Healthy Caribbean Coalition

Strategic Plan 2025-2030

From the 2025 4th UN High Level Meeting on NCDs and Mental Health to the 2030 Sustainable Development Goals... Enabling Caribbean civil society's contribution to national, regional, and global action for the prevention and control of NCDs

HCC
HEALTHY CARIBBEAN COALITION

HEALTHY CARIBBEAN COALITION STRATEGIC PLAN 2025-2030

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June 2025

WHAT'S IN THE PLAN?

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ABOUT THE
HEALTHY CARIBBEAN COALITION

The Healthy Caribbean Coalition (HCC) is an alliance of civil society organisations based in the Caribbean that works directly and indirectly on the prevention and control of noncommunicable diseases (NCDs) including mental and neurological disorders.[1]

The HCC was conceived and formed in 2008 post the seminal 2007 Declaration of Port of Spain (POSD) on NCDs which called for a whole-of-government and whole-of-society response to the threat of NCDs. Heads of Government, in the POSD, explicitly recognised the critical importance of civil society, leading to the conceptualisation of the Healthy Caribbean Coalition by Sir Trevor Hassell and the formation of a small task force of like-minded Caribbean NCD Champions. In the absence of a regional mechanism for incorporation of not-for-profit entities, the HCC was formally registered in Barbados in May 2012, when, with the support of its first unrestricted donor, Sagicor Life Inc., the HCC Secretariat was established. Over the 17 years since its formation, under the stewardship of Sir Trevor, the HCC has grown into a mature organisation recognised regionally and globally as a major civil society voice and force in NCD prevention and control in the Caribbean.

The HCC is governed by a Board of Directors representing civil society organisations from across the Caribbean, has a group of active technical advisors representing and contributing to specialised areas across the NCD agenda, including alcohol, climate change, physical activity, trade, and tobacco. The work of the HCC is led by an Executive Director and a small, highly qualified team with a range of expertise including communications, advocacy, capacity building, digital content, administration, and youth empowerment. The HCC has an active youth arm, Healthy Caribbean Youth (HCY), which drives youth engagement, leadership, and action. The HCC also has a People Living with NCDs (PLWNCDs) high-level advisory group. Regional and global public health leader and NCD Champion, Sir George Alleyne, has been the Patron of the HCC since it was formed in 2008.

The HCC's membership of health and non-health civil society organisations geographically spans both *Caribbean Community (CARICOM) Member States and Associate Members*[2] and stands at almost 100 strong as of June 2025. The HCC also has a number of regional and global institutional relationships which support its work.

96 Health NGOs
2 Associate Members
1 Academic Member
2 NCD Alliances

CARIBBEAN SEA

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THE STRATEGIC PLAN - ITS FOCUS, INSPIRATION, AND DEVELOPMENT

FOCUS

The HCC's Strategic Plan 2025-2030 underpins the work of the Coalition and shapes the continued contribution of civil society to NCD prevention and control in the Caribbean over the next five years.

This roadmap for action informs the direction of the HCC at a pivotal time, as the global community takes stock of NCD progress at the 4th United Nations (UN) High Level Meeting on NCDs (HLM4)[3] in September 2025 where Heads of Government and State will be expected to agree on ambitious, timebound political commitments to guide national, regional, and global action over the next five years in support of achieving Sustainable Development Goal (SDG) SDG 3.4[4] and the other interlinked 16 goals in the broader SDG agenda.[5]

INSPIRATION

The 2025-2030 Strategic Plan builds on previous HCC strategic plans, including the HCC Strategic Plan 2012-2016, Civil Society Action Plan (CSAP) for Preventing Childhood Obesity in the Caribbean 2017-2021, HCC Strategic Plan 2017-2021[6] and the 2021-2022 Transformative New Agenda and Action Plan.[7] Lessons learned from the implementation of these plans, as well as a number of external evaluations of the previous Strategic Plans and the CSAP, informed the content of the Plan.

Of special note, the Transformative New Agenda[8] (TNA) was developed in response to the COVID-19 pandemic and its catalytic refocusing of public health attention on obesity and NCDs, equity, human rights, and the linkage between health, development, and national security. The HCC developed the TNA to capture and frame institutional shifting of priorities and to call for national and regional changes in the approach to NCD prevention and control. The TNA proposed a new approach to NCD reduction by government, civil society, and the commercial sector, underpinned by principles of equity and human rights, and aimed at enhancing human security and human capital. It is based on social activism by PLWNCDs, young people, and other key stakeholders, and focuses on a life-course preventive approach. The principles, approaches, and actions of the TNA are foundational to this Strategic Plan and it should be seen as an important complementary reference document.

The Plan is also informed by **regional and global NCD frameworks** for action and **political**

commitments, including the CARPHA 6-Point Policy Package,[9] the recently approved Caribbean Moves Implementation Framework, and the Pan American Health Organization (PAHO) Strategic Plan 2026-2031, which is currently under development. Globally, the Plan seeks to support the implementation of the Small Island Developing States (SIDS) 2023 Bridgetown Declaration on NCDs and Mental Health,[10] the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020[11] (extended to 2030, and associated Implementation Roadmap[12]) and the updated WHO Best Buys and Other Recommended Interventions.[13]

The Plan is linked to, and complements other HCC operational plans, including those which are project-driven (for example, related to the Global Health Advocacy Incubator (GHAI), Vital Strategies, and letters of agreement (LOAs) with PAHO or institutional (for example, Healthy Caribbean Youth and the Childhood Obesity Prevention Action Team). In 2025, this year of HLM4, the HCC, as was done in past HLM years (2011, 2014, and 2018), prepared HCC-led Caribbean Advocacy Priorities (HLM4 APs)[14] (see page 35). They were developed with emphasis on the importance of identifying a set of regional priorities which the Caribbean Community (CARICOM)[15] missions and negotiators could promote at HLM4; which governments and key implementing partners could embrace; and around which civil society and key advocacy partners could mobilise, as all stakeholders work to accelerate progress to agreed priority NCD prevention and control objectives in CARICOM Member States. The Advocacy Priorities, inspired by the NCD Alliance's HLM4 Priorities[16] and developed in consultation with HCC member organisations, map out priority areas for integration into the HLM4 Political Declaration and the priority advocacy and action areas for the CARICOM NCD response in the lead-up to 2030. Given the overlapping timeline, the Strategic Plan aligns with the HLM4 APs.

DEVELOPMENT

The Strategic Plan was co-developed by an external firm, HCC's core team, and the Board of Directors in consultation with HCC's civil society membership and HCC's key stakeholders, including funders and implementing partners. To ensure that the Plan reflected the strategic direction of the Coalition within an evolving regional and global NCD context, the priority needs of HCC's membership and key regional stakeholders, and the organisational capacity of the HCC, wide stakeholder inputs were sought. Comments were received through a series of consultations held at various stages of the development of the Plan, including conceptualisation, development of the first draft, and finalisation.

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GUIDING THE WAY FORWARD

2025 marks the 18th anniversary of the Port of Spain Declaration on NCDs. It is an important stocktaking moment for the global and Caribbean NCD community and provides a unique and potentially historic opportunity for CARICOM, **supported by civil society**, to renew leadership and drive bold global, regional, and national action on NCD prevention and control.

The most recent 2025 WHO NCD Progress Monitor[17] and Port of Spain Grid[18] point to chronic under performance in reaching NCD targets and deterioration in progress across a number of key areas, including premature NCD mortality and risk factors.

Policy inertia continues to plague the region, as evidenced by Governments' failure to substantively implement evidence-based regulatory prevention measures which have high returns on investment. These include, but are not limited to, implementation of the WHO Framework Convention on Tobacco Control (FCTC), WHO SAFER alcohol control initiative, WHO REPLACE technical package, WHO Global Action Plan for Physical Activity 2018-2030: More Active People for a Healthier World, WHO mhGAP programme,[19] octagonal high-in warning labels, taxation on sweetened beverages, bans on the sale and marketing of ultra-processed products and implementation of legislation to ban industrially produced trans-fatty acids in the food supply. Powerful commercial sector opposition to a number of proposed public health measures, including front-of-package nutrition warning labels, taxation on sweetened beverages, tobacco, and alcohol, are indicative of the pervasive and sustained challenge of Industry interference regionally and globally.

It is increasingly acknowledged by the public health community that the commercially-driven undermining of health policy poses one of the most substantial threats to NCD prevention and control. Progress on NCD prevention cannot be achieved without sustained, institutionalised, governance action on the commercial determinants of health. SIDS Governments recognised this in the 2023 Bridgetown Declaration on NCDs and Mental Health,[20] which called for decisive actions to empower and enable Governments to safeguard policy-making from interference by commercial actors with vested interests.

The relative absence of NCDs on the agenda of the Conference of Heads of Government of CARICOM since 2018 may signal a de-prioritisation of NCDs at the highest levels of decision-making in CARICOM. Advocates and the wider public health community must identify synergies with intersecting regional political priorities such as food and nutrition security and climate change. Unhealthy diets are the single greatest risk factor for NCDs, driven by dysfunctional, profit-oriented food systems curated for overconsumption of ultra-processed products (UPPs) high in sodium,

fats, sugars, and other additives. Greater alignment and partnership with the regional food and nutrition security agenda[18] is urgently needed to forge healthier resilient food systems which produce, deliver, and promote accessible and affordable healthy, nutritious foods for all CARICOM citizens. Climate change presents a growing threat to health and health systems; fully exploring and addressing the nexus between climate change and NCDs and investing in climate-resilient health systems will be essential.

CARICOM governments, supported by key stakeholders, including civil society, need to take courageous action to implement regulations and transform Caribbean communities away from health-harming towards health-supporting behaviours. This will mean bold actions across sectors to strengthen governance systems, with the guardrails needed to empower ministries of health and key health-influencing ministries to work in concert to regulate commercial actors and their products.

Placing people first, at the heart of the NCD response, is necessary to drive action. This will require investment in civil society organisations (CSOs) and in mechanisms for social participation and inclusion, which elevate the experiences and participation of people with lived experience, including young people and other key groups. Placing people first involves educating communities, empowering them to mobilise, and driving support and demand for NCD policies and programmes, thereby creating the political space for policy action.

The value of investment in civil society to drive a people-first response cannot be underestimated. Financial and technical investments in CSOs have shown demonstrable positive impacts in the area of public awareness, policy demand, and policy readiness. The capacity of CSOs across the region to function effectively in their various roles, including education and outreach, service delivery, advocacy, and the 'watchdog' accountability role is highly variable, especially in the areas of advocacy and accountability. The HCC itself has limited capacity and thus relies heavily on a model of regional focus with amplification of the regional NCD agenda at the local level through its national member CSOs. The HCC must continue to invest in strengthening the capacity of its member organisations directly and indirectly, exploring innovative means of financing and capacity development through multisectoral partnerships, being mindful of possible conflicts of interest.

In this year of the HLM4, the 18-year anniversary of the POSD, and five years away from the 2030 SDGs, CARICOM, a body operating in a region burdened excessively by NCDs, food and nutrition insecurity, limited fiscal space, and the growing threat of climate change – must consider what will it do differently.

How will the region empower its people to live their healthiest lives by delivering on its NCD commitments and reaching its NCD targets? Courageous leadership and action are necessary. CARICOM Governments will need to prioritise efforts in areas most likely to yield tangible and meaningful impact, that is, reduction in new NCD cases and improvement in the quality of life

for those living with NCDs. Civil society and the private sector (free of conflicts of interest)will need to leverage their respective strengths to support governments, which, in human rights-based approaches, are duty-bound to take decisive action to improve the health and wellbeing of their people.

Against the above background and in the spirit of the core principles of the TNA, the Advocacy Priorities for the HLM4, the institutional strengthening needs of the HCC, and the commitment to empowerment, partnership, collaboration and collective action, the work of the HCC, over the next five years, will be guided by its **2025 - 2030 Strategic Plan**, which is described in detail in the following section.

OUR VISION

OUR STRATEGIC ENABLERS

OUR MISSION

THE STRATEGIC PLAN 2025-2030

OUR VALUES AND GUIDING PRINCIPLES

OUR STRATEGIC PATHWAYS

OUR STRATEGIC GOAL AND EXPECTED OUTCOMES

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SNAPSHOT OF THE STRATEGIC PLAN 2025 - 2030

OUR VISION

Vibrant and empowered, healthy Caribbean people free of non-communicable diseases (NCDs) and their associated preventable suffering, stigma, disability, and premature death, achieving their fullest potential and contributing to equitable national and regional development.

OUR MISSION

To harness the power of civil society - in collaboration with key national, regional, and global partners- to galvanise bold action for NCD prevention and care in the Caribbean, leaving no one behind.

OUR VALUES AND GUIDING PRINCIPLES

- Excellence and Impact
- People-centred
- Human Rights and Equity
- Independence
- Transparency, Integrity, and Accountability
- Simplicity and Flexibility
- Partnerships
- Innovation
- Policy-driven

OUR STRATEGIC GOAL AND EXPECTED OUTCOMES

Our Strategic Goal:

- Reduce by 33% premature mortality from NCDs and promote mental health and wellbeing by 2030 (UN SDG target 3.4).

Our Expected Outcomes:

- Strengthened, meaningful, and effective **Community Engagement**
- Increased focus on **NCD Prevention** and reduction of risk factors
- Improved access to high-quality **Care** for people living with and at risk of NCDs

OUR STRATEGIC PATHWAYS

- Knowledge Creation and Dissemination
- Capacity Development
- Growing and Strengthening Partnerships
- Advocacy and Accountability

OUR STRATEGIC ENABLERS

- Governance, Operations, and Infrastructure
- Membership
- Financial Sustainability
- Monitoring and Evaluation
- HCC Branding

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THE STRATEGIC PLAN TO ACCELERATE ACTION IN THE CARIBBEAN

OUR VISION

Vibrant and empowered, healthy Caribbean people free of non-communicable diseases (NCDs) and their associated preventable suffering, stigma, disability, and premature death, achieving their fullest potential and contributing to equitable national and regional development.

OUR MISSION

To harness the power of civil society - in collaboration with key national, regional, and global partners - to galvanise bold action for NCD prevention and care in the Caribbean, leaving no one behind.

OUR VALUES AND GUIDING PRINCIPLES

1. **Excellence and Impact:** We are action-oriented and results-driven, performing at the highest levels, delivering operational excellence and focusing on the implementation of strategic interventions to achieve results and impact.

2. **People-centred:** We promote and support meaningful engagement and action, centring of civil society, PLWNCDs, young people, and other persons in conditions of vulnerability in all aspects of what we do, within our organisation and our work.

3. **Human Rights and Equity:** We promote and take a participatory, human rights- and equity-based approach to NCD prevention and control that prioritises PLWNCDs, young people, and other persons in conditions of vulnerability.

4. **Independence:** Even as we commit to working with diverse stakeholders, we will maintain our independence and objectivity as a civil society organisation, staying true to our values and guiding principles, promoting and supporting evidence-based interventions, and openly addressing any real, perceived, or potential conflicts of interest.

5. **Transparency, Integrity and Accountability:** We will ensure openness and honesty in our governance and all our dealings, and we will be accountable to ourselves, our donors, our partners, and our members, while always taking steps to avoid or manage conflicts of interest.

6. **Simplicity and Flexibility:** We will avoid unnecessary bureaucracy and complexity in our operations, retaining the capacity to respond to priority developments and needs without compromising the quality of our work, our integrity, and our accountability.

7. **Partnerships:** Collaboration and partnerships are central to our work. We develop, enable, and promote strategic alliances and coalitions with and within our membership, and with a wide range of partners across sectors, nationally, regionally and internationally, while always taking steps to avoid or manage conflicts of interest.

8. **Innovation:** We aim to break new ground in every facet of our work, devising and implementing creative and non-traditional solutions, based on evidence and good practices, tailored to national and regional realities.

9. **Policy-driven:** Our focus is on high impact, evidence-informed policy and regulatory solutions which reshape health environments and impact entire populations. We operate regionally and nationally, working through and with our membership, in the latter, empowering civil society organisations to improve their constituents' health literacy and drive public demand for strong NCD policies and programmes.
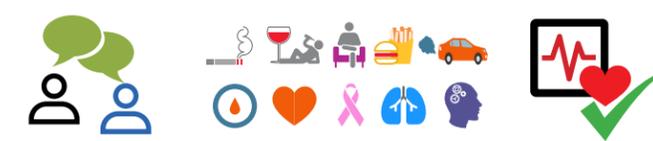
OUR STRATEGIC GOAL AND EXPECTED OUTCOMES

OUR OUTCOME GOAL

Reduce by 33% premature mortality from NCDs and promote mental health and wellbeing by 2030 (UN SDG target 3.4)

OUR EXPECTED OUTCOMES

1 Strengthened, meaningful, and effective Community Engagement:

Strengthening the capacity of NCD civil society, PLWNCDs, and young people to advocate for and be meaningfully involved in the NCD response at national, regional, and global levels, including in the planning, implementation, monitoring, and evaluation of NCD policies and programmes that affect them, enabling their voices to be heard.

Goal: Our goal is a strong, empowered, and active Caribbean NCD civil society representing PLWNCDs, young people, and other key groups, amplifying the work of the HCC at the national level, and leading and driving NCD action in collaboration with key partners.

2 Increased focus on **NCD Prevention** and reduction of risk factors:

i) Promoting health-supporting environments which enable the realisation of the right to health and health equity through the implementation of policies and legislation which support the prevention of NCDs across the life course by reducing exposure to the major NCD risk factors (unhealthy diet, tobacco use, physical inactivity, use of alcohol, and air pollution).

ii) Enabling the accelerated multisectoral implementation of prevention policies to regulate commercial actors by promoting government-led action to address the commercial determinants of health and strengthening of governance to manage conflicts of interest and prevent undue influence.

Goal: Our goal is the accelerated implementation by governments of the WHO Best Buys and Other Recommended Interventions to reduce exposure to the major NCD risk factors (unhealthy diet, tobacco use, physical inactivity, use of alcohol, and air pollution).

5 x 5

NCDs — **RISK FACTORS**

NCDs	RISK FACTORS
Cardiovascular Disease	Tobacco Use
Diabetes	Use of Alcohol
Cancer	Physical Activity
Chronic Respiratory Diseases	Unhealthy Diet
Mental Health Conditions	Air Pollution

3 Improved access to high-quality **Care** for people living with and at risk of NCDs:

i) Ensuring equitable access to high-quality, affordable treatment and care (including medicines, diagnostics, and medical devices) for people (including children and youth) living with NCDs, encompassing challenges due to mental health conditions, by promoting strengthened, people-centred, primary health care-based health systems for universal health.

ii) Building resilient systems and resources for quality promotion, prevention, detection, care, treatment, and palliation by addressing leadership and governance; service delivery; essential medicines, vaccines, and health technologies; health financing, with investment in health as a public good, and social protection; health workforce; information systems for health; and climate resilience measures.

Goal: Our goal is equitable access for all PLWNCDs to high-quality, affordable treatment and care.

OUR STRATEGIC PATHWAYS

These are the four interconnected pathways needed to achieve our strategic goal and expected outcomes:
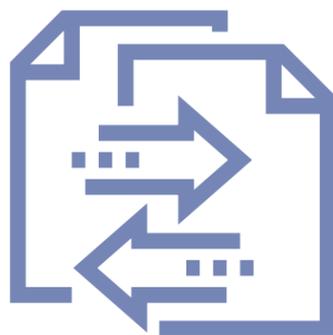

1. Knowledge Creation and Dissemination

The HCC will prioritise the creation and dissemination of information grounded in scientific evidence and free from conflicts of interest to various target groups, including core CSO membership and key stakeholders such as policymakers and the general public. Both traditional and new innovative communication vehicles will continue to be used to disseminate messages and accurate information tailored to selected audiences, taking into consideration literacy levels and language where appropriate and feasible, to put a "human face" on NCDs and their impact, while building health literacy across key groups. An important aspect of the communication will be the promotion, dissemination, reporting, and packaging of NCD-related research, developments, and national, regional, and international agreements, to facilitate alignment, adoption, or adaptation by national and regional programmes and interventions, as appropriate. Knowledge dissemination to the public via multiple channels is critical to build the widespread awareness and policy demand needed to push policymakers to deliver on NCD commitments, while fostering political buy-in and will to take action, and to counter misinformation and disinformation.

Priority Actions

1. **Strengthen HCC knowledge-sharing platforms including the website, the regular News Roundup, webinars, and publications, including policy briefs, infographics, action plans, and reports,** to support knowledge acquisition, transfer, advocacy, and accountability.

2. **Engage with the media** to support increased public access to information.

3. **Promote strategies to improve health and digital literacy, enhance communication for health, and counter misinformation and disinformation,** for an informed public that can make healthier choices.

4. **Use digital strategies and platforms to strengthen health literacy and policy demand** amongst civil society organisations and the general public.

5. **Increase engagement with PLWNCDs, young people, and other persons in conditions of vulnerability** to amplify their voices and share their stories and experiences.

6. **Raise awareness, share information, and build capacity** regarding NCDs, risk factors, equity, human rights, human security, and human capital.

7. **Raise awareness and share information** regarding the work of the HCC membership.

8. **Engage with traditional and new media using NCD champions and policy entrepreneurs** to contribute to the crafting and dissemination of audience-appropriate messages.

9. **Promote research and information systems for health** that provide disaggregated data on the impact of NCDs (and related diseases where applicable), and enable evidence-based policies and interventions that advance equity and human rights.
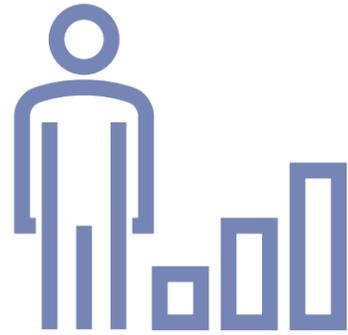
2. Capacity Development

The HCC will develop and implement strategies and plans for institutional and capacity development to strengthen both the members' and the Secretariat's performance of key functions such as advocacy, accountability, communication, capacity building, and direct provision of services. The Coalition will also enable more upstream functions such as contributions to national strategic planning and policy development for NCD prevention and control.

Priority Actions

1. **Design and implement an annual capacity development programme** based on CSOs' self-identified capacity needs.

2. **Develop tools to support capacity development** across key programmatic areas.

3. **Collaborate with key national, regional, and global partners** to develop capacity across key gap areas as identified by HCC and member CSOs.

4. **Build and develop the capacity of HCC member organisations, Healthy Caribbean Youth, and PLWNCDs to effectively perform core CSO functions,** including mobilisation, catalysing and galvanising NCD social activism and movements, advocating for NCD policy and programmes, communication, service delivery, and accountability measures.

5. **Encourage and empower PLWNCDs, young people, and other persons in conditions of vulnerability to participate in NCD policy and programme development, implementation, and assessment.**

3. Growing and Strengthening Partnerships

The HCC, in keeping with regional and international frameworks and agreements, emphasises multisectorality (as appropriate and mindful of conflicts of interest) and strategic partnerships as critical success factors for the NCD response. The HCC will continue to establish effective partnerships, networks, arrangements, collaboration, and alliances with strategic partners at the national, regional, and global levels, among governments, intergovernmental agencies, institutions of the major political integration entities, civil society, and healthy commodity industries, using existing effective and emerging innovative strategies, and ensuring ongoing relevance and value within the NCD community.

Priority Actions

1. **Strengthen and maintain existing partnerships** including 'official relations', memoranda of understanding (MOUs), consultative status, letters of agreement, and project grants.

2. **Explore new partnerships** regionally and globally, mindful of conflicts of interest, and leveraging potential collaborators working in NCD-related areas such as climate change, food and nutrition security, sexual and reproductive health, and digital transformation.

3. **Explore and create platforms to support HCC membership partnership development,** both within the HCC membership and with key multisectoral actors nationally, regionally, and globally.

4. **Continue to develop tailored tools and capacity for civil society and public sector stakeholders to promote good governance,** with safeguards to protect policy making from conflicts of interest and undue influence; this includes the development of tools to manage conflicts of interest in NCD policymaking.

5. **Continue to promote and support integrated, multisectoral, health-in-all-policies, whole-of-government, and whole-of-society partnerships and interventions** to address the determinants of health, taking into consideration the commercial determinants of health and the good governance safeguards needed to protect policymaking from conflicts of interest and undue influence. This includes supporting National NCD Commissions or equivalents; convening stakeholders to discuss strategies to strengthen multisectoral mechanisms and support policy coherence across health and health-influencing ministries; and advocating for institutional inclusion of civil society actors (including PLWNCDs and young people) in NCD decision-making roles.

6. **Explore relationships and partnership models with health-promoting and health-neutral industries** such as those providing financial, insurance, telecommunications, media, agricultural, and transportation services, identifying shared values and win-win situations for the private sector and public health, tailored to Caribbean realities and mindful of conflicts of interest and the unique context of Caribbean SIDS.

4. Advocacy and Accountability

The HCC and its national and regional members will lead advocacy for the development and accelerated implementation of strong evidence-informed NCD prevention, treatment, and care policies. We will work closely and align with key strategic partners to strengthen national, regional, and global advocacy. The HCC will strengthen its "watchdog" functions, monitoring the implementation of NCD-related commitments made by governments and policy makers, and holding them accountable for relevant interventions. The HCC will also improve its accountability mechanisms to explicitly demonstrate the transparency and integrity of its work, and accountability for commitments, resources, and results, as well as management of conflicts of interest that may arise. The HCC will promote greater participation, consistent demonstration of shared ownership, and sound accountability procedures among its member organisations.

Priority Actions

1. **Advocate for the accelerated implementation of the WHO Best Buys and Other Recommended Interventions,** and guidance from other international frameworks for health and development, including the 2023 SIDS Bridgetown Declaration on NCDs and Mental Health, emphasising government policy, legislation, and regulations for prevention, and protecting the policy space from commercial and vested interests.

2. **Increase awareness of the commercial determinants of health and the importance of good governance in safeguarding NCD policymaking** from conflicts of interest and undue influence of commercial actors with vested interests, including tracking commercial influence and interference; development of tailored tools; and advocacy for implementation of good governance safeguards.

3. **Promote mental health,** in particular the prevention and management of mental, neurological, and substance use disorders, as integral components of NCD prevention and control policies and programmes.

4. **Create opportunities for youth-led and PLWNCDs-led advocacy.**

5. **Promote and emphasise equity and human rights** as overarching principles for NCD prevention and control, and the critical importance of NCD reduction, highlighting the threat NCDs pose to the progressive realisation of the right to health and the development and strengthening of human security and human capital.

6. **Advocate for strong, resilient health systems and universal health** based on the primary health care (PHC) strategy, addressing multimorbidity and lifelong care of chronic diseases.

7. **Advocate for the integration of multisectoral actions** that address NCD reduction and related issues, including food and nutrition security, the climate crisis, digital transformation, and preparedness for future pandemics, emergencies, and disasters.

8. **Monitor and evaluate the achievement of agreed NCD and related goals and objectives,** and enable the "watchdog" function, holding governments, civil society, and private sector accountable, including for the identification and management of COI , as well as countering interference from, and the impact of, unhealthy commodity industries.

9. **Promote the strengthening of digital strategies and information systems for health,** with disaggregated qualitative and quantitative data to identify inequities, counter misinformation and disinformation, and enable accountability.

10. **Enhance the accountability** of civil society and advocate for improved accountability of government and the commercial sector, including policies to manage conflict of interest and improve leadership, governance, and transparency.

OUR STRATEGIC ENABLERS

Achieving the strategic goal and expected outcomes through the strategic pathways and associated actions, will not be possible without addressing the five core enabling areas described below:

1. Governance, Operations and Infrastructure

The HCC will ensure the highest levels of organisational commitment to the ongoing strengthening of internal governance, operations, and infrastructure to ensure compliance with national, regional, and global civil society organisation operating procedures and guidelines. However, the Coalition is small and faces a number of sustained challenges, including limited unrestricted core funding and human resource capacity,

in particular for the non-project-related core operations and administration. The programmatic focus of the HCC's work is driven to a large extent by funding sources. HCC has been, and continues to be, purposeful in ensuring relevance outside of these main funding areas through small grants and pro bono work. This must continue, to maintain our credibility as an NCD-focused civil society organisation. The use of digital technologies and solutions is also an area which is critical to institutional growth and resilience.

Priority Actions

1. **Strengthen governance processes and practices,** including the functioning of the Board of Directors; reviewing, improving, developing, and documenting policies and operating procedures (terms of reference, COI Policy, Prevention of Sexual Exploitation and Abuse (PSEA) policy, Standard Operating Procedures (SOPs) etc.); ensuring ongoing timely compliance with national guidelines for not-for-profit associations; hosting of the annual General Assembly; and preparation of the annual financial audits.

2. **Strengthen core operating capacity** through expansion of non-project-related human resources focused on operations management.

3. **Strengthen human resources functioning** through the development and implementation of a human resources plan for the HCC Secretariat to enhance personnel performance, boost the efficiency of its operations, and address succession planning, including the designation of, and resources for, core staff, while leveraging skills and expertise within the Board of Directors and the Technical Advisors.

4. **Strengthen HCC operations** through the identification of infrastructural, technical, administrative, and managerial needs, and implementation of appropriate systems for the HCC's enhanced and effective functioning.

5. **Strengthen the Coalition's ability to keep pace with evolving digital trends,** including artificial intelligence, by expanding digital capacity and proficiency, maintaining data security, and utilising remote work to enhance collaboration, innovation, and build resilience.

6. **Strengthen the various operational arms of the HCC,** including the Technical Advisors, HCY, and PLWNCDs Advisory Group.

7. **Expand comprehensive (inclusive of human resources) project-related funding** to engage in a limited range of NCD (diseases and risk factors) and NCD-related (climate change/food and nutrition security/emerging) priority areas.

2. Membership

The HCC will prioritise investment in its membership to strengthen the regional civil society. The civil society organisations which form the membership base of the HCC are the centre of the organisation. The HCC cannot function effectively and achieve its organisational goals without its membership being aligned with its purpose. Optimal functioning and impact of the HCC at the global, regional, and national levels is predicated on strong, active civil society member organisations at the national and regional levels, driving community- and country-level change. The capacities of HCC member organisations vary considerably and impact significantly on the extent and quality of the engagement on priority issues. The HCC and its members are intended to work symbiotically, amplifying shared advocacy priorities using simultaneous top-down and bottom-up approaches. The HCC will promote ongoing investment in all aspects of Organisational growth and impact of its membership within the constraints of existing resources.

Priority Actions

1. **Expand and strengthen membership, including regularly assessing and addressing member needs and priorities.**

2. **Expand and strengthen the membership of HCY and the PLWNCDs Advisory Group.**

3. **Expand and strengthen engagement with and between membership,** including through continuation of the Conversations with Directors initiative; regular convening of members under shared focus areas (NCDs, risk factors, lived experience/PLWNCDs etc.); showcasing of the work of the membership; hosting of the annual General Assembly; and coordinating of joint CSO actions.

4. **Develop the capacity of HCC members** to effectively participate in the planning, implementation, monitoring, and evaluation of programmes and projects, with focus on results.

5. **Expand and strengthen engagement of membership with other key actors across different sectors** (as appropriate) in the NCD response at the national and regional levels.

6. **Promote an enhanced sense of shared ownership** through improved awareness of the HCC's policies and programmes, and co-development of the HCC's interventions (including campaigns) at regional and national levels.

7. **Promote and support, where appropriate, the formation of national NCD Alliances** which could, if functioning optimally, serve as the national alliance member organisation of the HCC, representing the collective CSO interests of that particular country.

3. Financial Sustainability

The HCC will work to ensure the highest level of financial management, accountability, and sustainability for its operations, increasing and diversifying its funding. Additional sources of revenue will be continuously explored, bearing in mind potential conflicts of interest. The development of grant proposals and resource mobilisation opportunities will be vigorously pursued, building on HCC's position as a legitimate and trusted representative of civil society in the Caribbean, and its reputation as an efficient and accountable executing agency.

Priority Actions

1. **Maintain and strengthen transparent and effective financial management systems and controls,** including conducting robust annual financial audits (completed in a timely manner) and financial reporting, and ongoing reviews of fund management to ensure efficient use of funds, taking into consideration currency exchange.

2. **Strengthen and standardise project and core operating budget management processes and tools,** and build budget management capabilities across the team.

3. **Continue to seek and retain project and core unrestricted operational funding,** bearing in mind potential conflicts of interest.

4. **Increase diversity and innovation in funding** through the development of a funding model for the HCC, with identification of new types and sources of funding from, but not limited to, governments, members, health-related (including food and nutrition security, climate change, and digital transformation) and non-health sectors, development partners, and financial institutions, and through collaborations with diverse partners, including membership (bearing in mind potential conflicts of interest).

4. Monitoring and Evaluation

The HCC will regularly review its performance, monitoring and evaluating the production of deliverables and the achievement of outputs, outcomes, and impact, as well as the efficient and effective use of resources, based on both internal and external assessments. The HCC will place emphasis on the inputs of its key stakeholders and obtain objective appraisals of its products and interventions, making adjustments, as indicated, for improvement. Integrated, annual operational plans will include indicators of performance and achievement, which will form the basis of the monitoring and evaluation framework. The HCC will aim to ensure that resources are built into project budgets to enable robust assessments to be carried out, reported on in a timely manner, and disseminated to key stakeholders.

Priority Actions

1. **Monitor and evaluate performance on all funded projects,** preparing and submitting funder reports according to agreed timelines.

2. **Develop annual integrated (across projects and core operational activities) workplans with associated monitoring and evaluation frameworks** which are monitored quarterly and annually.

3. **Undertake a mid-term and a final external evaluation** of this Strategic Plan to inform the next strategic period.

5. HCC Branding

The HCC will work to make its brand a household name, known nationally, regionally, and globally, synonymous with quality, innovation, and accountability in its contribution to NCD prevention and control. The HCC is well known within the global and regional NCD civil society community, and more broadly among public health practitioners working in NCD prevention and control. The brand is also synonymous with quality work and high-level impact. However, knowledge of the HCC brand within the public sphere is limited. Public awareness, support, and demand for NCD policies are needed to drive policy implementation. The HCC therefore will, in collaboration with regional and national members, and key partners, expand public awareness and reach about the brand as a credible source of NCD information in the region.

Priority Actions

1. **Conduct an evaluation** of the HCC Brand.

2. **Implement a regional campaign** to promote the HCC Brand and the work of the HCC.

ADVOCACY PRIORITIES

6

HCC ADVOCACY PRIORITIES FOR THE HLM4 AND BEYOND IN LEAD UP TO THE 2030 SDGS

The HCC HLM4 advocacy priorities were developed in 2025 with emphasis on the importance of identifying a set of regional priorities around which civil society and key advocacy partners could mobilise; which governments and key implementing partners could embrace; which CARICOM missions and negotiators can promote at HLM4, advocacy focused on these priority areas is intended to accelerate progress on NCD prevention and control in CARICOM Member States in order to meet key NCD targets including SDG 3.4.

1 Engage communities and put people first in the NCD response

Focusing on:

a. *Developing mechanisms for meaningful engagement and involvement of people living with NCDs, people living with disabilities, young people, and other people and groups in situations of vulnerability*[21,22,23] from policy and programme conception to monitoring and evaluation, to enable relevant and effective interventions.

b. *Investing in civil society* by strengthening CSOs to improve the performance of their crucial functions, including promotion of equity- and rights-based approaches; advocacy; health education; accountability; capacity development; and establishment of strategic partnerships for NCD prevention and control.

c. *Enhancing health literacy and public education,* ensuring dissemination of accurate information to counter misinformation and disinformation; empowering people to demand evidence-based health policies; and enabling implementation of evidence-informed behaviour change multi-media communication campaigns, leveraging digital tools, including artificial intelligence, where appropriate.

2 Address the commercial determinants of health and conflict of interest

by strengthening NCD and public health governance systems to tackle policy interference by commercial actors,[24] which includes the development and implementation of relevant policies and guidelines;[25,26] advocacy for the reduction of the use of fossil fuels and levels of air pollution as a component of climate change mitigation and adaptation;[27] and creating a public health playbook,[28] tailored to contextual realities, to effectively counter Industry tactics, inclusive of tools such as conflict-of-interest policies, freedom of access to information legislation aimed at safeguarding policymaking spaces, and monitoring and enforcement mechanisms for regulations on unhealthy products.

3 Accelerate the implementation of healthy food environments

introducing healthy food policies that include octagonal front-of-package warning labelling, fiscal policies such as taxation of sweetened beverages (SBs) and ultra-processed products (UPPs), subsidies on healthy foods, and procurement policies that support climate-resilient local farming; regulating the sale and marketing of UPPs including SBs, to children within and outside of school settings; eliminating industrially-produced trans fats from the diet,[29] using the WHO REPLACE[30] technical package; and ensuring appropriate, healthy food and beverage donations in times of crisis.[31]

4

Promote full implementation of the WHO FCTC and the WHO MPOWER[32] measures

by appropriately regulating tobacco, nicotine and related novel and emerging products, prioritising tobacco legislation and taxation, and ensuring the integration of restrictions on ENDS/ENNDS into tobacco control and smoking cessation policies, regulations, and programmes, to protect young people in particular.[33]

5

Enhance physical activity across multiple settings

including schools, workplaces, and communities—to advance progress towards objectives for physical activity throughout the life course. Such objectives are espoused in the WHO Global action plan for physical activity 2018-2030: more active people for a healthier world,[34] and methods that can be adopted or adapted are stated in—among other guidelines and publications—the 2021 WHO publication "Promoting physical activity through primary health care: a toolkit".[35]

6

Accelerate the implementation of WHO SAFER alcohol harm reduction measures

in collaboration with key stakeholders, as appropriate; increase the dissemination of information on alcohol harms, especially among young people.[36]

7

Expand, integrate, and strengthen mental health services

with—where appropriate—management of people living with mental health conditions in general hospitals and medical clinics, rather than in stand-alone psychiatric hospitals and clinics; deinstitutionalisation of services, with promotion and enhancement of community-based mental health care[37] that is more accessible and acceptable than institutional care; expansion of access to young people-friendly mental health services[38] in various settings, including schools; and strategies to reduce the stigma of mental health conditions. The updated WHO comprehensive mental health action plan 2013-2030,[39] approved by WHO Member States, provides implementation options that can be tailored to national situations, and the WHO mhGAP programme[40] offers guidance that can be adopted or adapted as necessary.[41]

8
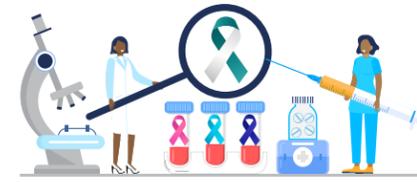
Eradicate cervical cancer, and reduce illness and premature death due to breast, prostate, and colon cancers

enhancing strategies for the elimination of cervical cancer and implementing risk reduction measures and evidence-based screening and treatment guidelines for breast, prostate, and colon cancers, adapted as needed to the local epidemiological situation and available resources. The 2020 WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem[42] and the September 2024 PAHO Executive summary of the analysis of the situation of cervical cancer in the Region of the Americas[43] constitute useful resources.[44]

9

Strengthen health systems using equity-, rights-based, and climate-resilient approaches

Focusing on:

a. *Bolstering the Primary Health Care (PHC) approach*, including ensuring the availability of, and equitable access to, strategies, practices, and technologies for NCD risk factor reduction, screening, and early detection. The PAHO Better Care for NCDs: Accelerating Actions in Primary Care 2023-2030[45] initiative, which aims to scale up and accelerate integration of comprehensive NCD services in PHC, offers guidance for countries.

b. *Ensuring equitable access* to quality NCD medicines, technologies, treatment, and care for the management of cardiovascular disease, including hypertension control; diabetes; cancer; chronic respiratory diseases; and mental, neurological and substance use disorders.

c. *Building climate-resilient health facilities*, using the model of the PAHO Smart Hospitals initiative.[46]

d. *Ensuring the integration of NCD prevention and control measures into preparedness and response to disasters, emergencies, pandemics, and humanitarian situations*,[47] including provision of psychosocial support, continuity of NCD-related services and access to medicines, and donations of healthy food and beverages.[31]

e. *Expanding and retaining the health workforce*.[48,49]

f. *Strengthening digital transformation in health*[50,51] and the implementation of digital health interventions, promoting good governance, and rights-based, ethical use of various modalities such as telemedicine, mobile messaging, chatbots, and artificial intelligence, which can improve the availability of, and equitable access to, quality health care for people living with NCDs.[52]

10

Break down silos, foster networking, and enhance collaboration

working to:

a. *Strengthen, and contribute to the sustainability of, multisector, multistakeholder mechanisms* at subnational, national, regional, and global levels to enable political buy-in, policy coherence, and effective integrated action, with appropriate conflict-of-interest safeguards, framing NCD-related issues in "the language of the sector" and demonstrating the impact on health—positive or negative—of the respective sectoral policies. Certain sectors, such as trade and foreign affairs, should be targeted, as they are particularly influential in negotiations on issues that can harm or help collective efforts to reduce NCDs. Evidence should be presented, for example from NCD investment cases, to encourage contributions from sectors other than health, including financial resources, to the achievement of national NCD goals, sustainable national development objectives, and the UN SDGs.

b. *Establish and/or strengthen partnerships, and knowledge-sharing platforms and opportunities, within CARICOM, across SIDS, and among regional political groupings*, engaging and collaborating with national CSOs, ministries of health, and other health-influencing sectors and partners; with regional NGOs,[53] and international NGOs[54] related to health; with international intergovernmental organisations;[55] and with SIDS-related political entities such as the Alliance of Small Island States[56] (AOSIS) to :

- strengthen advocacy and action to prioritise SIDS and their unique challenges, and

- exchange lessons learned and in-country experiences, including those related to methods that resource-constrained SIDS use to "do more with less" in promoting their issues, achieving successes, and addressing challenges.

Mobilise investment, with resource allocation and mobilisation strategies for sustainable financing of NCD prevention and control interventions

This includes the adoption of national fiscal policies that tax unhealthy products such as tobacco, alcohol, and UPPs, including SBs, reducing their consumption while contributing to domestic revenue mobilisation and resources that can be earmarked or committed for NCD reduction,[57] and exploration of access to funding through international trust funds and other international platforms that offer resources for issues with co-benefits for NCD prevention and control, such as climate change adaptation and mitigation, food and nutrition security, and digital transformation in health.

Strengthen accountability mechanisms, metrics, and related data collection, analysis, monitoring, evaluation, and reporting at all levels

based on priority national, regional, and global frameworks and indicators for NCD prevention and control—including the 2023 Bridgetown Declaration on NCDs and Mental Health in SIDS,[20]— ensuring the inclusion and participation of civil society, people living with NCDs, people living with disabilities, young people, and other people and groups in situations of vulnerability, in accountability mechanisms at national and regional levels, while safeguarding against conflicts of interest. Assessment of successes, challenges, gaps, and lessons learned is critical to strengthening NCD responses, and opportunities exist for collaboration in this area with key stakeholders, especially international technical cooperation agencies.

7
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