



MOBILISING FOR 2025: A CARIBBEAN CIVIL SOCIETY NCD FORUM

6-7 July 2023
Meeting Report

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ACRONYMS AND ABBREVIATIONS

ABDA	Antigua and Barbuda Diabetes Association
BCOPC	Barbados Childhood Obesity Prevention Coalition
BSNP	Barbados School Nutrition Policy
CAIHR	Caribbean Institute for Health Research
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CDoH	commercial determinants of health
CGM	continuous glucose monitoring
COVID-19	coronavirus disease 2019
CRC	Convention on the Rights of the Child
CSO	civil society organisation
CVD	cardiovascular disease
ENDS	electronic nicotine delivery systems
FCTC	Framework Convention on Tobacco Control
FOPWL	front-of-package nutrition warning labelling
HCC	Healthy Caribbean Coalition
HCY	Healthy Caribbean Youth
HFJ	Heart Foundation of Jamaica
HPV	human papillomavirus
HSFB	Heart and Stroke Foundation of Barbados
HLM	high-level meeting
MHPSS	mental health and psychosocial support
MNSDs	mental, neurological, and substance use disorders
MoH	Ministry of Health
MoHW	Ministry of Health and Wellness
NCDs	non-communicable diseases
NCDA	NCD Alliance
NGO	non-governmental organisation
NNCDC	National Non-communicable Diseases Commission
NSNP	national school nutrition policy
NPM	nutrient profile model
OECS	Organisation of Eastern Caribbean States
PAHO	Pan American Health Organization
PHC	primary health care
POSD	Declaration of Port of Spain
SIDS	small island developing states
SDG	Sustainable Development Goal
SSBs	sugar-sweetened beverages
TFA	trans-fatty acids
TNA-NCDs	Transformative New Non-communicable Diseases Agenda
UHC	universal health coverage
UN	United Nations
UPPs	ultra-processed products
UWI	University of the West Indies
WHO	World Health Organization

KEY MESSAGES

- Non-communicable diseases (NCDs), including mental, neurological, and substance use disorders (MNSDs),¹ continue to be a burden to countries of the Caribbean Community² (CARICOM)—a subset of small island developing states³ (SIDS) that are characterised by unique vulnerabilities, including remote geographic location, in many instances; small population size; remoteness from international markets; high transportation costs; susceptibility to exogenous economic shocks; fragile land and marine ecosystems; and significant negative impact of the climate crisis.
- NCDs constitute a formidable barrier to the sustainable development of Caribbean countries, and though much work has been done in the wake of the ground-breaking 2007 Declaration of Port of Spain⁴ (POSD) “Uniting to stop the epidemic of Chronic NCDs” by CARICOM Heads of State and Government, momentum has slowed. Much more remains to be done if the region is to advance significantly towards achievement of the 2030 Sustainable Development Goal (SDG) 3,⁵ the SDG most directly related to health, especially SDG target 3.4, which addresses NCDs and mental health, and SDG target 3.8, which addresses universal health coverage (UHC).
- Civil society in the region continues to play critical roles in advocacy, service delivery, communication, and accountability—among other functions—related to NCD reduction, in collaboration with governments, the health-supporting private sector, and national, regional, and international partners and development agencies. The Healthy Caribbean Coalition⁶ (HCC), the premier alliance of civil society organisations (CSOs) working in NCD prevention and control in the region, is well-recognised as a leader in these efforts at national, regional, and international levels. The Coalition aims to continue its efforts to identify priorities for action in NCD prevention and control in the region, building on successes, addressing challenges, taking heed of lessons learned, especially in the wake of the coronavirus 2019 (COVID-19) pandemic, and seizing opportunities for action.
- The HCC has continued its tradition of participatory strategic planning. In the framework of the SDGs, the Coalition’s 2021 call for a Transformative New NCD Agenda⁷ (TNA-NCDs) in the Caribbean, and the 2023 Bridgetown Declaration on NCDs and Mental Health,⁸ among other regional and international frameworks, the HCC convened the meeting “Mobilising for 2025: A Caribbean Civil Society NCD Forum” in Barbados, 6-7 July 2023, to identify the Coalition’s priorities for the next strategic period. The meeting sought to focus on interventions that take cognisance of equity- and human rights-based approaches, and whole-of-government, whole-of-society, policy-coherent actions; address the social, economic, environmental, commercial, and other determinants of health; and facilitate implementation of evidence-based policy and programming options, such as the WHO Best Buys and Other Recommended Interventions, and WHO technical packages related to NCD prevention and control, tailored to Caribbean national and regional situations.

Emerging from the meeting, the **main recommendations and associated actions** for the next HCC strategic period are listed in the next section, grouped under the interlinked HCC strategic pillars:

Advocacy
Capacity development
Communication
Accountability
Sustainability

All of which have been retained from the [HCC Strategic Plan 2017-2021](#).⁹

The recommendations and associated actions will inform the development of the HCC Strategic Plan 2023-2030, which will be executed by the HCC—member CSOs and Secretariat—in collaboration with governments, other civil society entities, the health-supporting private sector, development partners, and other key stakeholders, using available and mobilisable resources; tackling the social, economic, environmental, commercial, and other determinants of health, as resources allow; and linking with other priority interventions that impact NCDs and provide win-win solutions and co-benefits, such as those that address the climate crisis and food and nutrition security.

RECOMMENDATIONS AND ASSOCIATED ACTIONS

1. ADVOCACY

Intensify efforts to reduce the main NCD risk factors.

- Promote, undertake high-level advocacy for, and contribute to, the implementation and/or strengthening of cost-effective policy options for reduction of the main NCD risk factors in Caribbean countries and territories, tailored to the national situation, based on the [Framework Convention on Tobacco Control \(FCTC\) measures](#)¹⁰ and addressing the use of both traditional tobacco products and electronic nicotine and non-nicotine delivery systems (vaping); the [updated \(2023\) WHO best buys](#);¹¹ and the WHO technical packages to address NCD risk factors.
- Continue to focus on childhood obesity prevention and healthy food policy, advocating for and contributing to the development and implementation of policies, programmes, and other interventions to ban the promotion and sale of unhealthy foods and beverages in and around schools; accept the 'high-in' octagonal front-of-package nutrition warning labelling (FOPWL) system as the scheme to be used in the revision of the CARICOM Regional Standard for the Labelling of Pre-packaged Products, and at national level; ban the marketing of unhealthy products, including ultra-processed products (UPPs), to children; apply taxation of at least 20% to sugar-sweetened beverages (SSBs); remove subsidies from unhealthy products and apply them to healthy products; and eliminate trans-fatty acids (TFAs) from the diet.
- Develop—or revise/strengthen existing—model legislation and policy to enable the implementation of the suite of interventions noted in the previous action and disseminate the model instruments to countries to enable advocacy and modification as appropriate to suit the respective national situations.
- Advocate to, and collaborate with, nutritionists and dietitians in promoting and implementing interventions for healthy nutrition in various settings, including the preparation of healthy, culturally appropriate meals and consideration of the psychology of eating, and with physiotherapists, sports teams/groups, and youth groups in improving physical activity levels in schools, workplaces, and communities.
- Advocate for the establishment of links with, and support, the climate action movement, to develop and implement interventions that are mutually beneficial for NCD reduction and climate mitigation and adaptation—people and planet—including reduction in the use of gas and oil, to improve air quality; greater consumption of plant-rich diets, for healthier nutrition; and increased use of alternative transportation such as biking and walking, to increase physical activity.

Implement strategies to improve management of the major NCDs.

- Promote, undertake high-level advocacy for, and contribute to, the implementation and/or strengthening of cost-effective policy options for NCD management in Caribbean countries and territories, tailored to the national situation and based on the updated (2023) WHO best buys, as well as the WHO technical packages and the Caribbean Public Health Agency (CARPHA) regional guidelines to manage selected NCDs, focusing on 1) the [HEARTS](#)¹² programme for hypertension management and the reduction of cardiovascular disease; 2) diabetes care, using the [CARPHA Clinical Guidelines](#),¹³ the [HEARTS-D](#)¹⁴ WHO technical package, and aligning with the [WHO Global Diabetes Compact](#);¹⁵ 3) cervical cancer elimination, including through organised screening programmes and HPV vaccination, guided by the [WHO cervical cancer elimination initiative](#);¹⁶ 4) enhanced screening for breast and colon

cancers; and 5) scaling up services for MNSDs, guided by the WHO Mental Health Gap Action Programme ([mhGAP](#)).¹⁷

- Advocate for, and contribute to, the development and promotion of clinical guidelines for the management of the major NCDs, including among children and youth, and contribute to training in, and monitoring of, their use, especially at the first level of care.
- Advocate for, and contribute to, analysis of the usefulness and applicability of the [Chronic Care Model](#)¹⁸ in CARICOM countries, referencing the regional model and applications in individual countries such as Jamaica, and make recommendations for its wider use across the region.
- Advocate for, and contribute to, the training of health workers at all levels in demonstrating empathy, caring, and compassion in their interactions with patients, caregivers, and others living with and affected by NCDs, and the training of health care providers at the first level of care in cervical cancer screening and the detection and management of MNSDs.
- Advocate for the establishment or strengthening of mechanisms to enable national availability and sustainability of NCD-related essential medicines, vaccines, and technologies, taking advantage of regional pooled procurement mechanisms, including the [Organisation of Eastern Caribbean States \(OECS\) Pharmaceutical Procurement Service](#)¹⁹ and the PAHO [Strategic](#)²⁰ and [Revolving](#)²¹ Funds.
- Promote, and disseminate information on, the intersection of climate change and NCDs, the impact of the climate crisis on people living with NCDs, and encourage, and contribute to, the integration of the advocacy agendas of both issues, including the incorporation of NCD prevention and control measures in emergency and disaster plans, to reduce the number of excess deaths from NCDs during and after such events.

2. CAPACITY DEVELOPMENT

Enhance capacity building for CSOs, CSO networks, people living with NCDs, youth advocates, and other key stakeholders to strengthen their equity- and human rights-based advocacy and communications, enable their meaningful engagement, and contribute to effective partnerships and collaboration among them.

- Build the capacity of CSOs, CSO networks, people living with NCDs, and youth advocates, to understand and implement equity- and human-rights based approaches; to analyse the impact of the social, economic, environmental, commercial, and other determinants of health on NCD prevention and control interventions and outcomes; and to develop and implement counter-strategies, as most appropriate for their spheres of work.
- Promote and disseminate guidelines for meaningful engagement of people living with NCDs, such as those developed by WHO²² and the NCD Alliance (NCDA),²³ and—as resources permit—provide training in their application; encourage the participation of people living with NCDs in the HCC and NCDA [Our Views, Our Voices](#)²⁴ initiatives.
- Advocate for, and contribute to, the development and observation of media standards and relevant training of media workers, to promote responsible journalism and reporting on health.
- Promote and contribute to the creation and/or strengthening of national alliances of CSOs working in NCD prevention and control, and of regional networks of CSOs working in the same disease-specific area, to facilitate sharing of information and experiences, solidarity, and high-level advocacy, taking advantage of social media platforms as appropriate.
- Build the capacity of CSOs in the development and submission of grant and project proposals for resource mobilisation.

- Advocate for, encourage the creation of, and support existing CSOs that focus on mental, neurological, and substance use disorders, and the inclusion of consideration of these disorders in the work of other CSOs, as components of efforts to reduce the stigma associated with MNSDs.

3. COMMUNICATION

Continue to diversify, promote, and disseminate the HCC's communication products and information resources using multiple media, including digital media for cost-effectiveness, and implement strategies to promote and widely market the HCC website and its publications, guidelines, and other content.

- Re-examine and analyse HCC's communication strategies and mechanisms in collaboration with a professional marketing firm or marketing professional(s), including review of the HCC website and the weekly HCC Roundup to identify more efficient ways of storing and presenting content for easier access by multiple audiences.
- Develop and implement strategies for wide promotion of the HCC website, encompassing the inclusion of links to the website and its individual publications, guidelines, and information materials on the websites of—at minimum—CARICOM, CARPHA, the University of the West Indies (UWI), PAHO, and WHO.
- Establish a clearinghouse for NCD and NCD-related information on the HCC website, incorporating data already posted on the website, to improve access to information on the NCD situation in the Caribbean.
- Prepare and disseminate information on equity and human rights, particularly on the right to health, tailored to a wide variety of audiences, including policymakers, people living with NCDs, youth, and the general public.
- Continue to develop, run, and re-run mass media and digital media campaigns related to reduction of the main NCD risk factors and management of the major NCDs, including MNSDs and mental health and psychosocial support (MHPSS), targeting the general public, youth, and people living with NCDs.

4. ACCOUNTABILITY

Support and contribute to the development and implementation of systems, structures, and tools to enhance transparency, monitoring, evaluation, and governance, tracking the impact of policies and other interventions to prevent and control NCDs, implement equity- and rights-based approaches, address the commercial determinants of health (CDoH) and counter Industry interference; and identify, prevent, mitigate, and manage conflicts of interest.

- Advocate for the establishment or strengthening of national information systems for health and digital transformation of the health sector to provide data for evidence-based NCD policy and programme development, and to facilitate monitoring and evaluation of NCD-related interventions, using tools such as the [PAHO Information Systems for Health \(IS4H\)](#)²⁵ mechanism.
- Collaborate with government, academia, and development partners to plan and implement surveys and other research methods to produce qualitative and quantitative data on NCDs and their risk factors, including, but not limited to, the [Global Youth Tobacco Survey](#),²⁶ [Global School-based Student Health Survey](#),²⁷ and [STEPS](#),²⁸ which are promoted and supported by WHO.

- Undertake periodic assessments of Caribbean CSOs and National NCD Commissions (NNCDCs) (or equivalents) to identify and report successes, lessons learned, challenges, and areas for strengthening their performance and their use of equity- and human rights-based approaches.
- Advocate for, and contribute to, the development and implementation of conflict-of-interest policies by government agencies and entities, including NNCCDCs, and by CSOs, making the HCC Working Document on Managing Conflict of Interest available to interested parties.
- Monitor and document instances of Industry interference with NCD policy and programme development and implementation in Caribbean countries, and disseminating the information to key stakeholders, including governments; advocate for the development and enactment of access to information/freedom of information/whistleblower protection legislation to facilitate the process, in order to inform the implementation of strategies to counter Industry interference and address the CDoH.

5. SUSTAINABILITY

Promote, advocate, build capacity, mobilise resources for, and contribute to, whole-of-government and whole-of-society actions for NCD prevention and control, including inclusion of people living with NCDs, youth, women, and other people and groups in situations of vulnerability, aligning with other priority issues such as climate change and food and nutrition security, seeking co-benefits and win-win solutions.

- Promote and advocate for whole-of-government, whole-of-society, health-in-all-policies/policy-coherent approaches to NCD prevention and control, incorporating sensitisation of all ministries regarding NCDs; their economic and developmental impact; the social, economic, environmental, commercial, and other determinants of health; and the role of the ministries in achieving national NCD goals and objectives, and contributing to sustainable national development.
- Continue to contribute to monitoring and capacity building of multistakeholder entities such as NNCCDCs (or equivalents), and—if national systems are so structured—advocate for close collaboration at the national level among separate bodies that provide oversight and policy advice on tobacco control, mental health, NCDs, and related issues such as climate change and food and nutrition security.
- Develop and disseminate a compendium of possible sources of funding to address national and regional NCD and NCD-related issues, to facilitate and enable the formulation of grant and project proposals by CSOs and their submission to United Nations (UN) agencies, foundations, philanthropies, international non-governmental organisations (NGOs), and other development partners working in NCDs and related issues, especially those entities that prioritise SIDS.
- Advocate for the inclusion of interventions for NCD prevention and control in financial and social protection packages aimed at advancing progress to UHC, aligned with the [HCC Advocacy Priorities for the 2023 UN High-level Meeting on UHC](#).²⁹

INTRODUCTION

The HCC convened two consecutive, in-person meetings of its member civil society organisations and partners in July 2023, the first such meetings since the declaration of the COVID-19 pandemic in March 2020. This report covers the second of the two meetings, “Mobilising for 2025: A Caribbean Civil Society NCD Forum”.

The Coalition’s work in the prevention and control of NCDs, including MNSTDs, began in 2008, to guide a regional civil society response to the 2007 Declaration of Port of Spain, which aimed to reduce the significant burden of NCDs in the Caribbean and the negative impact of these conditions on the region’s health, productivity, economy, and sustainable development. The POSD was the first commitment in the world to this issue at the highest political levels, and provided impetus for the initiation of UN High-level Meetings (HLMs) on NCDs and related global commitments. The HCC’s mandate was to enable civil society to contribute to the realisation of a whole-of-society, whole-of-government, policy-coherent response to NCDs.

It is well-recognised that multisector (whole-of-government) and multistakeholder (whole-of-society) approaches are critical to address NCDs and their underlying social, economic, environmental, commercial, and other [determinants of health](#).³⁰ The HCC has always sought to obtain the input of not only its member CSOs, but also its key partners and collaborators in both government and the health-supporting private sector, in determining its strategic actions. The priority areas of the [HCC Strategic Plan 2017-2021: Enabling Caribbean civil society’s contribution to national, regional, and global action for NCD prevention and control](#)³¹ were identified in a meeting of CSOs and key stakeholders in 2017, where it was decided that a major HCC focus would be [childhood obesity prevention](#),³² incorporating advocacy for policies to foster healthy nutrition and physical activity, especially in school settings.

The HCC is currently in the process of developing its Strategic Plan 2023-2030, the latter date selected to coincide with the end of the global Sustainable Development Agenda and in anticipation of the subsequent HCC strategic planning cycle, which will take cognisance of any new global and regional goals to which countries may commit. In convening the CSO Forum, a deliverable of the HCC’s sixth Letter of Agreement with PAHO, the Coalition has continued its tradition of participatory strategic planning to chart its path. This assumes greater significance in the wake of the [SIDS Ministerial Conference on NCDs and Mental Health](#)³³ held in June 2023, which resulted in the [2023 Bridgetown Declaration on NCDs and Mental Health](#),³⁴ and with the approach of both the September 2023 [UN HLM on UHC](#)³⁵ and the 2025 [4th UN General Assembly HLM on NCDs](#).³⁶ The CSO Forum was immediately preceded by the first HCC in-person meeting since the COVID-19 pandemic was declared: “Accelerating the Removal of Ultra-processed Products (UPPs) from Caribbean Schools”, held in Barbados 4-5 July 2023. That meeting aimed to support harmonised regional acceleration of robust, evidence-informed policies to remove UPPs from school settings and improve the school nutrition environment, and brought together diverse stakeholders, including those from government, civil society, academia, and development agencies.

The outputs and recommendations of the UPPs removal meeting informed the CSO Forum, the methodology of which included presentations, including by persons participating virtually; panel discussions; and discussion/question and answer periods. An innovation was the use of the [Mentimeter](#)³⁷— accessible by scanning a QR code or through the website—for obtaining instant electronic feedback and suggestions from participants on various issues. Taking advantage of the technology, the HCC enabled participatory identification of the priorities for civil society action to prevent and control NCDs in the Caribbean, and the areas in which the HCC—

member CSOs and Secretariat—should best apply its advocacy, contribute to policy development,

and collectively focus its limited resources, in collaboration with key stakeholders and partners.

BACKGROUND

Within the Latin America and Caribbean region, [NCD mortality and morbidity are highest in the Caribbean](#),³⁸ with diabetes, cardiovascular disease (CVD), and cancer consistently ranked among the top five causes of death.³⁹ The HCC's work has been guided not only by the POSD, but also by the [2030 Agenda for Sustainable Development](#);⁴⁰ [Sustainable Development Goal \(SDG\) 3](#),⁴¹ the SDG most directly related to health; SDG target 3.4: "By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being"; and [SDG target 3.8](#):⁴² "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". The HCC also takes into consideration relevant global and regional frameworks and guidelines, such as the WHO Best Buys and Other Recommended Interventions, evidence-based policy options for NCD prevention and control that were [updated at the World Health Assembly in May 2023](#);⁴³ the [PAHO Nutrient Profile Model](#)⁴⁴ (NPM); and the [CARPHA 6-point policy package to promote healthier diets and food security](#).⁴⁵

The HCC's insistence on participatory strategic planning to guide its actions has been evident since its inception. Building on the [HCC Caribbean Civil Society Action Plan for Tackling Chronic Non-communicable Diseases: 2008-2011](#)⁴⁶ and the [HCC Civil Society Strategic Plan of Action for the Prevention and Control of NCDs for Countries of the CARICOM 2012-2016](#),⁴⁷ the HCC Strategic Plan 2017-2021 recognised **five strategic pillars**: advocacy, accountability, capacity building, communication, and sustainability, and focused on results, indicators of their achievement, means of verification, and assumptions crucial to their achievement. The HCC strives to strike a balance between aspirational objectives and practical interventions tailored to the Caribbean region, aligned with global and regional health goals and public goods that Caribbean governments have endorsed, and seeks to be strategic, agile, and

flexible in recognising and responding to changing situations and circumstances.

The Coalition's 2021 call for a [Transformative New NCD Agenda](#)⁴⁸ (TNA-NCDs) and the development of the [HCC TNA Action Plan 2021-2022](#)⁴⁹ in the wake of the COVID-19 pandemic exemplifies this approach. National responses to the pandemic resulted in widespread lockdowns—including school closures—and disruption of essential health services, including those for NCD prevention and control. COVID-19 exposed and worsened inequities within and among countries, and the pandemic's negative health, social, and economic impacts on developing countries such as those in the Caribbean, which include many SIDS, are still being felt. SIDS across the globe share unique vulnerabilities such as remote geographic location, in many instances; small population size; remoteness from international markets; high transportation costs; susceptibility to exogenous economic shocks; fragile land and marine ecosystems; and significant negative impact of the climate crisis. The pandemic also proved to be more serious for persons with underlying conditions such as obesity and NCDs,⁵⁰ and the TNA-NCDs is underpinned by principles of equity, human rights, and empowerment of people with lived experience of NCDs, and is focused on a life course approach that prioritises prevention. In addition, the HCC's advocacy for countries to recognise and take action to address the [commercial determinants of health](#),^{51,52} and to identify, prevent, mitigate, and manage conflict of interest, especially in their collaboration with private sector entities, has intensified.

The HCC's planning for the 2023-2030 strategic period seeks to build on successes, take heed of lessons learned, address challenges, and take advantage of opportunities for action and resource mobilisation, in the framework of the TNA-NCDs. The interventions will contribute to reduction of inequities, fulfillment of countries' human rights obligations, and meaningful engagement of persons with lived experience of NCDs, children, youth, and other persons in

situations of vulnerability, while holding governments and other key stakeholders accountable for actions to reduce the staggering burden of NCDs in the Caribbean region.

PARTICIPANT SUMMARY

Meeting participants comprised over 60 persons, with representation from HCC member CSOs, people living with NCDs, youth, CARICOM governments, academia, media, and regional development and/or technical cooperation agencies, the last-mentioned including PAHO and CARPHA. Participants included representatives from 24 CSOs; 15 countries and territories; 11 ministries of health; three intergovernmental organisations/agencies/institutions; and two private sector entities. The list of participants is in **Annex 1**.



MEETING GOAL, OBJECTIVES, AND EXPECTED OUTCOMES

GOAL

Bring together HCC member CSOs and key stakeholders to discuss Caribbean NCD (including MNSDs) prevention and control priorities and actions.

OBJECTIVES

1. Strengthen relationships and revitalise knowledge and resource-sharing networks within HCC CSO membership—including among CSOs working in specific disease areas—and with other key stakeholders in the wider regional NCD community, taking into consideration meaningful engagement of people living with NCDs and young people.
2. Share experiences, recent developments, and priorities across the NCDs and their risk factors, taking into consideration the principles of human rights and equity.
3. Explore key strategies to drive national and regional momentum in the NCD response, focusing on strengthening prevention, addressing the CDoH, and supporting whole-of-government and whole-of-society responses.
4. Map out HCC's priority actions for the next strategic period, considering the SIDS 2023 Bridgetown Declaration on NCDs and Mental Health, and key milestones such as the 2025 UN High Level Meeting and the 2030 SDGs.

EXPECTED OUTCOMES

1. Strengthened relationships within HCC CSO membership (including among disease-specific organisations, people living with NCDs [PLWNCDs], and young people) and with other key stakeholders.
2. Experiences, recent developments, and priorities shared across the NCDs and their risk factors, taking into consideration the perspectives of PLWNCDs and young people, and the principles of human rights and equity.
3. Key strategies explored to drive national and regional momentum in the NCD response, with a focus on strengthening prevention, addressing the CDoH, and supporting whole-of-government and whole-of-society responses.
4. HCC's priority actions mapped out for the next strategic period.

The meeting programme is in **Annex 2**.

SESSION SUMMARIES – DAY 1

SESSION 1: OPENING

Moderator: Sir Trevor Hassell, President, HCC

REMARKS

Welcome – *Sir Trevor Hassell, President, HCC*

Sir Trevor Hassell noted that the meeting would discuss NCDs, including MNSDs, looking forward to the 4th HLM on NCDs in 2025, reflecting on the current situation, assessing progress, opportunities, and challenges, and mapping a way forward for the Caribbean to meet SDG target 3.4. He reminded participants of the origins of the HCC, noting that the [2008 Caribbean Civil Society Bridgetown Declaration](#)⁵³ referenced the HCC as a support for national NGOs in various areas, including advocacy and coalition-building—that is, as a civil society-led regional entity established to add value to CSOs. He stated that over the ensuing 15 years, the HCC had become recognised globally, regionally, and nationally, and Caribbean CSOs had greater regional and national voices, with expanded roles and functions to ensure that they were more fit-for-purpose. He noted their greater contributions to NCD advocacy and policy development, aligned with HCC’s strategic plans, which had been developed by the HCC member CSOs themselves, and executed through the HCC Secretariat.

Sir Trevor warned that there was much more to be done, despite the acknowledged Caribbean political leadership in NCD prevention and control, as the region was off-track to meet SDG target 3.4. He opined that one of the main reasons for this was that the Caribbean private sector, the “third leg” in the NCD response, had not yet contributed nationally and regionally in a significantly positive and constructive way, as it had done in other areas of development. He stated that this delayed contribution negatively impacted many NCD policies and the health-in-all-policies approach, and proposed that there be constructive engagement with the private sector and robust

management of conflict of interest, with the aim of obtaining effective public health policies. He cited Sagicor’s support for the HCC as an excellent example of private sector support for NCD reduction efforts.

The full text of his remarks is in Annex 3.

Official opening welcome remarks – *Dr. the Honourable Sonia Browne, Minister of State in the Ministry of Health and Wellness (MoHW), Barbados, and Dr. Gloria Giraldo, Advisor NCDs and Mental Health, PAHO, Barbados*

Dr. the Honourable Sonia Browne characterised the meeting as an extremely timely and important forum, coming, as it did, on the heels of the SIDS Ministerial Conference on NCDs and Mental Health and the 2023 Bridgetown Declaration, since it was vital for civil society to contribute to this effort. She noted that NCDs had impacted lives, livelihoods, and countries, with the vulnerabilities of Caribbean countries being compounded by location, population size, increasing older population, and COVID-19, among other factors. She highlighted the need to enhance the provision of mental health services, and expressed concern that some areas, and key population groups, might have been omitted in the countries’ vision.

The Minister stated that Barbados was currently in the throes of its annual Crop Over celebrations, and quoted from a song praising alcohol use, noting that there was even a musical thread called the “rum-punch rhythm”, by way of illustrating issues with which Health had to contend. She summarised the results of a small, very informal survey that she had done, which showed knowledge of NCDs, but complaints about the unattractiveness of both school meals and healthy meals, and the prohibitive cost of the latter; high food wastage at schools; availability of NCD information online, but the need to improve information obtained through the media; awareness of mental health issues; and a suggestion that the psychology of eating should be discussed and addressed. She emphasised the

need to “get back to mental health”, especially in face of three recent suspected suicides in Barbados.

She also noted pushback from Industry against public health measures and the recent prominent participation of a Barbados-based fast-food chain in an event promoting the country in New York. She questioned whether health messages were being effectively disseminated to the population, and expressed the hope that fora such as this meeting would soon include the public-at-large, not only people living with NCDs, and that patients would be included in the development of their care plans.

The full text of her remarks is in Annex 3.

Dr. Gloria Giraldo noted the impact of NCDs, climate change, and COVID-19 on SIDS, issues that were highlighted at the SIDS Ministerial Conference on NCDs and Mental Health, and the actions outlined in the 2023 Bridgetown Declaration. She stated that lessons from the COVID-19 pandemic included widespread realisation of the importance of health to everyone and everything, and emphasised the need to flatten the curve of the NCD epidemic, the consequences of which caused distress to individuals, families, and communities. She mentioned that the global spread and chronic nature of NCDs required recurrent treatment and high health spending, yet there was still a disconnect, where investment in health was not seen as an investment in economic development.

She lauded work done with NCDs in the Caribbean, where the public was aware of the term ‘NCDs’, and noted that a large part of the solution lay in effective leadership of civil society, the involvement of which was indispensable, as that sector could bring the attention of the larger community—the health ecosystem—to the fact that health happens in the home and in the community, outside of health facilities. Dr. Giraldo stated that people living with NCDs were the true experts, and obtaining and equally valuing their expertise was important. She added that PAHO was pleased to be part of this network, and expressed her appreciation for information on the

work of people of all ages, including youth, as the Organization’s technical products must be translated for, and made relevant to, people’s needs.

The full text of her remarks is in Annex 3

PRESENTATION

Status of NCDs in the Caribbean: frameworks for action, including WHO best buys and other recommended interventions – Dr. Gloria Giraldo, Advisor NCDs and Mental Health, PAHO, Barbados

Dr. Gloria Giraldo made her presentation an interactive one, demonstrating [ENLACE](#),⁵⁴ the NCD data portal established by PAHO. She described the contents of the portal, including data from [STEPS NCD surveillance](#)⁵⁵ and other surveys that provide information on NCD risk factors and progress in global and other commitments to NCD reduction. She advised that users of the portal could access data from countries and subregions, including the ‘Non-Latin Caribbean’ that encompassed most CARICOM countries; find information on SDG 3.4 targets and trends disaggregated by sex; obtain data on individual disorders; and access existing NCD policies, strategies, and plans.

She emphasised the importance of such data in demonstrating to policymakers the work that needs to be done, and highlighted the many areas in red (‘not achieved’) on the NCD Progress Indicators Scorecard for Caribbean countries in the portal. She encouraged use, exploration, and improvement of the portal, noting that users could report any glitches that they encountered to the [PAHO Department of Noncommunicable Diseases and Mental Health](#)⁵⁶ (NMH). She mentioned that the portal included linkages to related publications, highlighted the [PAHO HTN:CVD Estima tool](#)⁵⁷ that could be used to track progress on population hypertension control in the region, and noted WHO’s collation of data on NCDs and SIDS, available through the [SIDS Data Portal](#)⁵⁸

SESSION 2: MENTAL HEALTH ROUNDTABLE

Moderator: Ms. Chelsea Jordan, Vice President of Operations, Let's Unpack it (Barbados)

Mr. Pierre Cooke Jr., HCC Youth Voices Technical Advisor, Healthy Caribbean Youth (HCC/HCY); Ms. Danielle Walwyn, HCC/HCY; Ms. Pamela Brereton, President, Barbados Alzheimer's Association; Dr. Jozelle Miller, Health Psychologist, Ministry of Health, Wellness, and the Environment, St. Vincent and the Grenadines; Ms. Michron Robinson, Heart and Stroke Foundation of Barbados (HSFB), Barbados Childhood Obesity Prevention Coalition (BCOPC) Youth Advocate, and Journalist (virtual presentation)

TESTIMONIAL - Mr. Pierre Cooke Jr.

Mr. Pierre Cooke Jr. described his lived experience with mental illness, noting that though he was high-functioning, he has been stressed—results of an examination were announced the day before this meeting, and two friends had recently died by suicide. He stated that young people were crying out for help in more ways than one, asking for better services, and posting on social media—they need support. He emphasised that mental illness “is invisible”, and called for resources to support young people through related challenges, noting that not all persons were high-functioning and the necessary responses would vary. He praised the NGO [Let's Unpack It](#),⁵⁹ which had been established in Barbados just before the country began experiencing COVID-19, and which had filled a significant gap for youth with lived experience of mental illness. He noted the need to reduce the stigma associated with mental illness and provide support, including from peers.

PRESENTATION

Spotlight on Mental Health: UNICEF/HCC/HCY regional mapping of youth mental health services – *Ms. Danielle Walwyn, Co-lead HCC Youth Mental Health Call to Action and Co-consultant on the regional mapping, HCC/HCY*

Ms. Danielle Walwyn noted that the [Caribbean Youth Mental Health Call to Action](#)⁶⁰ inspired the collaborative MHPSS mapping effort led by the HCC's youth arm, Healthy Caribbean Youth (HCC/HCY), in partnership with UNICEF and Let's Unpack It; she and HCC/HCY member Stephanie Whiteman were co-consultants on the project. She noted that the project's participating countries were Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago, and Turks and Caicos Islands, and summarised the goal and objectives of the project, the former being to increase access to MHPSS services for Caribbean children, youth, parents, and caregivers, and the latter being to 1) assess information needs, 2) map MHPSS services, noting referral protocols, and 3) develop a youth-friendly MHPSS directory. She advised that completion of the directory was targeted for January 2024, and requested CSOs' support for its dissemination.

PANEL DISCUSSION

The panellists' responses to the moderator's guiding questions are summarised below.

- **Mr. Pierre Cooke Jr:** Stigma and access to services are the top challenges to the provision of support for mental health, especially for youth. There are still many negative stereotypes, as he discovered in another Caribbean country, where he had difficulty in obtaining support for his mental health condition from the administration of the educational institution in which he was enrolled, and in accessing medication, the latter due to cost and intermittent availability.
- **Ms. Pamela Brereton:** Dementia is quite common in Barbados, and affects younger persons in their 30s and 40s, not only older persons. There are at least 320,000 people in the region living with dementia, and this number is expected to triple by 2050; Alzheimer's disease accounts for 50-70% of diagnoses of dementia. The practicalities of care are challenging, and greater attention

should be given to caregivers, whose tasks can be intense and difficult, but also demanding of love and care, especially when a loved one is affected. The caregiver must also take care of her/himself, and frustrations often lead to abandonment of people living with dementia. Homes and institutions need to be properly prepared for such persons, and there must also be attention to their legal and financial issues. New drugs for managing people living with dementia have been developed, but available medications vary in effect.

- **Dr. Jozelle Miller:** In St. Vincent and the Grenadines, work is being done to integrate MHPSS into the first level of care. Challenges include doctors' and nurses' unfamiliarity with the biopsychosocial approach to managing persons with mental illness, including the need for holistic treatment, preservation of mental wellness, and demonstration of kindness and compassion. The country is working to complete and formalise mental health legislation, and to bring mental health conditions under the NCD banner, so that they can be integrated into guidelines and protocols for the standardised management of NCDs such as diabetes and hypertension, which are being developed with funding from the World Bank.
- **Ms. Michron Robinson:** Recent suspected suicides in Barbados have highlighted the media's tendency to sensationalise these events, and respectful reporting, without sharing gruesome details, should be the norm. In addition, the perspectives of mental health practitioners should be part of the reporting, as well as sharing of information on how families/parents dealt with other stressful periods. The media can contribute to changing the mental health agenda by including health care provider perspectives and useful resources for accessing support.
- **Dr. Jozelle Miller:** Meaningful engagement of people with mental health conditions has included consultations with them and sharing of their stories, and has contributed to policy development and determination of priorities. It is useful to have these persons participate in

the decision-making process, to help to guide policy development and implementation.

- **Mr. Pierre Cooke Jr.:** National NCD and/or mental health commissions should establish a dedicated group— including young persons—tasked with developing tools and tactics for improved approaches to mental health. This work could include identification of resources; development of partnerships, including with youth organisations; and formulation of a national mental health framework that includes services for young people. Youth are willing and able to participate and assist.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the subsequent discussion:

- The media, including social media, has demonstrated irresponsible reporting, and training of media workers needs to be addressed. In reporting an unnatural death where suicide is a possibility, information should be obtained from the police, since the cause of death must be investigated before a report is made; the person should not be named; and 'suspected' should be included before 'suicide', pending completion of the investigation. If suicide is suspected, the article should include information on resources that can be accessed to assist persons who may be contemplating suicide.⁶¹ It is important to develop and observe media standards.
- Medical education should be examined and improved, as many physicians have not been well trained in mental health issues. With COVID-19, many have themselves experienced mental health conditions; there must also be assistance in this area for adults, physicians, and caregivers.
- Approval has been given for the participation of a youth representative in the Barbados NNCD.



Mental health conditions will remain a sidebar of NCDs if we keep making it so. All NCDs relate to mental health issues, either before or after, and these issues, including substance use disorders, should be part of the assessment of NCDs.

*Dr. the Honourable Sonia Browne
Minister of State in the Ministry of Health and Wellness,
Barbados*

SESSION 3: CANCER ROUNDTABLE

Moderator: Ms. Laura Tucker-Longsworth, Board Director, HCC

Ms. Valarie Williams, NCD Focal Point, Antigua and Barbuda Ministry of Health, Wellness, and the Environment; Dr. Sonia Nixon, President, Grenada Cancer Society; Dr. Dawn Gayapersad, Barbados Cancer Support Services, Board Director, HCC; Ms. Diana Gittens, Member, People Living with NCDs Advisory Committee, HCC; Dr. Kimberly Dunkley, Regional NCD Coordinator, South East Regional Health Authority, MoHW, Jamaica

PRESENTATION

Spotlight on cancer: HPV pilot in Antigua and Barbuda – *Ms. Valarie Williams (virtual)*

Ms. Valarie Williams informed that the human papillomavirus (HPV) pilot project began in Antigua and Barbuda in 2018 with the establishment of a cervical cancer task force, and that the initial approach involved the rollout of the HPV vaccine. She stated that HPV screening was then introduced, with stakeholder engagement for input and buy-in, and in partnership with [Basic Health International](#)⁶² and PAHO, aiming to test 1,500 women aged 30-49 years, according to criteria that included 'never screened' and 'screened longer than three years ago'. She advised that the criteria were changed toward the end of the pilot to include women up to 59 years of age, and noted that the target number of

women tested was accomplished in four months, a key success factor being internet access that enabled electronic registration through an online system and QR code, and its input into [Cellma](#),⁶³ a healthcare information system that was used for the project database.

She noted other key elements of the pilot: implementation of a campaign that included a primary school competition for a T-shirt design and the use of social media, posters and jingles; procurement of supplies through the Ministry of Health, Wellness, and the Environment; training of nurses and doctors in sample collection, and of gynaecologists in thermal ablation; pre-screening counselling on cervical cancer, HPV, and the nature of the screening test; and provision of information on self-sampling and the implications of the test results. In addition, she stated, each health centre had a weekly goal for the number of screenings done.

Ms. Williams specified that among the 1,568 women screened, there was a 21% positivity rate, and most (82%) of those with positive results had undergone treatment, in the form of colposcopy or surgery; she advised that arrangements were being made to scale-up the project.

PANEL DISCUSSION

The following interventions were made in response to the presentation and the moderator's guiding questions:

- **Ms. Laura Tucker-Longworth:** In Belize, the Belize Cancer Society collaborated with the MoHW focal point and PAHO to conduct a study on HPV vaccine cost-effectiveness, which demonstrated the value of investment in the vaccine. As a result, the Ministry added the vaccine to its immunization schedule, and undertook countrywide promotion, including meetings with key stakeholders such as teachers and faith-based organisations, during which some myths were put to rest. The programme was implemented in 2016, with coverage up to 70% in 2018, but this declined due to COVID-19, and this year the Ministry began HPV testing in women aged 35-40 years, with a 20% positivity rate. Despite successes in cervical cancer screening, a reliable data collection system is needed; there is no cancer registry, a comprehensive cancer plan is incomplete, and there are challenges related to access to services.
- **Dr. Dawn Gayapersad:** In 2022, the Barbados National Registry published five years of cancer data, providing high-quality data against which to evaluate success. Cancer causes 25% of deaths in Barbados, but there is a low incidence of cervical cancer. There are still challenges: Barbados ranks fourth of seven countries with the highest levels of age-standardised mortality, and premature mortality is an issue; breast cancer is trending up among women—more women below age 50 are being diagnosed, which goes against global trends—and colon cancer is also trending up. The country needs to apply global lessons to address these issues, and implement strategies to reach patients and promote screening, including in rural areas.
- **Dr. Sonia Nixon:** Data in the PAHO ENLACE portal showed that Grenada has high rates of cancer deaths, but there have been successes based on partnerships. The Trinidad and Tobago Cancer Society donated a mobile unit, which has resulted in increased screening and education, and partnerships with the Grenada Planned Parenthood Association (GPPA) and St. George's University in Grenada have resulted in establishment of a platform for dissemination of information, with the media

as a major partner. The community trusts the Grenada Cancer Society (GCS) to disseminate accurate information, and the GCS is about to sign a memorandum of understanding with the GPPA regarding screening. Grenada does not have a national cancer policy or plan, and there is no financing for screening, research, or treatment, with no major government collaboration in addressing cancer-related issues. Services for oncology, radiation, and medication are inadequate and patients with cancer are still being sent to Antigua and Barbuda for treatment; a cancer initiative is needed.

- **Ms. Diana Gittens:** It is important to include persons living with NCDs in interventions, and bring their voices into rooms with policymakers; they have presence, passion, insight, and dedication, and can contribute significantly to the NCD advocacy agenda. As an example, the NCD Unit in Guyana ensured the engagement of cancer survivors in the development of the national cancer control plan.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- The [Chronic Care Model \(CCM\)](#) has been implemented in Jamaica⁶⁴ as part of the health system strengthening, project. The CCM facilitates the integration of care across various disciplines, focuses on prevention, and is a cost-effective strategy. Work is being done on the framework to strengthen the primary health care (PHC) approach through infrastructure development; training of health services staff in CCM; expansion of facilities and services at the first level of care; improvements in the information and communication technology infrastructure across health facilities, as a precursor to the implementation of electronic health records, scheduled for early 2024; improvement in communication across the various levels of care; implementation of a campaign to increase public awareness of health

screening; and leasing of equipment for use in the public health system, as the government seeks to enhance public-private partnerships for the provision of services that are not yet available in the public sector.

- In Barbados, there should be advocacy for training of the younger doctors in empathy, which is crucial for interacting with patients with conditions such as cancer; greater access to psychotherapy and greater focus on integrated palliative care for persons with cancer; and more research to determine the causes of poorer outcomes, and on the role of cancer registries in shaping policy. A national registry is important to provide numbers and trends, and the [Barbados National Registry](#)⁶⁵ is doing a good job.
- Palliative care should not be confused with end-of-life care, and [Cancer Support Services](#)⁶⁶ in Barbados has started a palliative care enrichment programme, which has been very successful.
- Training for doctors should include both empathy and ethics—all medical schools teach medical ethics, but training in empathy and the ‘bedside manner’ is needed, given the abysmal attitudes of some health workers. Doctors also need training in cancer screening at the first level of care, and there should be a checklist at that level that can be used as a reference and guide, particularly to increase screening for breast and colon cancers. The first level of care is often undervalued, and it should be remembered that the primary care physician has worked to refer patients to other levels of care, as necessary.
- Guyana has implemented a hotline for reports about poor health services in order to facilitate improvements in health providers’ attitudes; the country has also launched an HPV vaccination programme, using an opt-out strategy.
- Every effort should be made to determine the HPV serotypes prevalent in countries and match them with the profile of the HPV vaccine being used.
- Most people living with NCDs develop complications that are costly—is there scope for shared regional services? Caribbean

regional collaboration is an important strategy, including the development and dissemination of model legislation and policies that countries can modify to suit their own situations.

- There is scope to establish disease-specific regional networks, such as of cancer societies and diabetes associations; a Caribbean Cancer Society was launched this year.

SESSION 4: DIABETES ROUNDTABLE

Moderator: Mr. Andrew Dhanoo, President, Diabetes Association of Trinidad and Tobago

Dr. Heather Armstrong, Head, Chronic Disease and Injury Chronic Disease and Injury Department, Office of the Executive Director, CARPHA; Ms. Charity Dublin, Youth advocate, Vice President, Antigua and Barbuda Diabetes Association (ABDA); Ms. Xarriah Nicholls, Member, People living with NCDs Advisory Committee, HCC/HCY; Dr. Alisha Honoré-Felix, President, Dominica Diabetes Association; Dr. Colette Cunningham-Myrie, Diabetes Association of Jamaica; Dr. Lachmie Lall, Programme Director, NCDs, Guyana

In brief opening remarks, the moderator provided background and statistics on diabetes, and referred to a recent article and series on diabetes in *The Lancet*,⁶⁷ as well as [trends and data from the North American Area of the International Diabetes Federation](#),⁶⁸ noting the increasing prevalence of diabetes globally.

PRESENTATION

Spotlight on diabetes: The role of CARPHA in supporting the Global Diabetes Compact – CARPHA Diabetes Toolkit – *Dr. Heather Armstrong*

Dr. Heather Armstrong provided information on the 2021 [WHO Global Diabetes Compact](#),⁶⁹ mentioning its *vision*: “to reduce the risk of diabetes and ensure that all people diagnosed with diabetes have access to quality care and treatment that is equitable, comprehensive, and affordable”; its *pillars*: prevention and diagnosis,

quality care, and measurement and monitoring; and its *cross-cutting areas*: medicines and technology, health system strengthening, and learning from people living with diabetes.

She advised that the 2019 [CARPHA Clinical Guidelines](#),⁷⁰ including Guidelines for the Management of Diabetes in Primary Care in the Caribbean and five Clinical Guidelines Modules, were developed through the Agency's work with the [Organisation of Eastern Caribbean States](#).⁷¹ She stated that a 2022 needs assessment among OECS members on nutrition services revealed limited human resources trained in nutrition and dietetics, in response to which CARPHA developed the [Diabetes Nutritional Management Toolkit](#),⁷² which was launched in June 2023. She noted that the Toolkit aimed to support the nutritional component of the Guidelines for the Management of Diabetes in Primary Care and ensure standardisation and consistency in the nutritional management of the disorder, and highlighted the accompanying nutrition support materials, including booklets targeting both persons living with diabetes and health care professionals, posters, and handouts with recipes, which were all available online.

TESTIMONIAL – *Ms. Xarriah Nicholls*

Ms. Xarriah Nicholls indicated that as a person living with type 1 diabetes for 11 years in Barbados, she had had to “get used to being comfortable with being uncomfortable”, and had learned to be the conspicuous person in the room when she needed to test her blood sugar and take insulin. She noted that “her normal is not everyone else's normal”, but she nonetheless strived to make her life as regular as possible, with support from government, family, and other partners. She stated that she worked with the tools that she had been given, but “everyone wants a little ease”, and she appreciated spaces such as this meeting, where she could advocate for persons like herself.

In response to a specific question regarding access to devices and medication, Ms. Nicholls noted that though insulin pumps and continuous glucose monitoring (CGM) were available, and the CGM device was a one-time purchase, access to

the CGM sensors (and those for the insulin pump) was a challenge. She stated that the CGM sensors were quite expensive and some specific CGM systems were not accessible in the Caribbean; these devices could make life easier for herself and the next generation of persons living with diabetes.

PANEL DISCUSSION

In response to the moderator's guiding questions, the panellists noted the following:

- **Dr. Lachmie Lall:** One of the biggest challenges is NCD data collection. Guyana has a surveillance form, but there is replication of data if a patient registers in different clinics, and national data collection sources are unreliable, resulting in uncertainty regarding the prevalence of diabetes and other NCDs. There is need for a unique national identifier and electronic medical records, and revision of the data collection form is underway. There are also challenges with assessing glycaemic control in patients, since laboratory testing is not at the desired scale, with limited distribution of kits for determining glycosylated haemoglobin or blood sugar, and strips unaffordable to many. Other challenges relate to difficulties with diet and portion control, given the national culture, and non-compliance with medication. However, there are also success stories in Guyana. The NCD programme was separated from the communicable diseases programme in 2020 and was allocated its own financing, which has been significantly increased, as the Ministry of Finance has greater appreciation of the need to address NCDs. There has also been creation of a 'one-stop shop' for persons living with diabetes, which has all needed services under one roof. This is a pilot and lessons are being learned, in anticipation of expansion into other areas.
- **Dr. Colette Cunningham-Myrie:** The Diabetes Association of Jamaica (DAJ) is in its 47th year and offers consistent service provision and mobile outreach screening, with clinical, consultative, and specialised services, the last-mentioned including a renal dialysis unit

and diagnostic and surgical eye care. The DAJ also conducts training of lay persons, for example, in foot care, and its partners include government, universities, and schools. It used to hold Camp Yellow Bird annually for children with diabetes, and currently administers the Life for a Child programme for children with type 1 diabetes, which provides insulin free of cost to the users. The DAJ's challenges are similar to those experienced in Guyana, including difficulty in obtaining accurate data; there is no proper database for follow-up of screening results, and monitoring and evaluation need to be improved, to enable reporting and information sharing.

- **Dr. Alisha Honoré-Felix:** The Dominica Diabetes Association's challenges include motivating patients regarding self-management, including medication compliance and stress management, and appreciation of the value of plant-based diets. There is also need for changes in attitudes and beliefs, since many think that once there is a family history, diabetes is inevitable. Successes include the Adult Healthy Habits Campaign, funded by the OECS Secretariat, which promoted healthy eating on specific days of the week.
- **Ms. Charity Dublin:** The Antigua and Barbuda Diabetes Association includes a subgroup of children whose needs are different from those of older persons, but are just as valid. The Association has listened to their lived experiences with type 1 diabetes, and provides education, games, and other activities that speak directly to the children; ABDA visits schools to educate teachers and their peers, and to listen and learn. Antigua and Barbuda has issues similar to Barbados regarding CGM; suppliers outside the country have been located, and parents pay for procurement of the supplies, facilitated by the Ministry of Health, Wellness, and the Environment, which allows importation without duty. The public hospital donated sensors last year, but there is a lack of continuity in supply.
- **Mr. Andrew Dhanoo:** CGM devices are not licensed in the Caribbean. As a pilot intervention, Trinidad and Tobago sourced

some from China that can be monitored through a mobile phone, and the phone alarms if there is an incident with the children using the device. However, sustainability of supplies is critical.

- **Dr. Heather Armstrong:** The contents of the CARPHA Diabetes Nutritional Management Toolkit will be printed and disseminated, and there will be training in their use by a multidisciplinary team, aiming to put the patient at the centre of care. The plan is to build a sustainable system, updating the information as required; there is engagement with policymakers and Chief Medical Officers in the region through the CARPHA Executive Director.

In responding to the moderator's final query on strategies for the inclusion of people living with diabetes in activities, panellists cited various approaches, including the use of focus groups; membership in executive bodies; education outreach; inclusion in treatment and policy making; work with diabetes associations; and ensuring that those persons have a space at the decision-making table.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- The diabetes associations are to be congratulated on their work to fill gaps in government programmes. Several offer diabetes camps and dissemination of messages to complement those promoted by the ministries of health, while others offer renal dialysis services and obesity management programmes. Regarding the last-mentioned, it is important to analyse the role of integrative medicine and natural food and herbs in assisting with blood sugar control after weight loss.
- The Diabetes Remission Program at the UWI is a rapid weight loss programme that features an eight-week period of a very low-calorie diet, followed by a regular diet with portion control and other measures. The Barbados

Diabetes Foundation also offers such a programme.

- Given the coexistence of diabetes and hypertension in many persons, hypertension control should receive greater focus in persons living with diabetes, and some diabetes associations are exploring the addition of 'Hypertension' to their names, as they do a lot of work to control hypertension in their clients—"fight one, fight all".
- Currently, for some diabetes associations, the onus is on clients to contact them, and ABDA, for example, is working to put in place a system where the Association reaches out to patients at health centres. The [Diabetes Association of Trinidad and Tobago](#)⁷³ has the government's permission to go into all health centres, and is making doctors aware of the services offered and the possibility of referrals to the NGO.

SESSION 5: HYPERTENSION AND CARDIOVASCULAR DISEASE ROUNDTABLE

Moderator: Dr. Kenneth Connell, Vice-President, HCC

Ms. Debbie Chen, Executive Director, Heart Foundation of Jamaica; Dr. Kedhma Dorh, President, St. Lucia Diabetes and Hypertension Association; Ms. Janice Ollivier-Creese, President, St. Vincent and the Grenadines Diabetes and Hypertension Association; Mr. Ronnie Bissessar, President, Trinidad and Tobago Heart Foundation, HCC Board Member; Dr. Shana Cyr-Philbert, NCD Focal Point, Ministry of Health, Wellness, and Elderly Affairs, St Lucia

PRESENTATION

Spotlight on hypertension: HEARTS in the CARIBBEAN – *Dr. Kenneth Connell, Deputy Dean Recruitment & Outreach, UWI*

Dr. Kenneth Connell summarised data on the [cardiovascular disease burden in the Region of the Americas](#),⁷⁴ noting that CVD, mainly ischaemic

heart disease (IHD) and cerebrovascular disease (stroke), were leading causes of death and premature death, with hypertension contributing significantly to both conditions. He highlighted four categories of persons living with hypertension: those who were unaware that they had the condition; those aware, but untreated; those treated, but not controlled; and those treated and controlled, and emphasised the strong inverse association between hypertension control and mortality from IHD and stroke.⁷⁵ He stated that hypertension control was a "best buy" for NCD prevention and control, noting hurdles to blood pressure control in *diagnosis* (screening is not done, diagnosis is not made, low attendance, inaccurate measurement); in *treatment* (no protocols, drug shortages, therapeutic inertia, private sector barriers, low patient flow); and in *continuity of care* (no reminders, no recall system, no information system, unaffordable medications, low adherence to treatment). He reminded that, in Barbados, during COVID-19, the Hypertension Clinic at the Queen Elizabeth Hospital was the first to introduce telemedicine, to address continuity of care.

Dr. Connell stated that the [Global HEARTS Initiative](#)⁷⁶ merged the population approach to NCD risk factor reduction with the health services/clinical approach using the PHC strategy, and noted that key clinical interventions in hypertension control included drug- and dose-specific protocols; fixed-dose combinations; drug supply; blood pressure measurement; team-based care; patient-centred services; monitoring/information systems; accountability; and prioritisation. He advised that the [HEARTS in the Americas](#)⁷⁷ programme, led by ministries of health, with the participation of other stakeholders and PAHO's technical cooperation, currently involved 32 countries,⁷⁸ and countries needed to take ownership of the programme, which provided many tools online for transforming practice in hypertension control. One of those tools, he stated, was the WHO 2021 [Guideline for the pharmacological treatment of hypertension in adults](#),⁷⁹ which focused on implementation.



He identified challenges to expansion of HEARTS: breaking political inertia and institutionalising HEARTS throughout the Americas; improving access to high-quality health care, including medicines and devices; strengthening PHC and its information systems; and promoting a culture based on continuous quality improvement. He also delineated the way forward to the goal of “institutionalising HEARTS as the model of care for cardiovascular risk management, with special emphasis on the control of hypertension and secondary prevention in PHC in the Americas by 2025”: increase the political traction of HEARTS and expand the overall number of PHC centers implementing the programme; adopt the HEARTS monitoring and evaluation platform to catalyse health system changes; implement the [HEARTS Hypertension Clinical Pathway](#)⁸⁰ and integrate the

[Key Drivers for Hypertension Control](#);⁸¹ and promote the exclusive use of validated blood pressure measuring devices in PHC facilities.

PANEL DISCUSSION

In response to the moderator’s guiding questions, the panellists noted the following:

- **Ms. Debbie Chen:** In Jamaica, challenges include the statistic that 40% of persons living with hypertension are unaware that they have hypertension, and 65% of those diagnosed are uncontrolled. There is a lack of policy interventions for NCD prevention and control, including delays in enacting tobacco legislation. Successes include the [National Health Fund](#),⁸² which provides financial

support to individuals and institutions; the [Jamaica Moves](#)⁸³ programme, which addresses NCD risk factors, with a focus on physical activity; policies to reduce sugary drinks in schools; and the pharmacy at the [Heart Foundation of Jamaica](#)⁸⁴ (HFJ) that offers medications at lower prices.

- **Dr. Kedhma Dorh:** The St. Lucia Diabetes and Hypertension Association has had successes in implementing a screening programme at its office and with all corporate sectors, and in establishing partnerships—it recently partnered with the Vaughn A. Lewis Institute for Research and Innovation (VALIRI) of the Sir Arthur Lewis Community College in St. Lucia to provide information to policymakers. Challenges include low health literacy, limited accessibility to, and the cost of using, technology, since “not everywhere has Wi-Fi and not everyone is tech-savvy”. Misinformation and disinformation spread far more quickly than the truth, and the Association wants to deploy technology to strengthen its reputation as a trusted source of information.
- **Dr. Shana Cyr-Philbert:** The Ministry of Health, Wellness, and Elderly Affairs, St. Lucia, is using information and communication technology to disseminate information to the population, and collaborates with the national telecommunications company on special days.
- **Mr. Ronnie Bissessar:** The [Trinidad and Tobago Heart Foundation](#)⁸⁵ has existed for over 30 years, and receives small subventions from the government. A challenge is that though the Foundation wishes to create and sustain interest in heart health, people express interest only when they or their relatives experience cardiac events. In its prevention interventions, the Foundation is now concentrating on children and women, promoting heart health in the school setting, and encouraging women to take control of heart health in their households. The Ministry of Health (MoH) has been more receptive to interventions to reduce sugar consumption since the May 2023 World Health Assembly, and there is support from beverage producers

for a 50% reduction in the sugar content of their products. It is hoped that there will eventually be legislation to complement current regulations that ban SSBs in and around schools in the country.

- **Ms. Janice Ollivier-Creese:** The St. Vincent and the Grenadines Diabetes and Hypertension Association is 21 years old, and is passionate about the prevention and control of both disorders. Successes include screening and patient mapping, the former done in both the public and private sectors, the latter conducted as needed, encompassing follow-up of persons with elevated blood pressure and referral to health centres or their private physician, as well as monitoring compliance with diet, physical activity, and medication. Challenges include insufficient human resources; relative neglect of The Grenadines; accessing the school population, due to preparation for examinations or mounting of sports events; and patient non-compliance.

In response to a question on methods of engaging people living with hypertension and CVD, panellists cited education sessions; screening sessions and videos; testimonials from patients; encouraging openness through counselling as part of efforts to decrease stigma; and self-management.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- It is critical that doctors, including those in the private sector, be included in the HEARTS programme, in order to enable meaningful change. In St. Lucia, HEARTS is included at policy level, and there is a committee comprising doctors that provides feedback, which feeds into policy.
- In Jamaica, the MoHW has managed the development and implementation of guidelines, so the HFJ is not directly involved in the rollout of HEARTS. The HFJ holds an annual cardiology symposium, and the

Association of Consultant Physicians of Jamaica⁸⁶ conducts continuing medical education.

- It is imperative that health professionals listen to, and heed, patients, and the deficits in the quality of inpatient care for hypertension need to be addressed, if premature mortality from CVD is to be reduced. There is need for management guidelines for tertiary care, which are not currently available from PAHO and WHO, though there are guidelines for hypertension management in primary care, as a component of HEARTS.
- In Guyana, HEARTS is now in 100 sites, and has involved pharmacists, nurses, and community health workers; the protocols must be written so that all categories of health workers can follow them.

SESSION 6: TOBACCO AND ALCOHOL CONTROL POLICY ROUNDTABLE

Moderator: Ms. Debbie Chen, Executive Director, HFJ, JCTC

Dr. Asante LeBlanc, President, Trinidad and Tobago Cancer Society; Ms. Samantha Moitt, NCD and Tobacco Control Focal Point, Ministry of Health, Wellness, and the Environment, Antigua and Barbuda; Dr. Marissa Carty, NCD Focal Point, Ministry of Health and Social Services, St. Kitts and Nevis; Ms. Dorial Quintyne, HCC/HCY, Youth Advocate; Ms. Maisha Hutton, Executive Director, HCC

PRESENTATION

Spotlight on tobacco: Smoke-free by 2022 – where are we with the FCTC? Challenges and opportunities – Ms. Debbie Chen

Ms. Debbie Chen noted that the WHO FCTC, adopted by the World Health Assembly in May

2003, came into force in February 2005, and was a legally-binding treaty, the world's first public health treaty designed to reduce the devastating health and economic impacts of tobacco. She

informed that to date, there were 182 States Parties to the FCTC, including 13 Caribbean countries.⁸⁷ She identified factors that had contributed to global, cross-border spread of the tobacco epidemic, including trade liberalisation and direct foreign investment; global marketing and transnational tobacco advertising; promotion and sponsorship; and international movement of contraband and counterfeit cigarettes. She highlighted FCTC measures to counter these factors, including increases in tobacco taxation; bans on tobacco advertising, promotion, and sponsorship; graphic health warnings on tobacco product packaging; protection from exposure to tobacco smoke in workplaces, public transportation, and indoor public spaces; and measures to combat smuggling.

She pointed out that, faced with increasing regulation and greater awareness of health risks due to smoking in developed countries, tobacco multinational companies were searching for more markets in developing countries, including those in the Caribbean. She highlighted the “fundamental, irreconcilable, and inherent conflict between the tobacco industry's interests and public health interests”, as the tobacco industry had an economic goal of increasing tobacco consumption, while tobacco control policies had a public health goal of fighting the tobacco epidemic. She emphasised FCTC Article 5.3, which spoke to prevention of Industry interference; summarised the CARICOM Member Countries that had fulfilled various aspects of the FCTC;⁸⁸ and called attention to the increasingly prevalent use of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS)—commonly called e-cigarettes or vapes—globally and in the region, especially among youth.⁸⁹



In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.

Article 5.3, WHO Framework Convention on Tobacco Control

Ms. Chen identified challenges to FCTC implementation in the Caribbean, including a lack of political will and the slow pace of implementing protective legislation and regulations; opportunities such as high-level government leadership to alter the landscape of tobacco control and accelerate the progress of policies; accelerated implementation of the POSD; integration of FCTC provisions into countries' health and development plans; and incorporation of FCTC implementation into the [UN Multi-Country Sustainable Development Framework for the English- and Dutch-speaking Caribbean 2022-2026](#).⁹⁰ She also suggested next steps, calling on all CARICOM countries to implement tobacco legislation aligned with the FCTC, including increased tobacco taxes and a ban on tobacco advertising, promotion, and sponsorship, and to

update and enforce protective legislation under the Child Care Act.

PANEL DISCUSSION

Just prior to the panel discussion, a short [HCC video on vaping and youth](#)⁹¹ was shown, after which the panellists made the following interventions:

- **Ms. Samantha Moitt:** Antigua and Barbuda has the Tobacco Control Act of 2018, which is fairly comprehensive in that it covers advertising, smoking in public places, conflict of interest and other issues, and mentions e-cigarettes, but it does not cover tax and price measures. Progress since then includes drafting of tobacco regulations, with

assistance from PAHO and the Ministry of Justice and Legal Affairs, and their dissemination for comments.

- **Dr. Marissa Carty:** In St. Kitts and Nevis, tobacco control legislation has been under development for approximately 10 years. A draft was completed in 2018, but was sent back by the Ministry of Legal Affairs for revision. Renewed efforts were made in 2022, and, with PAHO's collaboration, feedback was obtained; drafting instructions have been submitted to the Office of the Attorney General, and e-cigarettes are included. Nevis has passed a cannabis bill identifying designated areas for smoking cannabis, but there is still exposure to the smoke and users are now mixing tobacco with cannabis. The Ministry of Health and Social Services has strong partnerships with [Lake Health and Wellbeing](#),⁹² an NGO.
- **Ms. Dorial Quintyne:** Flavoured products and various types of design are being used to attract youth to ENDS, with Industry creating the illusion that vaping is harmless, trendy, and 'cool', and partnering with influencers who have significant youth following to promote the products.
- **Dr. Asante LeBlanc:** Concerned about the 2009 Tobacco Control Act, the [Trinidad and Tobago Cancer Society](#)⁹³ (TTCS) collaborated with the Republic Bank in 2019, and with the Scotiabank Foundation in 2023, through the 'Take a Breath' campaign,⁹⁴ to visit schools and educate children and youth regarding the dangers of smoking and vaping. During COVID-19, vape promotion was rampant, and statements were made that they were safer than cigarettes; the West Indies Tobacco Company, based in Trinidad and Tobago, announced that it would make its own vapes. The TTCS has continued campaigns on social and traditional media, including weekly radio and television shows, to speak about cancer prevention.
- **Ms. Debbie Chen:** Tobacco control legislation in Jamaica has been languishing for about 20 years, but is now before Parliament. In 2020, the legislation was sent to the Joint Select Committee, and there were many

presentations from both health advocates and Industry representatives, with the latter trying to dilute provisions related to FCTC Article 5.3. There have been postponements and delays of subsequent meetings; health advocates need vigilance, capacity building for advocacy, and resources. HFJ currently does not address alcohol use, due to limited capacity and resources.

- **Ms. Maisha Hutton:** Professor Rohan Maharaj, the HCC Technical Advisor for Alcohol Policy, was not available to participate in the meeting, but under his guidance, the Coalition has been mobilising around an annual [Caribbean Alcohol Reduction Day](#),⁹⁵ (CARD) since 2016. CARD 2022 focused on promoting the WHO Global Alcohol Action Plan 2022-2030⁹⁶ and identifying collective regional CSO alcohol advocacy priorities. The reality of lukewarm appetite and capacity for alcohol control policy advocacy in the region has hampered the success and wide uptake of CARD. This is largely due to cultural and economic norms in the Caribbean as a rum-producing region, and the power and influence of the alcohol industry. Despite this, CARD has been supported by several national substance abuse councils in the region. There is increasing awareness of the CDoH, the interconnectedness of health-harming industries, and the absence of safe limits for alcohol use, all of which may enable greater consideration of effective alcohol policies in the region.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- In considering challenges, it is important to recognise that even when legislation is enacted, the battle is not over—implementation is needed. Barbados does not have graphic warnings on tobacco product packages; relevant legislation was passed, but has not been implemented, and the HCC case studies of FCTC implementation in Antigua and Barbuda and St. Lucia,^{97,98} developed in collaboration with PAHO and the UWI, highlight the experiences of moving from the FCTC to tobacco control legislation. Identification of entry points for advocacy and action, and monitoring of the process, are critical.
- The President of the Trinidad and Tobago Heart Foundation has been appointed by the [World Heart Federation](#)⁹⁹ (WHF) as one of six global advocates in relation to the preparation of WHF heart health policy, and conflict of interest is one of the issues to be considered in the development of such policy. Countries must have the courage to resist the generous offers of the tobacco industry, and must also expose those who do not. Even though CSOs and government entities may have limited resources, it is a matter of principle, not only of policy. A glaring example of conflict of interest is a public health official who is on the Board of an alcohol company in Trinidad and Tobago; every opportunity should be used to publicise these instances, and highlight the dependence of Caribbean governments on the alcohol industry.

In response to a question on the top priorities for tobacco and alcohol control in the region, panellists cited more advocacy and education in schools regarding vaping; regular implementation of the [Global Youth Tobacco Survey](#),¹⁰⁰ greater analysis of marketing and conflict of interest; finalisation of tobacco legislation and regulations; implementation of mass media campaigns targeting youth and highlighting the dangers of vaping; continued work at the grass roots level

and with youth, advocating for legislation and liaising with Caribbean partners; and greater investment in CSOs, especially with regard to their advocacy for reduction in tobacco and alcohol use.

SESSION 7: PHYSICAL ACTIVITY UPDATES

Moderator: Ms. Danielle Walwyn, Advocacy Officer, HCC; Lead, HCC/HCY

PRESENTATIONS

Spotlight on achieving physical activity targets: translating global to local – *Ms. Danielle Walwyn*

Ms. Danielle Walwyn highlighted the 2018 World Health Assembly agreement on a global goal of reducing levels of inactivity among adolescents and adults by 15% by 2030, and the global resources that could be useful to countries in making progress to the goal, including the [WHO Global Action Plan on Physical Activity 2018-2030: More Active People for a Healthier World](#),¹⁰¹ the [WHO ACTIVE](#)¹⁰² technical package; the [WHO 2020 Guidelines on Physical Activity and Sedentary Behaviour](#),¹⁰³ the [WHO Status Report on Physical Activity 2022](#),¹⁰⁴ and the 2023 World Cancer Research Fund International (WCRFI) [Building Momentum: Establishing Robust Policies to Promote Physical Activity in Primary Healthcare](#),¹⁰⁵ the fourth in the WCRFI series on [Building Momentum: Lessons on Implementing Evidence-informed NCD Prevention Policies](#).¹⁰⁶ She also mentioned the [Caribbean Moves](#) initiative being spearheaded by CARPHA (*see below*).

She noted that there should be a comprehensive approach to physical activity, and that the WHO 2020 physical activity and sedentary guidelines included strategies to address physical activity among key population groups, including people living with NCDs and people living with disabilities. She stated that a study conducted by the [Caribbean Institute for Health Research](#)¹⁰⁷ (CAIHR), UWI, found that less than 3% of people living with NCDs met the standards in WHO guidelines for physical activity pre-pandemic, and this remained unchanged during the pandemic.

Ms. Walwyn also highlighted that the WHO 2022 Status Report encompassed recommendations for strengthening whole-of-government ownership of programmes, integrating physical activity into relevant policies, supporting partnerships, and enhancing national coordinating mechanisms, as well as for CSOs to play a greater role in promotion and reinforcement of physical activity surveillance and data systems. She also noted the need for sustainable funding related to physical activity.

Spotlight on Caribbean Moves – *Dr. Heather Armstrong, Head, Chronic Disease and Injury*

Chronic Disease and Injury Department, Office of the Executive Director, CARPHA

Dr. Heather Armstrong summarised 'Caribbean Moves', characterising it as an initiative to reduce the impact of NCDs in the region by effectively empowering citizens in the fight against the conditions, with objectives of educating Caribbean nationals about NCDs and associated risk factors; communicating the importance of physical activity, healthy eating, and regular checkups; and providing educational resources to encourage healthy eating, and opportunities to obtain health checks and engage in physical activity. She stated



that target groups and their settings were people aged 15-17 years in schools; 18-64 years in workplaces, and over 65 years in communities.

She highlighted the [launch of the initiative in September 2022](#)¹⁰⁸ in Kingston, Jamaica; development of a '[Caribbean Moves Toolkit](#)' for the [CARICOM region](#),¹⁰⁹ which was being finalised with input from the countries; establishment of a project steering committee that included PAHO, HCC, and the George Alleyne Chronic Disease Research Centre, among other key stakeholders; funding by the Caribbean Development Bank of a consultancy to build the initiative's governance structure; and similar national initiatives in the region, including [Barbados Moves](#),¹¹⁰ [TT Moves](#) (Trinidad and Tobago),¹¹¹ [Grenada Shifts](#),¹¹² and [Vincy Moves](#) (St. Vincent and the Grenadines).¹¹³

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- The goal is behaviour change, and raising awareness is not enough. There must be persons with expertise and time to help people achieve their physical activity objectives, and a cadre of workers should be trained to do this, since doctors cannot do everything, and many are not trained in this area. Partnerships with physiotherapists should be explored; parent involvement should be considered; and there should be prescriptions for physical activity.
- At one school, children who were not doing physical activity as a subject for Caribbean Examination Council (CXC) examinations were exempt from physical activity classes, an example of the low priority given to this issue.
- Jamaica Moves partners with schools, communities, and workplaces, and the CCM in Jamaica allows for inclusion of a physical activity component.

SESSION 8: CLIMATE CHANGE AND HEALTH UPDATES

Moderator: Dr. James Hospedales, Founder and Director, Earth Medic/Earth Nurse

PRESENTATIONS

Climate change and health: key issues – *Dr. James Hospedales (virtual)*

Dr. James Hospedales noted the worsening global warming due to fossil fuel use, and gave examples of the impacts of the heat trapped in the atmosphere and in the sea, such as drought, fires, 'monster' hurricanes, floods, landslides, sea level rise, food insecurity, and worsening of both infectious disease and NCDs. He stated that climate change and NCDs were two sides of the same coin, typified by over-consumption of food, fossil fuel, tobacco, and alcohol, and that there was an excessively large number of deaths among people living with NCDs in the wake of climate events, given associated disruptions in health services and the supply of medicines. He advised that measures to mitigate the impact on people living with NCDs included awareness of their vulnerabilities; their identification, through health centres, before extreme events, and issuance to them of prescriptions for longer periods; their inclusion in the development of disaster plans; and institution of cloud-based medical records to support continuity of patient care when people were displaced or had to migrate.

He noted the effects of climate change on agri-food systems, air quality, and transportation, and indicated that health care itself was generating 4.4% of global gas emissions, with a large gap between knowledge of climate change among health practitioners and their actions to mitigate and/or adapt to the situation. He highlighted the [Caribbean Climate and Health NCDs Workshop Series](#)¹¹⁴ that had been offered, free of cost to participants, through collaboration among the HCC, [EarthMedic/EarthNurse](#),¹¹⁵ and the [Global Consortium on Climate and Health Education](#),¹¹⁶ to help current and future global health professionals understand the impacts of the climate emergency on NCDs and work towards resilience-building solutions, with materials that countries could pilot and test.

Dr. Hospedales listed strategic imperatives to reduce the adverse impact of the climate crisis, including holding discussions with patients,

colleagues, employers, and policy makers; becoming better informed and equipped to mitigate and adapt to climate change in homes and communities; advocating for climate-resilient health systems; strengthening surveillance and applied research; increasing the consumption of plant-rich diets and using alternative forms of transportation, such as biking and walking; and building alliances with others. He also summarised “10 ways in which you can help fight the climate crisis”¹¹⁷ and provided useful climate change resources, as listed in **Annex 4**.

Climate resilience: CSO lived experiences – *Ms. Yvonne Alexander, President, Dominica Cancer Society*

Ms. Yvonne Alexander shared the experiences of the Dominica Cancer Society (DCS) when Hurricane Maria impacted the country in September 2017. She noted that, in common with the rest of the country, the DCS office suffered tremendous destruction, including loss of its roof and damage to other infrastructure, equipment, and supplies, with severe adverse effects on its operations. She stated that the DCS did not recover costs, since its insurance company declared bankruptcy, and the event had both physical and psychological effects on DCS members, with displacement and migration, loss of employment and livelihood, interruption of treatment and medical services, and difficulty in establishing and maintaining communication,

given the loss of telecommunication services and damage to roads and bridges.

She indicated that in the recovery and rebuilding phase, the DCS offered MHPSS, including at its first post-hurricane meeting in December 2017; received support from overseas partners; provided supplies and other support to members; moved into a new office; established a more decentralised structure, with new support groups in rural areas; and developed a disaster plan.

DISCUSSION/Q&A

In the discussion, the following comments were made:

- The DCS’ networking through the WhatsApp social media platform functioned in the Society’s favour, and the provision of MHPSS was very useful, emphasising the importance of remaining connected.
- The WhatsApp platform has been useful in networking and communicating issues across countries, as in the case of a Diabetes Association of Trinidad and Tobago member who brought an alcohol-related advertisement to the attention of someone in St. Kitts and Nevis, who was then able to raise the issue there and communicate with the alcohol company.

SESSION SUMMARIES – DAY 2

OPENING

WELCOME, INTERACTIVE RECAP AND OVERVIEW OF DAY 2 – Ms. Maisha Hutton, Executive Director, HCC

Ms. Maisha Hutton asked participants to highlight “takeaways” from the previous day. Responses included the significant amount of work left to be done; the importance of collaboration and information sharing, and the need for exchange of contact information to facilitate same; the similarity of challenges across countries, which may lend themselves to common solutions; the advantages of having doctors at the head of CSOs, and the need to encourage more physicians to be leaders; the comfort provided by the format of the meeting and space for discussions; the need for strong youth engagement and identification of sources of funding; the relevance and priority of all the topics addressed; and the importance of advocacy. She advised that, in preparation for development of the new HCC Strategic Plan, HCC Directors and HCC CSO members had participated in externally-led consultations and had identified the Coalition’s strengths, weaknesses,

opportunities, and threats, which would be shared with participants as part of the ongoing strategic planning development process.

SESSION 9: UNHEALTHY DIETS ROUNDTABLE

Moderator: Dr. Madhuvanti Murphy, Senior Lecturer in Qualitative Research Methods, George Alleyne Chronic Disease Research Centre, UWI

Mr. Brian Payne, Dept. Nutrition Officer (Ag), National Nutrition Centre, MoHW, Barbados; Dr. Fidel Cuellar, Deputy Director of Public Health and Wellness, Belize; Professor Alafia Samuels, UWI; Ms. Sheena Warner-Edwards, Communications Officer, HCC; Ms. Kerissa Shillingford, Nutritionist, Ministry of Health, Wellness, and Social Services, Dominica (virtual participation)

PRESENTATIONS

Spotlight on FOPWL: a foundational and enabling policy for healthy food environments – Dr. Fabio da Silva Gomes, Advisor, Nutrition and Physical Activity, PAHO



Dr. Fabio da Silva Gomes emphasised the importance of FOPWL for a healthy food environment, as it impacted the entire food system. He noted that consideration of products, practices, and policies was important, and in analysing products, he stated the importance of removing UPPs from the diet, given their detrimental effect. He warned that Industry created the impression that UPPs were foods, when they were not—they had non-nutrient profiles, were easy to chew, crush, and cut, and facilitated faster intake of ‘empty calories’—and cited evidence of the harmful effect of these products, available from systematic reviews on UPPs and health outcomes.^{118,119}

He highlighted Industry’s keen awareness of public health practices and policies that could reduce both the demand for its products and its profitability, including concerns about obesity and interventions to address it, such as SSB taxation and restriction of advertising and promotion of UPPs. He noted that Industry responses included relentless promotion of its products: the Coca Cola company provided 4.8 billion United States dollars to bottlers, resellers, and other customers of its products in 2022, primarily for participation in promotion and marketing programmes. Also in 2022, he said, Nestlé announced “plans to update its policy on the responsible marketing of breast-milk substitutes, with a commitment to unilaterally stop the promotion of infant formula globally for babies aged 0-6 months”, virtually admitting that it had spent the last 40 years violating the 1981 [International Code of Marketing of Breast-milk Substitutes](#).¹²⁰

Dr. da Silva Gomes noted that Industry regularly analysed the principal risks and uncertainties to its successful operations, and had identified product quality and safety, regulations, and human rights approaches among the risks, so that the protection and improvement of public health demanded regulations and advances in fulfilment of the right to health. He stated that FOPWL was an effective component of these efforts, and that the octagonal ‘high-in’ FOPWL system had been proven to be the most effective one in several studies, including a study in Jamaica.¹²¹ He indicated the importance of deciding which

products should have warning labels, and advised that the best method was to adopt a nutrient profile model such as the PAHO NPM, especially since some products marketed as “healthy” might not be so, and FOPWL would help to identify them. He cautioned that effective policy involved several stages, all of which were crucial: discussion, proposal, adoption, implementation, monitoring, and enforcement.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- Public health advocates should be aware of changes in Industry strategy and consider how harmful these unhealthy foods are to the environment, as well as health, in countering Industry.
- Nestlé changed its communication to the public, not its strategy, and its goal is to keep the market deregulated by appearing to make voluntary changes in its policy. Real change is public health policy that bans the marketing of these products, and Argentina, Colombia, and Mexico have added regulations and warnings for non-sugar sweeteners and caffeine to their interventions. The element of the negative impact on the environment of unhealthy products can be added to public health advocacy and action, but, to date, no country has done so.
- Health advocates need to communicate with the public more effectively, to market healthy policies and products, and regulations should enable stronger warnings and disallow false claims regarding vitamins and other healthy nutrients in various products. Industry will find loopholes, and public health must regulate the persuasive elements of the packaging and marketing of unhealthy products, since it cannot compete financially with Industry marketing—no countries can compete with Industry financially, not even the rich countries.
- In Trinidad and Tobago, Industry is discussing SSB reformulation, with removal of sugar and addition of sugar substitutes, and sugar

substitutes should be included in FOPWL. Three countries in the Region of the Americas—Argentina, Colombia, and Mexico—have already done this, and two—Brazil and Chile—are considering it.

July 4-5 2023 meeting report back, and HCC food donation protocols – Ms. Maisha Hutton, HCC

Ms. Maisha Hutton noted that HCC had initiated advocacy for warnings regarding non-sugar sweeteners and their inclusion in healthy nutrition policies. She reported that the HCC-convened meeting “Accelerating the Regulation of UPPs in Caribbean Schools”, held 4-5 July 2023 in Barbados, had discussed school food environments; the foundational role of FOPWL; school policies, child rights, and equity; experiences from across the region, including tools such as alternative lists of healthy snacks and beverages; the role of civil society in supporting policy implementation; tools to support implementation; research to guide advocacy; and key actions to be taken.

She summarised some of the key actions proposed: developing a snack and beverage mapping list, and a database to allow “food switching”; creating communication tools tailored to different groups and geographies; establishing a clearinghouse of materials and resources, including sample policies; building a network of advocates and champions; formulating simplified one-page information materials on FOPWL for parliamentarians and parents; defining healthier options; re-running the [#ActOnFacts: The Food in Our Schools Matters](#)¹²² and social media campaigns; creating national obesity prevention alliances; strengthening youth engagement; convening stakeholder consultations on UPPs with high school and primary school students; and disseminating model school nutrition policies.

Ms. Hutton indicated that the HCC had almost completed work on a food donation protocol that would provide guidance on the types of food and beverage donations that provide healthy, nutritious food options to Caribbean people in need, particularly during emergency situations.

She advised that the resource was intended for use by various stakeholders, including, but not limited to, CSOs, governments, disaster relief organisations, and executive agencies, and listed the key components of the protocol: 1) do not seek, accept, or make donations of UPPs; 2) partner with small-scale food producers; 3) do not seek, accept, or make donations of breast-milk substitutes (with exceptions); 4) ensure that donations support continuity of services such as community feeding and school feeding programmes; 5) assess and transparently document decision-making processes when accepting or rejecting donations; and 6) establish standards for donations, for example through adoption of the imminent HCC protocol. She stated that the protocol recognised that the use of UPPs was sometimes necessary when perishable food was unavailable, as might be the case in the immediate post-disaster period.

PANEL DISCUSSION

In highlighting national and regional experiences related to healthy nutrition policy, panellists noted the following:

- **Ms. Kerissa Shillingford**: The process to arrive at Dominica’s position on the revision of the CARICOM Regional Standard for Labelling of Pre-packaged Foods involved a National Mirror Committee (NMC) with nine representatives, who included persons from the Bureau of Standards and the Chamber of Commerce. The NMC was asked to vote on octagonal ‘high-in’ nutrition warning labelling, the evidence-based system informed by the PAHO NPM, recommended by the [CARICOM Regional Organisation for Standards and Quality \(CROSQ\)](#),¹²³ and strongly advocated for by the Dominica Ministry of Health, Wellness, and Social Services. Childhood obesity prevention and reduction of NCDs remain priority areas for Dominica, and efforts to revitalise and finalise the draft National School Nutrition Policy (NSNP) are underway, as is advocacy to have the Ministry of Education agree to ban SSBs in and around schools—technical support is needed for

these interventions. Currently, counselling in nutrition and physical activity is offered to clients living with diabetes and hypertension.

- **Mr. Brian Payne:** In 2022 the Government of Barbados increased its SSB tax to 20%. The original 10% SSB tax was lower than the WHO-recommended level of “at least 20%”, but it resulted in a decrease in SSB consumption and an increase in water consumption,¹²⁴ and the higher tax rate of 20% has started a conversation on SSBs and their contribution to NCDs. Weaknesses identified in the application of the SSB tax, which was overseen by the Ministry of Economics, were the absence of significant consultation with the MoHW, and of public engagement. A tiered tax system is being considered, where products with greater sugar content would attract a higher tax, and the ideal situation would be to have funds raised through that tax allocated to health promotion and interventions to complement the [Barbados School Nutrition Policy](#) (BSNP).¹²⁵ The BSNP was launched in February 2023 and is comprehensive in speaking to surveillance of children’s weight and height to determine trends and drive policy. However, infrastructure needs to be put in place to obtain nutrition surveillance information from schools, and to monitor and evaluate the policy’s implementation and impact.
- **Dr. Fidel Cuellar:** The [Belize National Nutrition Policy](#) (NNP)¹²⁶ was launched in June 2023, and it addresses food security and food systems, demanding close collaboration between the MoHW and the Ministry of Agriculture. During the COVID-19 pandemic, there was food available in some areas of the country and not in others, and the MoHW recognises that healthy nutrition demands partnerships, including not only Agriculture, but also Education, Housing, and other ministries. The NNP encompasses nutrition in disasters, links with climate change, and considers how best to maintain the supply of nutritious food. Plans are ongoing to implement the NSNP, and there have been consultations with the Ministry of Education (MoE) and sensitisation of teachers and parents regarding the new environment. The

MoE has agreed to remove signage promoting unhealthy products from all schools in Belize, and while teachers are supportive of an SSB ban for the health of the students, they are concerned about the removal of the income that SSB sales provide. The MoHW and the MoE are working with them to determine alternative products that can be used to earn income.

- **Ms. Sheena Warner-Edwards:** The HCC has been advocating, educating, and agitating for the full suite of healthy food policies, including FOPWL, with significant participation by its youth advocates, and the HCC Secretariat is working closely with its CSO members in advocating for, and contributing to, policy development. The HCC has undertaken significant activity in childhood obesity prevention, including the development and implementation of the HCC [Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean](#),¹²⁷ which will be updated; the production of guides for youth advocacy, such as the 2021 [Youth Voices in Advocacy Spaces: A Guide for You\(th\) in the Childhood Obesity Advocacy Space](#),¹²⁸ and the 2022 [Our Health, Our Right: A Rights-based Childhood Obesity Prevention Agenda for the Caribbean](#),¹²⁹ and has called for a new, transformative approach to NCDs, as set out in the TNA-NCDs, which provides a guide for ministries and other stakeholders. Digital communication has been very important in the HCC’s messaging, and CSOs have been tagging HCC (#HealthyCaribbean) in their promotions, enabling HCC to re-post and boost them; various guidance documents and graphics are available on the HCC webpage.
- **Professor Alafia Samuels:** Aggressive marketing to children must be countered, but most SIDS cannot control messages reaching their countries via international cable feed. Industry employs psychologists to guide their promotions and persuade people to consume their products. It is important to educate people, but health advocates should be realistic regarding what can be achieved through their messaging, which cannot compete with that of Industry. Legislation, policies, and regulations therefore have a

major role to play in countering Industry promotion and marketing, though political factors may limit relevant actions. CARICOM Ministers of Health and Ministers of Trade have approved regulations that commit countries to remove TFAs from the diet, some countries by 2023, others by 2024, and all by 2025. Barbados and Jamaica are working on relevant legislation, and Jamaica is also collaborating with the private sector to take action; the NGO [Resolve to Save Lives](#)¹³⁰ is providing support.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- Relatively good progress has been made for elimination of TFAs at the CARICOM regional level, as a policy opportunity presented itself, and the experience may provide lessons to inform progress in other areas such as reduction of sugar and salt consumption. TFAs are the food equivalent of tobacco—they have no redeeming qualities, and most high-income countries have already eliminated them from their diet; Caribbean exporters have adjusted to those norms. A group was established at CARICOM comprising countries, PAHO, UWI, and other advisors, and after decisions were made regarding TFAs elimination, Industry was invited to the table to be informed of the decisions and to discuss how it could collaborate.
- SSB taxation must be accompanied by reduction in the cost of the healthier options. The policies under discussion are good, but some of these initiatives are not reaching the grass roots, for example, women/mothers purchasing goods at the supermarket, and preparing food. CSOs take the lead in asking for the information, but the ministries of health need to involve these groups, including parent-teachers associations and older persons, and collaborate with CSOs.
- The HCC's digital campaigns recognise language barriers, differences in health literacy, and the possibility that many older persons may not be in the digital space, and in some cases, where funding is available, materials have been produced in languages other than English. Traditional communication channels, including radio, have also been used.
- In Bermuda, duty was lifted on some fruits and vegetables, but had been at only 5%, so the impact of the reduction was less than desired, as there was only a small cost decrease. However, the sugar tax, which was at 50%, is now 75%, and prices have increased accordingly.
- It is important to understand why and how people eat—mood, nostalgia, and other factors play an important role, and interventions should be aligned with these factors. It is difficult to change many of the habits; it has been said that “Caribbean people live to eat, not eat to live”. In addition, “diet” is sometimes seen as a punitive measure, and as people acquire more resources, some feel that they should eat more. The “Grow What You Eat” initiative in St. Vincent and the Grenadines invested in school and backyard gardening, merging initiatives from the Agriculture, Education, and Health sectors using Crown Lands.
- There should be caution in advocacy for the total removal of sugar from the diet—sugar has saved some people's lives. There is also need for more work at the ground level to empower people; to provide labels with estimates of the levels of sugar, salt, and fats in portion sizes, which would allow quantification of the amounts of those substances being consumed; and to offer more education and resources addressing healthy nutrition and food preparation - despite the significant NCD burden, Jamaica has only one nutritionist to serve each of its 14 parishes.



SESSION 10: NCDs, HUMAN RIGHTS, AND EQUITY

PRESENTATION – *Ms. Nicole Foster, Policy Advisor, HCC; Attorney-at-Law; Lecturer and Head of the Law and Health Research Unit (LHRU), Faculty of Law, Cave Hill Campus, UWI*

Ms. Nicole Foster noted the general characteristics of human rights, stating that they were inalienable, indivisible, universal, interdependent, and interrelated. She mentioned various human rights treaties, which States Parties—the duty-bearers—had obligations to respect, protect, and fulfill, including preventing third parties from interfering with the entitlements of the rights-holders, especially

people and groups in situations of vulnerability. She noted that all the treaties included the right to health in one or other form; however, the treaties most specific to the themes being discussed in the meeting were the [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#)¹³¹ and the [Convention on the Rights of the Child \(CRC\)](#).¹³² She stated that the [Committee on Economic, Social and Cultural Rights](#),¹³³ one of the [Treaty Bodies](#)¹³⁴ that monitors implementation of the core human rights treaties, had clarified that the right to health was not confined to the right to health care; rather, it embraced a wide range of socio-economic and other factors that comprised the underlying determinants of health.

She indicated that human rights transformed the narratives and terms of engagement from moral

to legal ones; raised the prospect of forcing governments' actions through litigation; constituted a powerful framing tool, even in the absence of declaratory judgements or actual litigation; and could be a 'shield' for the government when it took actions consistent with these rights. She emphasised that the interpretation of human rights was constantly evolving in light of the modern understanding of such rights, based on the core principles and values of non-discrimination, equity, transparency, and accountability, with a focus on the most vulnerable people and groups.

Ms. Foster stated that international human rights reporting mechanisms could play an important role in ensuring greater government accountability and enabling involvement of different actors, especially those living with, and affected by, NCDs. She highlighted opportunities for NGOs to report to the Treaty Bodies through the [Universal Periodic Review \(UPR\)](#)¹³⁵ process, and referred to relatively recent UPRs in Caribbean countries: St. Kitts and Nevis, January 2021; Antigua and Barbuda, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago, November 2021; and Barbados, May 2023, noting that Belize would have a UPR in October 2023.

She emphasised features of human rights treaties, including the right to information, to participate, and to life, among other tenets, and mentioned the right to health in the context of NCDs, noting the role of the [UN Special Rapporteurs](#)¹³⁶ on the right to health in explaining and clarifying various aspects of the right, such as those related to healthy nutrition and childhood obesity prevention, and calling for a proactive agenda on the part of both duty-bearers and rights-holders.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- The content of the human rights presentation is much appreciated. Public health nutrition involves speaking different languages to various stakeholders, but the human rights approach allows a common approach to all stakeholders. However, there is still no "one size fits all" solution, and human rights messaging needs to be appropriate for both the grass-roots and the policymaker levels; the messages are not reaching some people and groups. UNICEF has a [human rights programming method](#)¹³⁷ that Health lacks, and public health advocates should identify the audiences for messages, such as parliamentarians, women, the general public, youth, and others, and take appropriate action.
- There is a disconnect between writing policy and making policy, and there is need for disseminating the points made during the presentation in a form that is appropriate for parliamentarians.



Let us not lose sight of who our 'consumers' are - [let us] take a lesson from the private sector, and get out of our 'elite bubbles'

*Dr. Dawn Gayapersad,
Barbados Cancer Support Services/HCC Director*

SESSION 11: COMMERCIAL DETERMINANTS OF HEALTH, COI, AND POLICY INTERFERENCE

Moderator: Sir Trevor Hassell, President, HCC

Ms. Maisha Hutton, Executive Director, HCC; Ms. Debbie Chen, Executive Director, HFJ; Ms. Nicole Foster, UWI LHRU/HCC; Dr. Shana Cyr-Philbert, NCD Focal Point, Ministry of Health, Wellness, and Elderly Affairs, St Lucia; Dr. James Hospedales, Founder and Director, Earth Medic/Earth Nurse; Ms. Kimberley Benjamin, Attorney-at-Law, HCC/HCY

Sir Trevor Hassell, before introducing Ms. Maisha Hutton's presentation, introduced a [video](#)¹³⁸ from the regional digital media campaign [People Over Profit](#),¹³⁹ which summarised Industry interference, tactics, and the need for evidence-based policy and regulations, and encouraged public participation. He expressed his disappointment at the relatively few participants who had viewed the video, and advised its wider promotion.

PRESENTATION

Spotlight on NCDs, CDoH, CoI, and policy interference in the Caribbean – *Ms. Maisha Hutton*

Ms. Maisha Hutton noted that the CDoH were also known as the commercial dimension of the social determinants of health, and had been defined by WHO as “the activities by commercial actors that affect people’s health directly or indirectly, positively or negatively, and the pathways and environments through, and in which, commerce takes place”,⁶ and by The Lancet journal as “the systems, practices, and pathways through which commercial actors drive health and equity”.⁷

She informed that four Industry sectors (tobacco, UPPs, fossil fuel, and alcohol) accounted for at least a third of global deaths annually,⁷ and noted the tension, incompatibility, conflict, and power imbalance that often existed between public health and commercial interests. She defined

conflict of interest as “a situation in which the concerns or aims of two different parties are incompatible, resulting in competing priorities and interests, with undue influence that interferes with performance, the decision-making process, or outcomes, putting objectivity and fairness at risk, often for organizational/institutional or personal gain at the expense of public health”, and stated that, at its core, it represented a failure of governance.

Ms. Hutton advised that Industry interference in public health policy may be direct or indirect, with attempts to influence—delay, dilute, or derail—the development or implementation of regulations that would negatively affect the sale of its products, and its profits. She summarised commercial sector tactics to undermine public health policy: lobbying, establishing political relationships on boards, practicing corporate social responsibility, creating financial dependence, funding junk science, pressuring the media, deflecting with self-regulation, creating false-front groups, and marketing, and noted that the tobacco industry ‘playbook’ is now being used by the food and beverage industry and the alcohol industry. She noted that consensus on the need to address the CDoH and counter Industry tactics was building, and that the [2023 Bridgetown Declaration](#)¹⁴⁰ from the July 2023 SIDS Ministerial Conference on NCDs and Mental Health included ten relevant recommendations.

The challenge in responding to NCDs is significant, with the NCD epidemic having grown rapidly among SIDS due to disproportionate commercial influence and trade-related challenges. Negative commercial influences are driving high rates of smoking, obesity, and sedentary behaviour across these countries.

*2023 Bridgetown Declaration
SIDS Ministerial Conference on NCDs
and Mental Health*

PANEL DISCUSSION

Panellists made the following responses to issues raised and questions posed by moderator Sir Trevor Hassell.

1. *Examples of commercial actions that influence health in their spheres of work*

- **Ms. Debbie Chen:** In Jamaica, a PAHO study confirmed the 'high-in', octagonal system for FOPWL as the preferred option,²⁰ but the food industry did its own study to dispute the science and cause delays. The membership of FOPWL National Mirror Committees seems to be skewed toward private sector interests, without guidelines for how the Committees should function.
- **Ms. Nicole Foster:** In an FOPWL discussion forum, the Industry representative selectively read parts of the World Trade Organisation agreement to make it appear that countries were not empowered to take certain pro-health actions. However, this perspective was successfully rebutted.
- **Ms. Kimberley Benjamin:** Research is critical to this issue—Industry uses research for its own purposes and Health needs to do the same, and be able to legislate even when the evidence may not be 100% certain.
- **Dr. Shana Cyr-Philbert:** Industry often highlights the fact that sugar is not only in SSBs, but also in other products.
- **Ms. Maisha Hutton:** Some FOPWL National Mirror Committees charged with advising on policy are sometimes inherently biased towards the private sector due to the nature of their 'usual' constituents, who are largely members of the private sector. Health advocates must be engaged for this process, but in many instances, at the outset, they were unaware of the Committees and relevant consultations.

2. *Youth influencers who are already answerable to the commercial sector, and the youth dimension of the tobacco experience*

- **Ms. Kimberley Benjamin:** Industry works to confuse youth and capitalise on their

vulnerabilities through marketing, in order to ensure continuity in the use of various products by the next generation. Industry's reach and frequency of promotion are such that it influences young people significantly, getting access to relevant information from social media platforms and using children and youth to directly market various products to other children and youth. The Global Health Advocacy Incubator (GHA) produced an excellent report on these Industry tactics during COVID-19.¹⁴¹

3. *The importance of regulation and failure of self-regulation*

- **Ms. Nicole Foster:** Human rights treaties and their respective Committees provide guidance for governments' actions to protect human rights and prevent predatory marketing, and there are also [UN Guiding Principles on Business and Human Rights](#),¹⁴² though they are not legally binding. The InterAmerican Human Rights system recognises the issue of "corporate capture", which speaks to Industry's insistence on representation in the policymaking space. Academia should be careful of its sources of funding to ensure that its credibility is not undermined.

4. *Experiences with constitutional reform*

- **Ms. Nicole Foster:** In the process of constitutional reform in Barbados, the HCC, UWI, the [O'Neill Institute for National and Global Health Law](#),¹⁴³ and others made a submission to the Constitutional Commission based on the right to health and the right to adequate food. The group was given both a hearing with the Commission and an opportunity to present a written response to the Commission's concerns related to issues of litigation and enforcement of those rights.
- **Ms. Maisha Hutton:** The O'Neill Institute was very helpful with legal research on the policy process and Industry interference.

5. *Implementation of conflict-of-interest policy*

- **Ms. Maisha Hutton:** The 2023 Bridgetown Declaration emphasises the need for conflict-of-interest policies to protect policymaking spaces; promote documentation of processes; and constitute membership fairly. Access to information legislation is important for transparency, and in this respect, Jamaica is probably the most progressive CARICOM Member Country. Framing is also important—Industry uses personal responsibility as a main theme, and public health advocates must push back against this, so that individuals are not blamed when environments hostile to health are created.
- **Ms. Debbie Chen:** In Jamaica, a particular fast-food chain appears to have had an arrangement to provide food to selected primary schools, targeting children in need. There was a memorandum of understanding (MoU) between the fast-food company and the Ministry of Education, and the HFJ tried to obtain the document under the Access to Information Act, but only obtained the redacted document after the MoU had expired. Nonetheless, it was noted that the selected schools were all very close to branches of the fast-food company.
- **Dr. Shana Cyr-Philbert:** As examples of the lack of recognition of issues related to human rights and conflict of interest, the principal of a school in St. Lucia has stated that children are responsible for making decisions on what they buy and consume on the premises, and the Ministry of Health, Wellness, and Elderly Affairs in that country has had to insist to the private sector that partnership with an alcohol company to support school sports cannot be condoned.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- The multisectoral approach seems to have been upgraded to multisectoral governance. At regional level, the private sector has

insisted on contributing to the revision of the CARICOM Regional Standard for Labelling of Pre-packaged Foods and the recently-formed Caribbean Private Sector Organisation is now an Official Associate Institute of CARICOM.

- There should be written policies to address the issue of private sector participation in policy development. In Jamaica, an initial decision favouring the use of the 'high-in' octagonal system for FOPWL as the regional standard was overturned by a change in the votes of some government sector representatives, and the MoHW was unaware of the change.
- Few industries develop products to destroy the population, since they need people to buy and consume their products, and the private sector should be involved in stakeholder consultations and policy implementation, observing health mandates and respecting health agendas. However, there must be specific rules to govern its involvement—"the arsonist should not be invited to extinguish the fire"—and the private sector should be persuaded to provide resources to repair the damage that its products have caused.
- Human and planetary health should be prioritised over profits, and young people, in particular, must be protected from these Industry tactics, which have only profit as a motive. Health recognises the need for proper marketing tools, but limitations in financial and other resources result in intermittent, rather than sustained, interventions to facilitate behaviour change.
- Conflict of interest is a major issue. In Trinidad and Tobago, a MoH official was appointed to the board of a rum company, and after the appointment the company donated millions of dollars to the government to stage the annual Carnival celebrations. The public health community would have a responsibility to neither support nor endorse such a position, which was unacceptable, and there should be conflict-of-interest policies to govern such actions. These policies are not about judgement or ascribing motives, they are part of good governance, and policymakers and

technical personnel are, themselves, asking for the protection such policies provide.

- In Antigua and Barbuda, there was a local company targeting clinics regarding breastfeeding and breast-milk substitutes, but after the Nutrition Department reached out to it, the products were removed and the company asked for advice on how to become a better corporate citizen. Small businesses are sometimes unaware of these issues, and in other instances companies perform multiple functions, for example, supplying water and also producing rum. In such situations, the report of the 2019 HCC-convened meeting '[Managing Conflict of Interest for NCD Prevention and Control in the Caribbean](#)'¹⁴⁴ may provide useful guidance.
- The State cannot tell the private sector what to do, SIDS governments cannot do without the private sector politically or economically, and that sector is advanced in forecasting events that will affect its operations. Clarity is needed regarding government's mission, and greater analysis should be conducted to determine which entities can influence the government in favour of health, to enable collaboration with them, for example, Rotary International.
- The PAHO NPM, which is proposed for use in the recommended 'high-in' octagonal FOPWL system, is grounded in the NOVA system for food classification, which is based on the degree of processing.¹⁴⁵ Simply explained, NOVA class 1 is 'real' food; class 2 is food that has undergone minor processing, such as might be done in a household kitchen; class 3 is food that has been further processed; and class 4 is food where it is difficult to recognise the chemicals are that are listed on the labels. Most efforts are aimed at regulation of class 4 products, in line with rights-based guidelines from UNICEF¹⁴⁶ and WHO.¹⁴⁷
- Many members of Parliament are unaware of many of the issues under discussion, and members of the public are not as aware as one might think. No one ever blames the companies for supplying the unhealthy products that contribute significantly to NCDs; there is need to engage the public, since they

are the people who put Cabinet members in power.

SESSION 12: SUPPORTING NCD COLLABORATION WITHIN AND ACROSS SECTORS

Moderators: Dr. Joy St. John, Executive Director, CARPHA and Dr. Kenneth Connell, HCC

Dr. Karen Sealey, Founder and Chair, Trinidad and Tobago NCD Alliance; Dr. Trevor Ferguson, Chair, Jamaica National NCD Committee; Mr. Suleiman Bulbulia, Chair, Barbados National NCD Commission; Ms. Ashanta Ramsey, Healthy Bahamas Coalition Secretariat, MoHW; Ms. Danielle Walwyn, Advocacy Officer HCC, HCC/HCY; Dr. Maria Clapperton, Chair, Trinidad and Tobago NCD Committee and Director, NCDs and NCD Unit, Ministry of Health, Trinidad and Tobago (virtual participation)

PRESENTATION

Spotlight on National NCD Commissions in the Caribbean – Sir Trevor Hassell, HCC

Sir Trevor Hassell summarised the HCC project for strengthening National NCD Commissions in the Caribbean, and lessons from his stint as Chair of the Barbados NNCCDC for 14 years. He referenced HCC-produced publications and tools, including the 2015 '[A Civil Society Report on National NCD Commissions in the Caribbean: Towards a More Effective Multisectoral Response to NCDs](#)';¹⁴⁸ the 2017 '[Getting National NCD Commissions Up and Running – A Framework for the Establishment and Strengthening of National NCD Commissions in the Caribbean](#)';¹⁴⁹ and the establishment of an [NNCCDC \(or equivalent\) portal](#)¹⁵⁰ on the HCC website, complemented by NNCCDC Observerships and the creation of a Regional Network of NNCCDC Chairpersons.

He noted NNCCDC landmarks, origins, and rationale, stating that the Barbados NNCCDC had its inaugural meeting in March 2007, before the September 2007 CARICOM POSD that called for the establishment of the Commissions (or analogous bodies). At global level, the [Outcome](#)



[Document of the 2014 UN NCD Review](#)¹⁵¹ endorsed NNCCDCs, calling for “establishment of a national multi-sectoral mechanism such as a high-level commission, agency, or task force for engagement, policy coherence, and mutual accountability, to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants”.

He stated the terms of reference of the Barbados NNCCDC: advise the Minister of Health on NCD policies and legislation; broker and promote effective involvement in programme implementation; assist in the mobilisation of resources; recommend relevant research and education programmes; promote collaboration and partnerships; review the National Strategic Plan for Health; monitor regional and international trends; assist the MoHW in commissioning studies; and recommend to the Minister of Health a legal, policy, and service framework that encourages and promotes behaviour change, and the prevention of NCDs.

He listed successes of the Barbados NNCCDC, including contribution to enhanced national awareness of NCDs, to the development of national NCD strategic plans, and to regional action for, and awareness of, NCDs; multisectoral advocacy for policy action, for example, tobacco legislation and the BSNP; advances in the multisectoral conversation in the NCD response; role as a conduit for easier access to NCD policymakers and policymaking fora; and greater involvement of organisations represented on the NNCCDC in the national NCD response. He identified challenges such as inadequate funding and technical support; loss of continuity in transitions with changes of political administration; lack of authority to implement policies or to audit the results of National NCD Plans; insufficient country technical expertise or volunteers for multiple commissions; lack of incentives for volunteers, given the predominantly advisory role of the Commission; insufficient intersectorality and/or multisectorality, which reinforces NCDs as primarily a health problem, rather than as a development or economic issue; inadequate data for the advisory role; insufficiently senior members to enable decisions on behalf of the

organisations that they represent; and lack of capacity to achieve ambitious work plans, often with no assigned deadlines.

Sir Trevor offered recommendations for improved NNCCDC functioning: place its leadership with civil society, or locate it in the Office of the Prime Minister or President, with strong political leadership; provide adequate and appropriate staff, a dedicated budget for core staff and activities, and a clearly delineated governance structure, with clearly defined roles, responsibilities, powers, resources, and legitimacy of decision-making; ensure truly intersectoral and multisectoral composition, with representation from senior officials and establishment of cross-ministerial executive committees or task forces and strong coordination mechanisms; develop achievable strategic plans with time-bound, measurable aims and objectives; expand the remit beyond NCDs, considering the context, especially in small Member Countries; develop and implement conflict-of-interest policies; and ensure instruments of appointment to reduce the likelihood of breaks in continuity.

He suggested questions for consideration in the establishment and/or strengthening of an NNCCDC, related to the recommendations, and emphasised the need to secure political support for the Commission; involve partners, especially CSOs; monitor international trends; and be aware of windows of opportunity to raise issues at the national level. He also encouraged the identification of high-level leadership for the Commission, noting that the leader should have passion, conviction, zeal, credibility, experience, and accomplishments, and be able to manage conflicts of interest. He noted the imperative of building supportive partnerships, including among government sectors and civil society—including faith-based organisations, academia, media, and the labour movement—and with people living with NCDs, youth, and women.

PANEL DISCUSSION

In response to the moderator's request to share information about the entities/bodies with which

they were affiliated, panellists made the following comments:

- **Dr. Karen Sealey:** She was inspired by the impact of the global NCD Alliance to convene the Trinidad and Tobago NCD Alliance (TTNCDA) in 2015. CSOs addressing the then '4x4'—four major NCDs and four main risk factors¹⁵²—were invited to membership, and there was much discussion on the nature of the alliance, to ensure that it did not compete with the individual CSOs. A shared vision and mission were developed and a memorandum of understanding was signed in 2017. Challenges include funding, since Trinidad and Tobago is classified as a high-income country, with reduced eligibility for funding, and resources have been obtained from global levels to fund webinars and the development of plans; recently, CSO member fees were introduced. Other challenges are maintaining cohesiveness among the member CSOs, which are at different stages of longevity and capacity, and demands from regional and global organisations, which sometimes hinder national activities. The TTNCDA includes a CSO that focuses on MHPSS for youth, and is developing a youth arm and a mental health advisory committee.
- **Ms. Danielle Walwyn:** The HCC has always prioritised youth involvement, and Healthy Caribbean Youth is a collective of young people who are passionate about NCD prevention and control. Established in 2020, HCC/HCY brings together people from different backgrounds—architects, mental health professionals, lawyers, doctors, others—aged 15-35 years to facilitate mentorship. Successes include facilitation of productive discussions; capacity building through training and resource development; collaboration among JYAN, HFJ, and HFSB for a multipronged approach to childhood obesity prevention; and submission of calls to action to the CARICOM Secretariat. HCC/HCY is currently working on a conflict-of-interest paper. Challenges include difficulty in convening in-person meetings, and in attracting membership from countries other than Barbados.

- **Dr. Maria Clapperton:** In Trinidad and Tobago, the National NCD Committee has been re-commissioned, with the appointment of members by the Chief Medical Officer (CMO) in April 2023; she, as Chair of the Committee, reports to the CMO. The NNCCDC's mandate is to oversee implementation of activities related to the National NCD Plan, and its membership comprises representation from various MoH departments and external stakeholders, including the Trinidad and Tobago NCD Alliance and the Diabetes Association of Trinidad and Tobago. The current NCD steering committee is at MoH level, and consideration is being given to the establishment of a higher-level committee that would be inter-ministerial. Linkages exist between the Commission and the MoH NCD Unit, and there are opportunities to take decisions/advice to the Minister. Successes include improvement in nutritional practices in pregnancy; ban on SSBs in schools; provision of exercise equipment in all primary schools through a loan agreement with the InterAmerican Development Bank for NCD prevention and control; screening for major NCDs; and availability of clinical guidelines, through the HEARTS programme. There will be branding of "TT Moves" to promote physical activity.
- **Ms. Ashanta Ramsey:** The Healthy Bahamas Coalition (HBC) was established in 2015, located in the MoHW. It is a multistakeholder body that includes CSOs and academia, and its secretary and seven staff are all MoHW personnel. The HBC was able to launch a social media platform to improve access to information, since the geographic nature of The Bahamas means that some islands in the archipelago feel 'unheard'. The Coalition is working to garner champions in the various islands, and to identify those that need assistance; it has distributed Health Passports, which are paper documents that collect general information and specific NCD-related information, to clinics, nurses, and representatives of the Coalition's 10 sub-committees. Recently-recruited Coalition members are young persons in their 20s who have been instrumental in disseminating messages through electronic means.
- **Dr. Trevor Ferguson:** The National NCD Committee in Jamaica was re-established in 2021, having been dormant for the previous eight years. It comprises 21 members appointed by the Minister of Health and Wellness, with broad cross-sectional representation encompassing all government ministries, several NGOs—including the Heart Foundation and the Diabetes Association—the private sector, and academia. There are nine sub-committees, each with one to three members from the main Commission plus other representatives, to broaden the reach. Supported by an administrative secretary and a technical officer, the NNCCDC's primary functions are advisory and advocacy; it reports to the Minister and works closely with the NCD Unit in the MoHW. There is an overall workplan and sub-committee workplans, which include an annual NCD awareness week to focus national attention on NCDs and a consultancy on health insurance for NCDs, the latter supported by PAHO; the NNCCDC also worked on the FOPWL issue and published a supportive statement in print media. Challenges include limited time for participation—members of the Committee have regular day jobs, in addition to the Committee's work—and the absence of dedicated funding for the Committee. Though the NCD Unit supports implementation of the NNCCDC's plans, and PAHO provides support for various projects, there is always a degree of uncertainty regarding financial resources.
- **Mr. Suleiman Bulbulia:** The Barbados NNCCDC is one of the oldest in the region, having been established in 2007, and, as the recently-appointed Chair, there is a sound foundation for him to build on. The Commission has had many successes, and has a technical officer to assist its work. The NNCCDC currently has four teams—*communication and engagement*, *physical activity*, which focuses on the Barbados Moves initiative; *nutrition*, working towards a national nutrition policy; and *commercial determinants of health*, perhaps more accurately styled 'commercial deterrents to health'. The Commission recognises the need to build partnerships, including with the Chamber of Commerce and

the private sector. Challenges, as in other countries, include lack of funding; the volunteer nature of the Commission's work; and the need for buy-in from ministries other than Health, in face of the disconnect between the remit of the MoHW and other ministries—currently, the Ministry of Education, Technical and Vocational Training is the only one, other than the MoHW, represented on the NNCCDC. Whole-of-government and whole-of-society actions are especially important, as the Prime Minister of Barbados has set a very ambitious target to reduce the occurrence of new NCDs by 50% by 2030.

Co-moderator **Dr. Kenneth Connell** noted that most NNCCDCs sit within ministries of health, but did not seem to have the full support of the ministries, and were understaffed; he commented that most ministries were still working in silos. Co-moderator **Dr. Joy St. John** requested information on the NNCCDCs' awareness of, and mechanisms for protections from, conflict of interest, and received the following responses:

- **Dr. Trevor Ferguson:** The Jamaica NNCCDC's terms of reference include mention of conflict of interest, but there is no separate conflict-of-interest policy. In terms of operations to date, there has been no conflict of interest or interference from external groups, but the FOPWL incident proves that the possibility exists. Some groups abstained from the vote, as it was not in their interest to support the recommended standard, and there is need to develop a conflict-of-interest policy.
- **Ms. Ashanta Ramsey:** The Healthy Bahamas Coalition has no conflict-of-interest policy, but its terms of reference mention the issue, and members are asked to sign a conflict-of-interest declaration, especially since commercial franchises are offering support for the Coalition's work.
- **Mr. Suleiman Bulbulia:** The Barbados NNCCDC has no conflict-of-interest policy, but is keenly aware of competing interests; a conflict-of-interest policy is to be developed.
- **Dr. Maria Clapperton:** The Trinidad and Tobago MoH has policies in place that require

signed Declaration of Conflict-of-Interest forms and confidentiality agreements.

- **Dr. Karen Sealey:** The Trinidad and Tobago NCD Alliance is encouraging member CSOs to cover conflict of interest within their organisations.
- **Ms. Danielle Walwyn:** All HCC/HCY members must sign a simple Declaration of Conflict of Interest, and this is mandatory for meetings with external organisations.

DISCUSSION/Q&A

The following points/comments/suggestions were made in the discussion:

- Sir Trevor Hassell is to be congratulated on his leadership of the Barbados NNCCDC. During his tenure, every meeting included an educational session, which was important to put all the commissioners on the same page.
- Communication is needed to help stakeholders, including the public, differentiate among individual CSOs, NCD alliances comprising CSOs, and multisector, multistakeholder NNCCDCs.
- It is noted that the St. Vincent and the Grenadines NNCCDC seems to be inactive, and is not represented at this Forum. It is hoped that information from the meeting will assist in reactivating the Commission.
- The NNCCDCs (or equivalents) are meant to be multisectoral, but obtaining the participation of ministries other than Health can be "a hard sell", and even if such ministries are on the Commission, a challenge is to ensure their active participation.
- Measures should be put in place to ensure that the Commissions (or equivalents) are sustainable across changes in administration. A proactive measure could be to approach political parties before they start campaigning and advocate for them to include NCDs and the health-in-all-policies approach in their manifestos.
- Faith-based organisations exert considerable influence on their constituents and should be involved in multistakeholder initiatives, as

occurred with the Commissions in Barbados and The Bahamas.

- The Caribbean had outstanding success with its National HIV Commissions, but the lessons from that experience have not been applied to the NNCDs. The establishment of HIV Commissions was a condition for mobilising funds from the Global Programme on AIDS, and those Commissions demonstrated, using health economics, the scenario if HIV remained unchecked, and they were located in the Offices of the Prime Ministers and Presidents. NNCDs should be similarly located in, or at least have representation from, these Offices.
- The Grenada NNCD was established by the MoH with wide membership, and has done work through volunteerism, but has not received adequate funding.
- NCD alliances should embrace groups that address less common NCDs such as lupus, which also need support.
- There is need for increased action in tobacco control, and resources should be mobilised through PAHO or other entities to fund or support NNCDs to address tobacco control.
- In St. Lucia, commissions based in the Ministry of Health, Wellness, and Elderly Affairs are established through volunteerism, and experience peaks and troughs, facing the issue of insufficient resources. There should be consideration of regional resource mobilisation for these entities, as has been done for the climate crisis, and more developed countries need to “step up” to provide resources that alleviate the harm done by their transnational companies, especially regarding foods and beverages.
- The SIDS mechanism should be used to obtain funds to support NCD reduction, since motivation wanes when there is uncertainty of funding. It may be possible for there to be a recommendation on NNCDs from the Caribbean Moves initiative, and there may be scope to analyse ‘employee days lost’ due to NCD issues, the results of which may resonate with employers and obtain their support for NCD prevention and control interventions.
- PAHO has conducted investment cases for NCDs in Barbados and Jamaica, and for mental health in Suriname; investment cases on NCDs and mental health in Guyana will be available in the near future.
- Jamaica and Trinidad and Tobago have placed greater focus on NCDs, including allocation of resources, and Jamaica has integrated violence and injury reduction in the scope of work for NCD prevention and control.
- In these multisector platforms, as members become more informed and motivated about NCDs, they are better positioned to return to their organisations and initiate NCD prevention and control actions; in the smaller, low-resourced Caribbean countries, it may not be feasible to establish NNCDs, and it may be more effective to have a regional NCD commission, for example, serving the OECS.
- The HCC developed an internal working document on conflict-of-interest policy for CSOs based on discussions at, and recommendations from, its 2019 meeting on the subject,¹⁵³ and has held related training sessions; the document and training methodology can be shared with NNCDs.
- NNCD functioning might improve if it were made reportable at the CARICOM level.
- In the resource-limited Caribbean environment, should CSOs be creating youth arms, rather than collaborating with existing youth groups? However, it is agreed that there must be investment in building the capacity of youth to participate in NCD-related advocacy and other activities, and HCC/HCY intends to collaborate with, and involve, other youth organisations.

SESSION 13: GETTING BACK ON TRACK – MAPPING THE WAY FORWARD TOWARDS 2025

Moderator: Sir Trevor Hassell, President, HCC

OPEN MIKE SESSION

Sir Trevor Hassell requested that participants make observations and ask questions regarding

HCC's main priorities for the next strategic period.

A summary of participants' interventions, presented under the pillars of the HCC Strategic Plan 2017-2021—advocacy, capacity development, communication, accountability, and sustainability—is below.

Advocacy

- Climate change must be put on the NCD agenda and incorporated into the work being done.
- Ensuring that there is focus on secondary prevention and appropriate management of patients who are hospitalised with NCD complications will lead to greater credibility and trust in the health system, as people will see those results, as opposed to preventive interventions, the results of which may take years to be evident. The HCC can assist with advocacy and coordination with medical organisations for appropriate capacity building, promoting guidelines and contributing to training in their use. NNCDs also have a role to play in this advocacy.
- Though the negative effects of Industry have been stressed, little consideration has been given to the entities that will step into the breach when public health agencies and CSOs do not engage with private sector companies. The price of healthy foods must be lowered to create incentives for consumers.
- With the UN HLMs on UHC and Pandemic Response scheduled for September 2023, civil society should develop related recommendations to which Ministers can commit within a specific time frame.
- Physical activity is one of the priorities that has not been significantly advanced, and needs more attention. Promotion of, and advocacy for, the 'where' and 'how' of physical activity will be useful.
- HCC member CSOs should pay special attention to the FOPWL issue and advocate strongly for acceptance of the 'high-in' octagonal system as the new regional standard, as the HCC Secretariat has invested an enormous amount of time in this topic.

Capacity development

- Youth have ideas and voices, and are depending on older persons to assist in get the ideas to fruition. Consideration must be given to the individual capacities of youth and people living with NCDs, and mechanisms put in place for their representation, involvement, and engagement.
- Caribbean countries are at different stages in the development and implementation of NCD reduction policies and programmes, and there should be curricula or standards for the lead entities, such as NNCDs (or equivalents), so that all countries can make progress towards their objectives. HCC can help to share policies that might provide models for countries that wish to develop or update their own NCD policies.
- There is a significant challenge with conflict of interest, and HCC should have a strategy for its members to be on sound footing regarding this issue, so that high-level advocacy with governments can be conducted with confidence.
- HCC should be empowering others to share their stories to enable change, and the Our Views, Our Voices programme should be revitalised.

Communication

- Sometimes health advocates resort to marketing and communication before they educate people. In the next two years, NOVA should become a commonly-used term, so that when UPPs are mentioned, people understand the significance. Different audiences should be educated, using appropriate methods.
- The HCC Secretariat produces a Weekly Roundup that is of the highest quality, and it is disappointing to learn how few CSO members are aware of, read, and share it. HCC may need to revisit its communication portals, as much health-related information is obtained from social media, and while HCC is doing a good job, audiences tend to get information from easier-to-access sources. It may be useful to consider different types of platforms,

including those such as Tik Tok and Reels, to share information.

- Guidance on how CSOs can submit content for inclusion in the HCC Roundup, and information to facilitate induction/orientation of new HCC CSO members, are already on the HCC website.
- In essence, HCC needs to re-examine its communication strategies and mechanisms, and perhaps revamp the HCC webpage and make the Roundup simpler to read. There has to be a two-way flow of information between the Secretariat and the member CSOs, and CSOs should tag HCC when they post on their social media platforms.

Accountability

- There must be mechanisms to follow up on commitments made in fora such as this.
- A plan should be developed for implementation by HCC over the next year, so that it can be reported on in 2024. Suggested activities for the year include: obtain assistance with social marketing and health promotion; have HCC Directors embark on a year-long programme of conversations with people and population groups in their respective countries to discuss various NCD-related issues, and spend time listening to people on the ground; use popular media—including call-in programmes on radio and television—to advocate and obtain people’s input, with HCC co-branding, and document

the discussions and feedback to inform activities for year two of the strategic planning period.

Sustainability

- Health advocates are doing amazing things in the Caribbean, but are not reaching the political level. Youth involvement is critical, and consideration should be given to having a meeting such as this organised by, and for, youth.
- Health advocates should ensure that they centre the voices of people who are affected by NCDs, rather than paying lip service to that idea and telling them what to do.
- There should be greater networking and creation of links among HCC member CSOs, without having to involve the HCC Secretariat, so that the Secretariat is freed of some of the weight of communicating and disseminating information; WhatsApp might be a useful platform for this purpose.

Participants were also asked to indicate, using the Mentimeter, their top three priorities in the short- and long-term for physical activity, tobacco, alcohol, food, and mental health policies; for the prevention and control of diabetes, hypertension/cardiovascular disease, and cancer; and for addressing the CDoH. **The participants’ priorities for diabetes prevention and control are reflected in the word cloud in Figure 1 below, and their other priorities are listed in Annex 5.**

Figure 1. Word cloud – participants’ short-and long-term priorities for diabetes prevention and control



WRAP-UP AND CLOSE

Ms. Maisha Hutton identified an immediate output of the meeting as the recommendation to establish regional disease-specific CSO networks, such as the Caribbean Cancer Alliance. She noted that the HCC Secretariat was preparing a new membership package, and indicated the need to manage expectations. She advised that when funding was attached to specific projects and programmes, the HCC Secretariat would work where the resources were, but would also try to address other areas, such as meaningful engagement and climate change, and would collaborate with CSOs accordingly, as best it could. She stated that the HCC Secretariat, with its small team, did not have the resources to work at the grassroots level, and depended on its CSO members to do so, while the Secretariat focused on work at the policy level.

She mentioned that a survey was planned for implementation among HCC member CSOs, in an effort to obtain updated information, and requested participants to complete an evaluation of the meeting through the Mentimeter. Ms. Hutton thanked the meeting attendees, the meeting rapporteur, the HCC team, and PAHO for their support, and expressed appreciation to the UWI television team for partnering with the HCC to record the sessions. **Ms. Laura Tucker-**

Longsworth thanked the HCC Secretariat for all its “wonderful work”, including representing the Caribbean all over the world.

The participants’ responses to the meeting evaluation questions demonstrated high ratings for the meeting’s overall content and achievement of the expected outcomes. Participants overwhelmingly expressed appreciation for the opportunity to share information and experiences, and to network with Caribbean colleagues and representatives of various organisations. They lauded the involvement of youth, as well as the wealth of information presented and discussed, and exhorted the HCC to “keep up the good work.” The Mentimeter responses are summarised in **Annex 6**.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Civil society organisations working to prevent and control NCDs in the Caribbean—focusing on the five major NCDs (cardiovascular disease, diabetes, cancer, chronic respiratory disease, and mental, neurological, and substance use disorders) and the five main risk factors (tobacco use, unhealthy diet, alcohol use, physical inactivity, and air pollution)—are poised to build on their achievements and enhance their key functions for the next strategic planning period, in the framework of the TNA-NCDs and other regional and global NCD agendas. At both national and regional levels, the latter primarily through the HCC, these CSO functions include (but are not limited to) high-level advocacy for policy development and implementation, with a view to reducing inequities and advancing human rights; education and dissemination of information to improve health literacy and enable behaviour change, using both traditional and social media; service provision, where appropriate, to address health promotion, screening, care, treatment, rehabilitation, and palliation; development and strengthening of traditional and non-traditional partnerships and networks; involvement and representation of people living with NCDs, youth, children, and other persons or groups in situations of vulnerability to enable their meaningful engagement in interventions aimed at improving their health; and monitoring and evaluation, to hold governments, the CSOs themselves, and other key stakeholders accountable for their actions.

The effective performance of these functions will be critical for CSOs' successful collaboration with governments, the health-supporting private sector, and national and international development partners. Every effort should be made to take advantage of technical cooperation and resources available from PAHO/WHO and other UN agencies and development partners, including through projects and programmes that have co-benefits for NCD prevention and control, such as those related to climate change mitigation and adaptation, and food and nutrition security.

RECOMMENDATIONS AND ASSOCIATED ACTIONS

1. ADVOCACY

Intensify efforts to reduce the main NCD risk factors.

- Promote, undertake high-level advocacy for, and contribute to, the implementation and/or strengthening of cost-effective policy options for reduction of the main NCD risk factors in Caribbean countries and territories, tailored to the national situation, based on the [Framework Convention on Tobacco Control \(FCTC\) measures](#)¹⁵⁴ and addressing the use of both traditional tobacco products and electronic nicotine and non-nicotine delivery systems (vaping); the [updated \(2023\) WHO best buys](#);¹⁵⁵ and the WHO technical packages to address NCD risk factors.
- Continue to focus on childhood obesity prevention and healthy food policy, advocating for and contributing to the development and implementation of policies, programmes, and other interventions to ban the promotion and sale of unhealthy foods and beverages in and around schools; accept the 'high-in' octagonal front-of-package nutrition warning labelling (FOPWL) system as the scheme to be used in the revision of the CARICOM Regional Standard for the Labelling of Pre-packaged Products, and at national level; ban the marketing of unhealthy products, including ultra-processed products (UPPs), to children; apply taxation of at least 20% to sugar-sweetened beverages (SSBs); remove

subsidies from unhealthy products and apply them to healthy products; and eliminate trans-fatty acids (TFAs) from the diet.

- Develop—or revise/strengthen existing—model legislation and policy to enable the implementation of the suite of interventions noted in the previous action and disseminate the model instruments to countries to enable advocacy and modification as appropriate to suit the respective national situations.
- Advocate to, and collaborate with, nutritionists and dietitians in promoting and implementing interventions for healthy nutrition in various settings, including the preparation of healthy, culturally appropriate meals and consideration of the psychology of eating, and with physiotherapists, sports teams/groups, and youth groups in improving physical activity levels in schools, workplaces, and communities.
- Advocate for the establishment of links with, and support, the climate action movement, to develop and implement interventions that are mutually beneficial for NCD reduction and climate mitigation and adaptation—people and planet—including reduction in the use of gas and oil, to improve air quality; greater consumption of plant-rich diets, for healthier nutrition; and increased use of alternative transportation such as biking and walking, to increase physical activity.

Implement strategies to improve management of the major NCDs.

- Promote, undertake high-level advocacy for, and contribute to, the implementation and/or strengthening of cost-effective policy options for NCD management in Caribbean countries and territories, tailored to the national situation and based on the updated (2023) WHO best buys, as well as the WHO technical packages and the Caribbean Public Health Agency (CARPHA) regional guidelines to manage selected NCDs, focusing on 1) the [HEARTS](#)¹⁵⁶ programme for hypertension management and the reduction of cardiovascular disease; 2) diabetes care, using the [CARPHA Clinical Guidelines](#),¹⁵⁷ the [HEARTS-D](#)¹⁵⁸ WHO technical package, and aligning with the [WHO Global Diabetes Compact](#);¹⁵⁹ 3) cervical cancer elimination, including through organised screening programmes and HPV vaccination, guided by the [WHO cervical cancer elimination initiative](#);¹⁶⁰ 4) enhanced screening for breast and colon cancers; and 5) scaling up services for MNSDs, guided by the WHO Mental Health Gap Action Programme ([mhGAP](#)).¹⁶¹
- Advocate for, and contribute to, the development and promotion of clinical guidelines for the management of the major NCDs, including among children and youth, and contribute to training in, and monitoring of, their use, especially at the first level of care.
- Advocate for, and contribute to, analysis of the usefulness and applicability of the [Chronic Care Model](#)¹⁶² in CARICOM countries, referencing the regional model and applications in individual countries such as Jamaica, and make recommendations for its wider use across the region.
- Advocate for, and contribute to, the training of health workers at all levels in demonstrating empathy, caring, and compassion in their interactions with patients, caregivers, and others living with and affected by NCDs, and the training of health care providers at the first level of care in cervical cancer screening and the detection and management of MNSDs.
- Advocate for the establishment or strengthening of mechanisms to enable national availability and sustainability of NCD-related essential medicines, vaccines, and technologies, taking advantage of regional pooled procurement mechanisms, including the [Organisation of Eastern Caribbean States \(OECS\) Pharmaceutical Procurement Service](#)¹⁶³ and the PAHO [Strategic](#)¹⁶⁴ and [Revolving](#)¹⁶⁵ Funds.
- Promote, and disseminate information on, the intersection of climate change and NCDs, the impact of the climate crisis on people living with NCDs, and encourage, and contribute to, the integration of the advocacy agendas of both issues, including the incorporation of NCD prevention and control measures in emergency and disaster plans, to reduce the number of excess deaths from NCDs during and after such events.

2. CAPACITY DEVELOPMENT

Enhance capacity building for CSOs, CSO networks, people living with NCDs, youth advocates, and other key stakeholders to strengthen their equity- and human rights-based advocacy and communications, enable their meaningful engagement, and contribute to effective partnerships and collaboration among them.

- Build the capacity of CSOs, CSO networks, people living with NCDs, and youth advocates, to understand and implement equity- and human-rights based approaches; to analyse the impact of the social, economic, environmental, commercial, and other determinants of health on NCD prevention and control interventions and outcomes; and to develop and implement counter-strategies, as most appropriate for their spheres of work.
- Promote and disseminate guidelines for meaningful engagement of people living with NCDs, such as those developed by WHO¹⁶⁶ and the NCD Alliance (NCDA),¹⁶⁷ and—as resources permit—provide training in their application; encourage the participation of people living with NCDs in the HCC and NCDA [Our Views, Our Voices](#)¹⁶⁸ initiatives.
- Advocate for, and contribute to, the development and observation of media standards and relevant training of media workers, to promote responsible journalism and reporting on health.
- Promote and contribute to the creation and/or strengthening of national alliances of CSOs working in NCD prevention and control, and of regional networks of CSOs working in the same disease-specific area, to facilitate sharing of information and experiences, solidarity, and high-level advocacy, taking advantage of social media platforms as appropriate.
- Build the capacity of CSOs in the development and submission of grant and project proposals for resource mobilisation.
- Advocate for, encourage the creation of, and support existing CSOs that focus on mental, neurological, and substance use disorders, and the inclusion of consideration of these disorders in the work of other CSOs, as components of efforts to reduce the stigma associated with MNSDs.

3. COMMUNICATION

Continue to diversify, promote, and disseminate the HCC's communication products and information resources using multiple media, including digital media for cost-effectiveness, and implement strategies to promote and widely market the HCC website and its publications, guidelines, and other content.

- Re-examine and analyse HCC's communication strategies and mechanisms in collaboration with a professional marketing firm or marketing professional(s), including review of the HCC website and the weekly HCC Roundup to identify more efficient ways of storing and presenting content for easier access by multiple audiences.
- Develop and implement strategies for wide promotion of the HCC website, encompassing the inclusion of links to the website and its individual publications, guidelines, and information materials on the websites of—at minimum—CARICOM, CARPHA, the University of the West Indies (UWI), PAHO, and WHO.
- Establish a clearinghouse for NCD and NCD-related information on the HCC website, incorporating data already posted on the website, to improve access to information on the NCD situation in the Caribbean.

- Prepare and disseminate information on equity and human rights, particularly on the right to health, tailored to a wide variety of audiences, including policymakers, people living with NCDs, youth, and the general public.
- Continue to develop, run, and re-run mass media and digital media campaigns related to reduction of the main NCD risk factors and management of the major NCDs, including MNSDs and mental health and psychosocial support (MHPSS), targeting the general public, youth, and people living with NCDs.

4. ACCOUNTABILITY

Support and contribute to the development and implementation of systems, structures, and tools to enhance transparency, monitoring, evaluation, and governance, tracking the impact of policies and other interventions to prevent and control NCDs, implement equity- and rights-based approaches, address the commercial determinants of health (CDoH) and counter Industry interference; and identify, prevent, mitigate, and manage conflicts of interest.

- Advocate for the establishment or strengthening of national information systems for health and digital transformation of the health sector to provide data for evidence-based NCD policy and programme development, and to facilitate monitoring and evaluation of NCD-related interventions, using tools such as the [PAHO Information Systems for Health \(IS4H\)](#)¹⁶⁹ mechanism.
- Collaborate with government, academia, and development partners to plan and implement surveys and other research methods to produce qualitative and quantitative data on NCDs and their risk factors, including, but not limited to, the [Global Youth Tobacco Survey](#),¹⁷⁰ [Global School-based Student Health Survey](#),¹⁷¹ and [STEPS](#),¹⁷² which are promoted and supported by WHO.
- Undertake periodic assessments of Caribbean CSOs and National NCD Commissions (NNCDCs) (or equivalents) to identify and report successes, lessons learned, challenges, and areas for strengthening their performance and their use of equity- and human rights-based approaches.
- Advocate for, and contribute to, the development and implementation of conflict-of-interest policies by government agencies and entities, including NNCCDCs, and by CSOs, making the HCC Working Document on Managing Conflict of Interest available to interested parties.
- Monitor and document instances of Industry interference with NCD policy and programme development and implementation in Caribbean countries, and disseminating the information to key stakeholders, including governments; advocate for the development and enactment of access to information/freedom of information/whistleblower protection legislation to facilitate the process, in order to inform the implementation of strategies to counter Industry interference and address the CDoH.

5. SUSTAINABILITY

Promote, advocate, build capacity, mobilise resources for, and contribute to, whole-of-government and whole-of-society actions for NCD prevention and control, including inclusion of people living with NCDs, youth, women, and other people and groups in situations of vulnerability, aligning with other priority issues such as climate change and food and nutrition security, seeking co-benefits and win-win solutions.

- Promote and advocate for whole-of-government, whole-of-society, health-in-all-policies/policy-coherent approaches to NCD prevention and control, incorporating sensitisation of all ministries regarding NCDs; their economic and developmental impact; the social, economic, environmental,

commercial, and other determinants of health; and the role of the ministries in achieving national NCD goals and objectives, and contributing to sustainable national development.

- Continue to contribute to monitoring and capacity building of multistakeholder entities such as NNCCDCs (or equivalents), and—if national systems are so structured—advocate for close collaboration at the national level among separate bodies that provide oversight and policy advice on tobacco control, mental health, NCDs, and related issues such as climate change and food and nutrition security.
- Develop and disseminate a compendium of possible sources of funding to address national and regional NCD and NCD-related issues, to facilitate and enable the formulation of grant and project proposals by CSOs and their submission to United Nations (UN) agencies, foundations, philanthropies, international non-governmental organisations (NGOs), and other development partners working in NCDs and related issues, especially those entities that prioritise SIDS.
- Advocate for the inclusion of interventions for NCD prevention and control in financial and social protection packages aimed at advancing progress to UHC, aligned with the [HCC Advocacy Priorities for the 2023 UN High-level Meeting on UHC](#).¹⁷³

ANNEX 1: LIST OF PARTICIPANTS

Title	First name	Last name	Job title	Organisation	Country
Ms.	Yvonne	Alexander	President	Dominica Cancer Society	Dominica
Ms.	Sonya	Alleyne	Past District Governor	Rotary District 5030/BFPA/NNCDC	Barbados
Dr.	Heather	Armstrong	Head, Chronic Disease and Injury Department	CARPHA	Trinidad & Tobago
Ms.	Michelle	Ash	Chief Nutritionist/Head, Nutrition & Metabolism Division	Ministry of Health	Trinidad & Tobago
Ms.	Zahra	Ashby	Intern	HCC	Barbados
Dr.	Beverley	Barnett	Consultant	HCC	Barbados
Dr.	Serena	Bender-Pelswijk	Deputy Programme Director, Health Sector Development	CARICOM Secretariat	Guyana
Ms.	Kimberley	Benjamin	Youth Advocate	HCC/HCY	Barbados
Mr.	Ronnie	Bissessar	President TTHF/HCC Board Member	Trinidad & Tobago Heart Foundation (TTHF)	Trinidad & Tobago
Ms.	Susan	Boyea	Vice President, Group Insurance	Sagicor Life Inc.	Barbados
Ms.	Pamelia	Brereton	President	Barbados Alzheimer's Association	Barbados
Hon. Dr.	Sonia	Browne	Minister of State	MoHW, Barbados	Barbados
Mr.	Suleiman	Bulbulia	Chairperson	National NCD Commission	Barbados
Dr.	Marissa	Carty	Health Promotion Unit Coordinator, NCD Focal Point	Ministry of Health & Social Security	St. Kitts & Nevis
Ms.	Francine	Charles	Programme Manager, Childhood Obesity Prevention Project	Heart & Stroke Foundation of Barbados	Barbados
Dr.	Asante	Charles-LeBlanc	Chairperson/Medical Practitioner	Trinidad & Tobago Cancer Society	Trinidad & Tobago
Ms.	Deborah	Chen	Executive Director	Heart Foundation of Jamaica (HFJ)	Jamaica
Dr.	Maria	Clapperton	Chair, Trinidad and Tobago NCD Committee/Director, NCDs and NCD Unit	Ministry of Health	Trinidad & Tobago
Mr.	Pierre	Cooke, Jr.	Technical Advisor	HCC	Barbados
Dr.	Kenneth	Connell	Vice-President	HCC	Barbados
Dr.	Victor	Coombs	Medical Doctor/HCC Board Member	HCC	Trinidad & Tobago

Title	First name	Last name	Job title	Organisation	Country
Dr.	Fidel	Cuellar	Deputy Director, Public Health & Wellness	Ministry of Health & Wellness	Belize
Dr.	Colette	Cunningham- Myrie	Senior Lecturer UWI/HCC Board	Diabetes Association of Jamaica/HCC	Jamaica
Dr.	Shana	Cyr-Philbert	Senior Medical Officer NCDs	Ministry of Health, Wellness, & Elderly Affairs	St. Lucia
Dr.	Fabio	da Silva Gomes	Advisor, Nutrition & Physical Activity	PAHO	Washington, D.C, USA
Dr.	Andrew	Dhanoo	President	Diabetes Association of Trinidad & Tobago	Trinidad & Tobago
Dr.	Khedma	Dorh	President	St. Lucia Diabetes & Hypertension Association	St. Lucia
Ms.	Charity	Dublin	Vice-President	Antigua & Barbuda Diabetes Association	Antigua & Barbuda
Dr.	Kimberly	Dunkley	Regional NCD Coordinator	South-East Regional Health Authority, MoHW	Jamaica
Mr.	Dwight	Edghill	General Manager	Barbados Diabetes Foundation	Barbados
Mr.	Trevor	Ferguson	Director, Epidemiology Research Unit/Chair NNCDC	CAIHR/MoHW	Jamaica
Ms.	Nicole	Foster	Law Lecturer & Head, Law and Health Research Unit	Faculty of Law, UWI, Cave Hill	Barbados
Dr.	Dawn	Gayapersad	Member Cancer Support Services (CSS)/HCC Board Member	CSS/HCC	Barbados
Dr.	Gloria	Giraldo	Advisor, NCDs & Mental Health	PAHO	Barbados
Ms.	Diana	Gittens	Person living with NCDs/Programme Coordinator	Guyana Telephone and Telegraph Company	Guyana
Ms.	Kerri	Gooding	Country content manager	Loop News Barbados	Barbados
Sir	Trevor	Hassell	President	HCC	Barbados
Ms.	Alyssa	Hatchi	Youth Advocate	HCC/HCY	Barbados and Guadeloupe
Dr.	Alisha	Honoré-Felix	President	Dominica Diabetes Association	Dominica
Dr.	James	Hospedales	Founder/Climate Change Advisor	EarthMedic/EarthNurse, HCC	Trinidad & Tobago
Ms.	Maisha	Hutton	Executive Director	HCC	Barbados
Ms.	Janea	Ifill	Administrator	HCC	Barbados

Title	First name	Last name	Job title	Organisation	Country
Ms.	Chelsea	Jordan	Vice-President of Operations	Let's Unpack It	Barbados
Ms.	Claire	Jordan	General Manager	Barbados Diabetes Foundation/Maria Holder Diabetes Centre for the Caribbean	Barbados
Dr.	Lachmie	Lall	Programme Director, NCDs	Ministry of Health	Guyana
Dr.	Virloy	Lewin	Health Promotion & Wellness Coordinator	Ministry of Health	Bermuda
Dr.	Jozelle	Miller	Health Psychologist	Ministry of Health, Wellness & the Environment	St. Vincent & the Grenadines
Ms.	Samantha	Moitt	Chief Nutrition Officer/Tobacco Focal Point	Ministry of Health, Wellness, Social Transformation & Environment	Antigua & Barbuda
Prof.	Winston	Moore	Professor of Economics/Deputy Principal	UWI	Barbados
Dr.	Madhuvanti	Murphy	Senior Lecturer in Qualitative Research Methods	George Alleyne Chronic Disease Research Centre, UWI	Barbados
Ms.	Xarriah	Nicholls	Youth Advocate/Person Living with NCDs	Diabetes & Hypertension Association of Barbados	Barbados
Dr.	Sonia	Nixon	Public Health Specialist/NNCDC	Grenada Cancer Society	Grenada
Ms.	Janice	Olliver-Creese	Foot Health Practitioner	St. Vincent & the Grenadines Diabetes & Hypertension Association	St. Vincent & the Grenadines
Ms.	Dorial	Quintyne	Tobacco Control and Youth Advocate	HCC/HCY	Barbados
Ms.	Ashanta	Ramsay	Coordinator	Healthy Bahamas Coalition	Bahamas
Ms.	Michron	Robinson	Multimedia Journalist/Youth Advocate	BCOPC	Barbados
Dr.	Joy	St. John	Executive Director	CARPHA	Trinidad & Tobago
Prof.	Alafia	Samuels	Professor	CAIHR, UWI	Jamaica
Dr.	Karen	Sealey	Chair TTNCDA/HCC Board Member	Trinidad and Tobago NCD Alliance/HCC	Trinidad & Tobago
Ms.	Kerissa	Shillingford	Nutritionist	Ministry of Health, Wellness, and Social Services	Dominica
Ms.	Laura	Tucker-Longsworth	President BCS/HCC Board Member	Belize Cancer Society/HCC	Belize

Title	First name	Last name	Job title	Organisation	Country
Ms.	Danielle	Walwyn	Advocacy Officer	HCC	Antigua & Barbuda
Ms.	Sheena	Warner-Edwards	Communications Officer	HCC	Barbados
Dr.	Lynda	Williams	President	Barbados Association of Medical Practitioners	Barbados
Ms.	Valarie	Williams	NCD Focal Point	Ministry of Health, Wellness, and the Environment	Antigua & Barbuda

ANNEX 2: MEETING PROGRAMME

MOBILISING FOR 2025 A CARIBBEAN CIVIL SOCIETY NCD FORUM

PROGRAMME – DAY 1

JULY 6-7, 2023 | COURTYARD MARRIOTT, BRIDGETOWN, BARBADOS (*times in AST*)

8.30 - 9.00	REGISTRATION	
	OPENING	MODERATOR: Sir Trevor Hassell <i>President, HCC</i>
9.00 – 9.15	Welcome	Sir Trevor Hassell <i>HCC</i>
9.15 - 9.45	Official Opening Welcome Remarks	Dr. The Honourable Sonia Browne <i>Minister of State in the Ministry of Health and Wellness, Barbados</i> Dr. Gloria Giraldo <i>Advisor, NCDs and Mental Health Pan American Health Organization, Barbados</i>
9.45 - 10.00	Status of NCDs in the Caribbean, Frameworks for Action including WHO Best Buys and Other Recommended Interventions	Dr. Gloria Giraldo <i>PAHO</i>
10.00 - 11.00	MENTAL HEALTH ROUNDTABLE <i>Session Objective: To bring together regional mental health stakeholders to share successes, challenges and priorities in addressing mental health in the region.</i>	MODERATOR: Ms. Chelsea Jordan <i>Vice President of Operations, Let's Unpack it</i>
10.00 – 10.45	Testimonial – Mr. Pierre Cooke Jr <i>(2 min)</i> Spotlight on Mental Health: UNICEF/HCC/HCY Regional Mapping of Youth Mental Health Services Ms. Danielle Walwyn, Co-lead HCC Youth Mental Health Call to Action and Co-consultant on the Regional Mapping, HCC/ HCY <i>(7 min)</i> Panel Discussion	Panellists (5) Mr. Pierre Cooke Jr. <i>HCC Youth Voices Technical Advisor, Healthy Caribbean Youth</i> Ms. Danielle Walwyn <i>Healthy Caribbean Youth</i> Ms. Pamela Brereton

	(35 min)	<p><i>President, Barbados Alzheimer's Association</i></p> <p>Dr. Jozelle Miller <i>Health Psychologist, Ministry of Health, St Vincent and the Grenadines</i></p> <p>Ms. Michron Robinson <i>HSFB/Barbados Childhood Obesity Prevention Youth Advocate & Journalist</i></p>
10.45 - 11.00	Q&A (15 min)	Moderator
11.00 - 11.30	HEALTH / PHYSICAL ACTIVITY BREAK GETTING TO KNOW EACH OTHER ICEBREAKER	
11.30 – 12.30	<p>CANCER ROUNDTABLE</p> <p><i>Session Objective: To bring together regional cancer stakeholders to share successes, challenges and priorities in the prevention and control of cancer in the region.</i></p>	<p>MODERATOR: Ms. Laura Tucker-Longsworth <i>HCC Board of Directors</i></p>
11.30 – 12.15	<p>Spotlight on Cancer: HPV Pilot in Antigua and Barbuda *Virtual Presentation Valarie Williams, NCD Focal Point Antigua and Barbuda Ministry of Health, Wellness, and the Environment <i>(7 min)</i></p> <p>Panel Discussion <i>(35 min)</i></p>	<p>Panellists (5)</p> <p>Ms. Valarie Williams <i>NCD Focal Point Antigua and Barbuda Ministry of Health, Wellness, and the Environment</i></p> <p>Dr. Sonia Nixon <i>President, Grenada Cancer Society</i></p> <p>Dr. Dawn Gayapersad <i>Barbados Cancer Support Services, Director HCC</i></p> <p>Ms. Diana Gittens <i>Member of the HCC PLWNCDS Advisory Committee</i></p> <p>Dr. Kimberly Dunkley <i>Regional NCD Coordinator South East Regional Health Authority, Ministry of Health and Wellness, Jamaica</i></p>

12.15 - 12.30	Q&A (15 min)	Moderator
12.30 - 1.30	LUNCH & GROUP PHOTO	
1.30 – 2.30	<p>DIABETES ROUNDTABLE</p> <p><i>Session Objective: To bring together regional Diabetes stakeholders to share successes, challenges and priorities in the prevention and control of diabetes in the region.</i></p>	<p>MODERATOR:</p> <p>Mr. Andrew Dhanoo <i>President, Diabetes Association of Trinidad and Tobago</i></p>
1.30 - 2.15	<p>Testimonial: Ms. Xarriah Nicholls <i>(2min)</i></p> <p>Spotlight on Diabetes: The role of CARPHA in supporting the Global Diabetes Compact - CARPHA Diabetes Toolkit Dr. Heather Armstrong <i>CARPHA</i> <i>(7 min)</i></p> <p>Panel Discussion <i>(35 min)</i></p>	<p>Panellists (6)</p> <p>Dr. Heather Armstrong <i>Head, Chronic Disease and Injury Chronic Disease and Injury Department Office of the Executive Director, CARPHA</i></p> <p>Ms. Charity Dublin <i>Youth advocate Vice President, ABDA</i></p> <p>Ms. Xarriah Nicholls <i>Member of HCC PLWNCDS Advisory Committee, HCC/HCY</i></p> <p>Dr. Alisha Honore-Felix <i>President, Dominica Diabetes Association</i></p> <p>Dr. Colette Cunningham-Myrie <i>Diabetes Association of Jamaica</i></p> <p>Dr. Lachmie Lall <i>Programme Director, Non-communicable Diseases, Guyana</i></p>
2.15 - 2.30	Q&A (15 min)	Moderator
2.30 – 3.30	<p>HYPERTENSION AND CARDIOVASCULAR DISEASES ROUNDTABLE</p> <p><i>Session Objective: To bring together regional HTN/CVD stakeholders to share successes, challenges and priorities in the prevention and control of hypertension and cardiovascular disease in the region.</i></p>	<p>MODERATOR:</p> <p>Dr. Kenneth Connell <i>Vice-President, HCC</i></p>

2.30 - 3.15	<p>Spotlight on Hypertension: HEARTS in the Caribbean Dr. Kenneth Connell, Vice President HCC; Deputy Dean Recruitment & Outreach, University of the West Indies (7 min)</p> <p>Panel Discussion (35 min)</p>	<p>Panellists (5)</p> <p>Ms. Debbie Chen Executive Director, Heart Foundation of Jamaica</p> <p>Dr. Kedhma Dorh President, St. Lucia Diabetes and Hypertension Association</p> <p>Ms. Janice Ollivier-Creese President, St. Vincent and the Grenadines Diabetes and Hypertension Association</p> <p>Mr. Ronnie Bissessar President, Trinidad and Tobago Heart Foundation, HCC Board Member</p> <p>Dr. Shana Cyr-Philbert NCD Focal Point, Ministry of Health, Wellness, and Elderly Affairs, St Lucia</p>
3.15 - 3.30	Q&A (15 min)	Moderator
3.30 – 3.45	HEALTH / PHYSICAL ACTIVITY BREAK	
3.45 – 4.30	<p>TOBACCO AND ALCOHOL CONTROL POLICY ROUNDTABLE</p> <p><i>Session Objective: To bring together regional tobacco and alcohol control stakeholders to share challenges, successes and priorities in addressing these risk factors.</i></p>	<p>MODERATOR: Ms. Debbie Chen Executive Director, HFJ; JCTC</p>

3.45 – 4.20	<p>Vaping and Youth in the Caribbean – Video (3 min)</p> <p>Spotlight on Tobacco: Smoke Free by 2022 - Where are we with the FCTC? Challenges and Opportunities <i>Ms. Debbie Chen, JCTC, HFJ</i> (7 min)</p> <p>Panel Discussion (20 min)</p>	<p>Panellists (5)</p> <p>Dr. Asante LeBlanc <i>President, Trinidad and Tobago Cancer Society</i></p> <p>Ms. Samantha Moitt <i>NCD and Tobacco Control Focal Point, Ministry of Health, Wellness, and the Environment, Antigua and Barbuda</i></p> <p>Dr. Marissa Carty <i>NCD Focal Point, Ministry of Health & Social Security, St Kitts and Nevis</i></p> <p>Ms. Dorial Quintyne <i>Healthy Caribbean Youth, Youth Advocate</i></p> <p>Ms. Maisha Hutton <i>HCC</i></p>
4.20 – 4.30	Q&A (10 min)	Moderator
4.30 – 5.00	<p>PHYSICAL ACTIVITY UPDATES</p> <p><i>Session Objective: To bring together regional physical activity stakeholders to share challenges, successes and priorities in addressing this risk factor.</i></p>	<p>MODERATOR: Ms. Danielle Walwyn <i>Advocacy Officer, HCC; Lead Healthy Caribbean Youth</i></p>
4.30 – 4.45	<p>Presentations (15 min)</p> <p>Spotlight on Achieving Physical Activity Targets – Translating Global to Local <i>Danielle Walwyn, HCC</i> (5 min)</p> <p>Spotlight on Caribbean Moves <i>Dr. Heather Armstrong, Head, Chronic Disease and Injury Chronic Disease and Injury Department Office of the Executive Director, CARPHA</i> (5 min)</p>	
4.45 – 5.00	Q&A (15 min)	Moderator
5.00 – 5.30	CLIMATE CHANGE AND HEALTH UPDATES	<p>MODERATOR: Dr. James Hospedales</p>

	<i>Session Objective: To highlight the connections between climate change and health/NCDs with a view to identifying priorities for integrating the climate and NCD agendas.</i>	<i>Founder and Director of Earth Medic, Earth Nurse</i>
5.00 – 5.15	<p>Presentations (15 min)</p> <p>Climate Change and Health – Key Issues Dr. James Hospedales, Founder and Director, Earth Medic, Earth Nurse (10 min)</p> <p>Climate Resilience – CSO Lived Experiences Ms. Yvonne Alexander, President, Dominica Cancer Society (5 min)</p>	
5.15 - 5.30	Q&A (15 min)	Moderator
5.30 - 5.35	Wrap up and Close	Sir Trevor Hassell
5.35	CLOSING	

MOBILISING FOR 2025 A CARIBBEAN CIVIL SOCIETY NCD FORUM

PROGRAMME – DAY 2

JULY 6-7, 2023 | COURTYARD MARRIOTT, BRIDGETOWN, BARBADOS (*times in AST*)

9.00 – 9.15	Welcome and Interactive Recap and Overview of Day 2	Ms. Maisha Hutton <i>HCC</i>
9.15 – 10.45	UNHEALTHY DIETS ROUNDTABLE Session Objective: To share successes, challenges, and priorities in addressing unhealthy diets in the Caribbean.	MODERATOR: Dr. Madhuvanti Murphy <i>Senior Lecturer in Qualitative Research Methods, The George Alleyne Chronic Disease Research Centre (GA-CDRC), UWI</i>
9.15 - 10.15	Interactive Session <i>(60 min)</i> Spotlight on FOPWL – A Foundational and enabling policy for healthy food environments Dr. Fabio da Silva Gomes, *Virtual Presentation <i>Nutrition and Physical Activity Advisor, PAHO</i> <i>(10 min)</i> HCC Food Donation Protocols & July 4-5 Meeting Report Back Maisha Hutton, HCC <i>(5 min)</i> Panel Discussion <i>(40 min)</i>	Panellists (5) Mr. Brian Payne <i>Dept. Nutrition Officer (ag)</i> <i>National Nutrition Centre</i> <i>Ministry of Health and Wellness,</i> <i>Barbados</i> Dr. Fidel Cuellar <i>Deputy Director of Public Health and Wellness, Belize</i> Professor Alafia Samuels <i>UWI</i> Ms. Sheena Warner-Edwards <i>HCC Communications Officer</i> Ms. Kerissa Shillingford, <i>Nutritionist, Ministry of Health, Wellness and Social Services, Dominica</i> *Virtual Participation
10.15 – 10.45	Q&A <i>(30 min)</i>	Moderator
10.45 - 11.15	HEALTH BREAK – PHYSICAL ACTIVITY	

11.15 – 11.45	NCDS, HUMAN RIGHTS AND EQUITY	
11.15 – 11.30	Presentation (15 presentation)	Ms. Nicole Foster HCC Policy Advisor Attorney at Law Lecturer, and Head of the Law and Health Research Unit, Faculty of Law, Cave Hill Campus, UWI
11.30 – 11.45	Q&A (15 min)	OVERALL Moderator
11.45 – 1.00	COMMERCIAL DETERMINANTS OF HEALTH, COI AND POLICY INTERFERENCE <i>Session Objective: Exploring the impact of the commercial determinants of health, conflicts of interest and policy interference in undermining NCD prevention and control in the Caribbean.</i>	MODERATOR: Sir Trevor Hassell HCC
11.45 – 12.30	Interactive Session (45 min) People Over Profit Campaign Video (3 min) Spotlight on NCDs, CDOH, COI and Policy Interference in the Caribbean Ms. Maisha Hutton, Executive Director, HCC (5 min) Panel Discussion (35 min)	Panellists (6) Ms. Maisha Hutton Executive Director, HCC Ms. Debbie Chen Executive Director, HFJ Ms. Nicole Foster UWI LHRU, HCC Dr. Shana Cyr-Philbert NCD Focal Point, Ministry of Health, Wellness, and Elderly Affairs, St Lucia Dr. James Hospedales Founder and Director, Earth Medic Earth Nurse Ms. Kimberley Benjamin Attorney at Law, HCC/HCY
12.30 - 1.00	Q&A (30 min)	Moderator
1.00 – 2.00	LUNCH BREAK	
2.00 – 3.30	SUPPORTING NCD COLLABORATION WITHIN AND ACROSS SECTORS <i>Session Objective: Exploring existing and potential regional and national mechanisms for collaboration including civil society alliances, and whole of society and whole of government</i>	MODERATORS: Dr. Joy St. John Executive Director, CARPHA Dr. Kenneth Connell Vice President HCC

	<i>platforms such as National NCD Commissions or equivalents.</i>	
2.00 – 3.00	<p>Panel Discussion (60 min)</p> <p>Spotlight on National NCD Commissions in the Caribbean <i>Sir Trevor Hassell,</i> President, HCC (7 min)</p>	<p>Panellists (6)</p> <p>Dr. Karen Sealey <i>Founder and Chair TT NCD Alliance</i></p> <p>Dr. Trevor Ferguson <i>Chair of Jamaica National NCD Committee</i></p> <p>Mr. Suleiman Bulbulia <i>Chair of the Barbados National NCD Commission</i></p> <p>Ms. Ashanta Ramsey Health Bahamas Coalition Secretariat Ministry of Health & Wellness</p> <p>Ms. Danielle Walwyn <i>HCC Advocacy Officer, Healthy Caribbean Youth</i></p> <p>Dr. Maria Clapperton <i>Chair of the Trinidad and Tobago NCD Committee; Director, NCDs and NCD Unit, Ministry of Health, Trinidad and Tobago</i></p> <p>*Virtual Participation</p>
3.00 - 3.30	Q&A (30 min)	Moderators
3.30 – 3.45	HEALTH BREAK	
3.45 – 5.15	GETTING BACK ON TRACK - MAPPING THE WAY FORWARD TOWARDS 2025	HCC TEAM
3.45 – 4.45	<p>GROUP WORK (60 min)</p> <p><i>Mapping out priorities for action for the HCC, HCC members and wider stakeholders</i></p>	HCC TEAM
4.45 - 5.15	GROUP PRESENTATIONS (30 min)	HCC TEAM
5.15 – 5.30	WRAP AND CLOSE	
5.15 – 5.30	WRAP UP AND CLOSE	HCC TEAM
5.30	CLOSE	

ANNEX 3: FULL TEXT OF OPENING REMARKS

OPENING WELCOME REMARKS – SIR TREVOR HASSELL, PRESIDENT, HCC

Dr. the Honourable Sonia Browne, Minister of State in the Ministry of Health and Wellness, Barbados; Dr. Gloria Giraldo, Advisor, NCDs and Mental Health, Pan American Health Organization; fellow Directors of HCC; representatives of HCC member organizations, including disease-specific organizations; People Living with NCDs and young people; and other key stakeholders. Good morning.

I extend a special welcome as we meet for the HCC's second face-to-face regional Civil Society-led NCD meeting since Covid 19—the first meeting occurred earlier this week when we discussed the removal of UPPs from Caribbean schools.

Our meeting over the next 2 days brings us together to discuss NCDs (including mental, neurological and substance use disorders – MNSDs) prevention and control priorities in the Caribbean as we look towards 2025 when the global NCD community will reconvene for the 4th UN High Level Meeting on NCDs.

During our meeting today and tomorrow, we shall map a path forward to place the Caribbean back on track to meet SDG Target 3.4. which calls for a reduction by one-third of premature mortality from NCDs by the year 2030.

We shall reflect on the current situation; assess progress, successes, and challenges; and consider the way forward in the Caribbean's NCD (and Mental Health conditions) response.

And as I begin that process there is no more appropriate starting point for Caribbean civil society than the year 2008 when arising out of a meeting of representatives of Civil Society organizations at a conference titled **HCC 2008 – a wellness revolution conference, a Caribbean Civil Society Bridgetown Declaration: tackling the Caribbean epidemic of chronic disease**, was produced.

That declaration is as relevant today as it was 15 years ago, and in many respects reflects principles, approaches, concepts, goals, and objectives which continue to inform the HCC today.

So, the Declaration speaks to HCC as being, among others, a coalition of national NGOs to tackle NCDs in areas of advocacy and coalition building, public education, and media campaigns; support for existing country-level networks/ coalitions; strengthening the efficacy of in-country member civil society organizations, and encouragement of NCD commissions.

From the outset, it was conceptualized that the HCC would be a regional civil society led institution that adds value to (supporting) member NCD-focused in-country civil society organizations.

Over the ensuing 15 years the alliance/ network of civil organizations, that is the HCC, has become a globally recognized regional civil society regional NCD Alliance -- its work informed and guided first by the **Bridgetown Declaration** and an accompanying Action Plan, subsequent strategic plans, and most recently a Transformative New Agenda triggered by the Covid 19. And now this week's Forum provides an opportunity for contributions to be made to the HCC's 2023 -2030 strategic plan.

Since 2008 we have seen Caribbean civil society organizations have a greater voice regionally and nationally; there has been enhanced governance and management of NCD civil society organizations; the role and functions of these organizations have been expanded so that they are more fit for purpose - a reflection of capacity building initiatives as mandated in strategic plans developed by member organizations, and executed by the HCC secretariat.

And mostly through a process I term facilitated advocacy, the NCD civil society movement in the Caribbean has contributed to greater awareness of the socioeconomic challenges of NCDs and mental health conditions and the urgency of now; contributed to policies and legislation in the areas of nutrition, tobacco

use, and exposure; advanced awareness of health risk of alcohol consumption; contributed to an increased focus on physical activity (Caribbean Moves), and advanced a transformative new NCD agenda which is people-centered, grounded in human rights and equity, and which prioritizes evidence-informed prevention policies, while improving the quality of treatment and care through strengthened health systems.

But there is so much more to be done, for despite the highly commendable and widely recognized and acclaimed NCD political leadership in the Caribbean, current projections are that for the most part, Caribbean countries will not meet our NCD SDG target 3.4 by 2023.

It is my personal view that one of the main reasons for this is that the Caribbean private sector, the third leg in the whole-of-society response to NCDs, has not yet contributed nationally or regionally in a significantly positive and constructive way to the NCD effort, as the sector has done in so many other areas nationally and regionally. This lack of a systemic positive national and regional response by the sector negatively impacts many specific public health NCD policies and impedes the realization of health in all policies.

There is a need for constructive engagement with the private sector with robust management of Conflict of Interest with a view to attaining effective public health policies.

This is an issue which I anticipate will appropriately be discussed in some detail over the next 2 days.

And so, with these remarks, I again welcome everyone to the Forum which I hope will be very positive and constructive. Please actively participate. This is your meeting.

OFFICIAL OPENING WELCOME REMARKS – DR. THE HONOURABLE SONIA BROWNE, MINISTER OF STATE IN THE MINISTRY OF HEALTH AND WELLNESS, BARBADOS

Sir Trevor Hassell, President of the HCC

Dr. Gloria Giraldo, Advisor, NCDs and Mental Health, Office of the Subregional Program Coordination, Caribbean

Directors and other members of HCC and associated organisations

Delegates from the HSFB

All moderators and panellists

Specially invited guests

Members of the media

Good morning.

I wish to thank the organizers for inviting me to offer remarks at this extremely timely and necessary HCC forum on “Mobilizing for 2025 – a Caribbean Society NCD Forum.

I say timely because it comes on the heels of the recently concluded SIDS Ministerial Conference on NCDs and Mental Health held in Barbados just last month where the Small Island Development States endorsed the Outcome Document: 2023 Bridgetown Declaration on NCDs and Mental Health”.

It is now your turn: The bringing together of HCC member civil society organizations and key stakeholders to discuss and NCDs, including mental disorders, neurological disorders substance abuse disorders, their prevention and control priorities in the Caribbean, our current situation and challenges is absolutely vital if we are to make change toward putting discussion into practice.

As Minister of State with responsibility for NCDs *and* a medical doctor, in the Caribbean, it has been *my* lived experience that the scourge of NCDs has impacted lives, livelihoods and country, and I look forward to fruitful discussions on risk factor prevention, and management guidelines.

We, as Caribbean countries, all face unique challenges in the treatment and prevention of NCDs. Certainly, for us we see the need to enhance the provision of mental health services which is underpinned by community-based care and bringing our legislation in line with 21st century practices. Our vulnerabilities are compounded by our population size, location, increasing elderly population, lifestyle and dietary habits and resource allocation. The impact of COVID-19 has exacerbated these challenges.

As you know, Barbados is seeking to ensure that policies are developed to remove industrially produced trans fatty acids from the food system. We have implemented a school nutrition policy and the adoption of the sugar sweetened beverage tax. The MHW are working on cancer screening protocols as well.

But I want to speak a little more on what I am seeing and on what I think needs to be developed and improved upon even if a few feathers have to be ruffled. Only yesterday I was accused by one of colleagues in the senate of being brutally honest, in a good way, so why should today be any different. I too have concerns, like I believe all of you do.

Please indulge me for a few moments.

I purchased a new pair of glasses a few weeks ago. I noticed that I had no issues with reading but on looking up to address my audience that was further away, my vision was blurry. I took the specs back of course and explained my problem. I picked the glasses up last week and discovered that, on reading the left side of my vision was perfect but now the right side was blurry, and no Prof. Hassell, it had nothing to do with my

gracefully aging self! My focus was off on critical areas of my vision. So now I am stuck with these readers and can only pretend to see you clearly.

What am I getting at? Are we missing a few critical areas in our vision? Are we missing key groups in our population? And if so, what are our next steps?

We are in the throes of our Crop over/emancipation celebrations, and I want to read a few lines of one of the more popular songs this season:

Rum drinkers don't get sick
We don't need no Phensic
We don't use no pain killa
We don't use nothing
Rum drinkers don't catch cold
We drink rum for cold
We drink rum for sickness
Wuh dem talking bout
Drink drink drink
Drink de ting
Feel so good
Help me to come back whole and don't study a soul

There is even a "riddim" called the Rum punch riddim.

Where do we need to focus?

While preparing for these remarks yesterday, I did a very small survey, of course nowhere near the calibre of the esteemed academia in the room but sometimes it helps to get on the ground as medicine and politics has taught me.

I questioned a 10-year-old girl about her knowledge of NCDs. She knew what they were, the impact on health, the importance of exercise and what a healthy diet was. I asked about the meals provided at school, she said they looked unappealing and many of her school mates often only took the fruit and preferred to stay hungry until home time.

Three teenagers from different secondary schools admitted that they had learned about diet some time ago in school, but not recently. They said that they learned a bit about mental health when school was online during Covid. Two of them said that they learn about healthy diets on social media, while one says he only used YouTube but he never saw ads there.

I asked a 56-year-old teacher of 37 years' experience. His knowledge of NCDs was good, but felt the media used to disseminate information could be improved. He said his students often threw away their meals because it was unappealing and the children at his school had difficulty adjusting their palates after a certain class level.

I spoke to a 36-year-old accountant and mother of an 8-year-old. She also felt the outreach was poor and felt the use of dialect was sometimes offensive. Her son was exposed to agriculture at home early and appreciated fruits and vegetables, but the texture of food was an issue. Her son knew about healthy diet but knew nothing of mental health. She stressed that the psychology of eating and eating disorders should be explored and addressed and not just encouraging healthy eating.

A 50+ year-old school meals server also reported high food wastage at her school. She also commented that she found the cost of healthy food prohibitive.

With respect to mental health, we all know we need to get on it NOW NOW NOW (Dr. Connell). Barbados logged 3 suicides over the past week, and I think 5 this year (I am open to correction). People, especially young people, are crying out, sometimes in the wilderness, for help.

Are we reaching as a government, as a Healthy Caribbean Coalition, as a Heart and Stroke foundation, are we getting the message across to the population effectively? Are we effectively tackling risk factor reduction, for instance, throughout all of society effectively?

So how do we adjust our lenses that we can see everything?

It is my vision that fora like these, at some point will include the public at large, not just those with lived experiences, a sort of multidisciplinary approach if you will, where the "patient" is included in the care plan.....the technology is there.

There is nothing new under the sun and I am certain that many in the room have had the same thoughts.

It is my hope that I have inspired fruitful discussion and that the next few days produce good outcomes. I hope I've earned the privilege of your time.

I thank you.

OFFICIAL OPENING WELCOME REMARKS – DR. GLORIA GIRALDO, ADVISOR NCDs AND MENTAL HEALTH, PAHO, BARBADOS

Good morning, Colleagues,

Thank you, Honorable Minister Browne, and greetings to the distinguished colleagues previously recognized, and to all participants in this important meeting so thoughtfully organised by our colleagues from the Healthy Caribbean Coalition, with input from so many of you.

As Sir Trevor has just reminded us, the recently held Ministerial Conference on Noncommunicable Diseases and Mental Health for Small Island Developing States, under the auspices of WHO, PAHO and the Government of Barbados. It was precisely held in recognition of the high burden of NCDs and mental health in SIDS countries, as well as the impact of climate change coupled with the impact of COVID-19 on health and economies in these particularly vulnerable states. And of course, it took place ahead of the UN General Assembly High-level meeting on Universal Health Coverage in September 2023, this conference feeds into the preparatory processes leading to the fourth High-level meeting on NCDs in 2025 and to future global summits on mental health. The 2023 Bridgetown Declaration, a key outcome from the conference, outlines steps to address the range of social, environmental, economic and commercial issues that lead to NCDs and mental health conditions

And timing is important, because we, the world population, the media, the decision makers and more importantly, the very people of our countries are highly sensitized to the topics that bring us together for the next two days: **Mobilising for 2025: A Caribbean Civil Society NCD Forum**. As we herald this, one of the first face-to-face meeting after the pandemic, it is important to briefly reflect on a few points: The COVID-19 pandemic has left us many lessons, among them a high public visibility of health issues, for example, how essential public health is, public health terms as epidemic, pandemic, epidemiology terms became part of the daily vocabulary of people on the street, and perhaps, now it does make more sense to speak about **the silent epidemic**, the one that takes more time to create the steep curve, and how we need to flatten the curve of the NCD epidemics, because different populations may be differently affected.

For example, beyond the threat of overwhelming health care systems, NCDs distress individuals, their families and communities as a result of their prevalence, comorbidities, stigmatization, increasing workforce disability, economic burden, and as causes of premature death. Additionally, the global spread and chronic nature of NCDs have led to recurrent costly medical interventions, lost productivity, elevated healthcare expenditures, and hampered economic development. Overwhelmed by the challenges of managing and treating NCDs, Countries require transformative changes to mitigate their global burden and flatten their ever-increasing curves.

Thus, our gathering here today is very timely. The momentum gained by recent events is significant, and I know this meeting will build on solid foundation as described by Sir Trevor. I encourage you to look around the room and recognize the expertise gathered at this event.

Today, we collaborate to take one step closer to achieving the Port of Spain Declaration, as well as the SDGs and other global and regional commitments around NCDs. Tackling NCDs in our region is a major challenge, but part of the solution lies in effective collaboration and the leadership of civil society is indispensable to design programming to convene, build solidarity and create a connective tool to uplift voices in community for social change.

Civil Society Organizations, by definition, bring a focus on the larger community as an ecosystem of health because health happens in our communities, schools, streets, our homes. And Civil Society also brings a

focus on strengthening systems and improving/updating outdated policies, ensuring the balance of power is with the people.

Civil Society is well poised to propose smart solutions in communities across the Caribbean, by working with partners, and where needed, create new laws and policies and systems. And you bring all of the attributes to the table, many of you are experts of lived experience with the conditions we are addressing.

Our work at entities such as PAHO aims to promote evidence-informed action to reduce NCDs. Tackling NCDs involves a two-pronged approach: one, implementing public policy that directly addresses risk factors, including through legislation, regulation, and healthful economic incentives; and two, empowering individuals within their communities to make healthy decisions about their behaviours and develop critical understanding about the social and commercial determinants of those behaviours, and those of their families.

I am certain that everyone is eager to roll up our sleeves and get to work, and I wish us all an enlightening and productive meeting. I look forward to the upcoming information exchanges, and collaboration on dynamic action plans going forward. The NCD crisis afflicting our Region makes this meeting both timely and critical, and I wish us all the greatest success.

ANNEX 4: WHO TECHNICAL PACKAGES FOR NCD PREVENTION AND CONTROL, AND USEFUL RESOURCES RELATED TO CLIMATE CHANGE

WHO technical packages

- [WHO package of essential noncommunicable \(PEN\) disease interventions for primary health care](#) (September 2020).
- [PEN-Plus Toolkit](#).
- PEN digital application—WHOPEN¹⁷⁴—an innovation to contribute to NCD service delivery.
- [SCORE for Health Data](#) (August 2020).
- [HEARTS](#) (2020) for cardiovascular disease management and [HEARTS-D](#), (2020) expanding the type 2 diabetes module.
- [SAFER](#) (2019) for alcohol reduction.
- [REPLACE](#) (updated June 2019) for elimination of industrially-produced trans fatty acids from the diet.
- [ACTIVE](#) (2018) for physical inactivity reduction.
- [CureAll](#) (2018) for managing childhood cancer.
- [SHAKE](#) (2016) for salt reduction.
- [MPOWER](#) for tobacco control.
- [mhGAP](#) for scaling up services for mental, neurological, and substance use disorders

Useful resources related to climate change

- World Meteorological Association (WMA) (2018). Climate services for health fundamentals and case studies for improving public health decision-making in a new climate.. <https://public.wmo.int/en/resources/library/climate-services-health-case-studies>.
- WMA (2018). Strengthening climate services for the health sector in the Caribbean. <https://public.wmo.int/en/resources/bulletin/strengthening-climate-services-health-sector-caribbean>.
- PAHO (2020). Climate change for health professionals: a pocket book. <https://iris.paho.org/handle/10665.2/52930>.
- Caribbean Regional Climate Centre. Caribbean Health Climatic Bulletin. <https://rcc.cimh.edu.bb/caribbean-health-climatic-bulletin/>
- Intergovernmental Panel on Climate Change (IPCC). Climate Change 2022: impacts, adaptation, and vulnerability. Working Group II contribution to the IPCC Sixth Assessment Report. <https://www.ipcc.ch/report/ar6/wg2/>.
- Hospedales J. View of caring for the earth for better health and well-being of all: addressing climate change as a planetary health emergency. Christian Journal for Global Health 2021; 8(1). <https://journal.cjgh.org/index.php/cjgh/article/view/575/961>
- American Public Health Association (APHA). Climate change, health, and equity. <https://www.apha.org/topics-and-issues/climate-change/guide>.
- APHA. Health equity and climate change. https://www.apha.org/-/media/Files/PDF/topics/climate/Guide_Section2.ashx.
- World Bank (2021). 360° resilience: a guide to prepare the Caribbean for a new generation of shocks – health systems resilience in the Caribbean. <http://bitly.ws/QkPx>.

- CARPHA. State of public health in the Caribbean report 2017-2018, climate and health: averting and responding to an unfolding health crisis. <https://new.carpha.org/What-We-Do/Health-Information/State-of-Public-Health>.

ANNEX 5 – PARTICIPANTS’ PRIORITIES FOR NCD AND NCD-RELATED POLICIES IN THE SHORT- AND LONG-TERM

MENTIMETER REPONSES

1. Top 3 priorities for physical activity policy in the short- and long-term

- Educate parents on the importance of getting children outdoors again, rather than behind the devices.
- Investment in supportive built environments, funding of youth initiatives and sporting activities.
- Urban planners needed for road re-design, walking lines/pedestrian road re-design. [Cyclovia](#) monthly events/phased cyclovia. Exercise promoters/recreationalists. Adult parks, worksite instant recess.
- Include regular movements, provision of facilities.
- Self-responsibility.
- Exercise by prescription.
- Linking physical activity more with promotion of mental wellness.
- To be widely circulated. To be a part of PHC; Identification of target groups to include schools and elderly populations.

2. Top 3 priorities for tobacco policy in the short- and long-term

- Education.
- Transparency.
- Vaping policy/ban.
- Advocacy.
- More legislation across the region.
- Smoke-free Caribbean!
- Funding.
- Comprehensive tobacco legislation in all Caribbean countries.
- Education of youth. Implementation and adjustment of legislation. Regional advocacy and campaigns.
- Abolition.
- Research of the effects on mental health and illnesses.
- Advocacy, regulating conflict of interest, especially with Industry sponsoring youth events, and increased research/surveys being conducted.
- Vaping legislation
- Comprehensive legislation.
- Education on harmful effects of vaping.
- Urgency.
- Increase taxes to 90% of sale price.
- Increased taxation. Smoke-free environments. Decreased access to raw tobacco products.
- Education and advocacy. Model legislation so countries do not have to start from scratch.
- Transparency. Legislation. More support for cessation programmes.
- Legislation enforcement.
- Taxes. Vapes. Implementation of legislation.
- Significant health tax.

- Education and awareness campaign.
- Removal of Industry interference in the decision process.
- Legislation.
- Advocacy. Implementation of control regulations. Address vaping through legislation.
- Established clear role of policymakers. Marketing improvements for CSOs. Ban on public advertising.
- Short/long: youth engagement. Long: adoption and implementation of tobacco legislation and regulations.
- Mass campaigns with dangers.
- Increase tobacco taxes and earmark for CSO support.
- Increased health education to population.
- Long-term: continuous education. Public education about the dangers. Enforcement of laws.
- Legislation. Community education. Advocacy.
- Abolition.

3. Top 3 priorities for alcohol policy in the short- and long-term

- Education and advocacy.
- Regulate sales to minors. Advocacy. Health education.
- Cooperation from public and private sectors.
- Comprehensive legislation.
- Reduced sale of alcoholic beverages.
- Education.
- Increase tax.
- Adopt and implement alcohol laws. Youth education. Funding.
- Educate people.
- Integration of mental health and the harmful effects.
- Mass education campaigns.
- Increased facilities for treating alcohol abusers.
- Education. Structured talks and legislation. Regulation of sale and use.
- Conflict of interest avoidance.
- Protocols that address conflict of interest.
- Increase taxes to prohibitive levels. Implement FCTC.
- Alcohol education, including re conflict of interest.
- Increased advocacy and education. Increased tax.
- Prevention of marketing with events. Having identification of age at purchasing. Having increased education.

4. Top 3 priorities for food policy in the short and long-term

- Inclusion of psychology of behavioural science in policy guidelines.
- Education, research, data.
- Effective school policy, FOPWL, SSB tax – tiered system.
- FOPWL, increased taxes, school nutrition policy.
- Better education, increased packaging, and no scare tactics.
- Tax on unhealthy food, healthy food cheaper, education.

- Collaboration.
- FOPWL black octagon.
- Focus on healthier food, not absolutes. Promote alternative lists. Use settings approach.
- Improved collaboration with Industry. Have Industry actively involved with solving the problem. Have a more inclusive food policy – food is food and good.
- Education, education, education to key demographics about all existing policies and laws, especially at the grass root level to parents and key groups.
- FOPWL. Addressing accessibility – physical and economic.
- Education at grassroots level. More investment in local agriculture.
- FOPWL. Taxation. Bans.
- Food security. Promotion of gardening/teaching skills. Elimination of trans fats.
- Affordable healthier alternatives.
- Reduce portion size. Reduce salt in food.
- Promotion of healthy diets through promotion of kitchen gardens. Nutritional labelling. Making existing food options healthy – looking at modified preparation of cultural dishes.

5. Top 3 priorities for mental health policy and programming in the short- and long-term

- Treatment hotline and youth activities.
- Hotline, trained psychologists, advocacy.
- Greater access to mental health resources, no stigma associated with mental health, and better backing from regional governments.
- Comprehensive mental health legislation.
- Legislation for the protection of those with mental illness.
- Short-term: training and re-training of medical personnel dealing with the public re mental health. Improved access to mental health centres for all. Improved hotlines.
- Advocacy related to beating the stigma. Focus on youth.
- Stigma. Accessibility. Prevention initiatives.
- Online and in-person counselling services and meaningful youth engagement in the mental health space.
- Identification and dissemination of resources for caregivers.
- Access to psychosocial support and services. Stigma reduction. Meaningful engagement of youth in solutions.
- Educating the health care providers to decrease the challenges of stigma.
- Access to mental health services in primary and secondary education institutions.
- Accessibility, availability, and quality.
- Affordable access. Inclusion of mental health in NHI. Inter-ministerial coherence of support for mental wellbeing in the workplace.
- Addressing stigma and discrimination. Access to medication. Resource for mental health treatment and management. Decentralisation of mental health services.
- Public sensitisation and awareness, training of health care providers, greater access to mental health services.
- Health worker training. CSO training and capacity. Recognise social media as being a risk for mental health.
- Laws for delivery of mental health services and the decriminalization of the act of suicide.
- Suitable access for all. Equip schools better, e.g., safe spaces to seek help. Subsidies for medication.

- Community sensitisation. Developmental approach to have specific mental health policies. Culture sensitive.
- Giving mental health its own legs/visibility alongside NCDs.
- Scale up mhGAP with ministries of health. Support NGOs working with mental health.
- Access to treatment. Destigmatisation. Legislation.
- Increase access to care – mental health providers in all health care facilities; health insurance coverage for all mental health services; better access to appropriate medications.
- Assessment of care facilities and services in partnership with CSOs based on best practices. Lobbying for removal of discriminatory practices in public sector services. Lobbying for CSO funding.
- Improved access to high quality medication. Improved access to affordable psychiatric care. Prevention of gaps in treatment for those who are being seen by psychiatrist and on medication.
- Increased advocacy for stigma reduction/elimination. Increased education/awareness of mental illness as a disease which can be controlled. Increase access and inclusion into primary care.
- More education and advocacy. Focus on reducing stigma and discrimination. Better access to care.
- Access to therapy and frequency as well, treatments segmented by age, adding mental health education to the curriculum to fight stigma.

6. **Top 3 priorities for hypertension/cardiovascular disease prevention and control in the short- and long-term**

- Advocacy, prevention, and education.
- Collaboration, national guideline development, empowerment.
- Guidelines that are used across the board
- Screening, HEARTS implementation, multidisciplinary approach.
- HEARTS.
- Research, standardised guidelines, collaboration regionally.
- HEARTS.
- HEARTS.
- Early screening, HEARTS, patient education.
- Increased awareness, screening, and more resources mobilised to address treatment and care.
- Self-management.
- Trained professionals, medication access, patient information.
- Lifestyle modification education, screening, enforcing tobacco control acts and alcohol and sugar regulations.
- In-hospital quality care.
- Implementation of standards and guidelines; improved management at first level of care; screening at all levels of care.
- Policies that promote heart health.
- Implementation of HEARTS; public and private sector health care collaboration.
- Push HEARTS throughout the region.
- Enforced guidelines.
- Access to medicines, education, self-management.
- Education and multidisciplinary approach.
- Use of polypill.
- Prevention education, access to screening, continuity of care.

- Collaboration, national guideline development, empowerment.

7. Top 3 priorities for cancer prevention and control in the short- and long-term

- Screening, education, access to support groups and education.
- Increased screening in primary care.
- Support services for cancer patients and their support networks (family or close friends).
- Develop workable evidence-based policies and plans; focus on cervical cancer elimination; improve care and treatment services.
- Screening, timely diagnosis, vaccines.
- *Short:* access to screening services; *long:* collaborating networks, as well as funding.
- Education, screening, policy creation and implementation.
- Screening, cancer response policies, collaboration regionally for treatment.
- Prevention programmes – focus on risk factors, many cannot afford the treatment.
- Cervical cancer elimination, increase breast and colon cancer plans.
- HPV testing in primary care. Development of cancer registries.
- Empathy can best be achieved by policies involving empathy at the point of care institutions. We are small Member States, more collaboration and resource sharing are beneficial. Prevention measures where possible.
- Support groups for caregivers, screening and vaccination for youth, vaccines.
- Improved access to screening; patient empowerment and health care power empathy; improved access to appropriate treatment.
- Funding and cost constraints. Availability of treatment. Cancer plans/protocols.
- Harmonised regional response on cancer. Cancer registry. Health care ethics.
- Improve treatment before increasing screening.
- Better screening (cheaper alternatives to government services), advocacy to increase public awareness, especially among young people.
- Development of cancer prevention control policies in country. Capacity building for health care professionals in communication with patients.
- Cancer policies. Integrative cancer plans. Focus on education and screening.
- Cancer prevention and care policies. Increased cancer prevention education. Timely access to screening, diagnosis, and treatment.
- Training in empathy for medical professionals. Integrative palliative care. Research in the area of cancer. Promoting national cancer registration regionally.

8. Top 3 priorities for addressing CDoH in the short- and long-term

- Teacher training, so that good nutrition can be consistently taught at schools. Parents and children to be educated about the right to health, as a human right.
- Understanding the different levels involved. Education at different levels. Never giving up.
- Involve corporate stakeholders.
- Conflict of interest policies. Access to information/freedom of information laws. Whistleblower legislation.
- Have multisectoral governance structure.

ANNEX 6 – PARTICIPANTS’ EVALUATION OF THE CSO FORUM

MENTIMETER RESPONSES

OVERALL CONTENT (rating 1-5, where 1 = poor, 5 = excellent)

Parameters	Rating
Covered useful material	4.5
Well-organised	4.4
Relevant to my organisational needs and interests	4.7
Achievement of the objectives of the various sessions	4.5
Sufficient time allocated to discussion sessions/participant input	4.1

ACHIEVEMENT OF EXPECTED OUTCOMES (rating 1-5, where 1 = not achieved, 5 = fully achieved)

Expected outcomes	Rating
1. Strengthen relationships and revitalise knowledge and resource-sharing networks within HCC CSO membership.	4.6
2. Share experiences, recent developments, and priorities across NCDs and their risk factors.	4.7
3. Explore key strategies to drive national and regional momentum in the NCD response.	4.3
4. Map out HCC’s priority actions for the next strategic period.	3.9

WHAT DID YOU ENJOY MOST ABOUT THE MEETING?

- Informative.
- The discussion.
- Open, comfortable discussion.
- Active engagement.
- Sharing of best practices from fellow countries.
- The wealth of knowledge received and the amount of sector involved. Also, the food was amazing!
- The meaningful conversation and ability to network.
- That space was provided for frank discussions!
- Hearing the experience of other members.
- Sharing information and networking.
- Knowledge sharing and networking.
- Health breaks.
- Opportunity to network.
- The work of the countries and organisations.
- Networking.
- Networking. Hearing about all the work being done, and to do. Solidarity.
- Everything.
- Networking – meeting colleagues.

- Youth involvement and participation.
- Interaction and information that was shared.
- The knowledge and amount of discussions had – was very insightful.
- The interaction between all stakeholders and how it lent itself to identifying strengths and areas of collaboration.
- Hearing about what is happening in other countries and learning from their experiences.
- Networking and hearing from others about their experiences.

DO YOU HAVE ANY OTHER COMMENTS ABOUT THIS EXPERIENCE?

- None.
- Thank you very much HCC for an informative conference. Keep up the good work.

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