DRAFT

MINISTRY OF HEALTH, AGRICULTURE AND HUMAN SERVICES

NATIONAL ACTION PLAN FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES AND HEALTH PROMOTION IN THE TURKS AND CAICOS ISLANDS

2016-2020

Turks and Caicos Islands Government

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

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Acknowledgements

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Current Situation

INTRODUCTION

Non-communicable diseases (NCDs) are the leading causes of mortality globally; causing more deaths than all other causes combined. These diseases, including cardiovascular disease, chronic respiratory disease, diabetes, and cancers to name a few, impose a heavy economic burden on individuals, families, communities and health systems. Additionally, it is globally recognized that there are 4 underlying risk factors that increase the risk of over 80% of NCDs. These are: physical inactivity, unhealthy diets, tobacco use, and immoderate use of alcohol. Alarmingly, NCDs are predicted to continue to increase at an unpredicted rate over the next two decades. Therefore, the prevention and reduction of underlying risk factors, early detection and timely treatments are all key components of a comprehensive and cohesive strategy to contain and diminish the NCD burden at the national level.

Addressing NCDs in a Context such as the Turks and Caicos Islands is a multidimensional challenge with implications to various levels. Further, because of the multi-sectoral nature of the underlying risk factors, policy implications require a multi-sectoral and multi-faceted approach. These include institutional, community and public policy level changes set within long-term and life-course perspectives the development of this National Plan of Action Plan for the Prevention and Control of Non-chronic communicable diseases and Health Promotion in the Turks and Caicos is the first step to addressing this growing national concern. The Action Plan stands on the tennents of: horizontally reorienting health services to a more preventative culture of care through the scaling up of professional capacities around prevention, treatment, and care, developing and executing key Public –Private Partnerships (PPP) as well as building upon basic infrastructure to ensure availability and access of services at all levels of healthcare.

This Action plan maximizes on the strengths of the Ministry of Health, Agriculture and Human Services, as well as intersectoral public and private actors for allied partnerships and outlines a scope of interventions that are built on shared responsibility. If implemented in its true spirit, the Action Plan has the potential to improve outcomes across the range of NCDs in the Turks and Caicos Islands.

It follows that the underpinning of the success of this Plan of Action requires strong and solid leadership and stewardship of the Ministry of Health, Agriculture and Human Services, a coordinated multi-stakeholder engagement for health both at government level and at the level of a wide range of actors, such engagement and action including, as appropriate, health–in–all policies (HiAP) and whole-of-government approach including, communication, education, Sports, Youth, planning, social development, employment, environment, revenue, Economic development and partners with relevant civil society and private sector entities.

PURPOSE

The purpose of this national action plan is to develop and initiate an agenda for action targeted at reducing the overall burden of NCDs through a targeted, multi-faceted approach. This includes the increase in effectiveness and efficiency in care and treatment of NCDs, the establishment of targeted policies using the Health in All Policies approach (HIAP), and the implementation of key and recognized actions geared towards the meaningful reduction of contributing risk factors and silo-busting coordinated stakeholder effort in the Turks and Caicos Islands. It is intended to act as a blueprint for the organization of efforts

across sectors to produce a holistic response to the impact of NCDs and their risk factors. This plan should then result in a reduction in NCD burden; improve life expectancy and wellbeing.

SCOPE

Currently global evidence indicates that four types of noncommunicable diseases- cardiovascular diseases, cancers, chronic respiratory diseases and diabetes make the largest contribution to mortality and morbidity and therefore require concerted, coordinated action.

These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely; tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol. In addition, improved disease management, through strengthened care and treatment, can reduced morbidity, disability, and death and contributes to better health outcomes.

The four types of diseases and their risk factors are considered together in this action plan in order to emphasize common causes and highlight potential synergies in prevention and control. This is not to imply, however, that all the risk factors are associated in equal measures with each of the diseases.

BACKGROUND

Non-communicable diseases are the leading causes of mortality globally; resulting in more deaths than all other causes combined, killing 38 million people, globally, each year. Cardiovascular diseases account for the most NCD deaths, followed by cancers, respiratory diseases, and diabetes. Non-communicable diseases (NCDs) kill 38 million people each year.[1] This imposes a heavy economic burden on individuals, families, communities and health systems. This is particularly so for small Island Developing States (SIDS), such as Caribbean countries including the Turks and Caicos Islands.

The incidence and Prevalence of NCDs are predicted to increase at an unpredicted rate over the next two decades. However, a comprehensive and cohesive strategy for the prevention and reduction of underlying risk factors; early detection; and timely treatments/management can contain and reverse this pace.

Over the years the major causes of death in the Turks and Caicos Islands, as in other countries, have shifted from communicable and infectious diseases to chronic non-communicable diseases (NCD's), which are largely rooted in the Social Determinants of Health (SDH). Over 60% of deaths are caused by NCDs in the Turks and Caicos.

In 2013 three categories of NCDs accounted for most NCD-related deaths in the Turks and Caicos Islands: Circulatory System Disorders (40%); malignant neoplasms (20%); Endocrine disorders, including Diabetes mellitus (11%). Figure 1 illustrates the break-down of NCD related deaths in TCI in 2013.

[1] WHO (2015). Noncommunicable disease fact sheet. Accessed August 2015
< http://www.who.int/mediacentre/factsheets/fs355/en/>

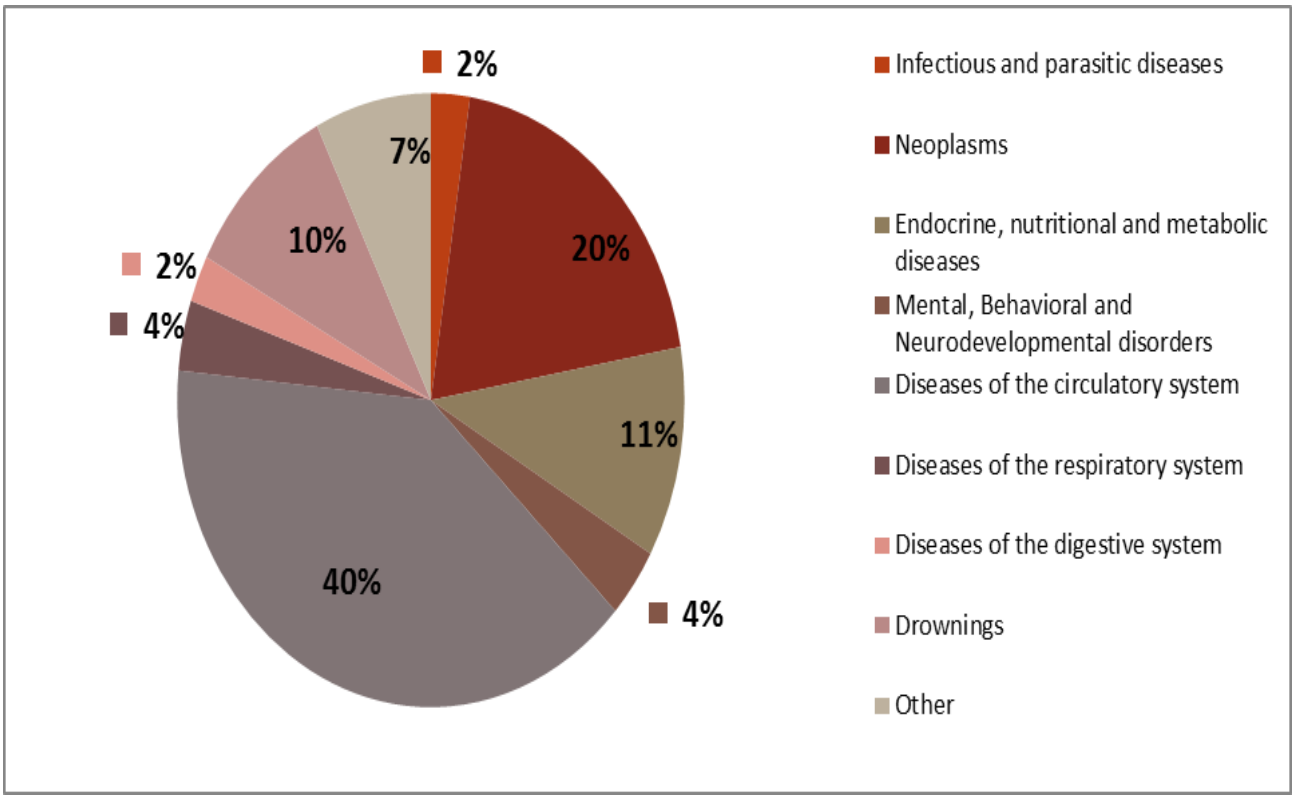

Figure 1 NCD-related Mortality by Disease Profile, 2013 (%)[2]

In addition to the high burden of disease, a key priority will to address the risk factors that contribute to this epidemic. It is internationally recognized that the modifiable biological risk factors include overweight/obesity, high cholesterol levels, high blood sugar and high blood pressure. TCI will need to take great initiative in the coming years to understand the situation through data and information collection of the situation contributing to these biological risk factors. Also of strategic important are the 4 main modifiable risk factors that are understood, to contribute to over 80% of the burden of NCDs, globally.

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THE ACTION PLAN

VISION

A Turks and Caicos free of the avoidable burden of non-communicable diseases and a society that embraces health and wellbeing through the mitigation of the associated risk factors.

GOAL

To reduce the preventable and avoidable burden of morbidity and disability due to non-communicable diseases by means of multi-sectoral collaboration and cooperation at national level so that populations reach the highest attainable standard of health, quality of life, and productivity at every age.

TIME FRAME

This action plan will be implemented over a five year period, with actionable targets at the activity level divided up into 3 milestones: 2016, 2018, and 2020.

GUIDING FRAMEWORK

Human Rights Approach: It should be recognized that the enjoyment of the highest attainment standard of health is one of the fundamental rights of every human being, without distinction of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, as enshrined in the Universal Declaration of Human Rights.

Equity –based approach: It should be recognized that the unequal distribution of non- communicable diseases is ultimately due to the inequitable distribution of social determinants of health, and that action on these determinants, both of vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies.

Leadership & Stewardship of the Health Sector: In order to effectively address the growing threat imposed by the burden of NCDs at the national level, the Ministry of Health and Human Services, and Agriculture will need to play a central leadership role within the health sector: uniting public, private, and multiple layers within the health system to address the issue. This will include improved quality of care and treatment, but also the promotion of healthy environments and individual choices around the main risk factors. In addition, it is imperative that this leadership extend beyond the health sector to include leadership and stewardship to create a collaborative and coordinated multi-sectoral response.

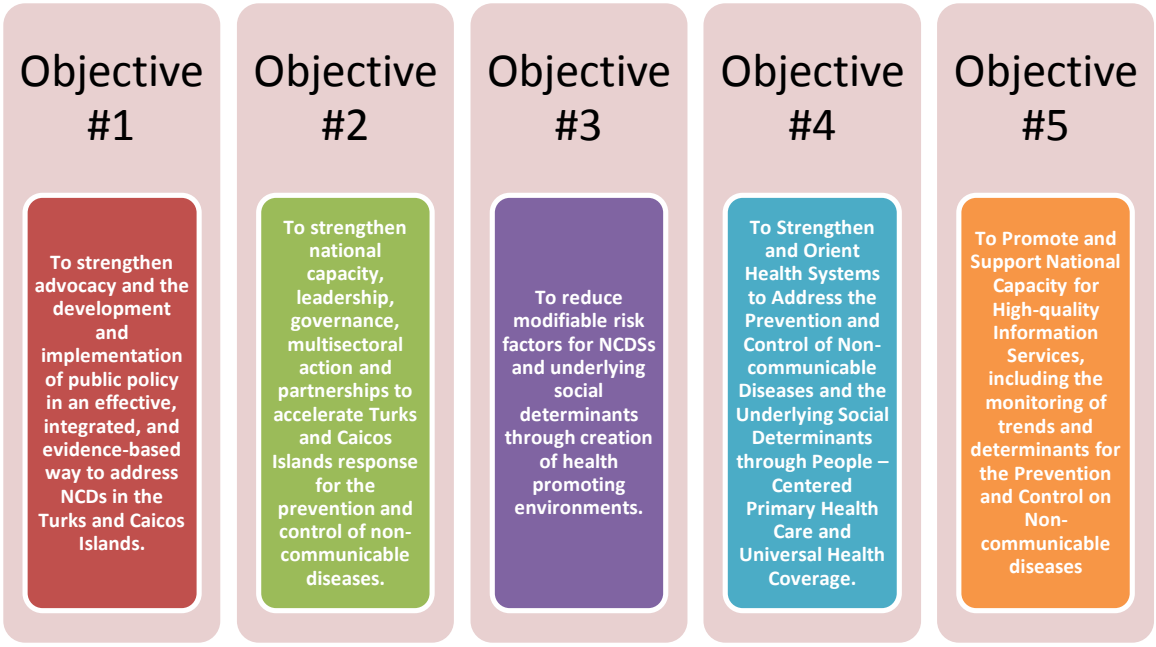
It should be recognized that effective non-communicable disease prevention and control require leadership, coordinated multi-stakeholder engagement for health both at government level and at the level of a wide range of actors, with such engagement and action including, as appropriate, health –in –all-policies and whole –of- government approaches across sectors such as health, agriculture, communication, education, labour, environment, finance and trade , housing, social development, planning, legislation and partnership with relevant civil society and private sector entities. Opportunities to prevent and control non-communicable disease occur at multiple stages of life; interventions in early life often offer the best chance for primary prevention.

Multisectoral Action: It is understood that in order to effectively address NCDs and their risk factors, a strong and united multi-sectoral front with effective and efficient communication and clearly defined roles and responsibilities is imperative. A wide range of actors, including multiple government sectors, private sectors, and civil society have been and continue to influence the environment and contexts in which people live, work, play, and grow. This influence can directly and indirectly affect the health behaviours and decision-making processes of individuals. Likewise, strong multi-sectoral collaboration with health and wellbeing at the centre can also seek to improve the conditions in which people spend their time, and also promote healthy choices and decision making.

Empowerment of People & Communities: In line with the WHO Global plan of action on NCDs, the Turks and Caicos Islands uphold that people and communities must be empowered and involved in the process of controlling NCDs. This includes listening to the voices of the people and empowering communities to directly affect change in their local contexts through the implementation of Health promoting activities, healthy environments, or the processes around policy development through dialogue and discussion.

OBJECTIVES AND ACTIONS

In order to ensure that all areas are included, this plan focuses on 5 main objectives:



Regional & Global Linkages

This plan utilizes the existing strategies and plans of action at the Global, Regional, and sub-regional levels as a means to provide context and a largely accepted evidence base to bolster the lines of action and proposed activities.

This plan aligns with the existing plans and national level priorities as follows based on colour blocked priorities. Where areas have been covered between two objects, the most predominant linkage has been illustrated:

TCI: National Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in the Turks and Caicos Islands, 2015-2020	**WHO: Global Action Plan for the Prevention & Control of NCDs 2013-2020**	**PAHO: Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019 **(Strategies Only)***	**CARICOM: Strategic Plan of Action for the Prevention and Control of Chronic Noncommunicable Diseases for Countries of the Caribbean Community 2011-2015**
Objective #1: To strengthen advocacy and the development and implementation of public policy in an effective, integrated, and evidence-based way to address NCDs in the Turks and Caicos Islands.	Objective 1: To raise the priority accorded to the prevention and control of NCDs in global, regional, and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy	(a)Multisectoral policies and partnerships for NCD prevention and control: Build and promote multisectoral action with relevant sectors of government and society, including integration into development, academic, and economic agendas.	PRIORITY ACTION #1: Risk Factor Reduction & Health Promotion
Objective #2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate Turks and Caicos Islands response for the prevention and control of non-communicable diseases.	Objective 2: To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of NCDs	(b) NCD risk factors and protective factors: Reduce the prevalence of the main NCD risk factors and strengthen protective factors, with emphasis on children and adolescents and on populations in vulnerable situations; use evidence-based health promotion strategies and policy instruments, including regulation, monitoring, and voluntary measures; and address the social, economic, and environmental determinants of health.	PRIORITY ACTION #2: Integrated Disease Management and Patient Self-management Education
Objective #3: To reduce modifiable risk factors for	Objective 3: To reduce modifiable risk factors for NCDs and	(c) Health system response to NCDs and risk factors: Improve	PRIORITY ACTION #3: Surveillance,

NCDSs and underlying social determinants through creation of health promoting environments.	underlying Social determinants through creation of health-promoting environments	coverage, equitable access, and quality of care for the four main NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and others of national priority, with emphasis on primary health care that includes prevention and strengthened self-care.	Monitoring, and Evaluation
Objective #4: To Strengthen and Orient Health Systems to Address the Prevention and Control of Non-communicable Diseases and the Underlying Social Determinants through People –Centered Primary Health Care and Universal Health Coverage.	Objective 4: To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centered primary health care and universal health coverage		PRIORITY ACTION #4: Public Policy, Advocacy, and Communication
Objective #5: To Promote and Support National Capacity for High-quality Information Services, including the monitoring of trends and determinants for the Prevention and Control on Non-communicable diseases	Objective 5: To promote and support the national capacity for high-quality research and developments for the prevention and control of NCDs Objective 6: To monitor the trends and determinants of noncommunicable diseases and evaluation progress in the prevention and control	(d) NCD surveillance and research: Strengthen country capacity for surveillance and research on NCDs, their risk factors, and their determinants, and utilize the results of research to support evidence-based policy, academic programs, and program development and implementation.	PRIORITY ACTION #5: Programme Management

OBJECTIVE 1: To strengthen advocacy and the development and implementation of public policy in an effective, integrated, and evidence-based way to address NCDs in the Turks and Caicos Islands.

The UN Political Declaration committed governments to 'strengthen and integrate, as appropriate, NCD policies and Programmes into health-planning processes and the national development agenda.

Prevention of NCDs is a precondition for and an outcome of sustainable human development and is interdependent on social economic and environmental dimensions of development.

- National policies in sectors other than health have a major bearing on the risk factors for non-communicable diseases, and health gains can be achieved much more readily by influencing public policies in sectors like , agriculture, communication, education, Sports, Youth, planning, social development, gender, employment, environment, revenue, than by making changes in health policy alone. Turks and Caicos need to adopt an approach to the prevention and control of these diseases that involves all government departments.
- Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcomes of noncommunicable diseases. National action must be taken to respond to the social and environmental determinants of noncommunicable diseases, promoting health and equality and building on the findings of the Commission on Social Determinants of Health.
- Implement programmes that tackle the social determinants of non-communicable diseases with particular reference to the following: health in early childhood, and equitable access to primary health care services.

Objective 1: To strengthen advocacy and the development and implementation of public policy in an effective, integrated, and evidence-based way to address NCDs in the Turks and Caicos Islands.						
Expected Results	**Activities**	**Indicators**	**Stakeholder & Partners**	**Activity Targets**		
				2016	**2018**	**2020**
1.1. Effective and sustainable evidence-based healthy public policies for NCDs, their risk factors and determinants developed and implemented	**1.1.1** Series of training seminars for key stakeholders and partners on the determinants and risk factors of NCDs, and best practices in inter-sectorial action	OP: # of Ministries and Public entities that have been trained in the determinants and RF of NCDs and potential intersectoral roles for action	Ministry of Education Ministry of Home Affairs and Public Safety Department of Agriculture	❖		

	1.1.2 Develop and disseminate model healthy public policies and advocacy guidelines	OP: Proportion of Ministries, and public entities to whom the model healthy public policies and advocacy guidelines have been disseminated OC: Proportion of public policies with strong health considerations towards the prevention and control of NCDs and their modifiable RF	Ministry of Finance (including. Customs)	❖		
1.2 Develop a strategic network of media partners for comprehensive public education, public awareness, and advocacy campaigns	**1.2.1** Identify and hold meetings with key media outlets, with the objective of forming sustainable partnerships	OP: No. of media outlets that actively participate in NCD public education, awareness, and advocacy OP: No. of media sponsorships attained OP: No. of public education, awareness, and advocacy campaign materials aired/published per month OC: Increased media attention and coverage of NCDs and RF, with a focus on health promotion for the prevention and control of NCDs and the main RF.	- Radio Turks and Caicos - WIV 4 - People's Television (PTV) - Sun Television and news - Rock of Jesus Radio - The Breakfast Club - The Creole Station		❖	
	1.2.2 Identify opportunities for sponsorship and collaborative programming on the prevention and control of NCDs and the RF				❖	
1.3 Comprehensive public education programmes, based around healthy lifestyle changes and improved self-management of NCDs by empowering patients and their families across the life cycle, developed and implemented	**1.3.1** Develop information materials, and messaging (by medium) aimed at: i. General population ii. Patients with existing NCDs iii. Healthy lifestyles for children, adults, and the elderly iv. Creole speaking population v. Spanish speaking population	OP: 5-7 key messages developed per population group identified OP: 3 Social Media platforms organized and engaged OC: Percentage of NCD patients who respond "Yes" during NCD Clinic visit to survey question about having seen at least one key message on at least one social media platform or other medium (television, print, radio)	PHC Clinics Ministry of Education Long-term Care Facilities		❖	

	1.3.2 Develop social media campaign and platform for the dissemination of key messaging, and public education and awareness around NCDs and their Risk Factors					
1.4 Limited promotion of unhealthy foods (high in sugar, refined starch, saturated fats and trans fats)	**1.4.1** Restrict Advertisement of unhealthy foods to children, and limit promotion and advertising of unhealthy foods to general population	OP: Policy on the restriction and limitation of promotion and advertising of foods high in sugar, refined starch, saturated fats, and trans fats OC: Number of local advertisements that cater to children under 12 years old that target unhealthy products	Attorney General Chambers Ministry of Education Media outlets			

OBJECTIVE 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate Turks and Caicos Islands response for the prevention and control of non- communicable diseases.

The political Declaration on NCDs recognizes the primary role and responsibility of governments in responding to the challenge of NCDs and commits governments to promote. Establish or support and strengthen as appropriate, multisectooral national policies and plans for the prevention and control of NCDs.

Accelerating country response for the prevention and control of NCDs is a complex undertaking involving multiple stakeholders and sectors within and outside health. As the ultimate guardian of a population's health, governments have the lead responsibility to ensure that appropriate institutional, legal, financial and service arrangements are provided for prevention and control of NCDs.

Leadership, political commitment and predictable and sustainable financing are prerequisites for accelerated country's response.

A national multisectoral NCD policy and plan are required to define the vision for the future, establish a broad framework for action and generate resources for implementation. Without a cohesive NCD policy and plan in place, actions to address NCDs can be fragmented, leading to the inefficient use of scarce human and financial resources.

- Establish a high-level inter-ministerial committee (NCD Commission) to incorporate health in all policies and to facilitate and monitor multisectoral action for NCD prevention and control.
- Established an adequately staffed and funded non-communicable disease and health promotion unit within the Ministry of Health, Agriculture and Human Services.
- Conduct an epidemiological and resource needs assessment in order to inform the development of national NCD policy and budget.
- Develop a national mulitsectoral NCD policy with emphasis on prevention, based on national priorities and, where appropriate, consistent with the global/regional NCD plans and harmonized and aligned with international cooperation in health.
- Improve accountability for implementation by setting up a monitoring framework with national targets adapting the global NCD targets to national context.
- Allocate a budget that is commensurate with identified human and other resource needs to implement the national action plan for prevention and control of NCDs.

- Strengthen advocacy and community awareness and mobilize a social movement engaging and empowering a broad range of actors who can support and contribute to the national NCD response (e.g. human rights, faith-based organization, labour, social development, gender, education, youth and sports organizations focused on children, youth, women and patients, NGOs and the Private sector).
- Create a supportive environment that protects health and promotes healthy behaviour using taxation, regulatory and fiscal measurements, policy options, incentives and disincentives as appropriate, with a special focus on children, adolescents and youth.
- Develop and implement a shared national research agenda jointly with academic research and institution.

OBJECTIVE 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate Turks and Caicos Islands response for the prevention and control of non- communicable diseases.						
Expected Results	**Activities**	**Indicators**	**Stakeholder & Partners**	**Targets**		
				2016	**2018**	**2020**
2.1 An Intersectoral National NDC Committee for Health in all policies established	**2.1.1**. Hold annual multi-sectoral NCD workshops with public, private, and multi-sectoral representatives	OP: Develop terms of reference for the committee. OP: Progress reports produce by the committee. OC: Number and percent of participants in NCD workshops who demonstrate increased participation in NCD prevention programmes and activities	MOH Government Departments Private Practioners Health NGO Civil Society	❖	❖	
2.2 Promote the integration of NCD prevention among Ministry of Health stakeholders.	**2.2.1** Develop health in all policies and action plans with Ministry of Health Stakeholder.	OP: Number of policies and action plans with at least three Ministry of Health stakeholders OC: Number and percent of jointly sponsored NCD prevention activities that support the MOH Stakeholders' action plan.	Ministry of Heath, Finance, Education, Planning, Traffic		❖	

OBJECTIVE 3: To reduce modifiable risk factors for NCDSs and underlying social determinants through creation of health promoting environments.

Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health system organization and delivery, legislation and regulations. As the underlying determinants of NCDs often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors such as agriculture, communication, education, Sports, Youth, planning, social development, gender, employment, environment, revenue, finance. Different settings may be considered of action, for example, schools, workplace, household and local communities. Surveillance of the four major behavioural risk factors; tobacco use, unhealthy diet, physical inactivity and excessive alcohol use and associated biological risk factors (including raised blood pressure, raised cholesterol, raised blood glucose, and overweight/obesity is an important component of action to assess prevalence.

TOBACCO CONTROL:

There is no proven safe level of tobacco use. All current (daily and occasional) users of tobacco are at risk of a variety of poor health outcomes across the life course and for NCDs in adulthood. Almost six million people die from tobacco use each year, accounting for 6% of all female and 12% of all male deaths in the world. Of these deaths, 600,000 are attributed to second-hand smoke exposure among non-smokers and more than 5 million to direct tobacco smoking. Tobacco use (smoking and non-smoking) is estimated to cause about 71% of lung cancer deaths, 50% of oral cancer deaths, 42% of chronic respiratory disease and nearly 12% of ischaemic heart disease deaths.

- Develop 100% smoke free public policy.
- Warn people about the dangers of tobacco.
- Increase taxation on tobacco products and ring-fence a portion of the taxes for the Prevention and Control of NCDs
- Enforce complete ban on ads, promotion, and sponsorship of tobacco products.
- Protect people from tobacco smoke in public places and the workplace
- Develop legislation for tobacco control.
- Conduct Global Youth Tobacco survey.
- Offer help to person willing to quit smoking.

UNHEALTHY DIETS:

The Global population have undergone a "diet transition." This change has been characterize by increased consumption of high –calorie foods and more highly processed foods (rich in salt, sugar, and fat). In addition, there is lower consumption of staple foods (such as white corn and beans) and inadequate consumption of fruits and vegetable. The amount of dietary salt (sodium chloride) consumed is an important determinant of blood pressure levels and hypertension and overall cardiovascular risk.

- Promote and support exclusive breastfeeding of the first six months of life and promote programmes to ensure optimal feeding for all infants and young children.
- Develop a national policy and action plan on food and nutrition
- Established and implement food-base dietary guidelines and support the healthier composition of foods by;
    1. Reducing Salt levels
    2. Eliminating industrially produce trans-fatty acids
    3. Decrease Saturated Fats
    4. Limiting free sugars
    5. Restrictions on marketing of foods and beverages high in salt, fat and sugar, especially to children.
    6. Establishing healthy nutrition environments in schools.
    7. Ensuring that nutrition information and counselling is available in health care settings.

PROMOTING PHYSICAL ACTIVITY:

- Develop and implement national guidelines on physical activity for health.
- Implement school –based programmes in line with WHO Health Promoting School initiative.
- Ensure that physical environments support safe active commuting and create space for recreational activity by the following.
    1. Ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all.
    2. Increase the number of safe spaces available for active play.
    3. Develop school-based physical activity programmes for children.
    4. Develop workplace physical activity programmes.
    5. Designing the built environment to promote physical activity
    6. Develop a policy and draft legislation to provide physical activity spaces in all new housing and condo and hotel developments and create new ones where possible.
    7. Ensure new schools are designed with adequate facilities for physical education and activity.
    8. Develop a policy and draft legislation to make physical education mandatory in all schools.
    9. Through tax relief give support to employers for the establishment of exercise facilities at the workplace.

10. Develop campaigns to encourage the promotion of community involvement in implementing local action aimed at increasing physical activity.

REDUCING THE HARMFUL USE OF ALCOHOL:

- Propose policy options to advance the adoption and implementation of the Global Strategy to reduce the harmful use of alcohol.
- Develop multi-stakeholder Public Policy
- Regulate or ban alcohol advertising and promotion for Ads aimed at children and young people.
- Restrict the licensing of Bars with in close proximity of schools.
- Restrict the hours of selling of alcohol for bars currently located within close proximity to all schools.
- Increase taxation on alcoholic beverages with a percentage of the tax being ring-fenced for the promotion of Chronic Non-communicable Diseases.
- Develop national guide lines regarding the harmful use of Alcohol.

OBJECTIVE 3: To reduce modifiable risk factors for NCDSs and underlying social determinants through creation of health promoting environments.						
Expected Results	**Activities**	**Indicators**	**Stakeholder & Partners**	**Targets**		
				2016	**2018**	**2020**
3.1. Legislation, regulations, multi-sectoral policies, protocols and programmes as appropriate developed and implemented to promote physical activity.	**3.1.1** Develop and disseminate model legislation for supportive environments for physical activity. **3.1.2** Develop legislation to ensure that new housing developments include safe spaces for physical activity. Establish National Guidelines for physical	OP: Physical activity guidelines adapted in all schools OP: Model legislation identified and adapted for local context OC: At least 1 supportive environment for physical activity in each community developed. OC: All new housing developments include safe spaces for physical activity.	Ministry of Health. Planning Department. Attorney General Chambers. Ministry of Education		❖	

	activity in all school.	OC: At least 2 strategies and Actions implemented in at least 5 schools over 3 islands, with emphasis on increase physical activity. OC: At least 2 strategies and Actions implemented in at least 5 Corporate Companies, with emphasis on increase physical activity.				
3.2 Reduction of tobacco use through implementation and enforcement of FCT1 legislation and public education programs	**3.2.1** Implement the FCTC Compliant legislation	OP: Number and percent of communities that have received tobacco education information. Op: Number of intersectorial sessions on the implementation of the tobacco legislation conducted. OC: Proportion of public places observed to be in compliance with tobacco-free policies		❖		
3.3. Development and implementation of strategies to promote healthy diets and physical activity using DPAS2 in schools, workplaces, faith-based and other settings	**3.3.1** Develop National nutritional Policy for the Turks and Caicos Islands. **3.3.2** Develop a comprehensive public education Campaign to promote healthy eating in Schools, workplaces and communities.	OP: Policy on school base nutrition developed and implemented. OP: Workplace health policies in 4 Corporate workplaces including the Public Service. OC: Proportion and number of government schools that include healthy eating and			❖	

		Physical education in the curriculum at the primary and secondary level.				
3.4 Reduction of the harmful use alcohol through implementing and enforcement of alcohol legislation and public education programs	**3.4.1** Establish national guidelines regarding the harmful use of alcohol. Develop and disseminate legislation on alcohol use and advertising	OP: Increase taxes on alcohol products. OP: enact and enforce legislation establishing the minimum age limit for the consumption and purchase of alcohol OC: Proportion of establishments that sell alcohol observed to be in compliance with age limits for the purchase of alcohol			❖	❖

Objective #4: To Strengthen and Orient Health Systems to Address the Prevention and Control of Non-communicable Diseases and the Underlying Social Determinants through People –Centered Primary Health Care and Universal Health Coverage.

Comprehensive care of NCDs encompasses primary prevention, early detection/screening, treatment, secondary prevention, rehabilitation and palliative care. Concrete action is needed to address major gaps that exist across all building blocks of the health system (governance, finance, health workforce, health information, medicines and technologies), develop policy directions for moving towards universal coverage and provide NCD services through a people-centered primary health care approach.

A reoriented and strengthen health system aims to improve early detection of cardiovascular disease, cancer, chronic respiratory disease, diabetes and other NCDs, prevent complications, reduce the need for hospitalization and costly high technology interventions and prevent premature death. For example, in the case of cardiovascular disease and diabetes, early detection and treatment of people with high cardiovascular risk through targeted screening for hypertension and diabetes has the potential to prevent a vast majority of heart attacks, strokes, renal failure, amputations and blindness. Likewise, early detection/screening and early diagnosis are essential for reducing cancer morbidity and mortality since cancer stage at diagnosis is the most important determinant of treatment options and patient survival.

Reengineering of primary health care, the effective functioning of the primary health care system is essential to provide support for the biomedical and behavioural interventions required to address NCDs.

Given the importance of care at the primary level this action plan concentrates primarily on this level. Effective linkages between community-based services, primary health care facilities via the islands clinics health system and hospital services are essential. Health systems strengthening are both a prevention and control mechanism for reducing NCDs.

Leadership:

Ensure that provision for healthcare for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care

Integrate NCD services into health-sector reforms/plans for improving health-systems performance and, oriented to address social determinants of health and universal coverage.

- Develop evidence base clinical guidelines for chronic disease management.
- Establish national protocols for screening and management.
- Ensure that all health facilities are equipped with the minimum clinical equipment and tools for assessment and management of NCD's. This includes increasing the coverage of laboratory investigations.
- Reinforce the importance of screening for NCD's and their complications.
- Strengthen and expand the rehabilitative services of NCD related complications (Stroke, and amputees) at all levels including the community level.

Financing:

- Integrate very cost-effective NCD interventions into basic primary health care packages
- Shift from the reliance of user fees levied on ill people to the protection provided by pooling and prepayment, with inclusion of NCDs.
- Make progress towards universal health coverage through a combination of domestic revenues and traditional and innovative financing, giving priority to financing a combination of cost-effective preventive, curative, and palliative care interventions at different levels of care covering NCDs.

Expanded Quality Services Coverage:

- Strengthen and organize, access and referral systems around a close-to-user and people-centered networks of primary health care that are fully integrated with the secondary and tertiary care level of health care delivery system.
- Introduce the HPV and HBV Vaccines into all primary health care clinics.
- Establish quality assurance and continuous quality improvement systems for prevention and management of NCDs with emphasis on primary health care.
- Develop a policy to ensure that basic NCD drugs are available at a low/affordable cost or at no cost at all.
- Establish an essential drug formulary.

Patient Compliance:

Patients with chronic diseases play a major role in managing their chronic diseases and influencing the level of control and outcome. It is important to establish a partnership between patients and their families together with health care teams.

Self-management programmes have been shown to reduce the severity of symptoms, improve confidence, resourcefulness and self-efficacy of patients with chronic diseases. It should therefore be advocated and supported through effective patient education. Health care workers must ensure

that patients and their families have adequate information and skills to manage their chronic conditions. This requires effective communication skills, behavioural change techniques, patient education and counselling skills of health care professionals and workers to care for patients with NCD"s.

Key activities:

- Develop inter-personal health programmes at all primary health care facilities.
- Develop self-guides intervention packages to help with NCD and NCD risk factors and their families to monitor and manage their disease or condition.
- Specifically for diabetes, make available subsidized glucometers and strips for Self -Monitoring of Blood Glucose (SMBG).

<table>
<tr><th colspan="6">Objective #4: To Strengthen and Orient Health Systems to Address the Prevention and Control of Non-communicable Diseases and the Underlying Social Determinants through People –Centered Primary Health Care and Universal Health Coverage.</th></tr>
<tr><th rowspan="2">Expected Results</th><th rowspan="2">Activities</th><th rowspan="2">Indicators</th><th rowspan="2">Stakeholder & Partners</th><th colspan="3">Targets</th></tr>
<tr><th>2016</th><th>2018</th><th>2020</th></tr>
<tr><td rowspan="2">4.1 Development and implementation of guidelines and protocols for screening, prevention, and control of most prevalent NCDs in TCI (including Hypertension, Diabetes, CVDs, and the main Cancers: Breast, Cervical, Prostate, and Colon Cancer)</td><td>4.1.1 Integrated evidence-based policies, guidelines and protocols for screening (emphasis on early screening), prevention, and control of NCDs in place (including Hypertension, Diabetes, CVDs, and the main Cancers: Breast, Cervical, Prostate, and Colon Cancer)</td><td>OP: Integrated, evidence-based policies, guidelines and protocols for screening, prevention and control of NCDs, (including Hypertension, Diabetes, CVDs, and the main Cancers: Breast, Cervical, Prostate, and Colon Cancer) reviewed and approved</td><td rowspan="2">Ministry of Health
PHC Clinics (Public/Private)
IHC
NHIB
NHIP</td><td></td><td>❖</td><td></td></tr>
<tr><td>4.1.2 Disseminate specific NCD pocket sized guidelines among health care professionals, including training to HCWs</td><td>OP: 80% of at risk populations screened and treated according to evidence-based guidelines in public, private and NGO health sectors, with ongoing auditing</td><td></td><td></td><td>❖</td></tr>
</table>

		OP: Integrated, evidence-based policies, guidelines and protocols for screening, prevention and control of NCDs in place and actively being integrated into 75% of PHC Clinics OC: Percentage of licensed facilities in which Screening, prevention, and control of NCDs are standardized in TCI				
4.2 Current and future needs for specialized staff for cancer screening and control defined	**4.2.1** Conduct needs assessment with regard to competencies in NCD prevention and control			❖		
	4.2.2 Training in cancer screening and treatment for pre-invasive lesions, especially for cervical, breast, prostate and colon cancers among PHC clinicians	OC: Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies			❖	
4.3 Effective management structure and reoriented Primary Health Care system based on the Chronic Care Model, including strengthened self-management, Implemented.	**4.3.1** Adapt and adopt Chronic Care and PHC Policy and Model of Care **4.3.2** Training of practitioners on the Chronic Care Model **4.3.3** Pilot program with Chronic Care Passport implemented in 3 private clinic and all public clinics	Chronic Care Model implemented in 50% of health facilities (public, private and NGO) in by 2018,	•		❖	

		OC: Implement Diabetes Passport in 6 PHC clinics				
4.4 Integrate WHO Best Buys into the treatment and Care of NCDs Strengthen and organize, access and referral systems around a people centered network of primary health care that are fully integrated with the secondary and tertiary care level of health care delivery	**4.4.1** Provide counseling and multi-drug therapy (including blood sugar control for diabetes mellitus) for people with medium-high risk of developing heart attacks and strokes (including those who have established CVD) (persons over 30 y/o) Hepatitis B immunization beginning at birth to prevent liver cancer Strengthen and expand the rehabilitative services of NCD related complications (e.g. stroke and amputees) at all levels including the community level.	OC: Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants			❖	
4.5 Access to technologies and safe, affordable and efficacious essential medicines for chronic disease prevention and control improved.	**4.5.1** Specifically for diabetes, make available subsidized glucometers and strips for Self - Monitoring of Blood Glucose (SMBG).	OC: Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities OC: Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling			❖	
	4.5.2 Introduce the HPV and HBV Vaccines into all primary health care clinics.				❖	
	4.5.3 Develop a policy to ensure that basic NCD drugs are available at a low/affordable cost or at no cost at all.			❖		

	4.5.6 Establish an essential drug formulary	(including glycaemic control) to prevent heart attacks and stroke				
4.6 Catastrophic Care fund established to support vulnerable persons needing financial support for care (co-payment) or treatment (pharmaceuticals) e.g. those excluded from NHIP eligibility	**4.6.1** Identify model of catastrophic care most suitable and feasible for the TCI context **4.6.2** Conduct a cost-benefit analysis and feasibility study **4.6.3** Draft legislation and develop an implementation plan	OC: Percentage of persons excluded from NHIP accessing a catastrophic care fund to decrease out of pocket expense OC: Legislation drafted and implemented for catastrophic care				
4.7 Develop and implement a palliative care policy using cost-effective treatment modalities, including opioids analgesics for pain relief and training health workers	**4.7.1** Identify model of palliative care with cost-effective treatment modalities **4.7.2** Draft and submit Palliative Care Policy to cabinet	Palliative Care Policy that includes palliative care medications approved by Cabinet.				

Objective #5: To Promote and Support National Capacity for High-quality Research and Development for the Prevention and Control on Non-communicable diseases.

Research and surveillance perform a vital function across the intervention pathway for NCD prevention and control. Research into economic cost of NCD, the cost-effectiveness and cost-benefits of prevention strategies, and other health economics analyses; supply powerful arguments for instituting policy and regulatory interventions to reduce NCD burden. Prevalence studies for both risk factors and chronic disease conditions provide critical information on which to base priority settings and selection of specific population and clinical interventions for particular communities and target groups. Surveillance data, collected over time, also give an indication of the effectiveness of interventions on population risk factors and disease end-points.

Key activities:

- Conduct a nation-wide STEP Wise NCD Risk Factor Surveillance.
- Develop and implement a prioritized national research agenda for NCDs.
- Increase and prioritize budgetary allocations for research on NCD prevention and control.
- Strengthen human resource capacity and organizational capacity for research.
- Develop national targets and indicators based on global monitoring framework and linked with a multisectoral policy and plan.
- Strengthen human resources and organizational capacity for surveillance and monitoring and evaluation.
- Establish a comprehensive Non-communicable Disease surveillance system including reliable registration of deaths by cause, NCD registration, periodic data collection on risk factors, and monitoring national response.
- Integrate NCD surveillance and monitoring into a national health information system.

Objective #5: To Promote and Support National Capacity for High-quality Information Services, including the monitoring of trends and determinants for the Prevention and Control on Non-communicable diseases						
Expected Results	**Activities**	**Indicators**	**Stakeholder & Partners**	**Targets**		
				2016	**2018**	**2020**
5.1 A comprehensive NCD surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors, and monitoring national response established	**5.1.1** Develop and disseminate a standardized protocol for NCD surveillance to collect, analyze and report annually on risk factors, morbidity, mortality, determinants and health system performance in the public and private sectors (adopt/adapt regional/global protocol)	OP: Final STEPS report produced OP: Final GSHS report produced OP: At least 75% of Primary Health Care Clinics collecting and reporting data annually NCDs (risk factors, morbidity, mortality, determinants, health systems performance, including private sector data) using standardized methodologies. OP: Both hospitals (secondary care) collect and report data annually NCDs (risk factors, morbidity, mortality, determinants, health systems performance, including private sector data) using standardized methodologies. OC: Annual NCD situational	***Ministry of Health (NERU)*** PHC Clinics (public/Private) NHIB NHIP IHC Ministry of Education Ministry of Home Affairs and Public Safety Department of Agriculture Ministry of Finance (including. Customs) Department of Statistics	❖		
	5.1.2 Training for health and allied health professionals involved in the morbidity and mortality coding process.				❖	
	5.1.3 Establish mechanisms for the regular submission of key data and NCD indicators from all health facilities.				❖	
	5.1.4 Establish NERU as central node for NCD Health Information System				❖	
	5.1.5 Secure and circulate				❖	

	existing tools for audits in health care	analysis update developed and disseminated in a timely manner				
5.2 Establish a system to monitor the NCD risk factor trends.	**5.2.1** Develop and test metrics for assessing linkages to non-health sector stakeholders	OC: NCD Risk Factor Survey conducted and results analyzed and published				❖
	5.2.2 Implement nation-wide STEPS survey				❖	
	5.2.3 Implement Global School Health-Based Survey (GSHS)			❖		❖
5.3 Develop and implement a prioritized national research agenda for NCDs and the Risk Factors with emphasis on equity in the prevention, control, care, and treatment of NCDs and the main RF in TCI	**5.3.1** Develop comprehensive situation analysis of NCDs and the modifiable Risk Factors in TCI with emphasis on disease profiles, equity considerations, and the interface with the health care system	OP: NCD Situation Analysis developed and disseminated among all key stakeholders OP: NCD and Risk Factor Research Agenda developed and shared with all key stakeholders, including potential Academic partners		❖		
	5.3.2 Identify and prioritize gaps in information at the population level, as well as needs for further research among key sub-populations (e.g. vulnerable populations, women, children, etc.) to form research agenda from 2018-2022	OC: Comprehensive research agenda established, addressing at least 5 areas of proposed investigation in areas that are not suitably addressed by the NCD Information System with			❖	

		considerations for equity in prevention, care, and treatment				
5.4 Develop national targets and indicators based on global monitoring framework and linked with a multisectoral policy and plan for 2020- 2030	**5.4.1** Convene multi-sectoral workshop to review the progress of the 2016-2020 NCD Action Plan	OP: At least 5 other sectors represented at each workshop OC: Plan finalized and budget provided	PHC Clinics (public/Private) NHIB NHIP IHC Ministry of Education Ministry of Home Affairs and Public Safety Department of Agriculture Ministry of Finance (including. Customs) Department of Statistics Health NGO's		❖	
	5.4.2 Convene multi-sectoral workshop to review the progress of the 2016-2020 NCD Action **5.4.3** Plan, and begin to identify priority areas for 2020-2030 in the areas of NCD and Risk Factors prevention and control				❖	
	5.4.4 Finalize NCD Action Plan 2020-2030					❖