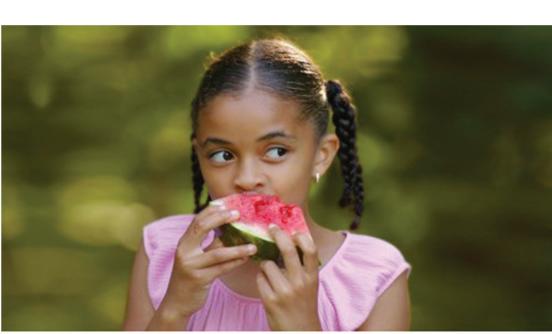


Caribbean Civil Society Action Plan for tackling Chronic Non Communicable Diseases (CNCDs): 2008-2011



Caribbean Civil Society Action Plan for tackling chronic non-communicable diseases (CNCDs): 2008-2011

1. Introduction

This plan has been produced to assist the development and functioning of a Caribbean Civil society CNCD network/coalition and as a guide for action for tackling CNCDs by Caribbean civil society. It aims to complement and support activities and programmes in countries and civil society organizations throughout the region. It is a holistic integrated plan for the years 2008-2011 developed in a participative manner by the invitees and attendees of the Caribbean Civil Society led CNCD conference titled "Healthy Caribbean 2008 - A Wellness Revolution Conference", 16-18 October 2008.

The plan has as its frame of reference, and supports, the Heads of Government of CARICOM Declaration of Port-of-Spain "Uniting to Stop the Epidemic of Chronic Noncommunicable diseases" with a commitment of civil society to take necessary action to foster the mandates of that declaration.

The plan recognizes that there has been considerable activity, and several successful projects and programmes initiated and led by civil society organizations throughout the Caribbean, for the past many years and aims to add to, enhance and strengthen, and bring a regional dimension to these efforts.

The Action Plan recognizes the Caribbean Association of Industry and Commerce declaration from the regional private sector, in support of the Declaration of Heads of Government of CARICOM on CNCDs, and appreciates the initiatives of the Caribbean Business Community.

The common vision and guiding principles of the Civil Society Declaration for tackling CNCDs in the Caribbean arising out of the Healthy Caribbean 2008 Conference are translated in this plan into concrete action lines. These action lines will be as specific and as practical as feasible, realistic and achievable, time-bound, and measurable. They will provide clear definition of roles, and responsibilities, and the plan will specify mechanisms for improved co-ordination of the focus and work of the many NGOs that are involved in health programmes.

2. The scope of the challenge presented by the CNCDs

CNCDs, including heart disease, diabetes, cancer and respiratory diseases, are the major causes of ill-health in the Caribbean, an epidemiologic pattern seen in many other regions of the world. As a result, heart disease, cancer and stroke were the three principal causes of death in the Caribbean, between 1980 and 2000, and continue to be the leading causes of mortality. Of particular relevance is the observation that CNCDs are relatively more prevalent in the Caribbean than in the rest of the Americas. Data from the Pan American Health Organization (PAHO) indicate that the countries with the highest frequencies of diabetes mellitus in the Americas (in descending order) are Barbados, Trinidad and Tobago, Jamaica and Belize, respectively. The prevalence rate of diabetes in Barbados is 16.4%.

The prevalence rates of hypertension are similar among the Caribbean countries and are significantly higher than rates in North America. The adverse impact of the CNCDs are particularly apparent in Trinidad and Tobago, where the rates for ischemic heart disease approach those of North America,

while the age adjusted mortality rates for diabetes are 17 times higher than in the USA. Other diabetes-related complications also have significant clinical and public health relevance. There have been almost 1000 diabetes-related amputations at the Queen Elizabeth Hospital in Barbados over the past six years.

The overall mortality attributable to the CNCDs in the Caribbean is twice as great as deaths due to the communicable diseases and injuries combined. The toll in human suffering caused by the CNCDs diseases in the Caribbean is enormous.

2.1 The risk factors in the Caribbean

There are limited risk factor data available in the region. Smoking rates among youth aged 13 - 15 years range from 3.6% in Antigua and Barbuda to 14.7% in Belize. Among the adult populations available data indicate smoking rates in Trinidad and Tobago and St. Lucia (21.4% and 18.9%, respectively).

Unhealthy diet, high blood pressure, obesity, physical inactivity and tobacco use and exposure are the major modifiable risk factors contributing to the CNCDs. About one quarter of the Caribbean adult population is hypertensive, with approximately 50% of adults aged 40 years and older affected. The Caribbean Food and Nutrition Institute

estimated a decade and a half ago, that almost 60% of females and 25% of men were obese or overweight. Age is a key non-modifiable risk factor that increases risk of CNCDs, and Caribbean populations are living longer. The Caribbean now demonstrates one of the highest rates of increase of its older populations among the developing countries of the world, which will clearly have implications for the CNCD epidemic, including the ability of the health services to provide health care and public health policies.

2.2 Prevention and control of CNCDs

Any systematic approach to prevent CNCDs must be based on primary prevention - reduction of the risk factors which are responsible for these diseases.

"Small shifts throughout the range and accompanying reductions in the mean population levels of several risk factors are likely to be more effective in reducina the incidence of disease. We should also identify, target and manage people with elevated levels of those risk factors or people who meet diagnostic criteria for hypercholesterolemia, hypertension, obesity or diabetes". (Epidemiology and prevention of cardiovascular disease in elderly people. Report of a WHO Study Group

WHO Technical Report Series 853.)

The most cost-effective intervention for preventing cardiovascular disease is the control of tobacco use and exposure. This implies increasing tobacco taxes, banning advertising by tobacco companies, banning smoking in public places, health promotion and education through effective graphic messages on tobacco packages, and assisting smokers in their efforts to quit. Healthy eating and active living. and prevention of alcohol abuse are other cornerstones of effective health promotion programmes.

2.3 Caribbean public policy and CNCDs

The process through which appropriate public policies have developed in the region is of considerable relevance. In 2001 the CARICOM Heads of Government at their meeting in Nassau, Bahamas, declared that the "Health of the region is the wealth of the region". They identified the non-communicable diseases and HIV/AIDS as health. problems of significant concern and a Task Force established at the time, and which subsequently evolved into a Caribbean Commission on Health and Development, substantiated the critical importance of CNCDs and HIV/AIDS to the region's health. This commission later added violence and injuries as another area of concern, and

recommended steps to be taken to address these problems.

2.4 The CARICOM Summit on CNCDs

The recommendations mentioned earlier were presented to the Heads of Government of Caribbean countries who later met in a Summit to discuss CNCDs. in Port-of-Spain, Trinidad, on 15 September, 2007. This was a seminal meeting which was the first such gathering in the world by national leaders who recognized the importance of combating CNCDs in the wellbeing of their nations. The Summit declaration was titled "Uniting to Stop the Epidemic of Chronic Noncommunicable diseases", and recognized the role of civil society, the private sector and other social actors and international partners. The Declaration of that Summit encapsulated the approaches the Caribbean intended to take to address the problem of CNCDs primarily through reduction of risk factors such as tobacco exposure, unhealthy diets, physical inactivity, and alcohol abuse, and the enhanced management of people with CNCDs e.g. through improved identification and control of hypertension and diabetes.

There was agreement for clear timelines and outputs to be achieved by the Ministries of Health in collaboration with other sectors. A goal was to establish

by mid-2008 comprehensive plans for the screening and management of the CNCDs so that by 2012, 80% of people with CNCDs would be receiving best practice quality care and have access to preventive education based on regional guidelines.

3. The role of civil society in tackling chronic diseases

Civil society is that sphere of voluntary associations and informal networks where individuals and groups engage in activities of public consequence. It includes voluntary associations, nongovernmental health organizations, churches, neighbourhood organizations, cooperatives, charities, unions, parties, social movements, special interest groups and families.

3.1 The task of civil society

Civil society has several different roles. In very general terms, the associations of civil society reinforce the spirit of collaboration so vital for public affairs and political associations. Through these associations citizens are imbued with an ethic of "self interest, rightly understood" in

which an "enlightened regard for themselves constantly prompts them to assist one another and inclines them willingly to sacrifice a portion of their time and property to the welfare of the state".

Civil society traditionally and conventionally has, and uses, several tools at its disposal.

These include advocacy, coalition building, leadership, contributing to public policy, education via public information and media campaigns, and agitating for legislative changes.

3.2 Audit of civil society in the Caribbean

The post independence period, that is, the past 5 decades, has seen a significant growth and expansion of civil society in the form of voluntary associations and informal networks in the Caribbean region. A brief review of the website of the World Association of NGOs (WANGO) shows that more than 400 associations in the Caribbean are members of WANGO, while several civil society organizations exist that are not members of WANGO.

Several civil society organizations, though not having a chronic disease or specific health care emphasis as their prime objective, nevertheless, contribute to the health of their members and of the nation state.

There are presently at least some

40 nongovernmental health organizations with a particular emphasis on chronic disease and some of these have established networks for tackling a particular area of concern as for example has been done by the Caribbean Diabetes Association, and a Tobacco Control Caribbean Network led by the InterAmerican Heart Foundation, Heart Foundation of Jamaica and the Jamaica Coalition for Control of Tobacco.

3.3 Civil society's contribution to meeting the challenge of the CNCDs

Civil society associations in the Caribbean have been involved for the past several years in many activities aimed at slowing the epidemic of chronic disease and encouraging and fostering healthy lifestyles.

In Barbados, the Cancer Society is credited with having played a major role in the continuing low prevalence of cigarette smoking with levels of around 9 % in 2009. The Nation Group, publishers of the Nation Newspaper, has for the past decade and more held a Annual Healthy Lifestyle Extravaganza; the Barbados Workers Union has been actively involved for many years in chronic diseases programmes; the Eastern Conference of Seventh Day Adventists has a longstanding and well deserved reputation

for its programmes in chronic disease prevention; the Barbados Diabetes Association has many programmes and the Heart & Stroke Foundation of Barbados has for the past 25 years been very active in public education, advocacy, cardiovascular rehabilitation, and emergency care programmes.

In Jamaica outstanding leadership and initiatives have been taken in the field of chronic diseases by the University Diabetes Outreach Program, the Diabetes Association of Jamaica, the Heart Foundation of Jamaica and the Jamaica Cancer Society. The National Health Fund of Jamaica has also been instrumental in supporting many CNCD activities at the national level.

3.4 Civil society challenges in the Caribbean

Despite the appreciable contributions civil society has made and is making in the Caribbean in tackling CNCDs, many challenges remain that need to be met and overcome.

The associations of civil society need to be better informed both with respect to the challenge posed by the CNCDs and the best evidence based steps and actions that they can take to tackle them. Many CNCD civil society organizations lack a sound appreciation of the tools available

to them and the most effective means of employing these tools. Thus many organizations allocate significant effort to risk and disease detection and treatment, and very little to effective advocacy aimed for example at policy change when the latter approach may be more cost effective and strategic than the former.

A further challenge arises from many chronic disease oriented nongovernmental organizations not being well established with sufficiently strong governance, legal and financial systems in place. These shortcomings, together with the absence of Caribbean networks of nongovernmental CNCD organizations, restrict these associations to exerting their influence at the community, but not at the national or regional level. Civil society CNCD related NGOs do not for the most part take part in decision making at the regional level.

A final challenge to civil society in the Caribbean is the apparent competition among civil society associations as they seek to advance their respective agendas and causes, often not mindful of the fact that they are likely to be more effective by joining with other associations having similar goals and objectives.

4. Objective and target

The objective of the Action Plan 2009-2010, is to develop and execute a coordinated approach to prevent and control the CNCDs in the Caribbean, building on the several programmes and projects presently being undertaken throughout the region.

The ultimate target is the reduction of death and disability from CNCDs in the region through better prevention, detection and management of CNCDs.

5. Action lines

5.1 Establishment of a Caribbean Civil Society CNCD Coalition/Network

5.1.1 Activity

Establishment of a network/
coalition guided by a small
regional Organizing Task Force
of key partners, principally from
civil society. This Organizing
Task Force, as was determined
by acclamation at the conclusion
of the Healthy Caribbean
2008 Civil Society led CNCD
Conference held in Barbados

October 2008, is led by the co-ordinator of that conference and Chairman of the CNCD Commission, Barbados, and includes 2-4 civil society regional organization representatives, 1-3 national civil society organization representatives, one academic representative, one PAHO or CARICOM observer, and one national government observer.

The coalition/network will be a grouping of all civil society organizations in the Caribbean, at the national and regional levels, that commit to advance the prevention and management of Chronic Non-communicable Diseases (CNCDs) in their jurisdiction, within the parameters of the Declaration of Bridgetown of 18 October 2008 to be established.

The Caribbean civil society CNCD coalition/network will assist civil society, in partnership with government, private enterprise, academia, and international partners, to focus its power in developing and implementing appropriate plans for the prevention and management of CNCDs in the Caribbean.

5.1.2 Strategic partner/lead agency

The Organizing Task Force is expected to establish the Caribbean Civil Society CNCD Coalition/Network with the InterAmerican Heart Foundation playing a lead coordinating role in the development process.

5.1.3 Timeline 30 March 2009.

5.1.4 Budget/resources

US\$5,000.00 annually.

5.2 Advocacy

5.2.1 Activities

- (a) The primary activity of the coalition/network is one of advocacy, undertaken directly and through members of the coalition/network, and targeted at lobbying Caribbean Governments to take the kinds of actions and policy decisions related to chronic diseases that only Governments can take.
- (b) Determination of a mechanism and formula

- which provides for Civil Society to be a partner with other major Caribbean institutions, such as PAHO, CARICOM, Caribbean Governments, other regional policy making institutions and groupings, and academia, in determining and contributing to the way forward in tackling CNCDs.
- (c) Support and lobby for national and sub-regional policy dialogues to establish CNCD National Commissions or analogous bodies in countries throughout the region, with representation by civil society on all CNCD National Commissions.

5.2.2 Strategic partner/lead agency

The above activities are to be led by the Healthy Caribbean Coalition, and relevant civil society organizations within each country.

5.2.3 Timeline

- (a) Demonstrable tangible progress in achieving partnership by the middle of 2009.
- (b) National CNCD
 Commissions or comparable bodies established in all Caribbean countries by December 31 2010.

5.2.4 Budget/ resources

US\$10,000.00 annually.

5.3 Development of a communications strategy for and among the Healthy Caribbean CNCD Coalition/ Network

5.3.1 Activities

- (a) Development and management of a Caribbean civil society CNCD website as a source of information, a resource and an instrument for activity sharing.
- (b) Promotion and dissemination of the Caribbean Civil Society led CNCD Action Plan, including the preparation of an abridged version for public distribution.
- (c) Preparation of a popular brochure-style version of the Declaration of Port-of-Spain and of the Civil Society Declaration of Bridgetown for Caribbean wide distribution.

- (d) Distribution of the Technical report of the Healthy Caribbean 2008 Conference to all stakeholders by 30 March 2009.
- (e) Approval and implementation of national civil society action plans, based on the regional action plan.

5.3.2 Strategic partner/lead agency

The Organizing Task Force will lead on these activities on behalf of the Healthy Caribbean Network, and they will be developed and implemented with the assistance of the member organizations of the network.

5.3.3 Timeline

Communication activities will be on-going, with evidence,

- (i) that by the third quarter of 2009 activities 5.3.1 (a) – (d) have been achieved,
- (ii) and 40% of member states by 2010, 75% by 2013, and all countries by 2015 have achieved activity 5.3.1 (e), that is, national strategic civil society led CNCD Action Plans established based on the Regional Action Plan.

5.3.4 Budget/ resources

US\$150,000.00.

5.4 Healthy Caribbean CNCD Public Education Programme

5.4.1 Activity

Development and implementation of a civil society led Caribbean wide strategy to inform and motivate the public about activities such as promotion of good health (diet, physical activity, no tobacco exposure), best practice care and management of CNCDs (including high blood pressure and the need for its control), recommended screening schedules for CNCDs, and the creation of library of videos for patient education.

5.4.2 Strategic partner/lead agency

The Organizing Task Force will be responsible for executing this item.

5.4.3 Timeline

The strategy to be finalized by 28 March 2009 with implementation on or before 1 May 2009.

5.4.4 Budget/ Resources

US\$75,000.00

5.5 Support for Caribbean Wellness Day

5.5.1 Activity

Contribution to the further development and wider implementation of Caribbean Wellness Day, by among other things, ensuring that civil society is well represented on planning and management committees in those countries that actively participate in Caribbean Wellness Day. At the same time support for Caribbean Wellness Day will take the form of encouraging all countries in the Caribbean to actively support Caribbean Wellness Day through the very active participation of civil society. Types of activities that will be encouraged include:

- (a) Population-based screening during Caribbean Wellness Month (September)
- (b) A community sponsored and conducted beach activity
- (c) A civil society sponsored hike
- (d) Sponsorship for free or subsidized health screening during September
- (e) Promotion of CNCD risk factor screening in schools, workplaces, faith-based organization, trade unions, retail outlets during Caribbean Wellness month (September)

5.5.2 Strategic partners/lead agencies

Caribbean Business Community (Caribbean Association of Industry and Commerce), non-governmental and civil societies within countries, policy makers and national CNCD Commissions.

5.5.3 Timeline

An ongoing activity. Civil society will play its part in meeting a target date for all Caribbean countries to participate in Caribbean Wellness Day, by the 12 September 2010.

5.5.4 Budget/resources

None required by the Healthy Caribbean Network.

5.6 Advocacy and support for CNCD risk factor reduction: I. Tobacco control and implementation of FCTC

5.6.1 Activities

Advocate a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control: urge its immediate ratification in all States which have not already done so; and support the immediate enactment of legislation to eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, require effective graphic warning labels, and introduce such fiscal measures (e.g. increased taxes) as will reduce accessibility of tobacco.

Advocate that public revenue derived from tobacco, alcohol

or other such products should be employed, inter alia for preventing CNCDs, promoting health and supporting the work of National CNCD Commissions.

Launch a major regional media campaign to educate the public about the health risks of smoking, including the effects of second hand smoke.

Conduct a "Caribbean No Tobacco" FCTC conference with widest possible representation by Caribbean Civil Society. buildings, and

(c) collaboration with private sector for 100% smoke free workplaces by 2012

Caribbean No Tobacco Conference to be held in the fourth quarter of 2009.

> 5.6.4 Budget/ Resource

US\$100,000.00

5.6.2 Strategic Partner/Lead Agency

Activities to be led by the Bloomberg Caribbean group in association with the leadership of the Healthy Caribbean CNCD Coalition/network, the National CNCD Commissions, national civil society organizations and PAHO.

5.6.3 Timeline

Advocacy, with governments,

- (a) to achieve FCTC laws enacted in 95% countries in the Caribbean by the year 2012
- (b) for rotating pictorial warnings on cigarette packages by the year 2010, for 100% smoke free spaces, starting with all government

5.7 Advocacy and support for CNCD risk factor reduction: II. Increased physical activity

5.7.1 Activities

Conduct a Caribbean civil society led physical activity conference aimed at further sharing information, and producing a Caribbean action plan for increased physical activity among people of the Caribbean.

Seek to establish a relation with Agita Mundo.

Advocate and play a practical role where possible in increasing

levels of physical activity in settings such as schools and workplaces.

5.7.2 Strategic partner/lead agency

Trade unions, educators, physical activity organizations throughout the Caribbean, and the Faculty of Medical Sciences, Cave Hill Campus, UWI, Barbados.

5.7.3 Timeline

Aim for conference and formal relationships established by at least 3 Caribbean organizations with Agita Mundo by the end of the first quarter of 2009. Advocate for and contribute to an increased numbers of Caribbean people engaged in regular physical activity in safe settings over the next several years.

5.7.4 Budget/ Resources

US\$10,000.00

5.8 Advocacy and support for CNCD risk factor reduction: III. Improved dietary intake including reduction of trans fats and salt

5.8.1 Activities

Support for Caribbean Food and Nutrition Institute (CFNI), and mobilization of consumer organizations and others towards reduction and ultimately the elimination of trans fats from the diet of our citizens, including capacity for testing for trans fats, promoting greater use of indigenous agricultural products and foods by our populations; mandating the labeling of foods or such measures as are necessary to indicate their nutritional content through the establishment of the appropriate regional capability; and public education showing people how to read food labels and prepare favourite foods less 'harmfully'.

Support for faith-based and workplace wellness programmes, in partnership with health insurance companies, trade unions, consumer organizations and others, and mobilize consumer groups, unions and others to encourage food manufacturers and restaurateurs to reduce fat, sugar and salt in prepared and processed foods.

Advocacy for revised userfriendly food content labeling standards to facilitate "making the right choice, the easy choice".

Support for, and contribution to national population salt reduction programmes.

5.8.2 Strategic partner/Lead agency

Organizing Task Force and the Healthy Caribbean Network, and National CNCD Commissions.

5.8.3 Timeline

The network of civil society organizations will seek to inform the Caribbean population of the importance of consuming healthy diets that include, elimination of trans fats, and the reduction of salt and sugar intake from the food supply at the earliest possible date.

National policy statements made and programmes started on population salt reduction in at least four Caribbean countries by the second quarter of 2010.

5.8.4 Budget/ Resources

US\$5,000.00 and resources of individual countries.

5.9 Advocacy and support for CNCD risk factor reduction: III. Enhanced identification and management of CNCDs

5.9.1 Activities

Advocate and encourage the strengthening of the capacity and competencies of the health system for the integrated management of chronic diseases and their risk factors. To this end assist our Ministries of Health, in collaboration with other sectors, in establishing comprehensive plans for the screening and management of chronic diseases and risk factors so that people with CNCDs would receive quality care and have access to preventive education based on regional guidelines. In particular assist

where possible in:

- 1. Improved screening for chronic diseases and their risk factors, including community based blood pressure measurements
- Dissemination and utilization of Clinical Guidelines for the management of CNCDs
- 3. Improving competencies in the health work force, including those in civil society (e.g. church and health NGOs) to appropriately and effectively manage chronic disease prevention and control
- 4. Management structure implemented to support effective delivery of chronic disease management programmes including developing partnerships with professional organizations and other key stakeholders
- Improvement of access to quality care for chronic diseases
- Screening for blood sugar, cholesterol, HIV and blood pressure in most workplaces and churches (guarantee confidential results)
- 7. Train physicians and health workers about the risk charts and promote risk factor screening (fasting

- blood sugar, cholesterol and HIV), blood pressure, weight and height in healthcare settings
- 8. Create a coalition of health NGOs and in collaboration with private physicians, training in the chronic care model, risk factor prevention and control
- 9. Develop and maintain patient support groups for specific diseases (e.g. cancer, diabetes, asthma) or processes (e.g. going to another island for radiotherapy), and for terminal and hospice care
- 10. Documentation,
 evaluation, and support of
 the in-service training of
 health workers, including
 those in health NGOs and
 faith-based services, in
 evidence-based quality
 primary care for patients
 with chronic diseases,
 especially in diabetes
 care. Curricula for health
 workers to include total
 risk approach for CVD
 prevention and control
- 11. Contribute to the implementation of comprehensive plans for the screening and management of chronic diseases and risk factors

5.9.2 Strategic partner/lead agency

Implementation of the above achieved through efforts led by National Chronic Non Communicable Disease Commissions with the support of the Caribbean CNCD coalition/network in partnership with PAHO, CFNI, and CHRC.

5.9.3 Timeline

The foregoing aimed at Caribbean civil society assisting wherever possible in countries of the region, to achieve the following goals as stated in the Declaration of the Heads of Government of CARICOM Summit on CNCDs, and elsewhere:

- (a) 80% of at risk populations screened by 2012
- (b) Integrated, evidencebased guidelines, protocols for prevention and control of chronic diseases implemented with ongoing audit in all countries by 2010
- (c) Updated curricula, continuous training programmes and QI (management of high blood pressure, diabetes risk approach) for 80% care providers implemented in all countries by 2012

- (d) Chronic Care Model implemented in 50% of health facilities (public, private and NGO) in 50% of member states by 2010, and in 80% of health facilities in 80% of countries by 2012
 - (i) 50% patients trained in self management by 2010
 - (ii) At least one quality of care improvement project / CMI applying CCM in each member state, by 2010
 - (iii) Prevalence of raised blood pressure and blood glucose among adults aged 25–64 years determined in all countries by 2011.

5.9.4 Budget/resources

Regional and national agencies.

5.10 Support of initiatives, plans and programmes at country and organization levels

5.10.1 Activities

Conduct and maintain audit records of the CNCD related civil society organizations and their principle activities and programmes.

Identify possible human and financial resources to be made available to member NGOs of the network to allow them to be more effective both in their specific programmes and in contributing to the deliverables of this Action Plan.

Encourage CNCD Health NGOs to initiate certain specific projects that were highlighted at the Healthy Caribbean 2008 Conference, e.g. measurement of weight, height and blood pressure in barber shops, distribution of "CNCD health passports", population salt reduction programmes, etc...

Support for the many significant CNCD reduction activities taking place, often as a result of the committed leadership of civil society organizations within country, wherever and whenever possible.

This support will specifically

take the form of, but will not be restricted to:

- Provision of a forum for exposure on the Healthy Caribbean CNCD website of CNCD activities at the national and organization level.
- Assistance with advocacy efforts of country programmes.
- Assistance with identification and provision of regional and international experts at faculty level for conferences as needed
- Provision of resources to assist with enhanced governance of local CNCD relevant civil society organizations.
- Sourcing of funds to allow for local CNCD NGOs to make more effective contributions to the Action plan

5.10.2 Strategic Partner/Lead agency

This activity is to be executed by the Organizing Task Force and the Healthy Caribbean Network in collaboration with member organizations of the network.

5.10.3 Timeline

An ongoing activity.

5.10.4 Budget/resources

US\$20,000.00 for the first year with further funding to be sourced as and when needed.

6. Implementation of Action Plan: Follow up and evaluation

The Action Plan evolved out of the Healthy Caribbean 2008 Civil Society conference held in Barbados, 16-18 October 2008. It reflects the inputs and considerations of the participants of that conference. A major decision taken at the conference was the need for the establishment of a CNCD Caribbean civil society network/ coalition, and the Conference Coordinator was mandated to establish such a Task Force which will take the necessary steps to complete and distribute the Action Plan and establish a Healthy Caribbean CNCD network. Principles and positions and decisions taken thus far are as follows:

The Healthy Caribbean CNCD will comprise a group of all civil society organizations in the Caribbean, at the national and regional levels, that commit to advance the prevention and management of Chronic Non-communicable Diseases (CNCDs) in their jurisdiction, within the parameters of the Declaration of Bridgetown of 18 October 2008.

Objective

To harness the power of civil society, in partnership with government, private enterprise, academia, and international partners, to develop and implement a plan for the prevention and management of CNCDs in the Caribbean.

Suggested organization

A regional, small, Organizing Taskforce of key partners, principally from civil society, be set up to advance the completion of the plan and organize the coalition. Members of the task force will include a Chairman, 2-4 civil society regional organization representatives, 1-3 national civil society organization representatives, one academic representative, one PAHO observer, and one national government observer.

The proposed membership of the Organizing Task Force is:

Chair of Task Force

 Prof. Trevor Hassell, Chairman of the National CNCD Commission, Barbados.

Representatives of regional civil society organizations

- Dr Beatriz Champagne, Executive Director, InterAmerican Heart Foundation.
- 3. Mr Owen Bernard, Secretary of the Diabetes Association of the Caribbean
- 4. Representative of faith based organizations in the Caribbean
- Representative of Caribbean Youth Ambassadors, CARICOM Secretariat, Guyana

Representative of national civil Society organizations

6. Mr Orlando "Gabby" Scott, Barbados Workers Union

Representative of academia

7. Prof. Paul Teelucksingh, UWI, St. Augustine Campus

Special observer

8. Dr Alafia Samuels

Government observer

 James Fletcher, PhD, Director, Social and Sustainable development, OECS

Functions

- The Organizing Taskforce is responsible for completing, distributing for public review and comment, and disseminating the Action Plan and Declaration arising from the Healthy Caribbean 2008 Conference, and the establishment of a coalition aimed at tackling the CNCDs in the Caribbean.
- 2. The Organizing Taskforce is responsible for planning, organization, capacity building, providing support to national and local coalitions, and liaising with the public to identify national and local needs.
- 3. National Coalitions, through their secretariat, are

responsible for planning, organizing and implementing actions at the national level.

 Secretariats at the regional and national level will facilitate activities and provide administrative support.

Next steps

- Complete plan and declaration, with public input, and prepare and implement a dissemination plan.
- 2. Determine criteria for invitation to Coalition and invite potential members to join the Coalition.
- Review situation in each country to determine how best to advance a national civil society coalition at the national level. This process may vary in each country but should involve public discussion wherever possible.
- Identify a few actions to support exchange of information among coalition members (website, internet list, regular information e-mails).
- Consider setting up working groups to advance specific actions. For example, the tobacco area may be managed by the Bloomberg team that is already set up to do this. Other groups

may be set up for physical activity, diet and nutrition, healthcare or other areas.

Target audience of the plan

The target audience of the plan and the technical conference report will include first the conference participants and the organizations that they represented. A draft of plan will be made available to those civil society associations that were not present at the meeting and to the wider public and they will be invited to make comment and give inputs into the plan before it is finalized.

Additionally, major funding and sponsoring organizations and companies will be provided with copies of the Action Plan, and copies will be provided to heads of Government of CARICOM and other senior Caribbean stakeholders and leaders.

Finally, a summarized version of the Action plan will be produced and made available to the wider public of the Caribbean.

Monitoring of the actions emanating from the plan

The title of this plan reflects the approach taken at the conference from which it arose, and emphasizes "one of action". A mechanism will

therefore be established to determine and monitor the achievables of the plan in the vears after the conference, and a system will be set up for regular reporting to relevant civil society stakeholders on the outputs measured against the projections. The process will make use of surveys via email, sharing of information in the civil society network that will be established, and the provision of electronically available reports. A further meeting of Caribbean CNCD Civil society will take place in 2010 to assess progress, and the leaders of the Healthy Caribbean CNCD Network will meet regularly via teleconference with at least two face-to-face meetings over the next 18 months.

charge for civil society as this segment of Caribbean society seeks to play its role in tackling the CNCDs. Strengthening of the NGOs will require funding support, but equally important assistance with governance, human resource development etc.. This will require the commitment and assistance of all, both individuals and organizations who seek to slow the epidemic of CNCDs in the region.

Finally, consideration will need to be given as to methods that will allow the Caribbean civil society CNCD coalition/network, once established, to become a more structured and formal entity.

Funding, financing and governance

A major need in the implementation of several actions of the plan, at the regional, national or country, and organization level, will be the provision of funds projected at US\$375,000.00 for the first year. Potential sources of funding will need to be identified.

A specific need recognized during the conference was for the development and strengthening of the chronic diseases nongovernmental organizations in the region, since they are expected to lead the

Notes:



Sponsors











Supporters

Pfizer • Cable and Wireless • Servier Caribbean Ltd
 Insurance Corporation of Barbados • Super Centre Ltd
 National Insurance Office (Barbados) • Inter American Institute for Cooperation on Agriculture • Peter Moores Barbados Trust
 • Faculty of Medical Sciences, Cave Hill Campus, UWI
 • Barbados Tourism Authority