

The Evaluation of the 2007 CARICOM Port-of-Spain NCD Summit Declaration

CHAPTER 4: National policy responses to NCDs and lessons learned

POS EVALUATION GROUP



AIM

 To identify existing policies towards NCD prevention and control, gaps in national policy responses, and factors promoting and hindering successful policy development and implementation in individual countries and territories.



Methods

- Two complementary methods:
- Analysis of grid data on the 27 commitments
 - Collected annually from 20 CARICOM countries from 2007-2015 monitoring commitments
- Detailed case studies of 7 countries
 - 76 interviews with 80 key informants
 - Data abstraction from policy documents





GRID FINDINGS

Grid: Key Findings

- Widely differing levels of policy development and report implementation.
- No country has met all of the indicators, but all have met at least one.
- 12 indicators fully complied with by at least 50% of members.
- Seven additional indicators partially complied with by at least 50% of members.
- At least 50% the members have completely or partially complied with 19 of 27 indicators.



Grid: Key Findings

- Seven indicators with poor compliance
 - less than 50% of members either complied or reported that they are in the process of complying.
- Six of the 7 indicators concern the macro-determinants of diet and physical activity.
 - the other indicator concerns banning tobacco advertising, promotion and sponsorship



Level of Compliance by Category

Surveillance (4)	+0.59
Physical Activity (3)	+0.43
General (4)	+0.28
Tobacco (4)	+0.24
Treatment (2)	+0.20
Education/promotion (5)	+0.06
Nutrition (5)	-0.41
Average (26)	+0.16

- +1 for full implementation, 0 for partial compliance
- -1 for no implementation at all



Grid: Key Findings

- Indicators with the highest levels of implementation:
 - those where it is clear what action is need (i.e. protocols or 'blue prints')
 - there is support from regional organisations (e.g. risk factor surveys,
 Framework Convention on Tobacco Control)



Factors associated with indicator implementation

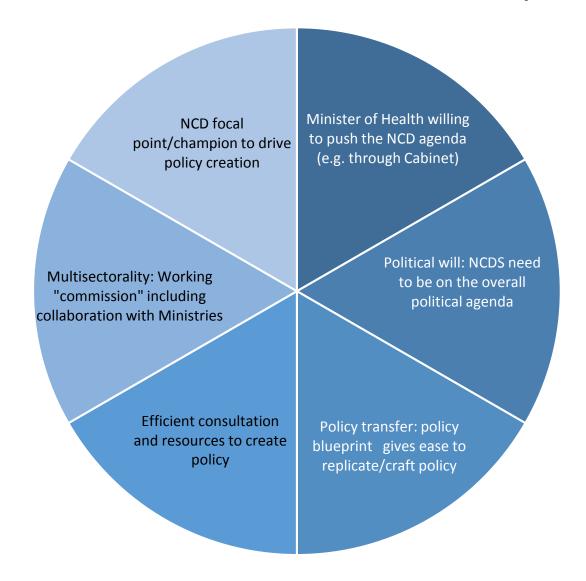
- Indicators containing specific reference to an activity mandated by a regional or international organisation were more likely to be met. (Framework Convention on Tobacco Control and Caribbean Wellness day)
- Countries with higher per capita Gross Domestic Product, larger populations and a higher burden per capita of NCDs have a better history of implementation.
- Two of the top four implementers (T & T and JA) had female leaders at the time this work was conducted, and all four have relatively high female participation in the workforce, and a relatively high proportion of female members of parliament.



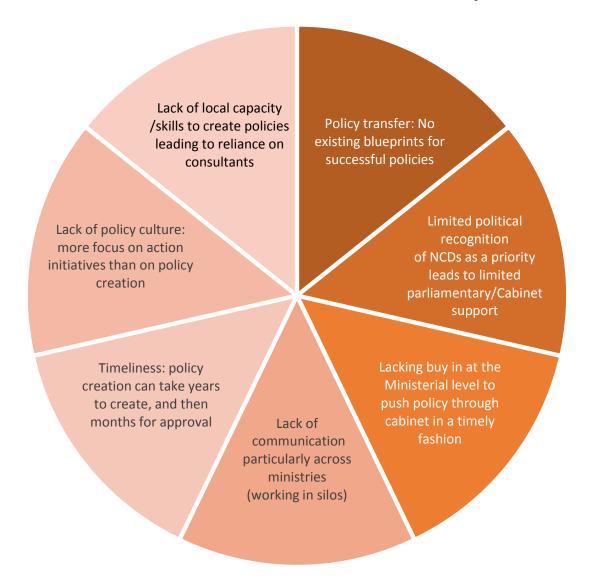


CASE STUDIES FINDINGS

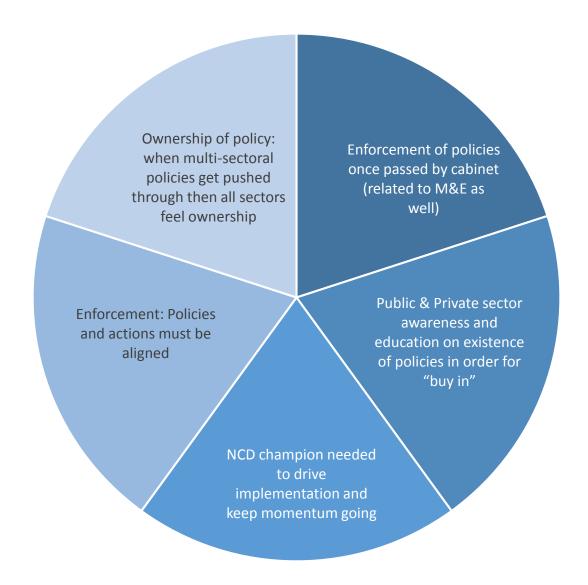
Mechanism for Success: Policy Creation



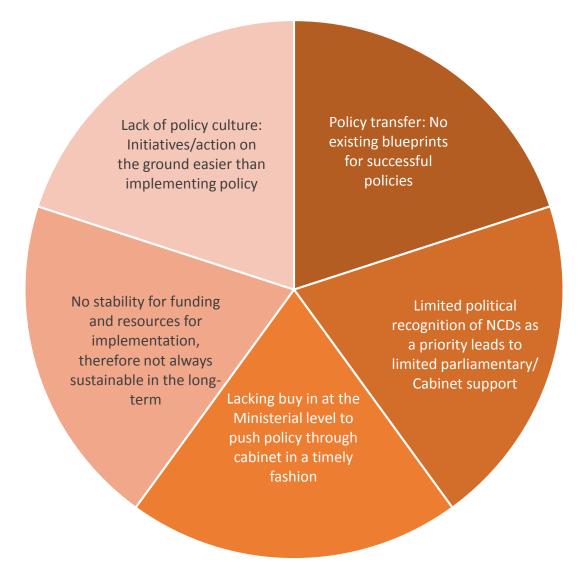
Barriers to Success: Policy Creation



Mechanisms for Success: Policy Implementation



Barriers to Success: Policy Implementation



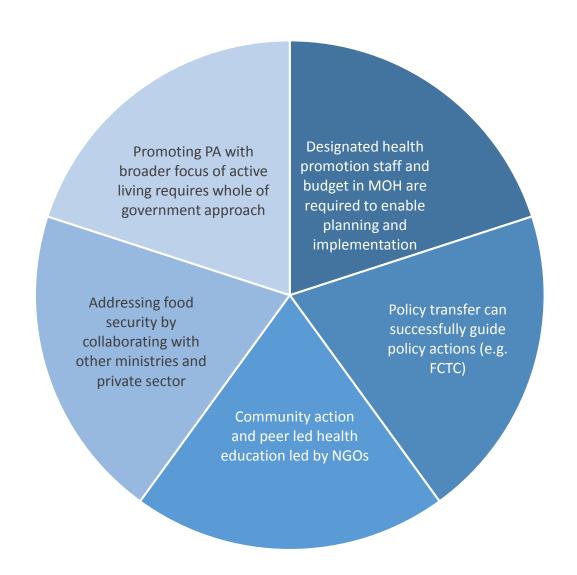
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Mechanisms for Success: Risk Factors



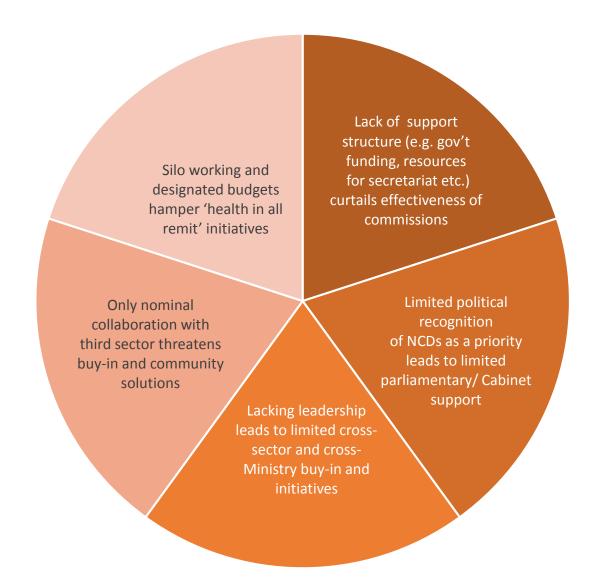
Barriers to Success: Risk Factors

Increase in foreign Short project investment increased funding rather than Westernized diets and sustained budgets fast food with low hamper sustainability nutritional value of actions Alcohol as core Overreliance on industry creates a physical activity barriers to political promotion in terms of will for legislative sports and exercise action limiits broader reach Undernutrition and Reliance on food imports limits reach of food poverty as parallel concerns limit legislative action impact of obesity including quality, and related health affordability of healthy education foods

Mechanisms for Success: Multisectorality

Establishment of commissions MOH/specialist can initiate whole of society consultation partnerships leading to "buy in" to address NCDs Needed to guide other ministries' projects Formalized Political will collaborations with other (Cabinet approval) strengthens ministries ensure clear co-operations and shared partners for actions (e.g. budgets (e.g. for school backyard gardening with Agriculture) True NGO/private Well-connected representation and individuals (often through change of roles) can forge consultation enables buy-in alliances and buy-in across and shared responsibilities government or sectors

Barriers to Success: Multisectorality



Mechanisms for Success: Health Promotion

NCD Champion to drive health promotion activities and initiatives

Designated posts and budget for health promotion unit at Ministry of Health to ensure sustainable programme

Capability of
health promotion
consultancy for other
Ministries to inform
about evidence based
and effective actions

Health promotion as a holistic approach that also addresses upstream determinants

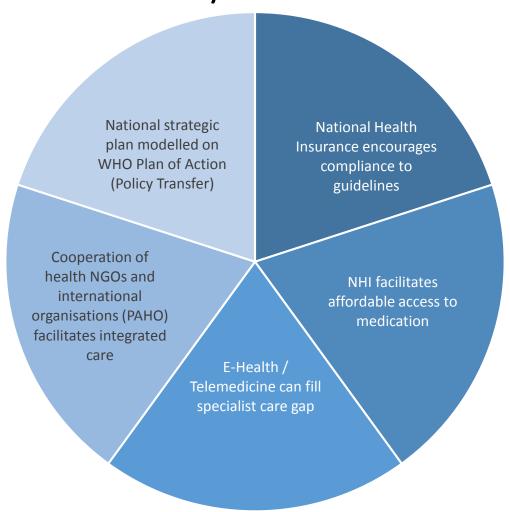
Gov't and private sector funding for health promotion initiatives

Established culture of health fares – incl.
Caribbean Wellness Day
– with third and private sector cooperation

Barriers to Success: Health Promotion

Lacking qualified Population human resources for culture of evidence based indifference programmes towards NCDs Limited recognition of Short term and limited burden of NCDs in the funding for NCD population leads to health promotion (as limited political opposed to HIV/AIDS) recognition for the limits initiation and need to fund health sustainability of promotion programmes. Reliance on third and Lack of private sector to fund designated/active and initiate health **NCD Focal Point leads** promotion limits to lack of leadership government response for health promotion and commitment. initiatives

Mechanisms for Success: Chronic Care/Control



Barriers to Success: Chronic Care/Control

Limited access to Large geographical specialized care: small spread/diversity settings need to (urban-remote rural) provide the same leads to unequal care range of treatment access and provision services Funding of state-of-Small settings have the-art technology/ limited human equipment, buildings, resources with but no long term specialized training technical support for (e.g. podiatry, these oncology) **Budgetary** emphasis Limited use of on tertiary care and regional guidelines medical technologies and limited drive to limit effective delivery put chronic care of primary care and model in place prevention

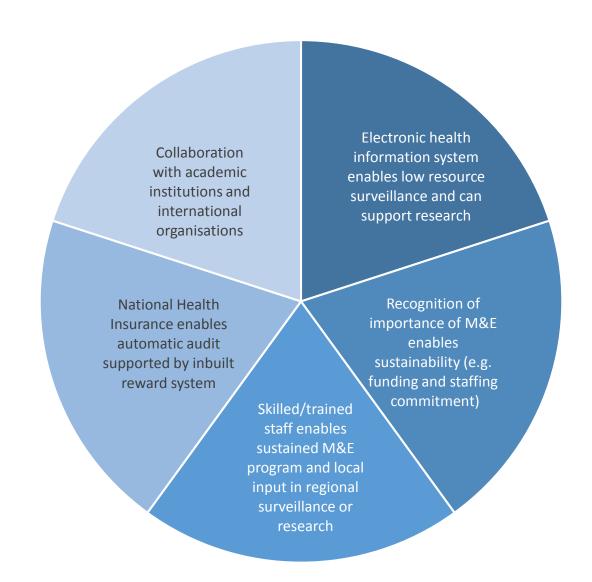
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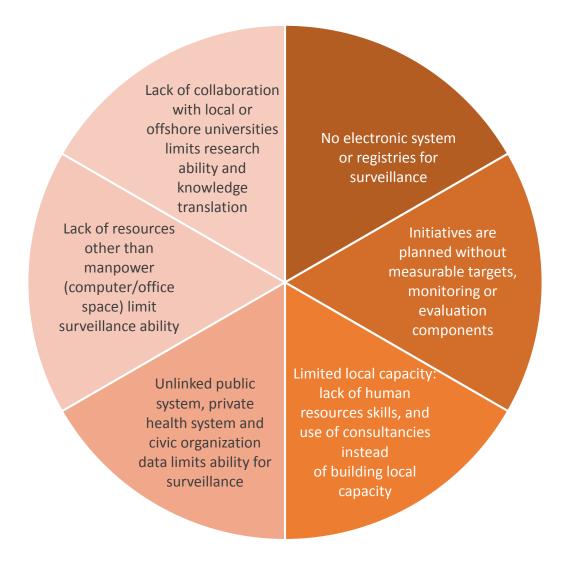
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Mechanisms for Success: Surveillance



Barriers to Success: Surveillance



Mechanisms for Success: SUMMARY

NCD agenda
driven by designated
(focal points), dedicated
(community
champions), or wellconnected (policy
entrepreneurs)
individuals

International (FCTC), regional (CARPHA guidelines) and local (e.g. from HIV to NCD programmes) policy transfer to inform policy

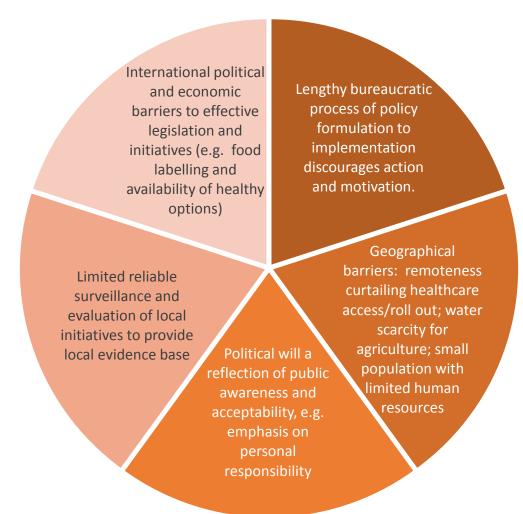
> Shift from medical model to holistic and prevention approach to NCDs

Whole of society and whole of government approach initiated and formalised (e.g. in commission or partnership)

Sustained human and financial resources for public health dedicated at the Ministry of Health

Health initiatives across Ministries, but does not require health label (e.g. food security, labour productivity)

Barriers to Success: SUMMARY



Conclusions

- Grids tend to overestimate compliance
- Compliance lowest related to macro-determinants of risk factors
- NCDs still lack political priority (in gov'ts and CARICOM)
- Policy transfer and support from regional agencies works
- Factors outside the control of individual countries
- Surveillance data is inadequate to identify NCD trends



Potential Actions

- Firm up definitions and reporting on grid
- Macro-determinants of diet need to be addressed
- NCDs must be given high political priority (both Gov't and CARICOM) and needs to be a regular and substantive agenda item
- NCD commissions need to be supported by gov't but independent
- Cross ministry committees—with resources
- Detailed policy guidance
- Better surveillance and evaluation

