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# A Civil Society Strategic Plan of Action for Prevention & Control of NCDs for Countries of the Caribbean Community 2012-2016



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for Prevention & Control  
of NCDs for Countries of the  
Caribbean Community  
2012 - 2016**

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## 1. EXECUTIVE SUMMARY

The Declaration of Port-of-Spain, “Uniting to Stop the Epidemic of Chronic Non-communicable Diseases”, by Heads of Government of CARICOM on the 15th September 2007 was a critical milestone in the Caribbean efforts to address one of the most significant health threats to the region. This landmark event laid the foundation for the conceptualisation and formulation in 2008 of the Healthy Caribbean Coalition (HCC), a civil society umbrella organisation with a commitment to supporting civil society action to foster the mandates of that declaration.

Four years later the epidemic of chronic non-communicable diseases (NCDs) continues unabated and the need to leverage the power of civil society actors and galvanise collective action is even more urgent. NCDs have been recognised for the past several years as one of the high priority areas of most Caribbean governments, which along with health institutions have produced many strategic and action plans aimed at reducing disability and death from NCDs. This Strategic Plan produced by the Healthy Caribbean Coalition (health NGOs and other regional civil society organizations, academia and the private sector) is a blueprint for civil society response in the Caribbean to NCDs. It builds on the 2008-2011 HCC strategic plan by strengthening existing activities and responding to the emerging priorities of Caribbean civil society around the NCD prevention and treatment agenda.

The Strategic Plan calls for a collaborative approach and the strengthening of partnerships between all sectors of society, and between disease-specific health NGOs with a deepening relationship between the health and non-health sectors to find creative ways of advancing NCD prevention and control.



The Strategic Plan recognizes and in its strategic areas reflects the fact that the HCC is a regional alliance with the expressed purpose of adding value to civil society in the Caribbean, and empowering people, specifically in the response to NCDs. It further reflects the HCC’s mandate to encourage and foster the execution of NCD projects and programmes in- country undertaken and led by local civil society organizations.

The Strategic Plan aims to contribute to tackling NCDs using approaches that are available to civil society including advocacy, coalition building, leadership, contributing to public policy, education via public information and media campaigns, and agitating for legislative changes. Four strategic approaches will be adopted by the HCC for the period 2012 - 2016:

- **Advocacy** by empowered Caribbean people with a view to bringing about positive health changes;
- **Enhancing Communication** about NCDs to build public awareness around the problems and what can be done to slow the epidemic;
- **Capacity Building** in and among health NGOs in the Region to make them more fit to contribute to the “whole of society” response to NCDs; and
- Promotion of **mHealth** and **eHealth** in NCD prevention and management.



## 2. LIST OF ACRONYMS

<b>ACS</b>	<b>American Cancer Society</b>
<b>CARICOM</b>	<b>Caribbean Community</b>
<b>CARPHA</b>	<b>Caribbean Public Health Association</b>
<b>CCH-3</b>	<b>Caribbean Cooperation in Health initiative Phase 111</b>
<b>CCS</b>	<b>Caribbean Cardiac Society</b>
<b>FCTC</b>	<b>Framework Convention on Tobacco Control</b>
<b>GMF</b>	<b>Global Monitoring Framework</b>
<b>GTM</b>	<b>Get The Message</b>
<b>HCC</b>	<b>Healthy Caribbean Coalition</b>
<b>HFJ</b>	<b>Heart Foundation of Jamaica</b>
<b>IAHF</b>	<b>Inter American Heart Foundation</b>
<b>JCTC</b>	<b>Jamaica Coalition for Tobacco Control</b>
<b>NCD</b>	<b>Non-Communicable Disease</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>OECS</b>	<b>Organisation of Eastern Caribbean States</b>
<b>PAFNCD</b>	<b>Pan American Forum on Non Communicable Diseases</b>
<b>PAHO</b>	<b>Pan American Health Organization</b>
<b>UNHLM</b>	<b>United Nations High Level Meeting</b>
<b>WB</b>	<b>World Bank</b>
<b>WHA</b>	<b>World Health Assembly</b>
<b>WHO</b>	<b>World Health Organization</b>

## 3. INTRODUCTION

### 3.1 Purpose

The purpose of this Strategic Plan is threefold. First, to translate and assist in putting into practice the Port of Spain Declaration, “Uniting to Stop the Epidemic on Chronic Diseases”, that was signed by Heads of Government of the Caribbean Community (CARICOM), September 2007. Second, to contribute to the response of Caribbean health NGOs and other civil society organizations to the epidemic of NCDs following the United Nations High Level Meeting held in 2011. Third, to indicate the priorities that the Healthy Caribbean Coalition (HCC) will pursue and the initiatives that it will support as HCC encourages, promotes and assists civil society efforts to contribute more meaningfully to the NCD response.

### 3.2 Integration with other strategies

These several declarations and plans provide significant and important information about the NCD issue in the Caribbean and globally:

- The Declaration of Port of Spain, “Uniting to Stop the Epidemic of Chronic Non-communicable Diseases”;
- Caribbean Civil Society Bridgetown Declaration: Tackling the Caribbean Epidemic of Chronic Diseases;
- Caribbean Civil Society Action Plan for Tackling Chronic Non-communicable Diseases: 2008-2011;
- Strategic Plan of Action for the Prevention and Control of Non-communicable Diseases for Countries of the Caribbean Community, 2011-2015, PAHO/WHO/Caribbean Community Secretariat;
- Political Declaration arising out of the United Nations High level Meeting on NCDs,

September 2011; and

- The Sixty-fifth World Health Assembly, May 2012.

All guide and inform this Strategic Plan.



### 3.3 Methodology

The role of health NGOs and other civil society organizations in tackling the NCDs has been well established. This was recognized at the Heads of Government of CARICOM Summit on NCDs held in Port of Spain, Trinidad in 2007, and given greater prominence at the UNHLM where there was a call for a “whole of society” approach to the response to the epidemic of NCDs. This Strategic Plan takes into consideration the several strategies and frameworks, both national and regional, and arises out of inputs by civil society organizations, the private sector and policy makers at the NCD Prevention and Strategic Planning Workshop for Civil Society Organizations: Rallying for Action on NCDs, held in May 2012.

## 4. CORE PRINCIPLES & VALUES

The Strategic Plan will:

1. Be carried out with the minimum of structure and bureaucracy, guided by the themes of action, inclusivity, simplicity and flexibility.
2. Seek at all times to provide opportunities for civil society, public and private organizations both nationally and regionally to come together

in response to the epidemic of NCDs.

3. Focus on population-based public health initiatives that are evidence-based.

4. Give significant consideration to equity issues.

5. Encourage the exchange of experience and knowledge and the provision of an environment that enhances personal and professional development and empowers people.

6. Seek to complement, add value to and collaborate with the private sector and policy makers/governments in the response to NCDs.

7. Seek to assist in meeting targets and indicators arising out of the UNHLM.

8. Seek to ensure that health NGOs and civil society have a greater and more visible voice, role and recognition as partners in the response to NCDs.

9. Seek recognition and acceptance that lifestyles of exposure to tobacco smoke, unhealthy diets, physical inactivity and abuse of alcohol are the major risk factors for NCDs and that the epidemic of NCDs can be slowed by actions taken by individuals, communities and countries in enabling environments.

10. Promote recognition of the need for improved treatment of NCDs and their complications.

## 5. SITUATIONAL ANALYSIS

### 5.1 Health and economic impact of NCDs

NCDs are the major cause of death and account for the greatest share of the burden of

disease in the Caribbean. The prevalence of these diseases is higher in the Caribbean than in the rest of the Americas. Data compiled by PAHO/WHO show that Barbados, Trinidad and Tobago, Jamaica and Belize occupy the first four places in terms of prevalence of diabetes mellitus in the Americas.



Heart disease, cancer and stroke represent the first three causes of death in the Region and have retained that position in the 20 years between 1980 and 2000. The rates for hypertension are similar in the Caribbean countries. All are significantly higher than in North America. In Trinidad and Tobago, the rates for ischemic heart disease approach those of North America, while the age adjusted mortality rates for diabetes are 17 times higher than in the USA. In the past six years there have been almost 1000 amputations in the Queen Elizabeth Hospital in Barbados as a result of diabetes. The toll in human suffering caused by these diseases in the Caribbean is enormous.

The burden of disease for the NCDs is twice as great as for communicable diseases and injuries combined. Smoking rates for youth 13-15 years vary from 3.6% in Antigua and Barbuda to 14.7% in Belize. Among the adult population the available data show rates of 21.4% in Trinidad and Tobago and 18.9% in St. Lucia. High blood pressure, obesity, physical inactivity and tobacco use stand out as the most lethal risk factors. About one quarter of the adult

population is hypertensive, with approximately 50% prevalence above 40 years of age. The Caribbean Food and Nutrition Institute estimates that in the 1990s almost 60% of females were obese or overweight and the figure for men 25%. The most prominent of the non-modifiable risk factors that predispose to NCDs is age. Caribbean populations are living longer and life expectancy has been increasing steadily in all countries. The Caribbean now shows one of the highest rates of increase in the older populations among the developing countries of the world.



The World Bank (WB) in a recent report pointed out that an average individual in Jamaica suffering from an NCD spends approximately one-third of household income (JM\$55,503) on healthcare services and pharmaceutical purchases. It points out that overweight/obesity is steadily increasing in the Region, especially among women, with Dominica having the highest obesity prevalence in both gender groups in the Organization of Eastern Caribbean States (OECS). The WB report projected that about 38.4% of males and 65.3% of females would be obese by 2015, and almost 60% of females in St. Lucia by 2015.

Physical inactivity levels are high and females are less physically active than males in

each country. The degree of physical inactivity has been steadily increasing due to growing urbanization and sedentary lifestyles. Tobacco use and excessive alcohol consumption are widespread across the Caribbean. Alcohol use is common across OECS countries but varies from annual consumption of 10.9 litres per capita in St. Lucia to 5.5 litres per capita in Antigua and Barbuda.

Available data from the WHO Diabetes Atlas indicate that treating NCDs is costly. In the OECS countries the annual cost for treating a diabetic ranges from US\$322 to US\$769. The St. Lucia data show that NCD patients spend 36% of their total household expenditure annually for care. Poorer households spend 48% of their per capita expenditure on healthcare while better-off households spend less than 20%.

## **5.2 Regional responses to NCDs**

### **5.2.1 Declaration of Port of Spain**

#### **“Uniting to Stop the Epidemic of Chronic Non-communicable Diseases”**

In 2007 the Heads of Government of CARICOM met in Port of Spain to consider NCDs. This event was seminal in many respects, among them that it was the first occasion that a grouping of regional heads of governments had met specifically to consider the issues related to NCDs. At the conclusion of the Summit, now considered by many to be the catalyst and forerunner of many major global initiatives culminating in the UNHLM on NCDs in 2011, a 14-point declaration was issued that addressed, among other issues, National Commissions on NCDs, tobacco control, screening and management of NCDs, physical education in schools, elimination of trans-fats, food labelling, increase in physical facilities, an enhanced role for media, research and surveillance of risk factors, and the annual recognition of “Caribbean Wellness Day”.

### **5.2.2 Caribbean Civil Society Bridgetown Declaration: Tackling the Caribbean Epidemic of Chronic Diseases**

The declaration produced at the conclusion of the “Wellness Revolution” conference expressed the commitment of those who attended to contribute actively - at the personal, family, organization, community, national, regional and global levels - to avoiding, slowing and reversing the further development of NCDs through:

- Full support to the CARICOM Heads of Government Declaration of Port of Spain “Uniting to Stop the Epidemic of Chronic Non-communicable Diseases”.
- Establishment of a Caribbean civil society coalition for tackling NCDs.
- Advocacy and active participation across all sectors of society.
- Support for NCD risk factor reduction.
- Holding Caribbean governments accountable.
- Strengthening of civil society organizations to enable them to be active and effective participants in efforts to reduce impact of CNCDs.

### **5.2.3 Caribbean Civil Society Action Plan for Tackling Chronic Non- communicable Diseases: 2008-2011**

The plan was one of a number of outcomes created by the attendees of a civil society-led Caribbean chronic disease conference held in 2008. It was produced to assist the development and functioning of a Caribbean civil society NCD network/coalition, to be a guide for action for tackling NCDs, and complement and support activities and programmes of civil society organizations. The plan detailed the scope of the challenges presented by the NCDs, reviewed the

role of civil society in contributing to the response to NCDs, and detailed a set of action lines. The Action Plan called for the establishment of a Caribbean civil society network/alliance to tackle NCDs and served as the blueprint for the activities of that organization after it was established in 2008.



### **5.2.4. Strategic Plan Of Action for the Prevention and Control Of Non- Communicable Diseases for Countries of the Caribbean Community, 2011- 2015; PAHO/WHO, Caribbean Community Secretariat**

This plan responds to the Declaration of Port of Spain emanating from the 2007 CARICOM Summit on Chronic Non-communicable Diseases. It forms part of the Caribbean Cooperation in Health initiative Phase 111 (CCH-3) and is aligned with the PAHO strategies and plans for prevention and treatment and control of chronic diseases. It consists of several priority actions that include risk factor reduction and health promotion, integrated disease management and patient self-management education, surveillance, monitoring and evaluation, public policy, advocacy and communications and programme management.



## **5.3 International responses to NCDs**

### **5.3.1 Political Declaration arising out of the United Nations High Level Meeting on NCDs, September 2011**

The Declaration noted that NCDs present a challenge of epidemic proportions along with significant socio-economic and developmental impacts. It recognized that NCDs can be largely prevented and controlled through collective and multi-sectoral action by all Member States and other relevant stakeholders, and that prevention must be the cornerstone of the global response to NCDs. Key provisions of the Declaration were the need to reduce risk factors and create health promoting environments, strengthen national policies and health systems, foster international cooperation including collaborative partnerships, and grow research and development.

The Declaration called on the private sector to take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, to consider producing and promoting more food products consistent with a healthy diet, promote and create an enabling environment for healthy behaviours among workers, and work towards reducing the use of salt in the food industry in order to lower sodium consumption.

### **5.3.2 Sixty-fifth World Health Assembly (WHA), May 2012**

The WHA welcomed the work underway and recognized the significant progress and decided to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025. The WHA also expressed strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. The

Assembly further noted the wide support expressed by member states and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco, salt/sodium and physical inactivity.

### **5.3.3 International NCD Targets**

A Global Monitoring Framework (GMF) on NCDs, including nine targets, a set of indicators and global voluntary targets, was agreed upon on November 7, 2012 through a process initiated by the UN Political Declaration. This Global Monitoring Framework is one of three critical parts of the Global NCD Framework (the GMF, the Global Action Plan for NCDs 2013-2020, and a Global Coordinating Mechanism for NCDs).

Table 1 (on the following page) itemizes the nine targets.

## **5.4 The Healthy Caribbean Coalition**

The Healthy Caribbean Coalition (HCC) was founded in October 2008 as a loose alliance and network to combat chronic diseases, their risk factors and conditions. The mission of the HCC is to harness the power of civil society, in collaboration with government, private enterprise, academia, and international partners, in the development and implementation of plans for the prevention and management of chronic diseases. This will be achieved through the promotion of healthy lifestyles, reduction of the determinants of chronic disease, creation of enabling and supportive environments, better management of chronic diseases, and empowerment of people.

The management and governance of the HCC was until 18th September 2012, led and directed by an 11-member Executive Committee chosen from and among its member and supporting Caribbean organizations. The Committee met as and when necessary via teleconference. The secretariat of the HCC is

Issue	Description/Details	Target
<b>Mortality and Morbidity</b>	<b>Premature morbidity from NCDs</b>	1. 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
<b>Risk Factors</b>	<b>Tobacco</b>	2. 30% reduction in prevalence of current tobacco use in persons aged 15+ years
	<b>Physical inactivity</b>	3. 10% relative reduction of insufficient physical activity
	<b>Alcohol</b>	4. At least 10% relative reduction in the harmful use of alcohol, as appropriate within the national context <sup>1</sup>
	<b>Salt/Sodium</b>	5. 30% relative reduction in mean population intake of salt or sodium intake <sup>2</sup>
	<b>Raised blood pressure</b>	6. 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances
	<b>Diabetes and Obesity</b>	7. Halt the rise in diabetes and obesity <sup>3</sup>
	<b>National Systems Responses</b>	<b>Essential medicines and technologies</b>
	<b>Drug therapy to prevent heart attack and stroke</b>	9. At least 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes

**5.3.3 TABLE 1**

Footnotes:

<sup>1</sup> Full definition of harmful use of alcohol taken from the Global Strategy

<sup>2</sup> WHO recommendation to countries is 5 grams of salt or 2 grams of sodium per day per person

<sup>3</sup> Countries will select indicators as appropriate to national context

presently located in Barbados. Communication among the members of the HCC is conducted via email, the organization's website and through the use of social media (Facebook/Twitter) managed by a web manager, a social media coordinator and a small group of volunteers.

In May 2012 the HCC was incorporated as a not for profit organization under the companies act of Barbados. There are several categories of membership of the HCC:

- Organization Member (Caribbean), being a chronic non-communicable disease (NCD) Caribbean based non-governmental health organization.
- Individual Member (Caribbean), being an individual located in the Caribbean and involved in responding to chronic non-communicable diseases (NCDs).
- Associate member (Caribbean), being a not-for-profit organization, including voluntary associations, foundations, civic groups, professional associations, universities, unions, and other similar types of entities not intended to generate a profit for their owners, based in the Caribbean region.
- Supporting member (Caribbean), being for-profit organizations that include corporations, partnerships, proprietorships, and others intended to generate financial gain for their owners, based in the Caribbean Region.
- Supporting member (International), being an individual, health NGO, not-for-profit or for-profit organization, based outside of the Caribbean Region.

#### 5.4.1. SWOT analysis

##### STRENGTHS

- Highly dedicated core team of HCC volunteers.

- Strong contacts with international NCD communities.
- Established working relationships with the two largest mobile phone carriers in the Region.
- Strong regional support and commitment from PAHO/WHO.
- Vision of organization consistent with regional and international strategic approaches to NCDs.
- Significant technology knowledge base in the areas of social media and mobile phones.



##### WEAKNESSES

- Insufficient buy-in from membership to the value of a regional NCD civil society network.
- Lack of adequate understanding of membership resources.
- Core volunteers of HCC presently all reside in Barbados.
- Broad, varied and inadequately defined target audience.

##### OPPORTUNITIES

- The use of social media and mobile technology as tools for fundraising for member NGOs.
- The development of an online Caribbean NCDs research and general information portal for health care providers and the general public.
- The demonstrated capacity to develop an organizational structure that is inclusive and

fosters an environment for quick growth across several countries with varying cultures, socioeconomic and political environments.

- The ability to establish a Caribbean community of persons interested in the pursuit of a healthy Caribbean.
- The expertise to advocate with governments for stronger tobacco control legislation and to foster policy that promotes physical activity and healthier food options.



## THREATS

- Regional NGOs largely function in isolation rather than adopting a more partnership-based approach to tackling NCDs in which collaboration capitalises on comparative strengths to achieve common goals.
- Inadequate funding to support implementation of projects.
- Human resources limitations; heavy reliance on volunteers with specialized skill-sets including IT/social media/mHealth.
- The term NCDs covers a diverse range of disease areas thus leading to broad programming and the potential for dilution of impact.
- NCDs, as a known disease area, needs to be established in the public domain (the abbreviation in itself is not self-explanatory).

## 5.5 NCD related NGOs, civil society and the private sector

### 5.5.1 Caribbean

NCD health NGOs continue to contribute to varying degrees to the prevention and enhanced treatment of NCDs. Many of these organizations are members of the HCC. Interaction with these organizations and informal surveys indicate that most of them are involved in education and provision of services. With the sole exception of the Heart Foundation of Jamaica, few NCD health NGOs play strong and overt advocacy roles. Levels of governance appear to need strengthening in many of the health NGOs, and few optimize the opportunities provided by social media to disseminate their messages. Few of the organizations have as yet given practical expression to the NCD approach, but rather continue with a disease-specific focus. Over the past few years there has been noticeable increase in awareness among the non-health, not for profit organizations about the NCDs, but many have not prioritised NCD issues within their organizations. The private sector, because of the efforts of governments and civil society, has to varying degrees become more aware of the challenges posed by NCDs and some companies have made greater contributions to the NCD effort and instituted wellness programmes among their staffs.

The current downturn in the global economy has forced private corporations and Governments to reduce the level of monetary contributions to health NGOs. The reduction in available funds for programme use has forced health NGOs to become more creative and, in some instances, competitive with other NGOs for funding. This has created an environment both nationally and regionally which may not necessarily be conducive to NGO partnership and collaboration.

In many instances, the larger recognized



health NGOs have functioned with well-established successful leaders, but have failed to develop adequate succession planning strategies. On a day-to-day operational level with limited man-power resources a great deal of work capacity is driven by existing activity planning, monitoring and management. Against this background, the ability of regional health NGOs to dedicate time for communication and sharing of best practices has not been a priority.

### 5.5.2 International

On the international level, in an effort to put NCDs on the global agenda, health leaders formed the NCD Alliance, comprising four of the largest not-for-profit NGOs: International Diabetes Federation, World Heart Federation, Union for International Cancer Control, and International Union Against Tuberculosis and Lung Disease. In many respects, this alliance was the recognition that health NGOs share many of the same goals - the reduction of NCDs through addressing their associated risk factors of obesity, exposure to tobacco smoke, unhealthy diets, physical inactivity and alcohol abuse.



This global movement and vision, that a “whole of society” approach is needed to respond to NCDs, has not fully become entrenched in the Caribbean context.

The CARICOM Heads of Government, through their Port of Spain Declaration on NCDs (2007), provided a regional framework for the execution of a unified Caribbean effort to address this epidemic. However, the ability of

governments to enact legislation for meaningful change in health policy in the Caribbean has been weak. Further health NGOs need to be strengthened in order to play their role and contribute to the “whole of society” effort.

PAHO/WHO, recognizing the need for a “whole of society” approach to the NCDs as called for in the UNHLM political declaration, has established a Partners Forum for tackling NCDs. This unique initiative brings together all players aimed at mobilizing the strengths of different sectors of society.

## 6. REVIEW OF THE IMPLEMENTATION OF THE HCC-LED CARIBBEAN CIVIL SOCIETY ACTION PLAN FOR TACKLING CHRONIC NON-COMMUNICABLE DISEASES 2008-2011

The Caribbean Civil Society Action Plan for Tackling Chronic Non-Communicable Diseases (CNCDS): 2008-2011 was one of the outputs, developed in a participatory manner by the invitees and attendees of the Healthy Caribbean 2008: Caribbean Chronic Disease Conference, titled ‘A Wellness Revolution Event’. The plan was produced to assist in the development and functioning of a Caribbean civil society NCD network/coalition and as a guide for action in tackling NCDs by Caribbean civil society. It aimed to complement and support activities and programmes in countries and civil society organizations throughout the region.

Table 2 (on the following pages) provides a review of the main action lines of the plan, the status of implementation (complete, incomplete, not done) and comments providing an indication of the extent to which the plan has achieved its objectives.

**TABLE 2**

Continued on page 14

<b>Action Lines</b>	<b>Status</b>	<b>Comment</b>
Establishment of a Caribbean civil society NCD coalition/network	Complete	The Healthy Caribbean Coalition (HCC) is established and functioning. Officially registered as a not for profit company May 24th 2012.
Establish partnerships with Caribbean institutions and organizations, such as PAHO, CARICOM	Complete	HCC in Official Relations with PAHO. Consideration being given for HCC to be involved in CARPHA.
Support and lobby for NCD commissions with civil society representation on these commissions	Complete	Implemented. The Chair of HCC acted as a resource in St Kitts, Dominica, St Vincent and Barbados to support establishment of their respective NCD commissions.
Development and management of a website	Complete	Website established and fully functional from 2008.
Preparation and distribution of brochure versions of Heads of Government of CARICOM, Declaration of Port of Spain, 2007	Incomplete	Implemented to a limited extent through electronic means; funding limited further dissemination through traditional media.
Production and distribution of Technical Report of Healthy Caribbean 2008 chronic disease conference	Complete.	Report completed and disseminated in 2009.
Approval and implementation of national civil society NCD Action Plans	Not done	Insufficient capacity of HCC (lack of core funds; limited human and financial resources) combined with insufficient manpower and competing priorities of small understaffed NCD member NGOs.
Caribbean civil society-led strategy to inform about risk factors	Complete	Implemented using website and Facebook.

**TABLE 2 cont'd**

Continued from page 13

<b>Action Lines</b>	<b>Status</b>	<b>Comment</b>
Support for Caribbean Wellness Day	Complete	Implemented. Support provided annually since inception.
Advocate and support tobacco control and FCTC implementation	Complete	This has been done regionally, particularly with regard to Jamaica and Trinidad and Tobago
No Tobacco regional media campaign	Incomplete	Insufficient capacity of the HCC (lack of core funds; limited human and financial resources).
Conduct a FCTC conference	Not done	Lack of funds.
Conduct a physical activity workshop	Complete	Implemented in 2009.
Contribute to physical activity initiatives	Complete	HCC supported a number of related initiatives.
Seek to establish relationship with Agita Mundo	Complete	Relationship established 2009.
Advocate and support salt reduction and trans fats elimination	Complete	This has been done with regard to salt reduction with PAHO in Barbados and Jamaica
Advocate for and support enhanced management of NCDs	Not done	Due to limited technical and financial resources.
Conduct a regional capacity building workshop	Complete	PAHO:HCC Joint hosting of a civil society capacity building workshop on chronic diseases, in October 2010 with broad membership representation.
Support of initiatives, plans and programmes at country and organization level	Incomplete	Lack of core funds and limited human and financial resources has prevented this. Further the focus has been on building relationships with members in preparation for the next step of supporting member initiatives.

## 7. PRIORITY STRATEGIC AREAS

The priority strategic areas which the HCC was mandated to pursue at the “Rallying for Action for Action on NCDs” workshop held in May 2012, are advocacy, enhancing communication, capacity building and mHealth.

**These four (4) pillars will underpin and support the Strategic Plan over the next four years.**

1. ADVOCACY
2. ENHANCING COMMUNICATION
3. CAPACITY BUILDING
4. mHEALTH AND eHEALTH

The four priority areas reflect the current aspirations of the international and regional NCD community. Recognising a “whole of society” approach, there are a number of valued stakeholders critical to the implementation of this plan. The members of the HCC and their constituents have a major role to play in the prevention and better management of NCDs in the Caribbean; however there is a clear and unequivocal recognition that Caribbean civil society is limited by the tools available to civil society organizations. Nevertheless, Caribbean civil society aims to make its contribution through the identified strategic approaches in the Strategic Plan. Additional principal

contributors to this process are policymakers and the private sector. Best outcomes are likely to occur if all sectors of society collaborate and bring to bear their specific strengths and strong points. Other important stakeholders in the process are the regional and international health institutions and the various multi-sectoral partnerships, both local and regional such as NCD Commissions and the Pan American Forum on Non-Communicable Diseases.

The four priority strategic areas are described below.



### 7.1 Advocacy

Advocacy is one of the most important tools that civil society has at its disposal. It can mean different things to different people and can be used for variety of purposes. Three components of a comprehensive advocacy strategy have been identified – transformational, developmental, and instrumental. These components are often loosely conceived of and correlated with stages ranging along an advocacy strategy’s continuum, moving from citizen empowerment (transformational), to civil society strengthening (developmental), and concluding with policy influence (instrumental). The HCC and its member organizations fall on different points along this continuum. It is the aspiration of this plan to continue to move both HCC and its members to the stage of policy influence.



## 7.2 Enhancing communication

A major challenge facing the Caribbean is the lack of effective communication between Caribbean countries and often among organizations within countries. This is particularly evident in matters related to NCDs. There is limited experience in the Caribbean of disease-specific organizations coming together around a common cause, and certainly not around NCDs. Additionally, public health information about NCDs is often confined to healthcare workers and policy makers and not shared with the lay public. The HCC considers an informed and empowered public to be critical in the response to NCDs.

## 7.3 Capacity building

The Heads of Government of CARICOM Summit on NCDs and the UNHLM on NCDs identified the need for a “whole of society” approach in the response to NCDs. Health NGOs and other not-for-profit organizations have been recognized to be insufficiently positioned to contribute to the process as they ought, considering they represent and speak for a major sector of Caribbean society. The capacity of health NGOs must be strengthened to increase their effectiveness and make them stronger and more dependable partners in the collaborative effort.

## 7.4 mHealth and eHealth

mHealth and eHealth refer to the use of mobile phones and the electronic or social media to prevent and treat disease and is perhaps one of the fastest growing speciality areas in health care. The use of these tools is particularly valuable since the approach allows for fast and rapid delivery of information and instructions, is easily learnt and applied, and is readily available

to many sectors of Caribbean society, including those in remote areas and those at lower socio-economic levels. Mobile phone penetration in the Caribbean is significant with many countries boasting more than 95% of households possessing a mobile phone.



Mobile phones as a means of prevention and better management of disease have not been used to any extent in the Caribbean. This is an untapped field.

The HCC has demonstrated through a highly successful advocacy and information campaign using mobile phones the value of such initiatives and the possibility of getting people in the region to respond to and participate in such initiatives.

The HCC plans to work with regional and international leaders in this field to promote, encourage and develop this area of disease prevention and treatment as it relates to NCDs.

## 8. PRIORITY ACTIONS

### 8.1 Healthy Caribbean Coalition

#### ADVOCACY

- Develop an advocacy strategy and plan.
- Contribute to the identification of post UNHLM commitments for the Caribbean and advocate for their implementation.
- Conduct workshops on “how to advocate” for member NCD health organizations.
- Lead on efforts aimed at population salt reduction in the Caribbean using social marketing approaches.
- Contribute to and participate in ‘No Tobacco’ advocacy in the region.
- Lead on cervical cancer advocacy in the region.
- Advocate for palliative care policies.

## **ENHANCING COMMUNICATION**

- Active membership of the PAHO-led Pan American Forum on NCDs
- Develop a communication strategy and plan.
- Support for annual Caribbean Wellness Day.
- Support for annual international heart, cancer, diabetes and lung days.
- Further development of HCC website and Facebook as major interactive communication tools.

## **CAPACITY BUILDING**

- Establish the HCC as an incorporated not-for-profit company with an effectively functioning and appropriately staffed secretariat.
- Undertake audit of NCD Health NGOs in the Caribbean, with emphasis on governance structure, social media needs, etc.
- Conduct capacity building workshops for member NCD health organizations.

## **MHEALTH AND EHEALTH**

- Document lessons learnt from the Get the Message campaign.
- Apply mobile phones in the promotion of World Heart Day 2012.
- Initiate cervical cancer prevention and enhanced treatment advocacy initiative using mobile phones.
- Conduct a regional workshop on mHealth.
- Apply mobile phones in diabetes control.
- Seek to apply mobile phones as a tool in smoking cessation.
- Develop mobile phones as income generator for HCC and member health NGOs.

## **8.2 Caribbean NCD health non-governmental organizations**

- Support for and active involvement and participation in the priority actions of the HCC.
- Participation in Caribbean Wellness Day in-

country.

- Participation in relevant annual international days aimed at sensitizing people about specific NCDs.
- Improve governance of organization.
- Produce 4-year action plan for support by the HCC.
- Improve use of social media.
- Seek to strengthen financial and human resource base.
- Contribute to reduction of risk factors - smoking, physical inactivity, unhealthy eating and abuse of alcohol - through advocacy, service delivery, outreach activities, and educational programmes.
- Collaborate with non-health sectors of civil society in-country for a more effective multi-sectoral response to NCDs.

## **9. EXPECTED RESULTS**

### **ADVOCACY**

- More effective advocacy initiatives undertaken by health NGOs.
- Increase in numbers of effective national NCD committees and groups.
- Increase in numbers of effective national NCD plans and policies.
- Increase in interventions to reduce shared risk factors for NCDs.
- Improved adherence to the FCTC.
- Programmes of population salt reduction expanded and more effective.
- Policies of palliative care established.
- HCC national and regional advocates formally identified and championing the NCD agenda nationally and across the region.

### **ENHANCING COMMUNICATION**

- Highly interactive and best practice HCC website.
- Very popular and well received Facebook page.

- Increased use of social media by health NGOs.
- More effective promotion of annual disease-specific internationally recognized days.
- Increased numbers of people become aware of NCDs and what can be done to prevent and better treat them.

### CAPACITY BUILDING

- HCC secretariat established and staffed, and governance and management structure improved.
- Action plans produced by member health NGOs.
- Health NGOs are shown to be “more fit for purpose”.

### MHEALTH AND EHEALTH

- Mobile phones applied as an effective communication tool in NCD prevention and treatment.
- Mobile phones become a source of income for HCC and member organizations.

### In-country activities of member health NGOs

- Increased and more effective use of social media.
- Development of organization action plans.
- Enhanced management and governance.
- More effective in-country programmes.
- Increased advocacy initiatives.
- Active participation in CWD.
- Greater collaboration with non-health sector of civil society.

## 10. IMPLEMENTATION OF STRATEGY

### 10.1 Communicating the Strategy

The Strategic Plan will be made available on the HCC website following its review and adoption by the Board of Directors of the HCC. All categories of membership of the HCC will

receive a copy of the Strategic Plan. A list of key stakeholders from other sectors, national, regional and international will be provided with a copy of the Strategic Plan. Members of the HCC will be provided with progress reports outlining achievements as these relate to the actions of the Strategic Plan.

### 10.2 Resourcing the Strategy

Resource requirements include:

- Consistent and dependable sources of appropriate levels of funding, both project-based and core financing.
- Easy and regular access of leadership of HCC and of member health organizations to international best practice in NCD prevention and treatment.
- Technical cooperation with national, regional and international health institutions.
- Established and functioning HCC secretariat.
- Well established and engaged board of directors of HCC.
- HCC country champions.
- A strong core of volunteers with skill sets and commitments attuned to the four priority actions of communication, advocacy, mHealth and capacity building.

### 10.3 Monitoring and Evaluation

The Strategic plan will be kept under regular review by the directors of the HCC and there will be a conference of member organizations of the HCC in 2014 to review the plan to ensure that it is being used as an effective guide and that action lines are consistent with those outlined in the plan.



## 11. LOG FRAME

The Goal of this strategic plan is: To contribute to reduction of disability and death from NCDs in the Caribbean region. The activities identified to achieve the goal of this Strategic Plan fall under 4 strategic areas:

1. Advocacy;
2. Enhancing Communication;
3. Capacity Building;
4. mHealth and eHealth.

The following logframe (Table 3) broadly sets out the key activities which will be implemented to achieve the goal and strategic objectives of this Plan.

**TABLE 3**

<b>Priority Strategic Areas</b>	<b>Priority Actions/ Activities</b>	<b>Timeframe and executing and support organization</b>	<b>Objectively verifiable indicators *Targets to be informed by baseline audit</b>	<b>Risks/ Assumptions</b>
<b>SA1: ADVOCACY</b>				
SA1.1	Contribute to the identification of post-UNHLM commitments for the Caribbean and advocate for their implementation	2012 -2013, policy makers, PAHO, CARICOM Secretariat	Commitments identified	Funding secured
SA1.2	Identify country-based and regional Champions to support HCC NCD regional agenda	Ongoing	1 champion identified per country	Strong membership base in country to support identification and maintenance of champions
SA1.3	Conduct workshops on “how to do advocacy” for member NCD health organizations	2013-2016, IAHF	1 workshop every 2 years	Funding secured
SA1.4	Strengthen regional efforts at population salt reduction using social marketing approaches	2013-2016, PAHO and other members of the PAFNCD	Population salt reduction educational programmes in 5 Caribbean countries using social media approach	Funding secured



**TABLE 3 cont'd**

<b>Priority Strategic Areas</b>	<b>Priority Actions/ Activities</b>	<b>Timeframe and executing and support organization</b>	<b>Objectively verifiable indicators</b> *Targets to be informed by baseline audit	<b>Risks/ Assumptions</b>
SA1.5	Contribute to and participate in No Tobacco advocacy in the Region	2012-2016, JCTC and the HFJ	*Significantly increased awareness of member organisations of commitments of the Caribbean to the FCTC	
SA1.6	Implement a civil society regional cervical cancer advocacy and education initiative	2012-2013	Advocacy plan produced, and educational and informational campaign initiated	Membership bought into the importance; technical resources available
SA1.7	Advocate for establishment of palliative care policies for those with NCDs and related conditions	2013-2016, IAHF	1 workshop every 2 years	Key stakeholders engaged and have bought into the process of plan development
<b>SA2: ENHANCING COMMUNICATION</b>				
SA2:1	Member of the PAHO led Pan American Forum on NCDs	2012 - 2016	Membership and active participation	
SA2:2	Development of an NCD communication strategy and plan	First quarter of 2013	Plan produced and distributed	
SA2:3	Support for annual Caribbean Wellness Day	Annual event	*HCC organizational activities implemented and direct support to membership activities	

**TABLE 3 cont'd**

<b>Priority Strategic Areas</b>	<b>Priority Actions/ Activities</b>	<b>Timeframe and executing and support organization</b>	<b>Objectively verifiable indicators *Targets to be informed by baseline audit</b>	<b>Risks/ Assumptions</b>
SA2:4	Support for annual international heart, cancer, diabetes and lung days	On-going	HCC organizational activities implemented and direct support to membership activities for at least 2 international days annually	Funding secured
SA2:5	Further development of HCC website and Facebook as major interactive communication tools	On-going	Increase in unique website visitors; and increase in unique fb users	
<b>SA3: CAPACITY BUILDING</b>				
SA3:1	Establishment of the HCC as an incorporated not-for-profit company with an effectively functioning and appropriately staffed secretariat	December 2013	Secretariat fully established	Key staff identified; space identified
SA3:2	Development /production of civil society strategic plan, 2012-2016	29th October 2012	Production and distribution of plan to members, stakeholders, policymakers and opinion leaders	Membership actively supports the development of plan to ensure widely participatory process

**TABLE 3 cont'd**

<b>Priority Strategic Areas</b>	<b>Priority Actions/ Activities</b>	<b>Timeframe and executing and support organization</b>	<b>Objectively verifiable indicators *Targets to be informed by baseline audit</b>	<b>Risks/ Assumptions</b>
SA3:3	Undertake audit/need assessment of NCD Health NGOs in the Caribbean, with emphasis on governance structure, social media needs, etc.	31st December 2012	Audit and needs assessments undertaken by > 90% member health NGOs	Membership has bought into the importance of audit and participates
SA3:4	Conduct capacity building workshops for member NCD health organizations	2 workshops per annum, PAHO	6 workshops conducted over next 4 years	Membership has bought into value; partners engaged and committed; funding secured
<b>SA4: MOBILE AND ELECTRONIC HEALTH</b>				
SA4:1	Document lessons learnt from the Get the Message campaign	31st December 2012	Publication and distribution of evaluation of the GTM campaign	Consultant identified
SA4:2	Apply mobile phones in the promotion of World Heart Day 2012	September 2012, Medtronic, IAHF and CCS	Number of applications of use of mobile phones in WHD 2012 and outcomes	Funding secured
SA4:3	Initiate cervical cancer prevention and enhanced treatment advocacy and education initiative using mobile phones	2012-2013, PAHO, ACS	Project implemented, including establishment of Caribbean Cancer Society, awareness	Technical resources available; funding secured

**TABLE 3 cont'd**

<b>Priority Strategic Areas</b>	<b>Priority Actions/ Activities</b>	<b>Timeframe and executing and support organization</b>	<b>Objectively verifiable indicators *Targets to be informed by baseline audit</b>	<b>Risks/ Assumptions</b>
SA4:4	Mobile phones as income generator for HCC and member health NGOs.	Last quarter of 2012 -2013	Revenue from health tips and application of mobile wallets initiative	Community buy-in to new technologies, e.g. purchase of health tips
SA4:5	Implement an mHealth intervention using mobile phones in diabetes control.	2014	Pilot project executed	Technical resources available; funding secured
SA4:6	Conduct a regional workshop on mHealth	2014	Workshop held	Funding secured
SA4:7	Implement an mHealth intervention in smoking cessation using mobile phones as a tool	2015	Pilot project executed	Technical resources available; funding secured
<b>IN-COUNTRY HEALTH NGO ACTIVITIES</b>				
NGO:1	Support for and active involvement and participation in the priority actions of the HCC	On-going	20 health NGOs by end of 2014 and further 15 health NGOs actively involved with HCC	Member NGOs buy into and commit to an NCD coalition. Member NGOs are actively engaged with the HCC
NGO:2	Produce 4-year action plan for support by the HCC	Last quarter of 2013	*Action Plans produced by member health NGOs	Internal capacity to develop plan
NGO:3	Improved governance of organization	On-going	*Member health NGOs demonstrate good governance structures	Internal capacity to establish good structures



**TABLE 3 cont'd**

<b>Priority Strategic Areas</b>	<b>Priority Actions/ Activities</b>	<b>Timeframe and executing and support organization</b>	<b>Objectively verifiable indicators *Targets to be informed by baseline audit</b>	<b>Risks/ Assumptions</b>
NGO:4	Active participation in Caribbean Wellness Day in-country	On-going annual	Member NGOs reporting 1 Caribbean Wellness Day Activity	Capacity exists to support activities; funding secured
NGO:5	Active participation in relevant annual international days aimed at sensitizing people about specific NCDs	Member health NGOs	At least 2 NGO Annual days supported annually by HCC	Capacity exists to support activities; funding secured
NGO:6	Improve use of social media	Ongoing	*Increase in the number of members with active websites and active facebook pages	Social media capacity strengthened; in-house capacity to support social media activities; funding secured
NGO:7	Contribute to risk factor reduction - smoking, physical inactivity, unhealthy eating and abuse of alcohol - through advocacy, service delivery, outreach activities, and educational programmes	Ongoing	*Number of risk factor reduction programmes in which NGO is engaged annually, with clearly defined targets around risk reduction	NGOs are active in the support or implementation of risk reduction interventions in country
NGO:8	Collaborate with non-health sectors of civil society in-country for a more effective multi-sectoral response to NCDs	2012-2016, member organizations, business community, academia	*At least 6 major non-health NGOs stated commitment to addressing the NGO issue within their organisation as a priority	Overall country-level commitment on NCD agenda high; political will around NCD issues high

## 12. APPENDICES

### Appendix 1

#### **Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases**

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations from 19 to 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

1. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, and threatens the achievement of internationally agreed development goals;
2. Recognize that non-communicable diseases are a threat to the economies of many Member States, and may lead to increasing inequalities between countries and populations;
3. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases;
4. Recognize also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases;
5. Reaffirm the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
6. Recognize the urgent need for greater measures at global, regional and national levels to prevent and control non-communicable diseases in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health;
7. Recall the relevant mandates of the United Nations General Assembly, in particular resolutions 64/265 and 65/238;
8. Note with appreciation the World Health Organization (WHO) Framework Convention on Tobacco Control, reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as well as the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol;
9. Recall the Ministerial Declaration adopted at the 2009 high-level segment of the United Nations Economic and Social Council, which called for urgent action to implement the WHO Global Strategy for the Prevention and Control of Non-communicable Diseases and its related action plan;

10. Take note with appreciation of all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled “Uniting to stop the epidemic of chronic non-communicable diseases”, adopted in September 2007; the Libreville Declaration on Health and Environment in Africa, adopted in August 2008; the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009; the outcome Declaration of the Fifth Summit of the Americas adopted in June 2009; the Parma Declaration on Environment and Health, adopted by the Member States in the European Region of WHO in March 2010; the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruban Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011;

11. Take note also with appreciation of the outcomes of the regional multisectoral consultations, including the adoption of Ministerial Declarations, which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238;

12. Welcome the convening of the First Global

Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was organized by the Russian Federation and WHO and held on 28 and 29 April 2011, in Moscow, and the adoption of the Moscow Declaration, and recall resolution 64/11 of the World Health Assembly;

13. Recognize the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirm its leadership and coordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant United Nations agencies, development banks, and other regional and international organizations in addressing non-communicable diseases in a coordinated manner;

#### **A challenge of epidemic proportions and its socio-economic and developmental impacts**

14. Note with profound concern that, according to WHO, in 2008, an estimated 36 million of the 57 million global deaths were due to non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including about 9 million before the age of 60, and that nearly 80 per cent of those deaths occurred in developing countries;

15. Note also with profound concern that non-communicable diseases are among the leading causes of preventable morbidity and of related disability;

16. Recognize further that communicable diseases, maternal and perinatal conditions and

nutritional deficiencies are currently the most common causes of death in Africa, and note with concern the growing double burden of disease, including in Africa, caused by the rapidly rising incidence of non-communicable diseases, which are projected to become the most common causes of death by 2030;

17. Note further that there is a range of other non-communicable diseases and conditions, for which the risk factors and the need for preventive measures, screening, treatment and care are linked with the four most prominent non-communicable diseases;

18. Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions;

19. Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases;

20. Recognize that the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity;

21. Recognize that the conditions in which people live and their lifestyles influence their health and quality of life, and that poverty, uneven distribution of wealth, lack of education, rapid urbanization and population ageing, and the economic social, gender, political, behavioural and environmental determinants of

health are among the contributing factors to the rising incidence and prevalence of non-communicable diseases;

22. Note with grave concern the vicious cycle whereby non-communicable diseases and their risk factors worsen poverty, while poverty contributes to rising rates of non-communicable diseases, posing a threat to public health and economic and social development;

23. Note with concern that the rapidly growing magnitude of non-communicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries bear a disproportionate burden and that non-communicable diseases can affect women and men differently;

24. Note with concern the rising levels of obesity in different regions, particularly among children and youth, and note that obesity, an unhealthy diet and physical inactivity have strong linkages with the four main non-communicable diseases, and are associated with higher health costs and reduced productivity;

25. Express deep concern that women bear a disproportionate share of the burden of caregiving and that, in some populations, women tend to be less physically active than men, are more likely to be obese and are taking up smoking at alarming rates;

26. Note also with concern that maternal and child health is inextricably linked with non-communicable diseases and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes



later in life; and that pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring;

27. Note with concern the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, and call to integrate, as appropriate, responses for HIV/AIDS and non-communicable diseases and, in this regard, for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS and in accordance with national priorities;

28. Recognize that smoke exposure from the use of inefficient cooking stoves for indoor cooking or heating contributes to and may exacerbate lung and respiratory conditions, with a disproportionate effect on women and children in poor populations whose households may be dependant on such fuels;

29. Acknowledge also the existence of significant inequalities in the burden of non-communicable diseases and in access to non-communicable disease prevention and control, both between countries, and within countries and communities;

30. Recognize the critical importance of strengthening health systems, including health-care infrastructure, human resources for health, health and social protection systems, particularly in developing countries in order to respond effectively and equitably to the health-care needs of people with non-communicable diseases;

31. Note with grave concern that non-communicable diseases and their risk factors lead to increased burdens on individuals,

families and communities, including impoverishment from long-term treatment and care costs, and to a loss of productivity that threatens household income and leads to productivity loss for individuals and their families and to the economies of Member States, making non-communicable diseases a contributing factor to poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals;

32. Express deep concern at the ongoing negative impacts of the financial and economic crisis, volatile energy and food prices and ongoing concerns over food security, as well as the increasing challenges posed by climate change and the loss of biodiversity, and their effect on the control and prevention of non-communicable diseases, and emphasize, in this regard, the need for prompt and robust, coordinated and multisectoral efforts to address those impacts, while building on efforts already under way;

### **Responding to the challenge: a whole-of-government and a whole-of-society effort**

33. Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at local, national, regional, and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard;

34. Recognize that prevention must be the cornerstone of the global response to non-

communicable diseases;

35. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, namely, tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol, and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health;

36. Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development;

37. Acknowledge the contribution and important role played by all relevant stakeholders, including individuals, families, and communities, intergovernmental organizations and religious institutions, civil society, academia, media, voluntary associations, and, where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve effectiveness of these efforts;

38. Recognize the fundamental conflict of interest between the tobacco industry and public health;

39. Recognize that the incidence and impacts of non-communicable diseases can be largely prevented or reduced with an approach that incorporates evidence-based, affordable, cost-effective, population wide and multisectoral interventions;

40. Acknowledge that resources devoted to combating the challenges posed by non-communicable diseases at the national, regional and international levels are not commensurate with the magnitude of the problem;

41. Recognize the importance of strengthening local, provincial, national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources;

42. Acknowledge the need to put forward a multisectoral approach for health at all government levels, to address non-communicable disease risk factors and underlying determinants of health comprehensively and decisively; Non-communicable diseases can be prevented and their impacts significantly reduced, with millions of lives saved and untold suffering avoided. We therefore commit to:

### **Reduce risk factors and create health-promoting environments**

43. Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and

education, legislative, regulatory and fiscal measures, without prejudice to the right of sovereign Nations to determine and establish their taxation policies, other policies, where appropriate, by involving all relevant sectors, civil society and communities as appropriate and by taking the following actions:

(a) Encourage the development of multisectoral public policies that create equitable health-promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives;

(b) Develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, including through evidence-based education and information strategies and programmes in and out of schools, and through public awareness campaigns, as important factors in furthering the prevention and control of non-communicable diseases, recognizing that a strong focus on health literacy is at an early stage in many countries;

(c) Accelerate implementation by States parties of the WHO Framework Convention on Tobacco Control, recognizing the full range of measures, including measures to reduce consumption and availability, and encourage countries that have not yet done so to consider acceding to the Framework Convention on Tobacco Control, recognizing that substantially reducing tobacco consumption is an important contribution to reducing non-communicable diseases and can have considerable health benefits for individuals and countries, and that price and tax measures are an effective and important means of reducing tobacco consumption;

(d) Advance the implementation of the WHO Global Strategy on Diet, Physical Activity and Health, including, where appropriate, through the introduction of policies and actions aimed at promoting healthy diets and increasing physical

activity in the entire population, including in all aspects of daily living, such as giving priority to regular and intense physical education classes in schools; urban planning and re-engineering for active transport; the provision of incentives for work-site healthy-lifestyle programmes; and increased availability of safe environments in public parks and recreational spaces to encourage physical activity;

(e) Promote the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for developing specific policies and programmes, including taking into account the full range of options as identified in the global strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people, and call upon WHO to intensify efforts to assist Member States in this regard;

(f) Promote the implementation of the WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children, including foods that are high in saturated fats, trans-fatty acids, free sugars, or salt, recognizing that research shows that food advertising to children is extensive, that a significant amount of the marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns, while taking into account the existing legislation and national policies, as appropriate;

(g) Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats, and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that

contribute to unhealthy diet, while taking into account existing legislation and policies;

(h) Encourage policies that support the production and manufacture of, and facilitate access to, foods that contribute to healthy diet, and provide greater opportunities for utilization of healthy local agricultural products and foods, thus contributing to efforts to cope with the challenges and take advantage of the opportunities posed by globalization and to achieve food security;

(i) Promote, protect and support breastfeeding, including exclusive breastfeeding for about six months from birth, as appropriate, as breastfeeding reduces susceptibility to infections and the risk of under nutrition, promotes infant and young children's growth and development and helps to reduce the risk of developing conditions such as obesity and non-communicable diseases later in life, and, in this regard, strengthen the implementation of the international code of marketing of breast milk substitutes and subsequent relevant World Health Assembly resolutions;

(j) Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules;

(k) Promote increased access to cost-effective cancer-screening programmes as determined by national situations;

(l) Scale up, where appropriate, a package of proven effective interventions, such as health promotion and primary prevention approaches, and galvanize actions for the prevention and control of non-communicable diseases through a meaningful multisectoral response, addressing risk factors and determinants of health;

44. With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where

appropriate, to:

(a) Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;

(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;

(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;

(d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;

(e) Contribute to efforts to improve access and affordability for medicines and technologies in the prevention and control of non-communicable diseases;

### **Strengthen national policies and health systems**

45. Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases, taking into account, as appropriate, the 2008-2013 WHO Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, and the objectives contained therein and take steps to implement



such policies and plans;

(a) Strengthen and integrate, as appropriate, non-communicable disease policies and programmes into health-planning processes and the national development agenda of each Member State;

(b) Pursue, as appropriate, comprehensive strengthening of health systems that support primary health care, deliver effective, sustainable and coordinated responses and evidence-based, cost-effective, equitable and integrated essential services for addressing non-communicable disease risk factors and for the prevention, treatment and care of non-communicable diseases, acknowledging the importance of promoting patient empowerment, rehabilitation and palliative care for persons with non-communicable diseases, and a life course approach, given the often chronic nature of non-communicable diseases;

(c) According to national priorities, and taking into account domestic circumstances, increase and prioritize budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection, and treatment of non-communicable diseases, and the related care and support including palliative care;

(d) Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;

(e) Pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;

(f) Promote multisectoral and multi-stakeholder engagement in order to reverse, stop and

decrease the rising trends of obesity in child, youth and adult populations respectively;

(g) Recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases, and their common risk factors, that these disparities are often linked to historical, economic and social factors, encourage the involvement of indigenous peoples and communities in the development, implementation, and evaluation of non-communicable disease prevention and control policies, plans and programmes, where appropriate, while promoting the development and strengthening of capacities at various levels and recognizing the cultural heritage and traditional knowledge of indigenous peoples and respecting, preserving and promoting, as appropriate, their traditional medicine, including conservation of their vital medicinal plants, animals and minerals;

(h) Recognize further the potential and contribution of traditional and local knowledge and in this regard, respect and preserve, in accordance with national capacities, priorities, relevant legislation and circumstances, the knowledge and safe and effective use of traditional medicine, treatments and practices, appropriately based on the circumstances in each country;

(i) Pursue all necessary efforts to strengthen nationally driven, sustainable, cost-effective and comprehensive responses in all sectors for the prevention of non-communicable diseases, with the full and active participation of people living with these diseases, civil society and the private sector, where appropriate;

(j) Promote the production, training and retention of health workers with a view to facilitating adequate deployment of a skilled health workforce within countries and regions, in accordance with the World Health

Organization Global Code of Practice on the International Recruitment of Health Personnel;

(k) Strengthen, as appropriate, information systems for health planning and management, including through the collection, disaggregation, analysis, interpretation, and dissemination of data and the development of population-based national registries and surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population;

(l) According to national priorities, give greater priority to surveillance, early detection, screening, diagnosis and treatment of non-communicable diseases and prevention and control, and to improving the accessibility to the safe, affordable, effective and quality medicines and technologies to diagnose and to treat them; provide sustainable access to medicines and technologies, including through the development and use of evidence-based guidelines for the treatment of non-communicable diseases, and efficient procurement and distribution of medicines in countries; and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level;

(m) According to country-led prioritization, ensure the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with non-communicable diseases, protect those at high risk of developing them and reduce risk across populations;

(n) Recognize the importance of universal coverage in national health systems, especially through primary health-care and social protection mechanisms, to provide access to health services for all, in particular, for the poorest segments of the population;

(o) Promote the inclusion of non-communicable disease prevention and control within sexual and reproductive health and maternal and child-health programmes, especially at the primary health-care level, as well as other programmes, as appropriate, and also integrate interventions in these areas into non-communicable disease prevention programmes;

(p) Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of non-communicable diseases, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities;

(q) Improve diagnostic services, including by increasing the capacity of and access to laboratory and imaging services with adequate and skilled manpower to deliver such services, and collaborate with the private sector to improve affordability, accessibility and maintenance of diagnostic equipment and technologies;

(r) Encourage alliances and networks that bring together national, regional and global actors, including academic and research institutes, for the development of new medicines, vaccines, diagnostics and technologies, learning from experiences in the field of HIV/AIDS, among others, according to national priorities and strategies;

(s) Strengthen health-care infrastructure, including for procurement, storage and distribution of medicine, in particular transportation and storage networks to facilitate efficient service delivery;

### **International cooperation, including collaborative partnerships**

46. Strengthen international cooperation in

support of national, regional, and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure, diagnostics, and promoting the development, dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of WHO as the primary specialized agency for health in that regard;

47. Acknowledge the contribution of aid targeted at the health sector, while recognizing that much more needs to be done. We call for the fulfilment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance by 2015, as well as the commitments contained in the Istanbul Programme of Action for the Least Developed Countries for the Decade 2011-2020, and strongly urge those developed countries that have not yet done so to make additional concrete efforts to fulfil their commitments;

48. Stress the importance of North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at national, regional, and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation;

49. Promote all possible means to identify and

mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals;

50. Acknowledge the contribution of international cooperation and assistance in the prevention and control of non-communicable diseases and, in this regard, encourage the continued inclusion of non-communicable diseases in development cooperation agendas and initiatives;

51. Call upon WHO, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks, and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts;

52. Urge relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of trade-related aspects of intellectual property rights flexibilities and provisions;

53. Enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results orientation;

54. Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors, including through building community capacity in promoting healthy diets and lifestyles;

55. Foster partnerships between Government and civil society, building on the contribution of health-related NGOs and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment, care, including palliative care, of non-communicable diseases;

56. Promote the capacity-building of non-communicable disease-related NGOs at the national and regional levels, in order to realize their full potential as partners in the prevention and control of non-communicable diseases;

#### **Research and development**

57. Promote actively national and international investments and strengthen national capacity for quality research and development, for all aspects related to the prevention and control of non-communicable diseases in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation;

58. Promote the use of information and communications technology to improve programme implementation, health outcomes, health promotion, and reporting and surveillance systems and to disseminate, as appropriate, information on affordable, cost-effective, sustainable and quality interventions, best practices and lessons learned in the field of non-communicable diseases;

59. Support and facilitate non-communicable disease-related research and its translation to enhance the knowledge base for ongoing national, regional and global action;

#### **Monitoring and evaluation**

60. Strengthen, as appropriate, country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health, and health system responses, recognizing that such systems are critical in appropriately addressing non-communicable diseases;

61. Call upon WHO, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases;

62. Call upon WHO, in collaboration with Member States through the governing bodies of WHO, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on the work already under way, to prepare recommendations for a set of voluntary global targets for the prevention and control of non-communicable diseases, before the end of 2012;



63. Consider the development of national targets and indicators based on national situations, building on guidance provided by WHO, to focus on efforts to address the impacts of non-communicable diseases, and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

#### **Follow-up**

64. Request the Secretary-General, in close collaboration with the Director-General of WHO, and in consultations with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end of 2012 to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership;

65. Request the Secretary-General, in collaboration with Member States, WHO, and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at the sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

## **Appendix 2**

### **Summary of Program of collaborative activities between PAHO/WHO and the**

### **Healthy Caribbean Coalition (HCC), 2012 - 2016.**

The proposed program of collaborative activities over the 4 year period will firstly consist of enhancing and building capacity of the HCC and its member health NGOs. This will assist these organizations in contributing meaningfully to the "whole of society" approach in the response to NCDs. Several well established and effectively functioning health NGOs exist in some Caribbean countries, however, for the most part particularly in smaller countries of the region, NGOs are not well established and have limited capacity to effectively carry out the roles and functions normally expected of NGOs, or do not exist.

The second activity of the "program of activities" is the establishment and conducting of an mHealth program in the Caribbean. The HCC has demonstrated its capability to conduct an effective advocacy and educational campaign around NCDs as was done in its Get the Message campaign leading up to the United Nations High Level Meeting on NCDs, 19-20 September 2011. It now plans to use that expertise and experience to develop and promote mHealth throughout the Caribbean as a means of enhancing prevention and treatment of NCDs.

The third activity is improved communication using mobile phones and new and traditional media so as to inform and sensitise the people of the Caribbean through civil society organizations about the NCDs, the health and economic burden they cause and the role that civil society has in responding to these diseases.

Finally, the activities of collaboration will consist of support for projects aimed at enhanced lifestyle and NCD prevention and treatment. This will include but not be limited to population salt reduction, physical activity initiatives often involving the CDC/WHO

Collaborating Centre on Physical Activity and cervical cancer prevention.

This summary of proposed Plan of Activities for collaboration between the Healthy Caribbean Coalition which is an alliance of health NGOs and civil organizations registered as a not for profit company in Barbados should be considered together with the accompanying completed form of proposed program of collaborative activities for 2012-2016.

### **Appendix 3**

#### **Biennial Work Plan - Healthy Caribbean Coalition (HCC) and PAHO/WHO for the period 2012 - 2014.**

##### **Review of health situation**

In the Caribbean, as in other regions of the world, NCDs represent the major causes of death, and the greatest share of the burden of disease. The prevalence of these diseases is higher in the Caribbean than in the rest of the Americas. For example data compiled in PAHO show that Barbados, Trinidad and Tobago, Jamaica and Belize occupy the first four places in terms of prevalence of diabetes mellitus in the Americas. The prevalence rate for Barbados is given as 16.4%.

Heart disease, cancer and stroke represent the first three causes of death and have retained that position in the 20 years between 1980 and 2000. The rates for hypertension are similar in the Caribbean countries. All are significantly higher than in North America. In Trinidad and Tobago, the rates for ischemic heart disease approach those of North America, while the age adjusted mortality rates for diabetes are 17 times higher than in the USA. In the past six years there have been almost 1000 amputations in the Queen Elizabeth Hospital in Barbados as a result of diabetes. The toll in human suffering caused by these diseases in the Caribbean is enormous.

The burden of disease for the NCDs is twice as great as the communicable diseases and injuries combined. Smoking rates for the youth 13-15 years vary from 3.6% in Antigua and Barbuda to 14.7% in Belize. Among the adult population the available data show rates of 21.4% in Trinidad and Tobago and 18.9% in St. Lucia. High blood pressure, obesity physical inactivity and tobacco use stand out as the most lethal risk factors. About one quarter of the adult population is hypertensive, with approximately 50% prevalence above 40 years of age. The Caribbean Food and Nutrition Institute estimates that in the 1990s almost 60% of females were obese or overweight and the figure for men 25%. The most prominent of the non-modifiable risk factors that predispose to NCDs is age. The Caribbean populations are living longer and life expectancy has been increasing steadily in all countries. The Caribbean now shows one of the highest rates of increase in the older populations among the developing countries of the world.

##### **Specific areas of collaboration between PAHO/WHO and the HCC**

The HCC has been involved in several collaborative projects with PAHO/WHO over the past two years and it is anticipated that this will continue as the Caribbean seeks to mount a “whole of society” approach response to the NCDs as called for in the Political Declaration arising out of the UNHLM on NCDs. The specific areas in which it is anticipated that the two organizations may collaborate are: strengthening of the capacity of health NGOs in the Caribbean to make them more fit for purpose, development of mHealth throughout the Caribbean, enhancement of communication around NCDs, and the promotion and development of initiatives of lifestyle enhancement, and prevention and improved

treatment of NCDs.

### **Contribution of projects to PAHO's delivery of programs and activities**

Strengthening capacity of member organizations of the HCC will result in PAHO having more informed and motivated civil society organizations with whom to partner in the multi-sectoral Partners Forum that is being developed by PAHO. Additionally, a “fit for purpose” HCC provides PAHO with an effective Regional NCD Alliance with whom to partner in the response to NCDs in the Caribbean, there being no similar organization in the Region. Development of mHealth and social media programs that will be led by the HCC over the next two years will contribute to and supplement PAHO's developing social media program and assist specifically in PAHO's planned cervical cancer prevention initiative and will provide a platform for development of a new technical support initiative that PAHO is to offer member countries in the Caribbean.

Communication around NCDs for members of the Caribbean lay public is neither structured, planned nor effective, thus resulting in a public that is less than concerned about issues related to NCDs. The collaborative effort between PAHO and the HCC will contribute to addressing this area of concern thus ultimately leading to and creating an environment that will facilitate enhanced lifestyle and improved prevention and treatment of NCDs.

### **Expected results and outline of indicators for each of the expected results**

It is anticipated that as a result of this 2-year collaboration between PAHO and HCC mHealth will be introduced into the Caribbean and used in enhancing cervical cancer prevention, improved diabetes care and smoking cessation

in a series of demonstration projects for possible wider application. A platform provided on facebook and/or website that will allow for showcasing of publications and presentations on matters related to NCDs and undertaken by Caribbean people. A more interactive website will lead to increased numbers of visits.

### **List of activities to achieve expected results**

The activities to achieve the expected results will include: hosting of a HCC strategic planning meeting for the Caribbean NCD civil society, conducting of mobile phone and social and new media projects around NCD advocacy, smoking cessation, control of diabetes and prevention of cervical cancer, and significant upgrade of website and of social media so as to make these more interactive. Specific activity will also be centered on enhanced funding and staff recruitment so as to facilitate and contribute to the expected results.

### **Resources allocated by PAHO and the HCC**

Technical expertise provided by PAHO focal points and others. Voluntary contribution of members of HCC network. Resources of HCC provided in the fields of social media and mHealth.

### **PAHO and HCC focal points**

Dr James Hospedales  
Dr Ernest Pate  
Dr Merle Lewis  
Dr Tomo Kanda  
Professor Trevor Hassell, Chairman, HCC  
Mr Ian Pitts, Website Manager, HCC  
Mr Chris Hassell, Social Media Coordinator, HCC  
Members of Executive Committee and Volunteer Champions, HCC

**Appendix 4**  
**WHO Best Buys Interventions**

<ul style="list-style-type: none"> <li>• Tax increases</li> <li>• Smoke-free indoor workplaces and public places</li> <li>• Health information and warnings</li> <li>• Bans on tobacco advertising, promotion and sponsorship</li> </ul>	Tobacco use
<ul style="list-style-type: none"> <li>• Tax increases</li> <li>• Restrict retail access</li> <li>• Advertising bans</li> </ul>	Alcohol use
<ul style="list-style-type: none"> <li>• Reduced salt intake in food</li> <li>• Replacement of trans fat with polyunsaturated fat</li> <li>• Public awareness through mass media about diet and physical activity</li> </ul>	Unhealthy diet and physical inactivity
<ul style="list-style-type: none"> <li>• Counseling and multi-drug therapy (including glycaemic control for diabetes) for people with &gt; 30% CVD risk (including those with CVD)</li> <li>• Treatment of heart attacks with aspirin</li> </ul>	CVD & diabetes
<ul style="list-style-type: none"> <li>• Hepatitis B immunization to prevent liver cancer</li> <li>• Screening &amp; treatment of pre-cancerous lesions to prevent cervical cancer</li> </ul>	Cancer

## About the Healthy Caribbean Coalition

### Directors of the Healthy Caribbean Coalition

Professor Trevor Hassell, President

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Ms Deborah Chen

Dr Victor Coombs

Ms Joanne DeFreitas

Mrs Maisha Hutton, Manager

For more information about the Healthy Caribbean Coalition, please visit our website:

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You can also find us on:

Twitter: **<https://twitter.com/HealthCaribbean>**

Facebook: **<http://www.facebook.com/GettheMessage>**

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This report can be downloaded at:

**[www.healthycaribbean.org/Strategic-Plan-2012-16/](http://www.healthycaribbean.org/Strategic-Plan-2012-16/)**

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