | Main    | Activities   |  |
|-------|--|--|---------|--|--|
| 1.1.1 | HCC entity A&C to promote trade and fiscal policies, legislation, and regulations to reduce tobacco use. (2)124  | 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.  |  |
|       |  |  | 1.1.1.2 | Continue to encourage and support the participation of the HCC Tobacco Control Advisor in the CROSQ regional standards subcommittee 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, emphasising equity-and rights-based approaches. (1) | A&C products<br>for reduction of<br>unhealthy diet;<br>strengthened<br>FNS; and COP,<br>emphasising<br>equity- and<br>rights-based<br>approaches | 1.1.2.1 | <ul> <li>Develop and disseminate A&amp;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: <ul> <li>taxation on unhealthy food and beverages;</li> <li>implementation of mandatory FoPNWL;</li> <li>provision of subsidies for healthy foods and beverages;</li> <li>regulations and incentives for Industry reformulation of unhealthy food and beverage products;</li> <li>exclusive breastfeeding and regulation of the marketing of breastmilk substitutes;</li> <li>CARICOM COVID-19 Response Agri-Food Plan;<sup>120</sup></li> <li>bans on the promotion, advertising, and marketing of unhealthy food and beverages to children;</li> <li>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</li> <li>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</li> </ul> </li> </ul> |  |

| Indicative inputs and resources (amounts in USD)  | Proposed roles and responsibilities  |
|---|--|
| HCC Secretariat HCC Tobacco Control Advisor   | Responsible: HCC Secretariat Partners: Jamaica Coalition for Tobacco Control, 125 Framework Convention Alliance, 126 PAHO                        |
| HCC Secretariat HCC Tobacco Control Advisor   |  |
| Ongoing project resources* Earned and social media HCC Advocacy and Communications Officers HCC Trade Policy Advisor HCC Policy Advisor HCC Youth Voices Advisor PAHO and WHO FoPNWL recommendations <sup>97</sup> PAHO nutrient profile model <sup>127</sup> WHO and UNICEF recommendations <sup>128</sup> 2020 status report on the implementation of the international code <sup>129</sup> National food-based dietary guidelines <sup>130</sup> | Responsible: HCC Secretariat, CSOs Partners: Youth organisations, PAHO, UNICEF, 131 NCD Child, 132 World Obesity, 133 CARICOM Secretariat, media |

<sup>124</sup> 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 OPT based on existing programmes, existing and mobilised funding, and centrality to TNA-NCDs, that is, to demonstrate a true shift towards a transformative approach.

<sup>125</sup> https://www.facebook.com/JCTCJamaica/.

<sup>126</sup> https://www.fctc.org/about-us/.

 $<sup>^{\</sup>star}$  "Ongoing project resources" means that funding will be provided from existing grants/projects

<sup>&</sup>lt;sup>127</sup> https://iris.paho.org/bitstream/handle/10665.2/18621/9789275118733\_eng.pdf.

<sup>128</sup> https://www.who.int/health-topics/breastfeeding#tab=tab\_1.

<sup>129</sup> https://www.who.int/publications/i/item/9789240006010.

 $<sup>^{\</sup>rm 130}$  http://www.fao.org/nutrition/education/food-dietary-guidelines/en/.

<sup>131</sup> https://www.unicef.org/.

<sup>132</sup> http://www.ncdchild.org/.

<sup>133</sup> https://www.worldobesity.org/.

| Outputs |   | Deliverables  | Main    | Activities   |
|---------|---|---|---------|--|
|         |   |   | 1.1.2.2 | 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, 92 and develop and implement a communication campaign on childhood nutrition as a rights issue.   |
| 1.1.3   | HCC entity A&C to promote school and backyard gardening, and other agricultural projects involving youth. (3)               | A&C products to promote school and backyard gardening, and involvement of youth in agriculture. | 1.1.3.1 | Promote school and backyard gardening, and involvement of youth in agriculture, at national and regional levels.   |
| 1.1.4   | HCC entity A&C for policy development, regulations, and guidelines to reduce physical inactivity. (2)                       | A&C products for reduction of physical inactivity.  | 1.1.4.1 | Promote, disseminate, and encourage the adoption of the <u>2020</u> <u>WHO Guidelines on Physical Activity and Sedentary Behaviour</u> , and their integration into interventions to reduce physical inactivity in schools, communities, and workplaces.   |
|         |   |   | 1.1.4.2 | Develop and disseminate, with the involvement of PLWNCDs and other groups in conditions of vulnerability, A&C products to promote policies and regulations for reduction in physical inactivity, including mandating physical activity in schools; community physical activity; and workplace health programmes. |
| 1.1.5   | HCC entity A&C to promote trade and fiscal policies, legislation, and regulations to reduce the harmful use of alcohol. (1) | A&C products for reduction of the harmful use of alcohol.                                       | 1.1.5.1 | 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 to promote human rights- and equity-based approaches to policies, legislation, and regulations for reduction of harmful use of alcohol.     |

| Indicative inputs and resources (amounts in USD)   | Proposed roles and responsibilities  |
|--|--|
| Communications consultant 3,000 Preparation of campaign materials 4,000 Paid media 8,000 Earned and social media HCC Advocacy and Communications Officers HCC Youth Voices Advisor | Responsible: HCC secretariat Partners: Youth organisations, UNICEF, media  |
| HCC Advocacy and Communications Officers<br>HCC Youth Voices Advisor   | Responsible: HCC Secretariat, CSOs Partners: Government ministries, Food and Agriculture Organization (FAO), youth organisations |
| Virtual communication and dissemination<br>HCC Advocacy and Communications Officers<br>HCC Physical Activity Advisor   | Responsible: HCC Secretariat, CSOs   |
| Development of A&C products 2,000 Paid media 4,000 Earned and social media HCC Advocacy and Communications Officers HCC Physical Activity Advisor                                  | Responsible: HCC Secretariat, CSOs Partners: Government ministries, PAHO, media trade unions, health-supporting private sector   |
| Development of A&C products 6,000 Paid media 2,000 Earned and social media HCC Advocacy and Communications Officers HCC Alcohol Policy Advisor                                     | Responsible: HCC Secretariat, CSOs<br>Partners: PAHO, media  |



 $<sup>^{134}\</sup> https://apps.who.int/iris/bitstream/handle/10665/336656/9789240015128-eng.pdf? sequence = 1\&isAllowed = y.$ 



# Social inclusion and participation for policy development

| 0   | utputs   | Deliverables  | Main .  | Activities   |
|-----|--|---|---------|--|
| 2.1 | 1 HCC entity A&C to promote the collection, analysis, and reporting of disaggregated data related to NCDs. (3) | A&C products<br>to promote<br>collection,<br>analysis, and<br>reporting of<br>disaggregated<br>data related to<br>NCDs. | 2.1.1.1 | Develop and disseminate A&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. <sup>135</sup> |
| 2.1 | interventions<br>that advocate for,<br>and contribute<br>to, activism,   | Intervention(s)<br>to strengthen<br>involvement<br>of PLWNCDs,<br>children,   | 2.1.2.1 | Explore the formation of an Our Views, Our Voices regional network to promote the TNA-NCDs, based on the <u>Healthy</u> <u>Caribbean Youth</u> <sup>136</sup> (HCY) model.   |
|     | engagement and amplification of the voices of PLWNCDs, children, adolescents, youth, and other persons         | adolescents, youth, and other persons in conditions of vulnerability in policy  | 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.   |
|     | in conditions of vulnerability, and their contribution to policy development for NCD reduction.                | development for NCD reduction.  | 2.1.2.3 | Implement at least two PLWNCDs- and youth-led A&C activities annually.   |

| Indicative inputs and resources (amounts in USD)   | Proposed roles and responsibilities   |
|--|---|
| Development of A&C products 5,000 Paid media 5,000 Earned and social media HCC Communications Officer HCC Policy Advisor HCC Policy and Practice Advisor | Responsible: HCC Secretariat, CSOs<br>Partners: CARPHA, PAHO, UWI   |
| Ongoing project resources* HCC Executive Director HCC Advocacy and Communications Officers HCC Our Views, Our Voices Advisor HCC Youth Voices Advisor    | Responsible: HCC Secretariat, CSOs<br>Partners: NCDA, PAHO, <u>UN Women</u> , <sup>137</sup> UNICEF,<br>UN Development Programme ( <u>UNDP</u> ) <sup>138</sup> |
| Ongoing project resources* HCC Executive Director HCC Advocacy and Communications Officers HCC Our Views, Our Voices Advisor HCC Youth Voices Advisor    | Responsible: HCC Secretariat, CSOs<br>Partners: NCDA, PAHO, UN Women, UNICEF,<br>UNDP, Caribbean Development Bank (CDB) <sup>139</sup>                          |
| Ongoing project resources* HCC Advocacy and Communications Officers HCC Our Views, Our Voices Advisor HCC Youth Voices Advisor                           | Responsible: HCC Secretariat, CSOs<br>Partners: NCDA, PAHO, UN Women, UNICEF,<br>UNDP, CDB  |

Indicative budget for Specific Outcome 2.1: USD 10,000

<sup>&</sup>lt;sup>135</sup> World Health Organization. Handbook on health inequality monitoring: with a special focus on low- and middle-income countries. Geneva: 2013; WHO. Available at: https://www.who.int/docs/default-source/gho-documents/health-equity/handbook-on-health-inequality-monitoring/handbook-on-health-inequality-monitoring.pdf?sfvrsn=d27f8211\_2.

 $<sup>^{136}\,</sup>https://www.healthycaribbean.org/youth-calling-for-meaningful-informed-policy-action-on-childhood-obesity-prevention/.$ 

<sup>137</sup> https://www.unwomen.org/en.

<sup>138</sup> https://www.undp.org/.

<sup>139</sup> https://www.caribank.org/

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

| Out   | outs   | Deliverables  | Main    | Activities  | Indicative inputs and resources   |
|-------|--|---|---------|---|---|
| 3.1.1 | HCC Secretariat A&C to increase awareness of the SDoH, CDoH, and the relationships among NCDs and equity, human rights, human security, and human capital. (2) | A&C products<br>to increase<br>awareness of key<br>equity and human<br>rights principles<br>and concepts<br>impacting, and<br>impacted by,<br>NCDs.     | 3.1.1.1 | Develop and disseminate A&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. <sup>140</sup>                                   | Development of A&C products 5,000 Paid media 5,000 Earned and social media HCC Executive Director HCC Advocacy and Communications Off |
| 3.1.2 | Strengthened capacity of HCC entities to advocate for, and participate in, interventions   | Intervention(s) HCC to strengthen advocate capacity of ticipate HCC entities for tions multisectoral,   |         | Review concepts, frameworks—including PEA <sup>67</sup> —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.      | Consultant to prepare concept paper an HCC Executive Director HCC Policy Advisor  |
|       | for improved multisectoral action for NCD reduction. (2)   | integrated, HiAP actions tailored to the Caribbean reality.   | 3.1.2.2 | Convene virtual workshop for CSOs and key stakeholders from government, healthy commodity industries, and development partners, to discuss concepts, strategies, and mechanisms for multisectoral, integrated, HiAP actions, and to make recommendations for their application to NCD reduction in the Caribbean setting. | Workshop materials 1,500 Virtual platform HCC Executive Director HCC Policy Advisor   |
| 3.1.3 | Strengthened capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col. (1)                     | Intervention(s) to strengthen capacity of HCC entities for leadership, governance, and partnerships, highlighting identification and management of Col. | 3.1.3.1 | Convene virtual workshop for CSOs to strengthen leadership, governance, and partnerships, focusing on strategies and mechanisms to identify and manage CoI, promoting the HCC CoI Policy (Working Document) as a possible template for CSO CoI policy development.  | Ongoing project resources* Virtual platform HCC Executive Director HCC Policy Advisor   |
| 3.1.4 | HCC Secretariat A&C to strengthen awareness of strategies for collaboration with healthy commodity industries. (1)   | A&C products<br>to strengthen<br>awareness of<br>the shared value<br>and social impact<br>business model<br>and its application<br>in the Caribbean.    | 3.1.4.1 | Review concepts and frameworks related to the shared value and social impact business model, <sup>115</sup> and prepare and disseminate to CSOs and healthy commodity industries a concept paper suggesting its application in the Caribbean, to promote the model.   | Consultant to prepare concept paper 2,0<br>HCC Executive Director<br>HCC Policy Advisor   |

| Indicative inputs and resources (amounts in USD)   | Proposed roles and responsibilities   |
|--|---|
| Development of A&C products 5,000 Paid media 5,000 Earned and social media HCC Executive Director HCC Advocacy and Communications Officers | Responsible: HCC Secretariat Partners: PAHO, UNICEF, human rights and social justice groups     |
| Consultant to prepare concept paper and workshop outline 3,500 HCC Executive Director HCC Policy Advisor                                   | Responsible: HCC Secretariat Partners: PAHO, CARPHA, CARICOM Secretaria                         |
| Workshop materials 1,500 Virtual platform HCC Executive Director HCC Policy Advisor  | Responsible: HCC Secretariat Partners: Government ministries, PAHO, CARPHA, CARICOM Secretariat |
| Ongoing project resources* Virtual platform HCC Executive Director HCC Policy Advisor  | Responsible: HCC Secretariat Partners: PAH0   |
| Consultant to prepare concept paper 2,000<br>HCC Executive Director<br>HCC Policy Advisor  | Responsible: HCC Secretariat Partners: Chambers of Commerce, Business Associations              |

<sup>140</sup> https://www.un.org/en/observances/human-rights-day.

| Outputs |   | Deliverables  | Main    | Activities   |
|---------|---|---|---------|--|
| 3.1.5   | HCC Secretariat A&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) | 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. | 3.1.5.1 | 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.   |
| 3.1.6   | Strengthened capacity of HCC entities to utilise telehealth and other digital strategies to serve their clients and constituents. (2)   | Intervention(s) to strengthen capacity of HCC entities in the use of telehealth and other digital strategies.   | 3.1.6.1 | Convene virtual workshop for CSOs to increase awareness, and demonstrate the use, of digital strategies and platforms, and telehealth, in serving their constituents.  |
| 3.1.7   | HCC Secretariat A&C to promote improved access to essential   | A&C products<br>to promote<br>improved access   | 3.1.7.1 | 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   |
|         | including COVID-19 essential regarding strategies for continuity  | Disseminate information on the lessons learned in COVID-19 regarding strategies for continuity of essential medicines, vaccines, and health technologies.   |         |  |
|         |   | COVID-19 vaccines.  | 3.1.7.3 | 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.  |
| 3.1.8   | 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. (2)                                 | A&C products<br>for application of<br>taxes on unhealthy<br>commodities to<br>prevent NCDs<br>and strengthen<br>social protection<br>mechanisms.  | 3.1.8.1 | Develop and disseminate A&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. |

| Indicative inputs and resources (amounts in USD)  | Proposed roles and responsibilities   |
|---|---|
| Consultant to prepare materials 3,000 Virtual platform HCC Executive Director   | Responsible: HCC Secretariat Partners: PAHO, Ministries of Health, health professionals' associations, NCDA |
| Consultant to prepare workshop outline and materials, and facilitate workshop 3,500 Virtual platform HCC Executive Director HCC Digital Content Coordinator | Responsible: HCC Secretariat, CSOs Partners: PAHO, health professionals' associations                       |
| Virtual communication HCC Executive Director HCC Communication Officer  | Responsible: HCC Secretariat Partners: PAHO   |
| Virtual communication HCC Executive Director HCC Communication Officer Results of PAHO-HCC survey of PLWNCDs and COVID-19                                   | Responsible: HCC Secretariat Partners: PAHO   |
| Virtual communication HCC Executive Director HCC Policy Advisor   | Responsible: HCC Secretariat Partners: PAHO, CARPHA, CARICOM Secretariat, OECS Commission                   |
| Development of A&C products 2,500 Virtual communication HCC Executive Director HCC Advocacy and Communication Officer                                       | Responsible: HCC Secretariat, CSOs Partners: PAHO   |

| Out   | puts  | Deliverables   | Main    | Activities  |  |
|-------|---|--|---------|---|--|
| 3.1.9 | HCC Secretariat A&C to promote research on key topics related to NCDs and NCDs/COVID-19 interactions. (3) | A&C products to promote research on key topics related to NCD reduction, and NCDs/COVID-19 interactions. | 3.1.9.1 | Develop and disseminate A&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 PEA <sup>67, 111, 112</sup> and behavioural economics <sup>113, 114</sup> 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. |  |
|       |   |  | 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.  (May be integrated with Activity 3.1.7.2)   |  |
|       |   |  | 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.   |  |

| Indicative inputs and resources (amounts in USD)   | Proposed roles and responsibilities   |
|--|---|
| Development of A&C products 2,500 Virtual communication and dissemination HCC Executive Director HCC Advocacy and Communication Officers HCC Policy and Practice Advisor | Responsible: HCC Secretariat Partners: PAHO, CARPHA, UWI, other academic institutions |
| Virtual dissemination HCC Executive Director HCC Advocacy and Communication Officers   | Responsible: HCC Secretariat Partners: PAH0   |
| Virtual dissemination HCC Executive Director HCC Advocacy and Communication Officers HCC Youth Voices Advisor  | Responsible: HCC Secretariat Partners: PAHO, UNICEF                                   |



Indicative budget for Specific Outcome 3.1 USD 28,500



# Partnerships, networks, and resource mobilisation

| Outputs Deliverables |   | Deliverables                         | Main Activities |   |  |
|----------------------|---|--------------------------------------|-----------------|---|--|
| 4.1.1                | HCC entity A&C<br>to promote and<br>disseminate<br>the TNA-NCDs | A&C products promoting the TNA-NCDs. | 4.1.1.1         | Host a regional meeting of key stakeholders to promote, and facilitate promotion of, the TNA-NCDs.  |  |
|                      | widely among key<br>stakeholders. <b>(1)</b>                    |                                      | 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. |  |
|                      |   |                                      | 4.1.1.3         | Develop A&C products for use by the HCC Board of Directors for high-level engagement with key stakeholders to promote the TNA-NCDs.                                     |  |
|                      |   |                                      | 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.  |  |

| Indicative inputs and resources (amounts in USD)   | Proposed roles and responsibilities  |
|--|--|
| Development of meeting materials 2,500 Virtual platform HCC Executive Director HCC Advocacy and Communication Officers | Responsible: HCC Secretariat Partners: PAH0  |
| Virtual platform HCC Executive Director HCC Advocacy and Communication Officers  | Responsible: HCC Secretariat, CSOs<br>Partners: PAHO   |
| Development of A&C products 1,000 HCC Executive Director HCC Advocacy and Communication Officers                       | Responsible: HCC Secretariat Partners: PAHO  |
| HCC Executive Director   | Responsible: HCC Secretariat Partners: Ministries of Health, other government ministries, development agencies |

| Outputs              |   | Deliverables  | Main   | Activities  |
|----------------------|---|---|--|---|
| 4.1.2                | HCC Secretariat<br>A&C to provide<br>information on the<br>SDoH and CDoH,                                 | A&C products<br>addressing<br>SDoH, CDoH,<br>multisectorality,<br>and partnerships. | 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.   |
|                      | their impact on<br>NCDs, and the<br>importance of<br>multisectorality and<br>partnerships in NCD          |   | 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.   |
|                      | reduction. (2)  |   | 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                | capacity of to strengthen HCC entities to the capacity of advocate for the establishment advocate for the | to strengthen<br>the capacity of<br>HCC entities to<br>advocate for the             | 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. 141 |
|                      |   | 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; promote the establishment of national NCD alliances. |   |
| 4.1.4                | HCC Secretariat<br>promotion of, and<br>support for, formal<br>collaboration                              | A&C products,<br>including policy<br>briefs, to facilitate<br>HCC collaboration     | 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.  |
| and key<br>instituti | between HCC<br>and key regional<br>institutions<br>and entities for                                       | entities, and   | 4.1.4.2  | Accelerate advocacy for HCC to be accepted as an <u>Associate</u> <u>Institution of CARICOM</u> . <sup>143</sup>  |
|                      | multisectoral integrated actions across themes to address the SDoH, CDoH, and NCD reduction. (1)          | integrated actions across themes for NCD reduction.                                 | 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)   | Proposed roles and responsibilities   |
|--|---|
| 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<br>HCC Executive Director<br>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, CSOs Partners: PAHO, NNCDCs, Ministries of Health   |
| HCC Executive Director   | Responsible: HCC Secretariat, CSOs Partners: PAHO, NNCDCs, Ministries of Health   |
| Ongoing project resources* HCC Executive Director HCC Advocacy Officer   | Responsible: HCC Secretariat Partners: Global Health Advocacy Incubator (GHAI),142 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                   |

<sup>141</sup> http://www.healthycaribbean.org/wp-content/uploads/2017/04/Getting-National-NCD-Commissions-Up-and-Running.pdf.

 $<sup>^{143}\,</sup>https://caricom.org/institutions/?tx\_institution\_type=asssociate-institutions.$ 

<sup>142</sup> https://advocacyincubator.org/.

<sup>144</sup> https://earthmedic.com/.

| Outputs Deliverables |  | Deliverables  | Main Activities   |  |
|----------------------|--|---|---|--|
| 4.1.5                | HCC entity A&C for<br>the establishment<br>of links between  | A&C products for<br>the establishment<br>of links between   | 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.   |
|                      | 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. (1)   | CSOs and media<br>to promote<br>equity- and human<br>rights-based<br>policy action for<br>NCD reduction,<br>aligned with the<br>TNA-NCDs. | 4.1.5.2   | Convene forum with public and private media, and public relations entities, to sensitise 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                | capacity of HCC entities to establish links with human rights groups and bodies, and other  to strengthen the capacity of HCC entities to explore and effect collaboration | 4.1.6.1   | 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) |  |
|                      |  | 4.1.6.2   | Develop and disseminate widely a policy brief on equity- and rights-based approaches to NCD reduction in the Caribbean.   |  |
|                      | in social, economic,<br>and cultural rights<br>(SECR), gender<br>equity, and other   | d cultural rights to promote and CCR), gender monitor advances uity, and other in SECR and equity   | 4.1.6.3   | Collaborate with key stakeholders, including media, UN agencies, and human rights and social justice groups, in observing Human Rights Day annually.   |
|                      | equity issues in the<br>Caribbean. (1)   | in the region.  | 4.1.6.4   | Explore collaboration with the UN Special Rapporteur on the Right to Health for actions to advance the NCD/human rights agenda in the Caribbean.   |
|                      |  |   | 4.1.6.5   | Identify opportunities for collaboration with the regional and national legal fraternities to promote a human rights lens for NCD/law-related initiatives, including through the Caribbean Public Health Law Forum. <sup>145</sup> |

| Indicative inputs and resources (amounts in USD)   | Proposed roles and responsibilities  |
|--|--|
| Ongoing project resources* HCC Advocacy Officer  | Responsible: HCC Secretariat, CSOs<br>Partners: PAHO, GHAI                       |
| Consultant to develop concept paper and forum outline 2,000 Virtual platform HCC Executive Director                              | Responsible: HCC Secretariat, CSOs Partners: Media, PAHO, UNICEF, UNDP, UN Women |
| Consultant to prepare workshop outline and materials 3,000 Virtual platform HCC Executive Director HCC Policy Advisor            | Responsible: HCC Secretariat, CSOs<br>Partners: PAHO, UNICEF, UNDP, UN Women     |
| Consultant to develop policy brief 2,500 Virtual dissemination HCC Executive Director  | Responsible: HCC Secretariat Partners: PAHO, UNICEF, UNDP, UN Women              |
| Materials for Human Rights Day 1,500<br>HCC Advocacy and Communications Officers<br>HCC Executive Director<br>HCC Policy Advisor | Responsible: HCC Secretariat, CSOs Partners: PAHO, UNICEF, UNDP, UN Women        |
| HCC Executive Director   | Responsible: HCC Secretariat   |
| HCC Executive Director   | Responsible: HCC Secretariat Partners: PAHO, national Bar Associations           |



Indicative budget for Specific Outcome 4.1 USD 18,000

<sup>145</sup> PAHO. Subregional workshop on the use of law to address noncommunicable diseases, March 3-5, 2020. https://www.paho.org/en/subregional-workshop-use-law-address-noncommunicable-diseases-march-3-5-2020.



# Accountability for decision making

| Outputs Deliverables |   | Deliverables   | Main Activities   |   |
|----------------------|---|--|---|---|
| 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 Col; and progress in equity and the realisation of human rights. (1) | A&C products to encourage governments' reporting on trends in NCDs, including fulfilment of regional and international commitments for NCD reduction, identification and management of Col, and progress in equity and human rights. | 5.1.1.1   | Develop and disseminate A&C products to promote Caribbean governments' annual reporting on trends in NCDs, Col identification and management, and fulfilment of major regional and international NCD commitments, through an equity- and rights-based lens.   |
| 5.1.2                | Strengthened capacity of HCC entities to develop and implement policies/guidelines for identification and management of Col in their contributions to NCD reduction. (1)  | Intervention(s) to<br>strengthen the<br>capacity of HCC<br>entities to develop<br>and implement<br>policies/guidelines<br>to identify and<br>manage Col.   | 5.1.2.1   | Encourage CSOs to develop/adapt CoI policies/guidelines to manage their work, and provide technical cooperation for same, as they request.  |
| 5.1.3                | mapping by summarising HCC Secretariat unhealthy of unhealthy commodity   | 5.1.3.1  | Continue monthly mapping of unhealthy commodity industries' activities in the Caribbean, including interference in policy and programme development, and implement a regional A&C campaign to expose and counter this interference. |   |
|                      | commodity industries' activities in the Caribbean, and promotion of strategies to counter their influence. (1)  | industries' activities and promoting strategies to counter their influence.  | 5.1.3.2   | Convene virtual workshop to share the methodology and findings of the mapping with CSOs, government authorities, healthy commodity industries, and development partners, and for participatory development of strategies to counter Industry interference and unhealthy commodity industries' activities. |

| Indicative inputs and resources (amounts in USD)  | Proposed roles and responsibilities   |
|---|---|
| Development of A&C products 2,000 HCC Executive Director HCC Advocacy Officer HCC Policy Advisor                          | Responsible: HCC Secretariat, CSOs Partners: PAHO, Ministries of Health, human rights entities and groups |
| Consultant to support CSOs' development/adaptation of Col policies/guidelines 3,000<br>HCC Policy Advisor                 | Responsible: HCC Secretariat, CSOs<br>Partners: PAHO  |
| Ongoing project resources HCC Advocacy Officer  | Responsible: HCC Secretariat Partners: Vital Strategies 146   |
| Preparation of workshop outline and materials 1,500<br>Virtual platform<br>HCC Executive Director<br>HCC Advocacy Officer | Responsible: HCC Secretariat Partner: GHAI, Vital Strategies  |

<sup>146</sup> https://www.vitalstrategies.org/.

| Outputs |       | outs   | Deliverables   | Main Activities |   |  |  |  |  |
|---------|-------|--|--|-----------------|---|--|--|--|--|
|         | 5.1.4 | Strengthened contribution by HCC entities to   | Intervention(s)<br>for integration<br>of TNA-NCDs'   | 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.                 |  |  |  |  |
|         |       | implementation,<br>monitoring, and<br>evaluation of the<br>TNA-NCDs and AP<br>21-22. (1) | vision, mission, approaches, and strategies, and AP 21-22 activities, into HCC projects, and development of methodology for reporting on progress in their implementation. | 5.1.4.2         | 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.   |  |  |  |  |

| Indicative inputs and resources (amounts in USD)  | Proposed roles and responsibilities |  |  |  |  |
|---|-------------------------------------|--|--|--|--|
| 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 HCC Executive Director HCC Advocacy Officer | 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

Summary of Implementation Strategies Summary of Implementation Strategies

# 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<sup>106</sup> 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
- 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.

<sup>147</sup> https://apps.who.int/ncds-and-me/

<sup>148</sup> https://www.healthycaribbean.org/voices-of-plwncds-in-the-covid-19-era/.

Selected Risks and Risk Mitigation Strategies Selected Risks and Risk Mitigation Strategies

# 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

| Risks   | Risk mitigation strategies   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 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.   | <ul> <li>Continued advocacy at political level for NCD reduction, emphasising links with COVID-19 and preparation for responses to emergencies.</li> <li>Observance of guidance provided through the national responses to COVID-19.</li> <li>Adoption of digital strategies to implement activities.</li> </ul> |  |  |  |  |  |  |
| 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. | <ul> <li>Resource mobilisation, with expansion of partnerships<br/>and alliances, capacity development in grant/project<br/>proposal writing, and submission of proposals to<br/>possible funders, emphasising equity- and rights-based<br/>approaches, and co-benefits with other issues.</li> </ul>            |  |  |  |  |  |  |
| 3. Inadequate buy-in to the HCC AP-21-22 and the TNA-NCDs from CSOs and other key stakeholders.   | <ul> <li>Launching, raising awareness of, disseminating, and discussing the TNA-NCDs and the AP 21-22 and their core principles and key approaches.</li> <li>Involvement of NCD champions, policy entrepreneurs, health professionals, and other key stakeholders in promoting the frameworks.</li> </ul>        |  |  |  |  |  |  |
| 4. Failure by key stakeholders to realise the importance of equity- and human rights-based approaches to NCD reduction.   | <ul> <li>Involvement of PLWNCDs, children, adolescents,<br/>youth, and human rights and social justice entities in<br/>A&amp;C interventions, with messages tailored for various<br/>audiences.</li> </ul>   |  |  |  |  |  |  |

| Risks   | Risk mitigation strategies   |
|---|--|
| 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.   | <ul> <li>Resource mobilisation to enable CSO capacity<br/>development, focusing on technical cooperation and<br/>assistance from intergovernmental development<br/>agencies, international NGOs, foundations, and<br/>international financing institutions.</li> </ul> |
| 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. | <ul> <li>Promoting and monitoring the development and implementation of CoI policies by CSOs and other key stakeholders.</li> <li>Regular monitoring of, and reporting to key stakeholders on, the execution of the AP 21-22.</li> </ul>                               |

Resource Mobilisation Strategies Monitoring and Evaluation Framework

## 8. RESOURCE MOBILISATION STRATEGIES

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 fulltime 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<sup>149</sup> 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),<sup>150</sup> and OECS health programmes and projects;<sup>151</sup>
- 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.

# 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.

<sup>149</sup> https://www.healthycaribbean.org/hcc-partners/

<sup>150</sup> https://www.cdema.org/.

<sup>151</sup> https://www.oecs.org/health-eastern-caribbean.

Annex Annex

## **ANNEX**

#### Selected mortality and prevalence data for NCDs and risk factors in selected Caribbean countries

| COUNTRY | Suicide mortality<br>2016 data<br>(per 100,000<br>population) |   |    | Harmful use of alcohol 2016 data Total alcohol per capita consumption, adults aged 18+ years (litres of pure alcohol) |   |    | Physical inactivity<br>2016 data<br>Adults aged 18+<br>years (%) |    |    | Salt/sodium intake<br>2010 data<br>Mean population<br>salt intake, adults<br>aged 20+ years (g/<br>day) <sup>152</sup> |   |   | Tobacco use 2016 data Current tobacco smoking adults aged 15+ years (%) |   |    |
|---------|---|---|----|---|---|----|--|----|----|--|---|---|---|---|----|
|         | M F T   |   | М  | F   | Т | М  | F  | Т  | М  | F  | Т | М | F   | Т |    |
| ATG     | -   | - | 0  | 12  | 2 | 7  | -  | _  | -  | 7  | 6 | 7 | -   | - | -  |
| BHS     | -   | - | 2  | 8   | 1 | 4  | 29   | 56 | 43 | 8  | 7 | 8 | 20  | 3 | 12 |
| BRB     | -   | - | 1  | 17  | 3 | 10 | 30   | 57 | 44 | 9  | 8 | 9 | 14  | 2 | 8  |
| BLZ     | -   | - | 5  | 11  | 2 | 7  | -  | -  | -  | 7  | 6 | 7 | -   | - | -  |
| DMA     | -   | - | -  | 14  | 3 | 8  | 16   | 34 | 25 | 7  | 7 | 7 | -   | - | -  |
| GRD     | -   | - | 2  | 15  | 3 | 9  | 21   | 35 | 28 | 7  | 6 | 7 | -   | - | -  |
| GUY     | -   | - | 29 | 11  | 2 | 6  | -  | -  | -  | 7  | 6 | 6 | -   | - | -  |
| HTI     | -   | - | 12 | 10  | 2 | 6  | -  | -  | -  | 7  | 6 | 7 | 22  | 3 | 12 |
| JAM     | -   | - | 2  | 7   | 1 | 4  | 28   | 37 | 33 | 5  | 5 | 5 | 28  | 5 | 17 |
| KNA     | -   | - | -  | 15  | 3 | 9  | 28   | 44 | 36 | -  | - | - | -   | - | -  |
| LCA     | -   | - | 8  | 17  | 3 | 10 | 26   | 52 | 40 | 8  | 7 | 7 | -   | - | -  |
| VCT     | -   | - | 2  | 14  | 3 | 8  | -  | -  | -  | 7  | 7 | 7 | -   | - | -  |
| SUR     | -   | - | 23 | 9   | 2 | 5  | 37   | 51 | 44 | 8  | 7 | 7 | 43  | 7 | 25 |
| TTO     | -   | - | 14 | 14  | 3 | 8  | 27   | 49 | 38 | 8  | 7 | 7 | -   | - | -  |

ATG = Antigua and Barbuda

BHS = The Bahamas

BRB = Barbados

BLZ = Belize HTI = Haiti

DMA = Dominica JAM = Jamaica

GRD = Grenada KNA = St. Kitts and Nevis GUY = Guyana 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

 $^{\rm 152}$  WHO recommends that adults consume less than 5 grams (5 g) salt per day.

| COUNTRY | Hypertension<br>Raised blood<br>pressure<br>2015 data Adults<br>aged 18+ years (%) |    |    | Diabetes<br>Raised blood<br>glucose<br>2014 data<br>Adults aged 18+<br>years (%) |    |    | Obesity<br>2016 data<br>Adults aged 18+<br>years (%) |    |    |    |    | _  | Household air pollution 2016 data Population with primary reliance on polluting fuels and technologies (%) |   |     |
|---------|--|----|----|--|----|----|--|----|----|----|----|----|--|---|-----|
|         | M F T  |    | М  | F  | Т  | М  | F  | Т  | М  | F  | Т  | М  | F  | Т |     |
| ATG     | 27   | 22 | 24 | 10   | 14 | 12 | 12   | 26 | 19 | 10 | 10 | 10 | -  | _ | <5  |
| BHS     | 25   | 18 | 21 | 11   | 14 | 13 | 25   | 39 | 32 | 16 | 15 | 15 | -  | _ | <5  |
| BRB     | 29   | 27 | 28 | 12   | 16 | 14 | 16   | 34 | 25 | 11 | 11 | 11 | -  | - | <5  |
| BLZ     | 20   | 16 | 18 | 8  | 12 | 10 | 15   | 29 | 22 | 11 | 10 | 11 | -  | _ | 15  |
| DMA     | 26   | 21 | 23 | 9  | 14 | 11 | 20   | 36 | 28 | 13 | 14 | 13 | -  | _ | 9   |
| GRD     | 24   | 20 | 22 | 7  | 12 | 10 | 13   | 28 | 20 | 9  | 9  | 9  | -  | _ | <5  |
| GUY     | 21   | 18 | 20 | 7  | 11 | 9  | 12   | 26 | 19 | 8  | 9  | 9  | -  | - | 26  |
| HTI     | 21   | 9  | 20 | 7  | 7  | 7  | 16   | 24 | 21 | 12 | 6  | 9  | -  | _ | >95 |
| JAM     | 24   | 20 | 22 | 9  | 15 | 12 | 15   | 33 | 24 | 11 | 12 | 11 | -  | _ | 10  |
| KNA     | 28   | 24 | 26 | 13   | 17 | 15 | 15   | 31 | 23 | 11 | 11 | 11 | -  | _ | <5  |
| LCA     | 30   | 26 | 28 | 14   | 16 | 15 | 12   | 27 | 20 | 7  | 8  | 8  | -  | - | <5  |
| VCT     | 25   | 21 | 23 | 9  | 12 | 10 | 17   | 31 | 24 | 11 | 11 | 11 | -  | _ | <5  |
| SUR     | 24   | 20 | 22 | 10   | 14 | 12 | 19   | 34 | 27 | 14 | 11 | 12 | -  | - | 10  |
| TTO     | 29   | 27 | 28 | 11   | 14 | 13 | 11   | 28 | 20 | 9  | 9  | 9  | -  | - | <5  |

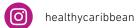
Source: WHO NCD Country Profiles 2018



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