



ACCELERATING ACTION ON NCDs

Evaluation of the 2007 CARICOM Heads of Government Port of Spain NCD Summit Declaration

Report on behalf of
PAHO/WHO and CARICOM

EXECUTIVE SUMMARY

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EVALUATION OF THE 2007 CARICOM NCD SUMMIT DECLARATION TO ACCELERATE IMPLEMENTATION

The 2007 Port of Spain Declaration on non-communicable diseases is approaching its 10th anniversary. With its partners, the University of the West Indies has completed an evaluation of the successes and challenges in attaining the Declaration's commitments. In February 2016 a major regional workshop brought together stakeholders from a broad range of sectors to review and validate the findings and make recommendations to accelerate further implementation.

RESEARCH FINDINGS: THE HIGHLIGHTS

National and regional trends in NCD mortality, morbidity and risk factors



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- Mortality in the Caribbean from NCDs is the highest in the Americas. 40% of NCD deaths occur prematurely, in those under 70, and are potentially preventable.
- Heart attacks, stroke and diabetes cause most premature deaths, followed by cancers. Life expectancy varies from 61 years in Haiti to 75 years in Antigua and Barbuda, Barbados and the Bahamas.
- Hypertension is the leading risk factor for death. Our diabetes prevalence is double global rates.
- NCD risk factors such as unhealthy food, physical inactivity, obesity and alcohol consumption are rising. There is higher obesity and diabetes in women; higher smoking and binge drinking in men.

- The World Health Organization (WHO) Framework Convention on Tobacco Control has been ratified, but implementation is lagging.

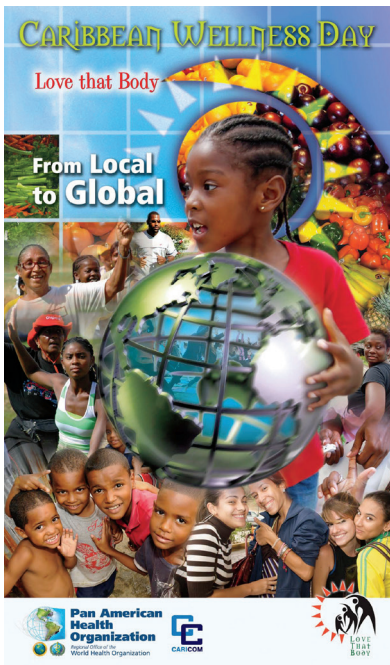
National policy responses to NCDs and lessons learned



- NCDs need to be given a higher political priority.
- There are differing levels of implementation of Summit Declaration mandates, related to country size, resources and burden of NCDs.
- The all-of-society and all-of-government response required for NCDs needs strengthening.
- Indicators with the lowest levels of implementation concern diet, schools and communications.
- Indicators with clear guidance for action and support from regional or international organisations have the highest levels of implementation. (See next section).

International institutions' support for the Declaration

Eight of the 27 commitments in the Declaration identified specific international institutions (both within and outside the Caribbean) expected to provide assistance.



- The performance of these institutions has been very variable. PAHO was identified as a particularly valuable resource.
- Successful implementation of Summit commitments has been associated with clear statements on what was required and assistance from these international organisations, e.g:
- Caribbean Wellness Day supported by PAHO and CARICOM;
- Prevalence and risk factor surveys supported by the Caribbean Epidemiology Centre/Caribbean Public Health Agency (CARPHA) and the Centres for Disease Control and Prevention; and
- The Framework Convention on Tobacco Control (FCTC) supported by PAHO/WHO.
- There is concern that there is less support for action by CARICOM members on nutrition now that the Caribbean Food and Nutrition Institute has been subsumed into CARPHA.

International impact of the 2007 Port of Spain NCD Declaration

- The Port of Spain Summit had significant influence on shaping global governance of NCDs and paved the way for the 2011 United Nations High-Level Meeting (UNHLM) on NCDs.
- 16 of 27 commitments made at the Summit were later reflected in at least one UNHLM commitment.
- A reduction in premature NCD mortality is one of the targets of the Sustainable Development Goals.

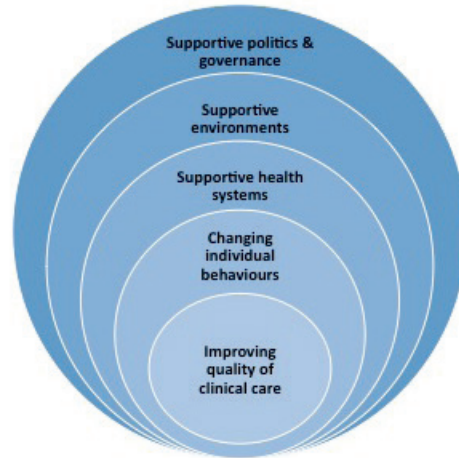
Surveillance and monitoring

- There are 21 different and overlapping NCD reports required by regional and international bodies.
- It is clearly a challenge to respond to these demands, especially in the smallest countries.
- Some key surveillance activities need better support and capacity building to ensure that countries make full use of the data collected.
- Data are not always shared between national and regional organisations.
- Despite these limitations, the Caribbean has made significant contributions to the global NCD agenda, including in surveillance, monitoring and evaluation.

Investing in NCD prevention and control: potential role of tobacco and alcohol taxes

- According to a study in three countries, Grenada, Jamaica and Trinidad and Tobago: revenue generated from further increasing taxes on tobacco and alcohol could exceed US\$ 37 million. This is 300% more than the estimated US\$ 12.6 million cost of World Health Organization 'best buy' NCD interventions for these populations.
- 2014 taxation on tobacco ranges from 17% in St Vincent & Grenadines to 63% of sale price in St Lucia. The PAHO/WHO target is 75% of sale price.
- Increased taxes will benefit health as consumption will fall, even allowing for the possibility of smuggling and illicit production.
- Other forms of taxation, such as taxes on sugar-sweetened beverages, should also be considered.

STRATEGIES FOR MULTILEVEL NCD ACTION



SUPPORTIVE POLITICS AND GOVERNANCE

Establish the response to NCDs as an enduring key priority for regional and national policy makers



Shari John

- Re-energise regional leadership and support for the required multisectoral response, i.e.:
 - o Schedule regular sessions on NCDs at CARICOM Heads of Government Conferences aligned with required UN/WHO reporting.
 - o Revive the Regional NCD Secretariat, aligned with Caribbean Cooperation in Health IV, with clear mandates and deliverables of regional public goods to facilitate NCD prevention and control.
- o Fully engage relevant organs and institutions of CARICOM, such as the Council for Trade and Economic Development (COTED).
- o Pursue a strategic alignment with Pacific Islands and Small Island Developing States (SIDS) to include food security, and to address vulnerabilities to natural disasters and climate change.
- Further develop and support national leadership for multisectoral action on NCDs, including:
 - o The presence of a dedicated NCD focal point in the Ministry of Health.
 - o A National NCD Commission (or equivalent), whose remit and multisectoral membership supports the all-of-society response.
 - o An interministerial committee on NCDs/health to coordinate actions between Ministries, e.g. Health, Education, Trade, Agriculture, Urban Planning and Finance – the all-of-government response.
- Invigorate public awareness and support for interventions:
 - o Draft in a 'league of champions' to lobby leaders towards sustainable political buy-in.
- Introduce social health insurance to facilitate quality health services, universal access and universal coverage for at least a basic package for all residents.
- Explicitly include health and its determinants as part of the overseas development agenda and requests for development aid, where appropriate.

SUPPORTIVE ENVIRONMENTS

SOCIAL/MACRO DETERMINANTS OF NCD RISKS REQUIRING A MULTISECTORAL RESPONSE

Diet, food and food security: relevant policy on agriculture and trade



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- Explore options under the World Trade Organization to protect the local market from subsidised, cheap, high-calorie, nutritionally poor foods as part of a strategic plan addressing the critical role of agriculture and food production.
- Incentivise production of low cost, high-quality food.
- Ban import of trans fats.
- Introduce compulsory standards for nutritional labelling.
- Advocate for fiscal measures of taxation to reduce consumption of unhealthy products.
- Recognise that the “Rights of the Child to Health” includes the right to live in a non-obesogenic environment; institute a ban on advertising and promotion of unhealthy foods in schools, as recommended by the World Health Organization.

Reducing alcohol-related harm

- Adopt a comprehensive regional policy on alcohol reduction with focus on young people.
- Implement zero tolerance towards drink driving.
- Ban or regulate alcohol marketing and ban sports sponsorship.
- Examine the option of further increasing taxes to decrease consumption and raise revenue.

Tobacco control

- Concentrate on implementation of FCTC legislation for 100% smoke-free spaces, labels with sufficiently large and graphic warnings, banning tobacco sponsorship.
- Increase taxation to 75% of sale price; earmark these funds for health education and prevention.

Physical activity and the built environment

- Develop the physical and social environment to promote activity by providing areas which are easily accessible, safe and well maintained, e.g. bicycle lanes and boardwalks.
- Challenge policies/barriers preventing the easy adoption of physical activity.
- Improve public transportation systems to decrease reliance on cars.

Promoting health in different settings, such as schools, workplaces and faith-based institutions

- Review the Health and Family Life Education curriculum in schools to include the NCD agenda.
- Make physical activity mandatory from pre-primary to tertiary level.
- Ban advertising, promotion and sponsorship related to unhealthy foods that target children.
- Integrate interventions in the workplace as part of HR policy.
- Develop workplace wellness programmes and offer regular NCD screenings for employees.
- Adapt and adopt a model based on the Seventh-day Adventist health programme.
- Engage faith-based organisations' reach within communities.

Media and social communications, health promotion and advocacy



Courtesy: Priscilla Prevost

- Explore and address social and cultural practices which militate against healthy living.
- Find dynamic ways to ‘tell and sell the story’ of NCDs. Strengthen and maximise use of social media.
- Identify sector champions.
- Continue to build the Regional Health Communications Network facilitated by the Caribbean Public Health Agency.
- Develop a communications toolkit with varied products for varied audiences.

Investing in NCD prevention and control

- Undertake work to better demonstrate the economic, social and health benefits of investing in NCD prevention and control, and use to increase public and private investment.
- Explore increased taxation to decrease, and conversely subsidies to increase, consumption, e.g. tax on sugar-sweetened beverages, subsidies on fresh fruit and vegetables.
- Earmark a proportion of increased tax revenue raised specifically for health/NCDs. Examine Jamaica’s National Health Fund as an example of an investment to resource NCD programming that has survived political changes.

WORKING WITH PARTNERS

Civil society

- Form local networks like country NCD alliances, e.g. Trinidad and Tobago NCD Alliance.
- Improve and develop role as NCD advocates, strengthening communications skills.
- Advocate for alcohol reduction policies, communicating messages on the dangers of excessive alcohol consumption.
- Strengthen advocacy in pushing to implement the FCTC.
- Share good practices, ideas, information and experiences more effectively across the region.
- Contribute to a stock of NCD-related stories accessible to all (e.g. through the onecaribbeanhealth.org website).
- Step up advocacy role in public education on NCD risk factors and the importance of diet and exercise.

Private sector

- Share good practices in product reformulation regionally, e.g. reduced salt in bread in Barbados.
- Support nutritional labelling.
- Promote wellness programmes and offer NCD screenings to employees annually (free or heavily subsidised). Wellness programmes should be offered based on aggregated data from screenings.
- Support marketing of healthy foods.

SUPPORTIVE HEALTH SYSTEMS

Regional bodies

- The NCD response of regional bodies should be monitored. This includes reporting:
 - o Number and amount of dedicated staff and budget; and
 - o The amount set aside for NCD projects.
- Identify and deliver regional public goods to facilitate NCD programming in countries.
- Regional organisations should continue to enhance capacity building in reporting indicators.

Surveillance and monitoring

- Rationalise NCD reporting to regional and international bodies (21 different reports required).
- Implement national multi-disease registries.
- Revise the POS reporting grid, including definitions of indicators. Pilot and introduce in 2016.
- Ensure that data collection is standardised to facilitate WHO global NCD monitoring. Review WHO baseline estimates; establish nine country-specific voluntary NCD Global Monitoring Framework targets (and interim targets) to achieve outcomes for 2025.
- Commission and implement standardised morbidity reporting/collection of health facility-based data on NCDs (including diabetes and hypertension) and their complications at primary and secondary care level.

IMPROVING QUALITY OF CLINICAL CARE

- Accelerate improvements in clinical quality of care especially for hypertension and diabetes, including in the workplace.
- Implement regional purchase of high-quality generic NCD drugs recommended by WHO.
- Introduce social health insurance to facilitate quality health services, universal access and universal coverage for at least a basic package for all residents.
- Introduce or enhance electronic medical records, with a focus on generating reports for action.
- Accelerate the implementation of the chronic care model and evidenced-based chronic care.

Visit our website at www.onecaribbeanhealth.org for recommendations on accelerating action and much more on NCDs.



ⁱ Funded by Canada's International Development Research Centre, the evaluation has been carried out on behalf of the Caribbean Community (CARICOM) and the Pan American Health Organization (PAHO).