2007 CARICOM Heads of Government Port of Spain Declaration

UNITING TO STOP THE EPIDEMIC OF NCDs IN THE CARIBBEAN

Evaluation and Implementation Workshop to Accelerate Action

Caribbean Unity in Health

LOVE THAT BODY

24th-25th February 2016 - Hilton Trinidad and Conference Centre

THE UNIVERSITY OF THE WEST INDIES · CARICOM · Chronic Disease Research Centre · IDRC | CRDI · Canada · HEALTHY CARIBBEAN COALITION · UNIVERSITY OF TORONTO · Pan American Health Organization · CARPHA · HEU

List of Acronyms

ART	Antiretroviral therapy
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
CCHD	Caribbean Commission on Health and Development
CDRC	Chronic Disease Research Centre
CFNI	Caribbean Food and Nutrition Institute
CLIC	Caribbean Law Institute Centre
CMO	Chief Medical Officer
COHSOD	Council for Human and Social Development
CONSLE	Council for National Security and Law Enforcement
COTED	Council for Trade and Economic Development
CROSQ	CARICOM Regional Organisation for Standards and Quality
CSME	Caribbean Single Market Economy
CVD	Cardiovascular disease
CWD	Caribbean Wellness Day
FCTC	Framework Convention on Tobacco Control
GYTS	Global Youth Tobacco Survey
GSHS	Global School-based Student Health Survey (GSHS)
HCC	Healthy Caribbean Coalition
HIV	Human Immunodeficiency Virus
HFLE	Health and Family Life Education
JCTC	Jamaica Coalition for Tobacco Control
IDRC	International Development Research Centre
M&E	Monitoring and evaluation
NCDs	Non-communicable diseases
OTN	Office of Trade Negotiations (CARICOM)
POS	Port of Spain
PAHO	Pan American Health Organization
POSDEVAL	Port of Spain Declaration evaluation
PHAC	Public Health Agency of Canada
PS	Permanent Secretary
SOLAC	Senior Officials of the Legal Affairs Committee
SDGs	Sustainable Development Goals
STEPS	World Health Organization STEPwise approach to NCD surveillance
UN	United Nations
UNHLM	United Nations High-Level Meeting on Non-Communicable Diseases
UWI	University of the West Indies
UWI STA	University of the West Indies, St Augustine campus
VAT	Value Added Tax
WHO	World Health Organization

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Executive Summary

Background

In September 2007, leaders of the Caribbean Community (CARICOM) held the world's first Heads of Government Summit on Non-Communicable Diseases (NCDs) and produced the ground-breaking Port of Spain Declaration. The Pan American Health Organization (PAHO/WHO) and CARICOM were charged with evaluating the impact of the Declaration, led by the University of the West Indies (UWI) in collaboration with the Caribbean Public Health Agency (CARPHA), the Healthy Caribbean Coalition (HCC) and the University of Toronto. The project is generously supported by the Canadian International Development Research Centre (IDRC).

Beginning in April 2014, the evaluation has three main phases: undertaking new studies to investigate the impact of the Declaration; reviewing successes and challenges and creating a regional strategy for accelerated implementation of measures to prevent and control NCDs; and disseminating the findings. These core findings from the first phase were considered by a multisectoral gathering of experts at a major regional implementation workshop held at the Hilton in Port of Spain, Trinidad, February 24 and 25, 2016.

Over the two days, some 57 persons from sectors including health, agriculture, finance, academia, international development, the media, the private sector and civil society, along with regional and international partners, converged to discuss the findings and chart a way forward to accelerated action.

Workshop Format

The format involved an opening ceremony in which invited speakers, including the Hon. Terrence Deyalsingh, Minister of Health for Trinidad and Tobago, set out the breadth and depth of the NCD epidemic and the importance of re-energising the response. Participants then heard formal presentations exploring the findings of the evaluation and held (often lively) plenary discussions. There were two formal discussants to these presentations – Dr. Patrick Martin, Chief Medical Officer of St. Kitts and Nevis, and the Hon. Donville Inniss, Minister of Industry, International Business, Commerce and Small Business Development in Barbados. Hon. Inniss is also a former Minister of Health.

A major facet of the meeting involved breaking into work groups to come up with the basis of a strategy for action, complete with log frames, which examined several critical areas of the macro determinants of NCD risk factors that need to be tackled in a multisectoral response. They groups were:

1. Diet, food and food security;
2. Harmful use of alcohol;
3. Tobacco control;
4. Healthy settings;
5. Financing NCD prevention and control;
6. Media and social communications; and
7. Physical activity and the built environment.

Recommendations

The suite of recommendations emerging from the workshop can indeed form the basis, along with other aspects such as surveillance and biomedical interventions, of a relatively comprehensive strategy for action. This strategy, and a short list of priority actions, will be presented to Chief Medical Officers in June, and to Ministers of Health at the February 2017 CARICOM Heads of Government Meeting to help reinvigorate the Caribbean's response to the challenge of NCDs. Participants were assured that the data and information gathered through the group sessions would be considered and shrewdly packaged to enable consensus in action across the Caribbean.

Gratitude was expressed to all participants, presenters and researchers.

1 OPENING SESSION

Welcome — Dr. Alafia Samuels, Principal Investigator

Dr. Samuels welcomed everyone to the Port of Spain Declaration evaluation implementation workshop, and acknowledged the presence of the Hon. Terrence Deyalsingh, Minister of Health, Trinidad and Tobago; Hon. Donville Inniss, Minister of Industry, International Business, Commerce and Small Business Development, (former Minister of Health) Barbados; Mrs. Jessie Schutt-Aine, PAHO/WHO Subregional Programme Coordinator, Caribbean; Dr. Rudolph Cummings, CARICOM Health Desk; Dr. Zee Leung, IDRC representative and Dr. James Hospedales, Executive Director, CARPHA.

Dr. Samuels noted that:

- The burden of non-communicable diseases in the Caribbean is the worst in the region of the Americas;
- Trinidad and Tobago has the highest NCD mortality and the highest rate of *premature* NCD mortality, within the Caribbean;
- This NCD burden is unsustainable from both the health and development perspective;
- Responses must be evidence-informed and based on a transparent assessment process; and
- The meeting is focused on the upstream macro and social determinants of NCD risk, and has gathered a wide range of stakeholders (health and non-health, public, private and civil society partnerships) to address these issues.

The participants were asked to:

- Critically review and endorse the evidence briefs from the researchers;
- Contribute to the development of the regional NCD plan of action for 2016-2025, within the context of Caribbean Cooperation in Health (CCH); and
- Make recommendations, monitor and communicate what is being done nationally and regionally to determine and demonstrate the impact of interventions. For example, have we reduced high blood pressure, have we stopped the increase in diabetes, are there fewer people dying prematurely from NCDs?

It was noted that evidence briefs would be completed based on the outcomes of the meeting and would be shared with Chief Medical Officers in April, Ministers of Health in May and then with CARICOM Heads of Government (HoG) in July, this year.

Remarks — Dr. Rudolph Cummings, CARICOM

Dr. Cummings acknowledged the significant milestone that this implementation workshop marked and the generous support of IDRC and recalled the circumstances leading to the Port of Spain Declaration, which CARICOM Heads proclaimed in September 2007.

In providing a historic overview of the development of the Declaration, he recapped the following:

- The seeds of the Declaration were laid at the 2006 Meeting of the Heads of Government in Port of Spain after they had assimilated the NCD challenge as outlined in the seminal report of the Caribbean Commission on Health and Development;
- It was Prime Minister Manning of Trinidad and Tobago who agreed to pursue a regional summit and that the Convener of the Commission, Sir George Alleyne, played no small role in convincing Prime Ministers Manning, Arthur (Barbados) and Douglas (St. Kitts and Nevis) to embrace a high-level intervention in the form of a Summit of Heads; and
- The way the POS Declaration vaulted the Caribbean to public health prominence, with Caribbean nationals trumpeting this historic Declaration which informed the Commonwealth Heads of Government Meeting in 2009 and then the United Nations High-Level Meeting (UNHLM) in 2011.

He called on participants to:

- Determine whether targets set have been achieved and how far the art of multisectoral partnerships for health has been attained;
- Review and discuss achievements including the CARICOM NCD plan, treatment protocols, NCD capacity instruments, tobacco labeling standards and the institution of Caribbean Wellness Day (CWD);
- Maintain and step up the attention on NCDs in country development plans, highlighting that NCDs feature in the CARICOM strategic plan as the first priority in social development and that the response to the epidemic has gained traction at the global level in the Sustainable Development Goals (SDGs); and
- Make the best of the evidence provided from the results of the study and utilise the information to inform the approach to NCDs in the new Caribbean Cooperation in Health (CCH) IV.

In concluding, he acknowledged:

- Sir George Alleyne for his indomitable leadership;
- Dr. Alafia Samuels whose zeal for NCDs has kept interest alive in CARICOM;
- Dr. James Hospedales for the role he played while at PAHO in making POSDEVAL happen and to his continued leadership at CARPHA as its Executive Director; and
- Dr. Karen Sealey for her role as WHO liaison to the United Nations (UN) during the lead up to the UNHLM in 2011.

Remarks — Mrs. Jessie Schutt-Aine, PAHO/WHO

Mrs. Schutt-Aine brought greetings from PAHO and from the Director Dr. Carissa Etienne. She praised the development and implementation of the Port of Spain NCD Declaration and referred to it as an unprecedented effort that demonstrated Caribbean cooperation at its best. She discussed the high burden of NCDs in the region as well as the rates of premature deaths due to diabetes, heart disease, cancer and chronic respiratory diseases. She pointed out the crippling effect of this burden on regional economies.

Her presentation highlighted the fact that tackling NCDs meant addressing the four major risk factors: unhealthy diets, physical inactivity, tobacco and the harmful use of alcohol. Taxation and legislation were recommended to reduce the use of tobacco, alcohol, sugar and salt. Mrs. Schutt-Aine also stressed the need to create a culture of healthy living and physical activity, especially among young people, and the importance of a multisectoral approach to address NCDs and its risk factors with government, civil society and communities working towards a common goal. She underscored PAHO/WHO's commitment to tackling NCDs, citing WHO's global NCD action plan and the recent work PAHO has undertaken in the region, including a plan to combat obesity in children and adolescents, as well as stakeholder meetings to advance the NCD agenda.

Mrs. Schutt-Aine shared from the recently concluded CCH evaluation meeting that there was an agreed focus on establishing a plan for Caribbean health initiatives with NCDs remaining a key priority. In concluding, she reiterated the importance of the work taking place to accelerate implementation of an action plan that will make a difference in how the region responds to NCDs.

Remarks — Dr. Zee Leung, IDRC

Dr. Leung acknowledged the diverse group of representatives from across the Caribbean Community gathered for the POSDEVAL implementation meeting and pointed out that:

- IDRC is a part of the Canadian Government's international cooperation envelope, granted a special mandate to support global development through work by southern researchers;
- Through this broad mission, IDRC supports innovative ways to reduce poverty, improve governance, tackle social challenges, and protect and promote health and livelihoods; and
- The Centre strives to think and act strategically, taking on global challenges to achieve the greatest impact through supporting and fostering leadership in research and by bringing together multiple sectors and disciplines so they can discover, and take to scale, effective solutions through partnerships.

He expressed pride in supporting the work of Prof. Nigel Unwin and Dr. Alafia Samuels as an example of IDRC's work in taking on a global health issue through research leadership and partnership across disciplines, sectors and countries. He noted the expansion of the POS Declaration evaluation to include taxation policies around sugar-sweetened beverages.

Address	Hon. Terrence Deyalsingh, Minister of Health, Trinidad and Tobago

Hon. Minister Deyalsingh described NCDs as an "inconvenient truth" and noted that over the past 10 years Trinidad and Tobago has spent TT $40 billion on healthcare, but the country's overall health has not improved. He underscored that his responsibilities as Minister of Health are focused more on healthcare than health and expressed that the Health Ministry's response has always been focused on reactive, tertiary care rather than concentrating on prevention. He stressed that Trinidad and Tobago's reputation as a leader in premature mortality due to NCDs needed to change. Minister Deyalsingh was passionate about enhancing his Ministry's role in the public health response to the risk factors associated with NCDs.

In his presentation the Minister covered several key issues in relation to the nation's NCD response. He noted the need to:

- Focus on the reduction of diabetes, hypertension and cholesterol, "making the three highs the three lows";
- Use preventative interventions throughout the life course with specific emphasis on children;
- Take personal responsibility to bring about healthier lifestyles;
- Explore cultural nuances and how they contribute to high NCD rates to inform how we address these issues; and,
- Develop policy that supports long-term interventions as opposed to limited budget initiatives that fizzle out once funding is depleted.

In conclusion, the Minister relayed his appreciation of the important work to be done over the course of the conference and pledged his commitment to implementing strategies that emerged.

A light moment among the officials after the Opening Ceremony.
L-R Mrs. Jessie Schutt-Aine, PAHO; Dr. Rudolph Cummings, CARICOM; Hon. Terrence Deyalsingh, Minister of Health, Trinidad and Tobago; Dr. Zee Leung, IDRC; Dr. Alafia Samuels, UWI.

2 SUMMARY OF THE MAIN FINDINGS

This session was chaired by Dr. James Hospedales, Executive Director, CARPHA. He expressed his pleasure at attending the meeting and facilitating this session and shared that he was involved in both the CARICOM Summit and negotiations for this IDRC-funded research project. He posited that this evaluation was the biggest health evaluation ever done in the history of the Caribbean and acknowledged the complexity of the initiative, which involved several agencies.

Content and overview of the evaluation and aims of the workshop

Prof. Nigel Unwin

Outline

This presentation provided the context, background, goals, results and objectives of the evaluation. Prof. Unwin also shared the expected outcomes of the workshop, outlined next steps and acknowledged the participating and supporting agencies/institutions.

Context and overview

Mortality from NCDs in the Caribbean is the highest in the Americas, four out of every 10 NCD deaths under the age of 70 years are potentially preventable. These diseases are the cause of the majority of premature adult deaths and overall pose a significant threat to economic and social development in the region and globally.

Professor Unwin recalled the 2007 CARICOM Heads of Government Port of Spain NCD Summit Declaration and highlighted, in particular, the commitments to engage all-of-society and all-of-government, establish national, multisectoral NCD Commissions; address risk factor reduction; promote physical activity in schools and workplaces; implement the Framework Convention on Tobacco Control (FCTC); strengthen healthcare quality and coverage; increase surveillance and observe Caribbean Wellness Day.

Goals, objectives and organisational arrangements of this evaluation

The goal of POSDEVAL was to evaluate, seven years on, the implementation of the CARICOM NCD Summit Declaration in order to identify lessons learned that will support and accelerate its further implementation and inform the attainment of the UNHLM NCD commitments. The 3-year study is financed until March 2017 by IDRC and conducted by a consortium of research organisations, led by UWI Cave Hill Public Health Group and the Chronic Disease Research Centre (CDRC) on behalf of CARICOM and PAHO.

There were eight objectives, the first six were:

1. Determining the extent to which Declaration commitments have been implemented;
2. Describing trends in NCD mortality and risk factors from 2000 to 2013;
3. Undertaking in-depth case studies in seven countries to learn lessons on effective implementation;

4. a) Documenting tobacco control measures and studying successful implementation;
   b) Estimating the potential for revenue generation for NCD prevention and control from taxes on tobacco and alcohol;
   c) Undertaking an evaluation of Caribbean Wellness Day;
5. Determining to what extent regional and international bodies have met their Declaration commitments; and
6. Studying the Declaration's regional and international impact.

The results from these research components are presented in six key chapters in the evidence briefs:

- Chapter 3: National and regional trends in NCD mortality, morbidity and risk factors;
- Chapter 4: National policy responses to NCDs and lessons learned;
- Chapter 5: Regional policy responses to NCDs and lessons learned;
- Chapter 6: The international impact of the Port of Spain Declaration;
- Chapter 7: Arrangements for ongoing surveillance for NCD mortality, morbidity and the policy response; and
- Chapter 8: Financing NCD prevention and control in CARICOM: potential revenue from tobacco and alcohol taxes.

Two additional research objectives focus particularly on the implementation and dissemination of objectives 1-6.

- Using lessons learned from this evaluation to detail an action plan and implementation strategy; and
- Disseminating evaluation lessons learned nationally, regionally and globally to enhance implementation.

Expected outcomes

The desired workshop outcomes include establishing a shared understanding of the policy responses to NCDs in CARICOM, both at national and regional levels; and identifying actionable and prioritised recommendations for accelerating NCD policy implementation, in particular those which provide the core elements of a new CARICOM NCD strategic plan of action (2016-2025).

The workshop was also expected to identify key stakeholders in accelerating the NCD response at international, regional and country level; establish the next phase of surveillance and operational research to support and evaluate implementation; and move to re-establish CARICOM as a leader in the global NCD response as part of a potential strategic alliance with other Small Island Developing States.

Next steps

Critical next steps identified include:

1. Reviewing and completing the evidence briefs and full technical report;
2. Identifying key strategic interventions for Heads of Government, Ministers of Health, Chief Medical Officers, regional bodies, civil society and the private sector;
3. Conducting further consultations on the draft strategy with CMOs;

4. Presenting the draft strategy to CARICOM Ministers of Health at the World Health Assembly, May 2016;
5. Presenting a set of recommendations to the CARICOM Heads of Government conference for endorsement in either July 2016 or February 2017; and
6. Ongoing dissemination to support implementation: a critical next step to mobilise and maintain support.

Acknowledgements

In conclusion, Professor Unwin cited the various institutions involved in the evaluation and thanked them for their input and commitment. These included:

- The University of the West Indies - Public Health Group, Cave Hill;
- Chronic Disease Research Centre;
- Department of Community Health and Psychiatry, Mona;
- HEU, Centre for Health Economics, UWI, St. Augustine;
- Institute of International Relations, St. Augustine;
- G8 Research Group, University of Toronto;
- Healthy Caribbean Coalition;
- Caribbean Public Health Agency;
- Pan American Health Organization; and
- International Development Research Centre.

New findings and evidence gaps: recent trends in the burden of NCDS

Dr. Alafia Samuels

Outline

This presentation gave an overview of the aims of data analysis associated with research objectives 1 and 2, and discussed the sources, limitations, gaps and discrepancies in the data. The main findings were presented, such as: an analysis of life expectancy, mortality trends and disparities between countries; incidence and prevalence; detection, treatment and control; and trends in risk, especially by gender and among children. This overview also presented an assessment of the region's status in achieving the WHO NCD mortality targets of a 25% drop in premature NCD mortality by 2025 and proposed a number of potential interventions for accelerating action to address the issues.

Aims

The aims were to describe recent trends in NCD mortality, morbidity and risk factors: 2000 to 2013; determine if the region is on track to achieve the goal of reducing premature NCD mortality by 2025; and identify gaps in current data on NCD mortality, morbidity and risk factors.

Data sources and limitations

The limitations were identified as the following:

- No country had risk factor data both before and after the Port of Spain Declaration - some countries had two data reference points but this was not sufficient to analyse impact;
- Jamaica and Haiti have not been submitting mortality data to PAHO/WHO;
- Data from smaller CARICOM states (eight out of the 20 CARICOM countries with <90,000 population) are not included in global level analyses due to unstable mortality rates;
- There is a difference in trends between PAHO/WHO and the Global Burden of Disease data; and
- Only a few countries have population-based disease registers or standardised data which prevents the analysis of incidence.

Life expectancy

To set the context for the new findings, Dr. Samuels referred to data presenting Caribbean life expectancy over forty years (1965 to 2005) from an analysis by Professor Ian Hambleton. It highlighted that life expectancy improved in all countries, significantly in Haiti, Martinique and Guadeloupe, each gaining 15 years over the forty-year period while Trinidad and Tobago and Jamaica only gained four years.

Mortality

The analysis of trends in mortality was positioned in the context of international trends in most regions showing a fall in deaths from coronary heart disease due to improvements in both treatment and prevention. However, the Caribbean has seen the slowest decline in premature mortality. A recent Barbados study shows most of the improvement is due to treatment, but that risk factors are worsening.

The mortality data presented focused primarily on cardiovascular disease and diabetes (CVD/DM) as the two main causes of premature mortality. Examples shared included a modest decline in CVD/DM deaths

in Trinidad and Tobago, which has the highest rates in the region, as well as a decline in Suriname. However, Guyana's CVD/DM mortality has increased, according to PAHO data. There are large disparities in trends in mortality between the countries of the region and these need to be investigated in order to inform appropriate, effective and targeted interventions to reduce the disparities and, ultimately, mortality.

A study in Belize by Morey et al, analysed mortality data by gender and ethnicity and large disparities were observed in injuries and NCDs. The greatest disparity was seen in high mortality from injury among young Creole men, suggesting a link between youth-associated gang and drug violence.

Incidence and prevalence

Incidence and prevalence data were very limited. Reference was made to registries in Barbados for cancer, myocardial infarction and stroke and in Jamaica for cancer in Kingston and St Andrew but no other robust, population-based registries exist in the region.

In relation to prevalence, 12 CARICOM countries have done the WHO STEPS survey since 2000 and eight within the past five years. Data from these surveys indicate that up to 80% of the adult population (1 in 2 to 4 out of 5) are overweight and obese; 10 – 25% (1 in 10 to 1 in 4) adults have diabetes and 20% to over 50% (as in the Bahamas) suffer from hypertension. The Barbados Health of the Nation study conducted in 2012 showed that only 30% of men with hypertension have their condition controlled, compared to 44% of women. Only 63% of men living with hypertension are diagnosed, meaning that 1 in 3 Barbadian men with the disease are unaware that they have hypertension.

An analysis by gender indicated that women are twice as likely to be obese and are 60% more likely to have diabetes than men. Men, on the other hand, have greater risk from the harmful use of alcohol than women, with 1 in 5 men reporting binge drinking and 10 - 20% of men recorded as current tobacco smokers. Rates of tobacco use and alcohol abuse are half, or lower, in women.

Trends in risk

These observed trends generally showed increasing exposure to NCD risk factors. Data from studies conducted in Jamaica in 2000 and 2008 indicate an increase in physical inactivity. A UWI study in Barbados, 2007-2012 with projections to 2020, indicate a positive increase in the consumption of fruits and vegetables but alarming increases in obesity among both men and women, with rates twice as high among the women.

However, the most dramatic increase was observed in the consumption of alcohol (reported in the last 30 days), flagging the marketing of alcohol as a critical driver of increased consumption. Projections with this data indicate that if the current trend persists by 2020 75% of men and 45% of women in Barbados will be consuming alcohol.

While the risk around tobacco generally seems low, pockets of high incidence in a few countries were noted.

Risk factors among children observed from the Global Youth Tobacco Survey (GYTS) and the Global School-based Student Health Survey (GSHS) indicate that in every surveyed Member State, less than a third of school children aged 13-15 years get the recommended level of physical activity. Childhood obesity was observed to be more than 10% in most countries, with increasing rates of both overweight and obesity. Alcohol use among 13-15-year-olds exceeds 40% in 11 out of 20 countries, with tobacco use approaching adult rates.

Proposed actions

In conclusion, a series of actions were suggested.

- Make better use of available data at national and regional levels to describe and monitor the NCD burden, including disparities between and within countries;
- Use analysis of differences in trends in NCD mortality to design, implement and evaluate interventions to reduce these disparities;
- Pursue and provide training to national epidemiologists in mortality and morbidity analysis, e.g. facilitated through CDRC/UWI;
- Use a standardised format for capturing health facility-based data on NCDs;
- Increase the number of NCD registries within the region in order to guide and evaluate interventions; and
- Continue to provide training to physicians to improve the quality of death certification.

National policy responses and lessons learned

Dr. Madhuvanti Murphy

Outline

This presentation shared data collected for objective 3 - 'Undertaking in-depth case studies in seven countries to learn lessons on effective implementation.' The results from the grid and case studies were shown and similar or differing responses highlighted. The identified mechanisms and barriers to success in the key areas including policy, risk factors, surveillance and health promotion were discussed.

Aim

The aim of this research component was to identify existing NCD prevention and control policies; gaps in national policy responses; and factors promoting and hindering successful policy development and implementation in individual countries and territories. Two complementary methods were used to accomplish this. First, the annual POS NCD progress indicator grid monitoring the 27 commitments from 20 CARICOM countries from 2008-2015 was analysed. Secondly, detailed case studies of seven countries (Antigua and Barbuda, Belize, British Virgin Islands, Grenada, Jamaica, St Kitts and Nevis and Trinidad and Tobago) were conducted through 76 interviews with 80 key informants and data abstraction from policy documents from these countries.

Grid findings

The results indicated widely differing levels of policy development and implementation. No Member State has met all of the indicators, but all have met at least one, mostly Caribbean Wellness Day (in all countries except for Haiti, but Haiti has completed the Global Youth Tobacco Survey). 12 indicators were fully complied with by at least 50% of Member States; seven additional indicators were partially complied with by at least half of countries; 50% have completely or partially complied with 19 of 27 indicators.

Notably, seven indicators had poor compliance, where less than 50% of members either complied or reported that they are in the process of complying; six of the seven concern the macro determinants of diet and physical activity and the other indicator involves banning tobacco advertising, promotion and sponsorship.

Indicators with the highest levels of implementation were those where it is clear what action is required, there were protocols or 'blueprints'; and support from regional organisations such as PAHO and Centres for Disease Control and Prevention (CDC) for risk factor surveys, the Framework Convention on Tobacco Control from WHO and Caribbean Wellness Day with guidance from PAHO and CARICOM.

Countries with higher per capita Gross Domestic Product, larger populations and a higher burden per capita of NCDs also demonstrated a better history of implementation. In addition, it was observed that the top four implementing countries have relatively high female participation in the workforce and a relatively high proportion of female Members of Parliament.

Case studies: findings

The analyses of the case studies were done in the context of identifying mechanisms for success and barriers. Components observed included policy creation and implementation, risk factors, multisectorality, health promotion, chronic care and control and surveillance.

The key mechanisms for success include:

- Having designated Ministry of Health NCD focal points, community champions or well connected persons to drive the national NCD agenda;
- A whole-of-society approach reflected in formalised Commissions or partnerships;
- Sustained human and financial resources for public health, including from the private sector;
- Health and non-health initiatives dealing with, for example, food security; labour productivity; regional and international guidelines;
- A shift from a medical model to a holistic and prevention approach to NCDs; and
- Faciliated policy transfer through roadmaps or model legislation.

The key *barriers* to success include:

- A lack of a policy culture with a lengthy bureaucratic process of policy formulation discouraging action and motivation;
- Geographical barriers, remoteness curtailing access to healthcare;
- Limited reliable surveillance of local initiatives to provide a sound evidence base; and

- International political and economic barriers to effective legislation and initiatives, e.g. food labeling.

Cross-analysis grid and case studies

The review of the results of compliance measured through the grid and by the case studies indicates that the former tends to overestimate compliance, but for both the grid and case study, compliance was lowest in relation to the macro determinants of risk factors, especially around diet. NCDs still lack political priority at both national level among governments and regionally at the CARICOM level. Policy transfer and support from regional agencies works and in both cases were associated with high compliance. The review also indicated that surveillance data are inadequate to identify NCD trends.

Potential actions

A number of interventions were proposed including the need to:

- Address the macro determinants of diet in a multisectoral way;
- Give NCDs a higher political priority nationally and regionally, placing the epidemic on the table as a regular, substantive and monitored agenda item at regional meetings;
- Have NCD Commissions supported by governments but maintaining independence to facilitate necessary advocacy and action through a multisectoral approach;
- Develop policy blueprints for implementation;
- Revise the reporting grid, including definitions; and
- Conduct better surveillance and evaluation to continuously provide the evidence base for action.

Regional and international policy responses and lessons learned

Prof. John Kirton

Outline

This presentation highlighted how international institutions helped CARICOM Member States implement their Port of Spain Summit commitments and how the Summit in turn shaped the global governance of NCDs at the UN. Prof. Kirton stated that international institutions did assist CARICOM Member States in implementing these commitments, but more action is needed on nutrition and even on the successful Caribbean Wellness Day.

He contended that the POS Summit significantly catalysed the 2011 UNHLM, but its influence faded and implementation of the UN commitments has been slow. Consequently, it was argued that new impetus from the Caribbean is needed through regular CARICOM Summit reviews of its POS and UN commitments, as well as stronger multisectoral synergies and an increase in revenue to support national and regional efforts.

International institutional assistance in POS Summit implementation

The research concluded that international institutions played a central role both directly and indirectly, in leading and supporting CARICOM Member States in the implementation of the POS Declaration. Providing notable support were PAHO/WHO, the Healthy Caribbean Coalition and, later, the Caribbean Public Health Agency.

The Port of Spain Declaration mandated eight separate international organisations, including several in the region, to assist CARICOM members in meeting commitments. Several others had internal mandates with a responsibility to assist and others were informally involved. It was found that the greater the involvement of these international and regional organisations, the higher the implementation of the POS commitments within countries. Of the 26 POS NCD Summit indicators, 12/15 of the top performers in 2014 had assistance from regional organisations, mostly PAHO.

A winning combination of specificity of the indicator with support from institutions was also observed, e.g. GYTS, GSHS, FCTC and CWD which were supported by the US CDC, WHO FCTC, PAHO/WHO and CARICOM.

The bottom 10 performing indicators lacked both institutional assistance and specificity, notably those involving programmes for communications, schools and nutrition. It was noted that the agencies necessary to support these areas did not follow through on implementation, such as the CARICOM's Office of Trade Negotiations (OTN), the Caribbean Regional Organisation for Standards and Quality (CROSQ) and the Council for Trade and Economic Development (COTED). There was some concern expressed around the weakening support for nutrition after the Caribbean Food and Nutrition Institute (CFNI) was subsumed into CARPHA.

POS Summit influence on UN NCD governance

The POS NCD Summit initially catalysed and helped craft the 2011 UNHLM on NCDs, however since then implementation of the UN commitments has been slow. The original success was due to the long-term regional-to-global ambition of those promoting the Summit; supportive Caribbean leaders; financial assistance from outside the region for the POS Declaration; and skilled diplomacy at the UN, including WHO, with civil society support. As a result, the UN outcome document began with a tribute to the POS Summit, and 16 of the 27 Declaration commitments were reflected in at least one of the 205 UN commitments.

The path to the UNHLM on NCDs was outlined and recalled, and the milestones along the way highlighted, including:

- The 2001 CARICOM Nassau Summit Declaration — "The health of the region is the wealth of the region" and its call for a task force "to propel health to the centre of the development agenda";
- The Caribbean Commission on Health and Development (CCHD) which stressed that NCDs and obesity represented one of the three major health problems in the region. This commenced the lobby for a regional NCD meeting based on a multisectoral approach; and
- The world's first Heads of Government Summit dedicated to NCDs on September 15, 2007, in Trinidad & Tobago, resulting in the Port of Spain NCD Summit Declaration.

It was noted that there was no proposed action on alcohol misuse, but it was identified as a potential source of tax revenues from sales to fund NCD programmes and National NCD Commissions.
After the Summit, CARICOM leaders believed their regional approach should be replicated at the global level and considerable lobbying commenced to have the UN Secretary-General support a leaders' meeting on NCDs. Three key approaches were taken:

- A political process initiated by leaders at CARICOM to bring WHO on board;
- Technical advocacy leading to key players understanding NCDs and their importance; and
- The strategic planning process about what the UNHLM would do.

Success was attributed to five key factors:

- NCD pioneers having long-term regional-to-global ambition;
- Supportive national leaders;
- Supportive summits, notably the 2009 Commonwealth Heads of Government Meeting and the Summit of the Americas held in Port of Spain, both attended by the majority of CARICOM leaders;
- A vibrant civil society; and
- A strong evidence and educational base to persuade leaders to act.

The study indicated that the Port of Spain Summit substantially shaped the outcome of the 2011 UNHLM, as demonstrated in its positive mention in the preamble of the UN Political Declaration. Over half (56%) of the UNHLM commitments matched at least one POS NCD Summit commitment and, reciprocally, 59% of the POS Declaration commitments were reflected at least once in those of the UNHLM. Other areas where the POS NCD Summit influenced global NCD governance include the NCD minimum data set and the expansion of CWD to Wellness Week promoted by PAHO in the region of the Americas.

CARICOM compliance with UNHLM commitments

The first UNHLM 2011 commitment assessed for compliance (2011-68), on accelerating implementation of the FCTC, substantially matched a similar Port of Spain one, with all independent CARICOM countries, except Haiti, ratifying the FCTC. The second UN commitment (2011-43), on multisectoral interventions through education, civil society and communities, strongly matched POS ones and secured significant compliance among CARICOM members.

POS Summit influence lessened after 2012. Only a minority of the 105 commitments made at the UNHLM Review in 2014 had a POS NCD Summit precursor. Although the Sustainable Development Goal Summit in September 2015 included an NCD target for the first time, it was only one of 169 such targets.

Based on the study results, six recommendations for consideration on the way forward were proposed:

1. Regular CARICOM summit sessions on NCDs, held at CARICOM Heads of Government meetings every three years and aligned with UN reporting, such as WHO's 2025 global NCD targets and the SDGs;
2. Inter-ministerial council meetings, held every two years, to review and improve implementation of the various regional and international summit commitments;

3. Initiatives to link more directly with the SDGs target on NCDs, now that the critical phase of implementing the SDGs has begun;
4. A single, streamlined NCD monitoring mechanism that efficiently meets the needs of all key actors;
5. Continuous comprehensive compliance assessments with NCD-related commitments, extended to explore fiscal, economic and other co-benefits; and
6. Raising revenue through increases in tobacco, alcohol and sugary beverage taxes, to help implement these recommendations and other priority Caribbean goals.

Discussant — Dr. Patrick Martin, Chief Medical Officer, St Kitts and Nevis

Dr. Martin commended the work carried out by the researchers and their presentations on the various aspects of the evaluation. He highlighted the need for practical solutions to the NCD epidemic; stepped up implementation; strengthened governance, leadership and management structures, as well as the issue of adequate resourcing (including financing and accountability). He stressed the importance of moving from research to useable evidence to inform policy and programming.

Reference was made to the Caribbean Cooperation in Health IV meeting held on Monday 22nd and Tuesday 23rd February 2016, at which it was noted that resources were available. At the CARICOM level, it was argued, the key challenge to advancing the NCD response was weak implementation, worsened by fragmentation, poor communications and people working in silos. The epidemic of NCDs continued to thrive on inertia.

Dr. Martin challenged this "coalition of the willing" to not only continue uniting against NCDs but to step up efforts to push implementation. He referred to the expressed frustration by donors who recognise good plans but lament the inertia in implementation. The political implications of this are reflected in the scepticism of voters who are cynical about CARICOM talking shops and yearn for a new era of impact-focused outcomes, with tangible benefits to people throughout their lives. Impact is about pellucid and measurable improvement in health, productivity and happiness.

Now, the current work to be done is in food security, because this is an upstream determinant of diabetes, hypertension, etc. At this point, Dr. Martin lamented the absence of the Caribbean Food and Nutrition Institute (CFNI) in the region at this time.

A second key issue was identified as the need to combat cultural penetration and predatory marketing, where the choices some people make are choices made for them.

The importance of data cannot be underestimated. Data drive decisions and the evaluation of the POS NCD Summit and Declaration is critical in five ways:

1. Validation of the current NCD situation;

2. The uptake of the evidence to inform plans for the desired outcomes and impact and to inform the necessary focus on essential functions, services and programmes;
3. Costing;
4. Submission of the costed plan up the political food chain, i.e. CMOs to ministers to Heads of Government; and,
5. Submission of the plan endorsed by the Heads of Government to funders. This is critical given limited resources where, for example, in St. Kitts and Nevis, the national treasury cannot pay for chronic disease programmes.

A key selling point of the recommendations coming out of the POSDEVAL must be the inclusion of an accountability framework i.e. "no measurement, no management: no funding." There is an opportunity to link the calls for investing in NCDs to the achievement of the SDGs. The lesson from the POS Declaration must be learned: there was an inspiring call to action to Member States, but it remained an unfunded mandate. Any new plan must be adequately, predictably and sustainability funded, and so must CARPHA. The journey needs an operating system and its energy must be continuously charged.

A series of questions were raised to guide the meeting's deliberations:

- How do we best coordinate and manage the 'uniting' to stop the epidemic?
- How do we pay for the services people need?
- How do we protect vulnerable populations, especially children, from 'predators' who place profits above health?
- How do we get our messages across?
- How do we keep the data collected, the evidence available, the political directorate informed and the donors happy with returns on their investment? In the OECS it was decided to take a collective approach on identified issues where resources could be optimised, i.e. strategic information surveillance, research and M&E.
- Who is the champion? There must be champions of change.
- Where is the framework convention against highly processed food and sugar-sweetened beverages?
- What will be done about these products that cross borders without consequences?

In conclusion, the phrase "structure plus process plus culture determine outcomes" was emphasised. Process is what is being done at this meeting; structure is still to be defined and strengthened; and culture begs the question whether the Caribbean has a "culture of evidence"? The underscoring issue of the need for a regional NCD plan to be costed, endorsed at the highest political level and funded was reiterated.

Discussion

The floor was then open for questions and comments. They included the following.

Jethro Greene (Chief Coordinator, Caribbean Farmers Network - CaFAN) acknowledged the results of the study presented and indicated the intention of CaFAN to pursue a project linking agriculture to nutrition and health during 2016. He enquired whether: there were any comprehensive programmes for young children within the school curriculum to address NCD issues/risk factors; there were any examples of policy successes and best practices at country level that can be utilised as a model; any Member State had implemented legislation for the banning of smoking in public places as well as reducing sugar content in drinks; enough had been done to establish the relationship between food security, agriculture and health in addressing NCDs; and if there has been a thorough costing of healthcare expenditure associated with NCDs and the savings that may be derived from addressing the issue.

Dr. Patrick Martin (CMO, St. Kitts and Nevis) spoke of CARPHA's regional childhood obesity plan, which while acknowledging the interventions in education, outlines an upstream approach requiring the policy environment to make real change, such as policies for fiscal incentives for farmers and disincentives to the importing of highly processed foods and sugar-sweetened beverages etc., which then becomes an issue of political will.

Prof. Nigel Unwin (PI, POSDEVAL) indicated that it is the intention of POSDEVAL to identify what works, as per examples included in the evidence briefs. In addition, there is a need to identify and document other best practices in other places where an organisational structure for the NCD response has worked and to use it as a blueprint to formulate our own.

Dr. Maristela Monteiro (PAHO, WDC, USA) stressed the need to be bold to ensure greater action and called for attention be paid to all risk factors as they are interrelated; efforts to address the 'inconvenient truth' about alcohol should be stepped up as alcohol consumption has a direct bearing on overall mortality. There should also be greater attention paid to: tobacco control, particularly addressing consumption among youth where 1 in 4 is smoking in the region; greater political commitment to action the various declarations; and taking the health-in-all-policies approach to ensure health is addressed as a key factor for overall human development.

Prof. Rachel Nugent (University of Washington, USA) *a*cknowledged the work and progress in the region and expressed surprise at the consensus that there is a lack of political will, especially given the eagerness and commitments made by Heads of Government at the POS Summit and their influence in advancing the NCD issue globally. She questioned what the causes of the observed waning in political will could be. In recognising the multisectoral Commissions, she highlighted the role NCD alliances can play in advancing collaboration in the region. Prof. Nugent suggested that the evaluation could also examine how close countries are to achieving the goals and indicators of the Declaration and seek to identify the barriers and challenges to inform accelerating implementation.

Prof. Nigel Unwin (POSDEVAL) noted that research indicated that at country level civil society organisations often work in silos, competing with each other for the same resources as observed in Barbados. As such, there is a need for a civil society NCD alliance.

Prof. John Kirton (POSDEVAL) identified the electoral cycle (average four years) as a key factor. The implementation and outcomes of instruments/policies take longer than the span of four years to see benefits and, therefore, a mechanism is necessary to keep the momentum. Regular (two or three year) CARICOM Summits with a built in NCD item are recommended given that the peer pressure of summits can help move the NCD agenda along and inspire leaders to keep their promises.

Dr. Madhuvanti Murphy (POSDEVAL) highlighted that the research and case studies in the seven countries indicated that there has been a degree of positive multisectoral involvement in the region, including good collaboration between ministries. It was noted, however, that successful collaboration and interactions across private, civil society and government sectors had not been as positive. While many countries do have an NCD or Wellness Commission, the players are the same and need to be expanded for greater involvement of a civil society and private sector more active in advocacy.

Hon. Donville Inniss - Minister of Industry, International Business and Commerce (Barbados) queried whether, since the POS Declaration, an adequate organisational structure has been put in place to address the NCD issues, i.e. reflect upon the prevalence of NCDs and the solutions as well as oversee future management. Has there been a very fragmented approach with those involved, e.g. UWI, CARPHA, CARICOM, pursuing various and uncoordinated activities or has a formal organisational structure reporting (to the CARICOM Secretariat) been addressing the matter?

Dr. *Alafia Samuels (POSDEVAL)* noted that there is no structure in place and reiterated that such a structure is necessary. This will be added to the discussion and the agenda.

3 MOVING FORWARD

Session two was called to order by Professor Rachel Nugent, who began by applauding the Minister of Health of Trinidad and Tobago for his inspiration both nationally and regionally. She noted this inspiration as critical in addressing NCDs in the recent context of remarks made by Richard Horton in his commentary in The Lancet which referred to the NCD community as being semi-comatose, lacking passion and the ability to galvanise action and communities to bring about the kind of change that is needed.

Ongoing arrangements for surveillance and monitoring

Dr. Alafia Samuels

Overview

This presentation outlined the aims of the research component, examined how NCD reporting could be rationalised in the context of the numerous reporting requests for Member States, and the availability of data from other sources. An overview of the WHO NCD Global Monitoring Framework was presented and an analysis of the region's ability to meet these reporting requirements examined. The need to streamline surveillance and reporting at all levels was discussed, including the revision and improvement of the POS evaluation grid and the identification of gaps in NCD data collection and analysis.

Current surveillance and reporting

The role of surveillance to track and monitor trends in NCD mortality, morbidity and risk factors was established. In this context it would be necessary to rationalise reporting to various stakeholders, revise and improve the POS evaluation grid and identify gaps in NCD data collection, collation and analysis.

Multiple reporting requirements (21 in place and 3 underway) were identified, as well as the challenge to respond to these requests, particularly for the smaller Member States with less staff. Identified reporting requirements include multiple requests from PAHO/WHO, e.g. NCD Global Monitoring Framework from the 2011 UNHLM; the Sustainable Development Goals; CARICOM Port of Spain NCD Declaration grid and various data requests from CARPHA.

It was noted that some of the data necessary for health analysis, such as age, sex and ethnicity, are available from other non-health agencies, such as stratified census data, data on injuries from the police and data on food and taxation from Ministries of Trade, Finance, and Agriculture. The need to identify these sources through an audit, and obtain and utilise these data in health databases was stressed.

Mention was made of the possibility of including other chronic disease data like those on mental health, injuries, disabilities and also HIV, as it is now considered a chronic disease. The opportunity for the NCD response to learn lessons from the HIV experience was cited in particular and it can provide a framework for strengthening such systems for all chronic diseases.

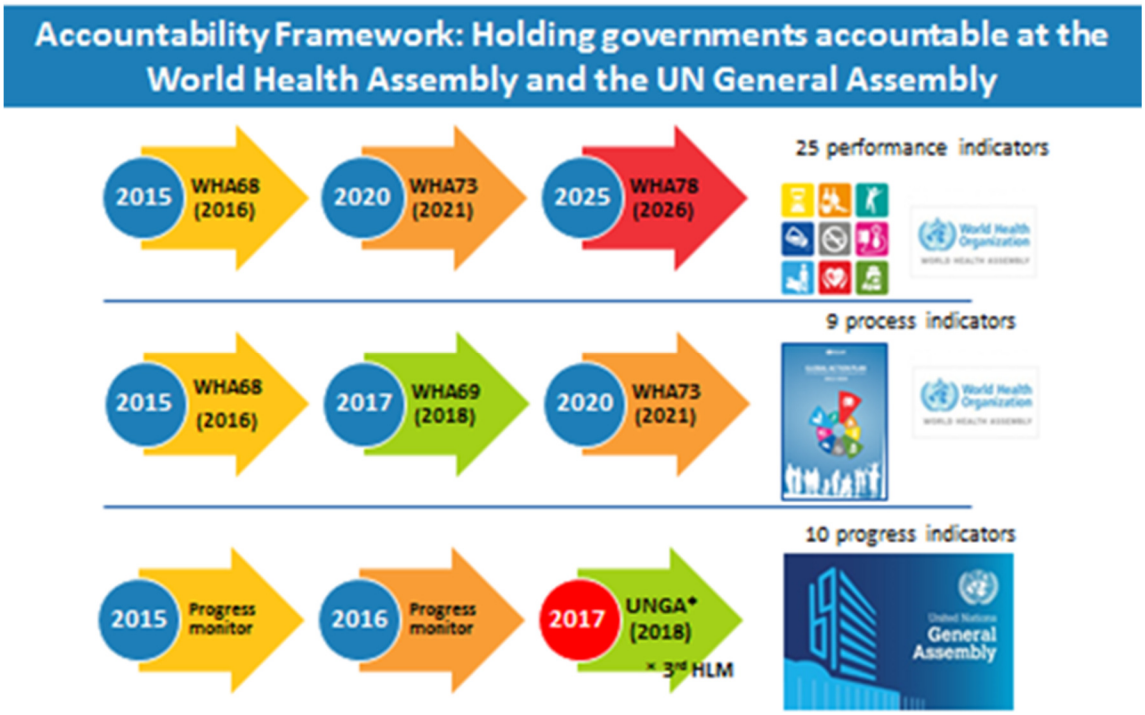
The WHO NCD Global Monitoring Framework

In relation to meeting the reporting requirements of this Framework, i.e. the nine voluntary targets and 25 indictors, available data sources identified among CARICOM Member States include risk factor surveys, STEPS, GYTS, GSHS, special surveys, registries and policy reviews. Data availability at country level ranges from being able to respond to one out of the 25 indicators to 18 out of 25, with at least half the Member States being able to report on 12 out of the 25 indicators. However, it was noted that there is no evident source of data for six indicators including:

- Those that speak to alcohol consumption per capita, where import data are available but obscured by tourist consumption;
- Mean percentages from saturated fats since there is no current capacity to estimate such fats;
- Hepatitis B vaccination rates in target populations as there is no defined target population or mechanism to monitor HepB vaccination; and
- The availability of NCD medication and basic technology in the private sector - data collection from this sector is very limited.

Rationalising NCD surveillance and reporting

The need to rationalise surveillance and reporting is critical. Various existing tools already speak to the identified reporting categories, i.e. the POS grid focuses on process data while the UN Declaration measures outcomes/performance, process and progress (see figure below).



Revision of the Port of Spain monitoring grid

With reference to the POS grid, proposed changes and improvements include defining 36 indicators, an increase from the current 26. This new list will use many indicators from other reporting tools., e.g. the tobacco control indicators will be the same as in the FCTC reports, thus reducing duplication. The revised grid will be pilot tested in April – May to be deployed in July for reporting to the CARICOM Ministers' Caucus in September 2016.

Data gaps

In the context of meeting the data requirements for reporting WHO indicators, several data gaps were identified and discussed with recommendations for addressing them. These included:

- Having unique identifiers for citizens to reduce the risk of double counting;
- Audit of non-health data sources with information relevant to the health sector and encouraging sharing of the data;
- Standardising data collection formats across agencies and across countries in the public and private sectors;
- Building capacity for standardised data collation, reporting and analysis;
- Improving certification by physicians to capture appropriately coded deaths; and
- Strengthening country capacity for cancer surveillance through the International Agency for Research on Cancer (IARC) Caribbean Cancer Registry Hub at CARPHA.

In some countries there is a need to build capacity at national statistical offices to share sex, age and ethnic group census data; and to routinely generate similar annual population estimates.

Conclusions and potential actions
Several actions were proposed to facilitate the necessary next steps. They were targeted at key stakeholders, Heads of Government, regional bodies and countries.

Heads of Government to authorise national data audits and sharing of data across sectors and to facilitate and fund joint programmes across ministries for multisectoral responses re: the determinants of NCDs and health.

Regional bodies, such as CDRC/UWI, to develop agreements with countries to access and utilise STEPS data for disparities analysis within and between countries and to train and build capacity of country epidemiologists.

CARICOM and partners in the regional NCD plan 2016 – 2025 should increase monitoring of the NCD response of regional bodies and forge greater alignment with other Small Island Developing States.

Ministries of Health, with a strengthened inter-sectoral approach, should align data collection for WHO global NCD monitoring, e.g. using data from 18-year-olds for global WHO STEPS surveillance; combining surveys, e.g. Ministries of Health and Education can conduct Global Youth Tobacco and Global School-based Student Health Surveys at the same time in the same venues.

Financing NCD prevention and control: including potential revenue from alcohol and tobacco taxes

Mr. Samuel Gabriel and Prof. Karl Theodore

Overview
This presentation provided a brief background to the POSDEVAL study and outlined aims, methodology and data collection processes. It gave an overview of the simulations conducted and the results obtained. The session sought to provide critical evidence to inform further action following the POS Declaration call to raise and utilise funds from the taxation of alcohol, sugar-sweetened beverages and tobacco products to finance the response to NCDs.

Background and context
The 2007 Port of Spain Declaration on NCDs states: "That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia, for preventing chronic NCDs, promoting health and supporting the work of the Commissions." In this context the aim of this research component was "to estimate the potential for revenue generation for NCD prevention and control from taxes on tobacco and alcohol." It sought to answer the following questions:

1. What is the potential for revenue generation from the imposition of higher taxes on tobacco and alcohol products in a sample of CARICOM Member States?
2. (a) Will specific tobacco and alcohol taxes impact on the consumption of these products?

(b) Will these taxes be successful in raising revenue, as well as in controlling the use of tobacco and alcohol?

3. How will aggregate revenue levels change with the increase of tobacco and alcohol taxes?
4. What will be the tax level required to raise revenue while avoiding smuggling of tobacco and alcohol products?

Methodology

To undertake the study two approaches were considered. The first was the econometric approach where price elasticity of demand would be estimated, i.e., how consumers' demand would respond to changes in price. However, given challenges in obtaining the requisite data, the second option of the WHO tax simulation model TaXSiM was used. This model required the recreation of the tax system in the case study country to create baselines from which simulations could be conducted.

The data required included current tax rates by types, prices and sales which were used as a proxy for consumption since consumption data were unavailable. Case studies were conducted in three Member States: Grenada, Jamaica and Trinidad and Tobago. Price elasticity for cigarettes ranged between -0.2 to -0.8 and alcohol -0.21 to -1.09 and were obtained from prior studies in low- and middle-income countries and used in the application of the TaXSiM model.

Information was gathered through telephone and face-to-face interviews and from responses to formal data requests. The following data were obtained:

- Information on the current situation with respect to tobacco and alcohol tax structures, tax rates and base by types (excise, VAT etc.);
- Estimates of price elasticity of demand for each brand segment;
- Sales volumes and final consumer prices for each of the products by brand; and
- The degree to which tobacco and alcohol tax revenues are collected.

Based on the data gleaned and entered into the TaXSiM model, estimated initial (baseline) values were derived for average excise tax per unit, average price per unit, sale volumes (as a proxy for consumption), total tax share, total tax revenues and excise tax revenues by brand segments. The simulations were conducted such that the excise tax rate was increased to effect a 5%, 10% and 15% fall in consumption. The predicted impact on total revenue and excise revenues, among other variables, was then analysed. To estimate the tax maximising excise rate for each product, the tax rate was increased until total revenues reached their peak and began to fall. The values of the different excise tax rates were plotted against their corresponding total revenues to create a graph that carries a similar interpretation to the Laffer curve.[1]

[1] The Laffer curve is a graphic representation of the relationship between changes in tax rates and government's total revenues. As the tax rate increases, total revenues expand. However, the relationship suggests that revenues will begin to decline beyond peak (optimal) tax rate. Howard et al 2009. "Public Sector Economics for Developing Countries."

Simulation results

In all cases, changes in total revenues and excise revenues were positive, while inducing the respective fall in consumption. In Grenada to effect a 5% reduction in consumption the price was raised from EC$5.59 with a positive increase in both total revenues and excise revenue of 34% and 267%, respectively.

In Trinidad and Tobago, to effect a 5% reduction in cigarette consumption, the excise tax was raised by 17% from TT$3.20 to TT$3.80, again with a positive change in both total and excise revenues of 9% and 11%, respectively. The studies also showed that in Grenada in the 5% case, the average excise tax rate on a case of beer could move from a baseline of EC$1.39 to EC$36.00 before observing a negative impact on total revenues. This shows that it is possible to raise additional revenue while seeking to curtail the consumption of the products.

In Jamaica, the average excise tax on rum can be raised from J$5,006.40 per 9 litre case to J$9,200 and in Trinidad and Tobago the price of cigarettes from TT$ 3.80 per pack (20s) to TT$14.00 before observing a negative impact in total revenues.

With a 5% fall in consumption rates for the products investigated, i.e. beer, rum and cigarettes, the total excise tax projected to be raised amounted to US$ 20.2 million with Grenada projected to raise US$ 1.21 million, Jamaica US$ 10.75 million and Trinidad and Tobago US$ 8.24 million.

Using the WHO estimate of US$3.00 per capita as the cost of implementing a range of "best buys" in a middle- income country the total cost of these programmes in Grenada, Jamaica and Trinidad and Tobago will be US$ 12.66 million which is lower than the projected revenue of US$20.20 million derived from a tax that induces a 5% fall in consumption of tobacco and alcohol products in the three case study countries.

Therefore, the tax revenues raised will more than cover the cost of the "best buy" NCD programmes in these countries. If the estimates are extrapolated to the entire CARICOM region, the combined cost of the programmes will be US$52.6 million and the revenues collected US$101 million. This suggests that even if the cost of NCD interventions is twice the WHO estimated level, the revenues collected will come close to being sufficient - $101 million collected to service programmes costing US$105.2 million. However, should the taxes be set to cause a 10% fall in consumption, the revenues collected will greatly exceed the cost of the NCD programmes.

For the three countries, it was assumed that smuggling would be triggered when consumption falls by 10% or more. That would occur for example, if the average excise tax thresholds increased in Grenada above EC$9.50 (baseline - EC$1.39) per case of beer, in Jamaica above J$6,660 (baseline - J$5,006) per case of rum, and in Trinidad and Tobago more than TT$6.25 (baseline - TT$3.81) per pack of 20 cigarettes.

Other forms of taxation

Tobacco and alcohol are not the only possible targets for increased taxation. There are other goods that contribute to the current prevalence of NDCs in the region, goods that do not currently attract the attention given to alcohol and cigarettes. Studies show that taxes on sugar-sweetened beverages may

decrease the consumption of such goods and reduce diabetes and obesity. For example, Mexico in 2014 implemented a soda tax of 1 peso per litre; Dominica in 2015 introduced a 10% excise tax levy on sweets, chocolates and sugar-sweetened beverages and Barbados in the same year implemented a 10% excise tax levy on sugar-sweetened beverages (the government expects to generate over BD$10 million in revenues).

Conclusion

Professor Theodore recalled the passion and leadership that lead to, and initially followed, the 2007 Declaration of Port of Spain. He noted the advocacy of Sir George Alleyne and the recognition of the seriousness of the situation by the Heads of Government that lead to the Declaration. Noting the waning effort, Professor Theodore expressed the collective expectation that the POSDEVAL research would revive and fuel continued action by providing the necessary evidence and political impetus to increase national and regional efforts to address NCDs.

The main concern highlighted was the availability of resources to fund the response initiatives. This component of the research study outlined that a tax that induces a 5% reduction in consumption will be enough to finance the efforts. Given the baseline excise tax rates and the revenue maximising rate, there is significant potential to raise further revenues from tobacco and alcohol taxes to over 200% above the baseline, in some cases.

The question remains as to how the resources raised would be allocated and interventions carried out by all countries. Professor Theodore proposed a pooling arrangement given individual country differences, which would facilitate a collective response in keeping with the regional approach underlying the CARICOM POS Declaration.

Discussant Hon. Donville Inniss

Minister of Industry, International Business and Commerce, Barbados

The Hon. Minister expressed gratitude to the organisers of the meeting and endorsed the statements made by the Trinidad and Tobago Minister of Health Hon. Terrence Deyalsingh. He noted the Minister's passion and urged all to support his actions to advance the response to NCDs. He recalled his previous experience as Minister of Health in Barbados and identified the need for evidence-based decision making in the public healthcare systems in the Caribbean. In this regard he commended the work of Prof. Unwin, Dr. Samuels, Dr. Murphy and the team in raising the standard in the systematic collection of data in the region and called on ministers to recognise the importance of data in decision making.

Adopting a whole-of-society approach was proposed, recognising that the data generated in other sectors of the economy can contribute to health databases. He proposed that attention be paid to creating systems within organisations and institutions at national level to collect data and a structure that will ensure the reliability of the data that emerge. A mechanism to be deployed throughout the region to

manage the POS Declaration process and NCD response was recommended. Also highlighted was the need to develop a mechanism through which ministers and governments can be adequately advised.
Much of the conversation about public health has been concentrated within the health sector but getting the perspectives of other sectors that influence policies such as trade, agriculture and finance, which impact the healthcare system was stressed. For example, the Ministry of Finance can be included for more than just budget and funding but as a partner to conduct various financial analyses, like cost-benefit analyses of interventions in the public healthcare system. Hence the need for greater involvement of health economists: the work at HEU, Centre for Health Economics was acknowledged and encouraged.

Agriculture was also identified as another key sector necessary in the response to NCD with reference to the phrase 'you eat what you grow' and a call to explore the trade and policies that affect the agriculture sector and, therefore, food availability. The issue of inadequate financing from Member States of established regional mechanisms to address public health, agriculture, trade etc. was flagged.

Healthcare financing was identified as another critical issue, with the Minister asking what should really be financed; tertiary or primary care? He suggested that there should be a desire to finance a healthcare system throughout the region that addresses primary NCD prevention which will ultimately reduce healthcare costs. This ideology, the Minister contended, should be used as the basis for the financing model going forward.

On the issue of taxation of alcohol and tobacco products, while pursuing such a funding option is possible, the Minister acknowledged that this approach is influenced by political dynamics. If a government raises taxes on alcohol, it may for example be accused of preventing people from enjoying their lives or offend some influential business people.

Therefore, there is a dilemma for policy makers when considering government revenue versus healthy population objectives, as in the case of taxing alcohol when the region is renowned for the best rums in the world. The most effective tool, the Minister suggested, is empowering individuals to take personal responsibility for their health behaviour and outcomes based on consistent education about the harm these products can cause through the continuous dissemination of information.

The importance of our trade, industry and agricultural policies in addressing the challenges of public health should not be discounted. Minister Inniss argued that trade policies in relation to public health must be understood and underscored. In addition, he called for the region to be a little nationalistic in trade policies, saying that governments were too quick to give in to the World Trade Organization and other international trade bodies whose policies are not always beneficial and can cause tremendous harm in the long-term. The conversation should be re-opened and policies on harmful products reviewed.

Barriers to trade, like tariffs, should be used as a tool to address the issue of NCDs. Member States must be bold enough to introduce the right rates that will make healthier food more accessible and affordable to the public.

Mention was made of the need for cross-sector meetings both nationally and regionally such as at the council level of the CARICOM Secretariat with joint meetings of the Council for Trade and Economic Development (COTED) and the Council for Human and Social Development (COHSOD) which includes Health Ministers, to focus on commonalities.

The work of CROSQ was acknowledged as well as that of the Barbados National Standards Institute. The Minister said that these entities were not given the level of support needed to prevent items from coming into our region labeled in different languages or without nutritional data. Clear standards in the best interest of the population must be established and this regulatory power used to prohibit the entry of goods that do not meet these standards.

The role of the media and the financing of media and communication activities were also identified as essential. In particular, there needs to be a focus on the public conversation and the dissemination of data and information through the media at national and regional levels. In addition, it should be part of the core team addressing NCDs, with greater use of social media.

Minister Inniss concluded by stressing that while there is much to be done, it can be achieved by the region as an example to the rest of the world.

Discussion

In initiating this session, ***Prof. Nugent*** stressed the need to think long-term in economic analyses though this was difficult in politics. She linked the issue of increased taxation to savings in healthcare costs, and asked how much was saved when people reduce unhealthy consumption. The urgent need to demonstrate the benefits of such savings to other sectors will mobilise multisectoral support and showing them to ministers will help to inform decision making and bring about sustained political will.

Dr. Patrick Martin (Ministry of Health, St. Kitts and Nevis) questioned whether a CCH Secretariat and/or a separate NCD Secretariat were necessary, or whether another arrangement would be more appropriate.

Prof. Karl Theodore (HEU, Centre for Health Economics, UWI STA, Trinidad and Tobago) agreed that financing is a serious challenge as most governments are currently in fiscal deficit. However, data from WHO indicate a 20-40% waste in public spending. Evidence shows that more is being spent on health while getting less value for money, so there should be an opportunity for cost savings within the current system. The savings derived from tighter spending, therefore, become available for reallocation. He noted that three questions related to financing should be addressed:

1. What needs to be done that's not being done?
2. What changes are needed in how things are done?
3. What is being done that shouldn't be done?

Priscilla Prevost (Seventh-day Adventist, East Caribbean Conference, Dominica) highlighted the need for greater efforts to underscore the value of educating and empowering the public to take responsibility and action for their own health choices and behaviours.

Hon. Donville Inniss (Minister of Industry, International Business and Commerce, Barbados) agreed and added that they also should stand up for their consumer rights. He also indicated that public officers needed to be empowered to do their regulatory jobs without fear and so protect the health and wellbeing of purchasing consumers.

Deidre Clarendon (Caribbean Development Bank (CDB) Barbados) highlighted that while CDB did not have a health portfolio, it focuses on healthcare in terms of prevention, as health was viewed as both an input and output in economic development. Reference was made to the CDB's work in road safety where a country borrowed funds to address the enforcement of seat belt laws and other prevention programmes. The Bank views this as a good example to generate savings from prevention. In agriculture, approval was gained for funding a food and nutrition initiative to support a cassava project on the grounds of its nutritional value.

Hon. Donville Inniss stressed the need for initiatives such as this as a better long-term return on investment and proposed that there should be more focus on physical planning and the purposeful use of land in Member States as a sustainable solution for creating supportive environments for greater agricultural land use, open spaces for physical activity, etc.

Mark Cummins (Chief Town Planner, Barbados) recalled the health promotion charter movement of 1993, the call to focus on primary healthcare vs. tertiary healthcare and the policies that were implemented for healthy lifestyles and health promotion units. He lamented that the issues still persist as the evidence demonstrates high incidence rates of NCDs. Mr. Cummins called for increased dissemination of information to various ministries to facilitate multisectoral partnerships. Additionally, increased collaboration with academia was also proposed to generate the necessary data from research to provide the evidence to inform policy and interventions.

Jethro Greene (CaFAN, St Vincent and the Grenadines) encouraged building on regional achievements and supported the call to conduct further financial analyses of the cost of NCDs and preventative interventions and so translate the evidence into economic arguments to be presented to governments. It is believed that this might get their attention and encourage further investment and political will for addressing NCDs.

4 WORKING GROUPS TO DETERMINE PRIORITY INTERVENTIONS

Overview of objectives and methodology

Objectives

The work group sessions sought to:

1. Validate and contribute to finalising the research findings;
2. Commence the development of the work plan per identified issue:
   i. Diet, food and food security;
   ii. Harmful use of alcohol;
   iii. Tobacco control;
   iv. Healthy settings;
   v. Financing NCD prevention and control;
   vi. Media and social communications; and
   vii. Physical activity and the built environment.
3. Obtain feedback to be included in the final recommendations to accelerate action on NCDs in the region.

Methodology

Each workgroup was assigned a Chairperson and groups were given a one-page summary of issues from the research findings relevant to their area. On Day 2, they were given an outline of a log frame to complete. Rapporteurs were nominated who reported to the plenary sessions.

DAY 1

Participants were asked to review the key findings presented and documented in the evidence briefs, validate the findings, highlight any omissions and identify any important questions still to be asked and answered.

DAY 2

Groups commenced the development of work plans for each issue using log frames which required the following information:

- Outcomes
- Action
- Process indicators
  - Legislation, regulation, taxation
  - Advocacy and communications
  - Toolkit, e.g. blueprints, models
- Partners
- Monitoring indicators

Instructions provided also required participants to:

- Make sure of the technical, financial and political content of their recommendations;

- Identify the necessary inputs for prioritised outcomes to be included in the 2016 – 2025 plan; and
- Identify key "best buys", i.e. five things to be addressed by Heads of Government and ministers of Health.

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

Key issues from research [evidence briefs]

- The vast majority (> 85%) of adults in the CARICOM Member States do not meet recommended levels of fruit and vegetable intake *(Chapter 3).*
- This is heavily influenced by a reliance on food imports, terms of trade that limit states' abilities to promote local agriculture, and the activities of transnational food corporations *(Chapter 4).*
- There is virtually no evidence of progress on the Port of Spain commitments related to the macro (upstream) determinants of nutrition (e.g. trade arrangements, banning trans fats, food labeling), not least because these require regional cooperation *(Chapters 4 and 5).*
- Food taxes and subsidies have a potential role to play, with Barbados and Dominica having recently implemented a tax on sugar-sweetened beverages *(Chapter 8)*. This requires evaluation to determine its impact.
- There are limited instances of collaboration between Agriculture and Health Ministries to improve local food supply from which lessons should be learned. One example is in Antigua & Barbuda (C*hapter 4b).*

Key issues to be considered - food security, quality, labeling, advertising/marketing to children of foods and non-alcoholic beverages respectively high in saturated fats, trans fatty acids, sugars and salt.

Group presentation

There was a need to:

- Have a Caribbean strategic plan/policy which addresses the role of agriculture and food production in the NCD response:
    - Agriculture should be a key sector of a multidisciplinary team involved in NCD discussions/Commissions; and
    - A reshaping of agricultural policies is needed for increased focus on NCDs.
- Improve analysis and documentation of the impact of various programmes related to food and nutrition, e.g. school feeding programmes;
- Have a greater understanding of consumption patterns and drivers; and,
- Improve systems for food surveillance, a necessary requirement for evidence-informed planning.

Key message: the agricultural sector needs to explore opportunities where trade mechanisms can make a difference such as:

- Improving local/regional production;
- Incentivising the production of low cost, quality domestic products; and
- Compulsory standards for nutritional labeling.

2 Reducing alcohol-related harm

Key issues from research [evidence briefs]

- Reducing alcohol-related harm was not explicitly addressed in the Port of Spain Declaration, and it is one of the least developed policy areas across CARICOM states *(Chapter 4).*
- Implementing policy in this area is seen as politically challenging, as it is perceived as contrary to economic interests (local production and tourism) and interfering with individuals' pleasure in drinking *(Chapter 4).*
- There are limited examples of where positive policies are being pursued, like the implementation of breathalysers for drink driving in Trinidad and Tobago *(Chapter 4b).*
- Increased taxation on alcohol could be an effective approach to both reducing consumption and raising revenue for NCD prevention and control. It should be done in a way that does not create problems with smuggling or local illicit production *(Chapter 8).*

Key issues to be considered: ban sponsorship, introduce breathalysers and control sales.

Group presentation

The following was highlighted for consideration. There is need to:

- Pay greater attention to understanding and countering unhelpful commercial interests;
- Address and understand cultural influences on behaviour;
- Fill significant data gaps (economic cost, illicit production);
- Improve communication/ information sharing with the public, civil society and policy makers;
- Inform policy makers about the hidden costs of alcohol use;
- Regulate advertising and warning labels to combat the 'sexy' image of alcohol use;
- Reinforce existing legislation; and
- Understand the environments in which people access alcohol and drink excessively.

Key message: apply lessons learned from the tobacco experience.

3 Tobacco control

Key issues from research [evidence briefs]

- While all except one of the full CARICOM members have ratified the FCTC (it does not apply to the UK Overseas Territories), implementation of its provisions is less effective, e.g. tax as a percentage of sale price, smoke-free indoor spaces, and, in particular, advertising, promotion and sponsorship bans (where only 6 out of 15 full members are able to report implementation of at least one of these areas) *(Chapter 4).*
- A regional standard on cigarette pack labeling was agreed, but is voluntary and has only been implemented in two countries *(Chapter 5).*

- Increased taxation on tobacco products is an effective approach to reducing consumption and raising revenue, so long as smuggling is controlled *(Chapter 8).*

Consider: legislation, 100% smoke-free spaces, graphic labels, taxes, banning sponsorship.

Group presentation
The following was highlighted for consideration. There is a need to:

- Take a regional approach to policy formulation and advocacy and adapt it for national circumstances;
- Increase involvement of civil society for tobacco control advocacy;
- Pursue taxation and earmark funds from this taxation for health education and prevention activities;
- Seek greater support from CARICOM re: tobacco control;
- Create a regional fund to support resource-restrained countries;
- Review the approach to education, using media and investing more in social marketing to assist tobacco control and strategies to support wellness; and
- Pursue having a tobacco control focal point and/or unit in each country;

Key message: take advantage of the technical assistance available through the FCTC Secretariat.

4 Promoting health in different settings

Key issues from research [evidence briefs]

- No CARICOM member has met the indicator of having $\geq$ 50% of public and private institutions with healthy eating and physical activity programmes *(Chapter 4).*
- A minority of Member States report policies in place to promote healthy eating (six members) or mandatory physical activity in schools (nine members), however, there is a lack of monitoring and evaluation to determine whether these policies are actually implemented, and if they are, what impact they are having *(Chapter 4).*
- At a regional level there is potential for the Caribbean Association of Industry and Commerce to help promote health at work initiatives *(Chapter 5).*
- One opportunity is to have greater involvement of institutions in Caribbean Wellness Day celebrations *(Chapter 5a).*
- It was noted that in smaller countries in particular, where there is limited government capacity for health promotion activities, private and civil society organisations have an important role to play *(Chapter 4).*

Key considerations: health promotion in schools; screening and prevention in workplaces; using the influence and reach of faith-based organisations and non-traditional partners.

Group presentation

This group highlighted the following for consideration, focusing on three key settings:

- Schools
    - Review, update and standardise the Health and Family Life Education (HFLE) curriculum to include the NCD agenda;
    - Place more focus on promoting health within tertiary education settings; and
    - Promote physical activity rather than just organised sports in school physical education programmes.
- Workplace
    - Explore the involvement of the public sector;
    - Integrate interventions in the workplace as part of HR policy;
    - Strengthen current weaknesses where many workplace interventions target the obese rather than addressing wellness and population health; and
    - Develop toolkits to help establish sustainable programmes in the workplace.
- Faith-based organisations
    - Engage this sector in a more structured way, based on their reach within communities.

Key message: invest and reinvest in healthy settings/approaches.

5 Investing in NCD prevention and control

Key issues from research [evidence briefs]

- Taxation on tobacco, alcohol, and certain nutritionally poor food and drink items (e.g. sugar-sweetened beverages) has the potential to both decrease consumption and to raise considerable revenue for NCD prevention and control programmes *(Chapter 8).*
- Raising tax on alcohol is perceived as politically difficult *(Chapters 4 and 8).*
- It is estimated that the revenue that could be realistically raised from tobacco and alcohol taxation would be up to three times greater than what is required to implement "best buys" for NCD prevention and control recommended by the World Health Organization *(Chapter 8).*
- Taxation on sugar-sweetened beverages, recently implemented in Barbados and Dominica, also has the potential to benefit health and to raise considerable revenue *(Chapter 8).*
- A key consideration is the political feasibility of ensuring that additional tax revenues from unhealthy products are protected for NCD prevention and control activities *(Chapter 8).*
- An example of where revenue has been protected for health: tobacco taxation in Jamaica helping to support the National Health Fund *(Chapter 4b).*
- Consideration of how the additional funds are used should include *(Chapters 3, 4, 8)*:
    - Universal health coverage and access;
    - WHO "best buys" for prevention and control, examples of which are:

        - Fiscal and legislative measures on tobacco and alcohol;
        - Reduced salt in food;
        - Mass media campaigns on diet and physical activity;
        - Counselling and multidrug treatment for those at high risk of cardiovascular disease, and cervical cancer screening; and
    - Increased surveillance, monitoring and evaluation.

Key messages: explore the extension of social health insurance; taxes on alcohol, tobacco and unhealthy foods. Best expenditure: universal health coverage; subsidising healthy foods.

Group presentation

There was a need to:

- Adjust the name of the work group to 'Investment for NCD prevention and control (instead of 'financing');
- Explore the Jamaica example of a National Health Fund as an investment to resource NCD programming with the intention of replicating it in other countries. The policy has survived changes of government.
- Build meaningful partnerships with, and among, government and civil society to address NCDs;
- Explore the option of increased taxation to decrease consumption while raising revenue;
- Apply tax on added sugar – explore implementing a scale as taxing puts greater pressure on the poor;
- Recognise that increasing taxes is still a politically difficult and sensitive issue;
- Recognise that taxation must be complemented with supportive activities, such as education;
- Obtain more data to demonstrate the benefits of investing in health and NCDs;
- Note that donors are interested and the formula for success should be applied with strong proposals which include reference to good governance structures.

Key message - make the business cases to increase investment in health and NCDs: 'tell the stories'.

6 Media and social communications, health promotion and advocacy

Key issues from the research [evidence briefs]

- Only five out of 20 CARICOM members report having an NCD communications plan *(Chapter 4).*
- A risk factor that has received very little attention is alcohol consumption *(Chapter 4).*
- There is the opportunity for more coordinated region-wide campaigns, including on Caribbean Wellness Day *(Chapter 5b).*
- The most poorly implemented commitments from the Port of Spain 2007 Declaration concern communications and the upstream determinants of diet and physical activity *(Chapter 4).*
- Media and social communications have a key role in raising awareness about the need for addressing the upstream risk factors (e.g. through taxation, urban planning) and helping to shape public opinion to make such changes possible/desirable *(Chapter 4).*
- There is expertise in the region on social communications. But this is expensive, and funding is not often available *(Chapter 5b).*

Key considerations: promote social change communication and participatory interventions; new media, non-traditional communications; restrict advertising of unhealthy products to children.

Group presentation

The following were highlighted for consideration:

- NCDs are still given relatively low political priority;
- It would be useful to promote Caribbean Wellness Day activity throughout the year to market the concept to the public in a more sustainable way;
- Social and cultural barriers to health-seeking behaviour should be explored;
- Multisectoral approaches should be increased;
- Use of social media needs to be strengthened and maximised;
- The communication behaviour of teenagers can influence modes of message delivery;
- Identify a sector champion e.g. CARICOM Health Minister, currently St Kitts and Nevis;
- Continue to build the Regional Health Communications Network facilitated by CARPHA;
- Expand partnerships to optimise available resources to make the best of advocacy;
- Develop and communicate business cases, e.g. the impact of NCDs in the workforce;
- Increase collaboration with the private sector;
- Explore innovative and effective ways to communicate and demonstrate relevance to 'John Public' for greater uptake; and
- Look inward to maximise available resources.

Key message: use media in a more dynamic way to 'tell and sell the story'.

7 Physical activity and the built environment

Key issues from the research [evidence briefs]

- There are marked gender differences in levels of physical inactivity, with inactivity in women being significantly higher than in men *(Chapter 3).*
- Only three CARICOM members report that they have met the commitment of mandatory provision for physical activity in new housing developments *(Chapter 4).*
- The determinants of physical activity in Caribbean countries are incompletely understood, and important questions include:
    - What other types of changes to the built environment, in addition to provision within new housing developments, will facilitate increased physical activity?
    - What is the potential role of active transport (e.g. walking or cycling)?
    - What is required to ensure that the opportunities provided by changes to the built environment are made use of and result in higher levels of physical activity?
    - What opportunities exist within CARICOM members for evaluating whether changes to the physical environment really do result in changes in physical activity?
    - What can be learned from major physical activity promotion campaigns, such as the *10,000 Step Challenge* in BVI *(Chapter 4b)*, about the relationships between the built environment and individuals responding to the campaign?

Group presentation

The following observations were made:

- There are insufficient open spaces
    - Call for civil societies and communities to take more responsibility for ownership and maintenance of green spaces
    - The public health challenges that arise due to lack of maintenance such as mosquito-borne illness were noted.
- Lack of collaboration across sectors
    - The need for improved public transportation systems to decrease the ownership of cars
    - Addressing policies/barriers preventing the easy adoption of physical activity
- Creating spaces in the environment to promote physical activity
    - Bicycle lanes, run/walk/cycle events, boardwalks

Key message: initial collaboration and consultation across sectors ensures all perspectives and requirements are included.

Member State View — Dr. Patrick Martin, CMO, St Kitts and Nevis

Based on Day 1 group presentations, Dr. Martin highlighted some critical issues from a Member State perspective. He recalled that the purpose at hand was to develop recommendations to unite to stop the NCD epidemic in the Caribbean and accelerate action. This message would need to be sold to the Heads of Government for support and to funders for resourcing. The criteria for his reflections were based on:

1. What is working and needs to be continued?
2. What is working but needs to be improved/extended?
3. What is not working and needs a more strategic approach?
4. What is not relevant and should be discontinued?
5. What is not being addressed?

In considering the recommendations in light of these questions, the colour-code below was recommended for classifying recommendations.

What is working and needs to be continued	
What is working but needs to be improved/extended	
What is not working and needs a more strategic approach	
What is not relevant and should be discontinued	
What is not being addressed, either inactive or not at all	

The following is a summary of the key messages and personal reflections.

Alcohol

There is need for more data and evidence to inform and advocate for the necessary action. This issue cannot be effectively tackled by the health sector alone. The approach needs to be multisectoral.

The communication campaigns necessary to bring about the desired behaviour change should be based on research that will provide the necessary understanding of cultural nuances and economic circumstances. According to the colour-coded scale, the current (yellow) actions for controlling the harmful use of alcohol are not working and need a more strategic approach.

Tobacco control

These (blue) actions were assessed to be working but needed to be improved and extended. This included stepping up the bans on smoking in public spaces so these spaces can be 100% smoke-free. Reference was made to the impending ban in Antigua and Barbuda. On the issue of earmarked taxation, there is the belief that Heads of Governments and relevant technical officers are becoming more open to the concept. As such, the arguments need to be put to the Heads for consideration in keeping with the commitments made in the POS Declaration.

Food

Imported food is often cheaper and the evidence demonstrates that price is the principle determinant in consumer behaviour. Ways to incentivise healthy food production need to be explored further and attention paid to the packaging and marketing of these products to ensure competitiveness. The anticipated resistance from some sectors may be challenged through collective regional action, noting the voting power of the region in international fora. The current (yellow) actions on this issue are not working and a more strategic approach is necessary.

Education

The CARICOM Health and Family Life Education policy and curriculum need to be revisited and re-energised to ensure that students receive the skills necessary to enhance the quality of their lives. In this regard, it is recommended that HFLE be introduced at the pre-school level to ensure maximum uptake and the learning of healthy behaviours. Actions in place to address education were assessed as 'yellow' - not working and in need of a more strategic approach.

Communications

Dr. Martin asserted that there were numerous health messages communicated and the real issue is uptake of these messages for the required behaviour change. He indicated that there needed to be better research to understand the spiritual, social, and mental barriers to inform appropriate messaging. This component was scored 'blue' indicating initiatives are working but need to be improved.

Investment

The opportunity to explore investments in health given overall fiscal contraction, especially at government level, was proposed. The need for communication tools to tell stories and present evidence was highlighted. These stories were seen as key advocacy pieces. Investment actions were colour-coded 'green' as they were considered to be working and needed to be continued.

Built environment

In this regard the key message proposed is "if you build it, they will use it". The necessary action includes collaboration with the building and town planning sectors to ensure that built environments encourage healthy behaviours and practices. These actions were color coded 'green' as they are considered to be working and should be continued.

Dr. Martin reiterated the need for a regional strategic plan, citing the common phrase, "To fail to plan is to plan to fail."

Discussion

Below is some of the feedback received after both Day 1 and Day 2 presentations. They are documented by issue (though many issues are cross-cutting).

Issue	Questions and comments
Diet, food and food security	***Sunity Maharaj (Media Consultant, Trinidad and Tobago)*** called out the University of the West Indies St Augustine Campus and in particular public health leaders for current contracts with unhealthy fast food concessions which directly contradicted the call for healthy diets. She stressed that the University was in a position to lead by example given their involvement in various NCD response initiatives. ***Jethro Greene (CaFAN, St Vincent and the Grenadines)*** enquired whether any work was being done to determine the link between chemicals in agriculture and certain cancers. Reference was made to particular concern among banana farmers.
Harmful use of alcohol	***Dr. Rohan Maharaj (UWI, HCC)*** mentioned the strong case for increasing taxation on alcohol as per available evidence. ***Dr. Maristela Monteiro (PAHO, USA)*** indicated that the concern that increasing taxes will reduce demand and hence national income may be overstated as the extent of tax increases for that to happen would be excessive. She reiterated that the evidence and models suggest that national revenues have been maintained even with reduced consumption of alcohol products.
Tobacco control	***Jethro Greene (CaFAN, St Vincent and the Grenadines)*** asked if any countries in the Caribbean had banned smoking in public places and called for this ban across the Caribbean.
Healthy settings	***Ivy George (Ministry of Health and Social Development, BVI)*** argued that a key role of the health sector should involve building capacity in other lead sectors to address issues related to NCD prevention and control. Some opportunities highlighted included collaboration with the education sector, making the link between good health and good academic performance. It was also considered important to support health and wellness initiatives within the workforce. The latter was identified as a potential financing opportunity as the social sector may be approached to fund the various initiatives. ***Prof. Sir Trevor Hassell (HCC)***, noted that Dominica had such an arrangement where workers were given an hour on Fridays to engage in physical activity.

	[Related comment *by Reginald Thomas under the media and communication section below*] ***Jethro Greene*** expressed support for the healthy-setting approach which focused on education to build personal health skills and so bring about healthier behaviour and choices. He posited that community-based mobilisation efforts in his experience prove to be more sustainable.
Investing in (financing) NCD prevention and control	***Dr. Alafia Samuels (POSDEVAL)*** proposed for consideration an approach where taxes for unhealthy foods are increased and the funds raised from these increased taxes be used to subsidise healthy foods, so increasing their accessibility and consumption. ***Prof. Rachel Nugent (University of Washington, USA),*** asked the participants to consider whether the focus should be on making changes in agriculture or changing consumption, noting that both were important. There is no evidence to support the idea that nutrition-sensitive agriculture changes consumption or health outcomes. Participants were asked whether there are any foods that can be targeted for nutritional value or in relation to consumption. Prof. Nugent noted that governments generally object to significant increases in taxation and more so to dedicating income from taxes for specific purposes. However, with increasing advocacy for raised taxation and available evidence on the positive impact, it is believed that there may be greater receptivity for taxation on tobacco products versus food products. Also noted was the opportunity to consider the impact of increased taxes on different population groups. The recommendation was then made for similar studies to understand how taxation may impact various groups in the Caribbean to inform decisions and subsequent advocacy and communication with Ministries of Finance. ***Dr. Joy St. John (Surveillance, Disease Prevention and Control, CARPHA)*** endorsed the suggestion to 'tell the stories'. She asserted that the Heads should not only be given information on the overall situation but shown economic evidence of what works. To do this, the power of the research done by the HEU, Centre for Health Economics needs to be maximised to demonstrate value for money and financial viability for the NCD agenda. Also suggested was the application of the traffic light grading (as per the POS progress indicator grid and proposed grid presented by Dr. Martin) to code value for investment.

	Ian Ho-A-Shu (Social Protection and Health Division, Inter-American Development Bank, IDB, Trinidad and Tobago) informed the meeting of a study undertaken by the Trinidad and Tobago Ministry of Health, supported by the IDB, to examine the economic burden of NCDs in the country, establishing both direct and indirect costs. The study is anticipated to provide evidence to inform a response that will ensure significant returns on investments. The need for the participation of budget officers from Ministries of Finance was highlighted, as well as the need to understand the decision making process in these offices. Particularly, an appreciation of which 'currency' is used to make decisions, i.e. the currency of democracy, populism and/or prudence. ***Sunity Maharaj*** enquired whether there were any studies conducted to determine the impact of increased taxes with a demonstrated positive effect to inform and influence calls for increased taxation. She noted that in Trinidad and Tobago, taxes on alcohol and tobacco products have inadvertently been reduced with the recent reduction in Value Added Tax (VAT). She indicated that significant advocacy was required to ensure this was brought to the attention of the relevant ministers so it could be corrected in the scheduled budget review. ***Prof. Nigel Unwin*** shared two initiatives in Barbados that will contribute to the evidence on the impact of taxation, thus informing future policy decisions: a report on the initial effect of prices and sales as a proxy for consumption since the introduction of the Barbados sugar-sweetened beverages tax is due in April 2016. In addition, a study on the contribution of sugar, sweets and beverages to calorific intake among adults in Barbados will be available later in the year. ***Cyril Gill (Ministry of Finance and Economic Affairs, Barbados)*** suggested that greater attention should also be paid to encouraging and facilitating personal investment for individual health and wellbeing. For example, individuals could receive rebates on health insurance packages for practicing healthy lifestyles, such as taking part in regular physical activity, etc.
Media and social communications	***Carlon Kirton (CARPHA, Trinidad and Tobago)*** clarified that an option proposed by the work group was to have institutional champions for NCDs in addition to individuals, where a particular institution may take up the cause, e.g. CARPHA. ***Reginald Thomas (National Insurance Services - St Vincent & Grenadines)*** raised the need to improve communication between doctors and patients as a priority. This is necessary to enhance patient understanding of instructions for improved compliance and self-management and hence disease prevention and control. He suggested the need to develop a protocol to guide and determine disability

	declarations from NCD conditions as he observed this to be a subjective process with a negative impact on insurance scheme payouts. ***Ivy George (Ministry of Health and Social Development, BVI)*** recommended that the approach taken to addressing the NCD risk factors be adjusted to treat diet, food and nutrition and physical activity as protective factors and tobacco and alcohol as negative factors. This understanding should inform the approach of communication interventions. ***Ian Ho-A-Shu*** informed the meeting of a loan between the IDB and the Government of Trinidad and Tobago to address NCDs, with a main component focusing on behaviour change communication and an evaluation of both process and impact which will provide the evidence to inform continued action and provide an example for the region. ***Prof. John Kirton (University of Toronto, Canada)*** endorsed the call to 'tell the stories' and recommended the following: 1. As a mini documentary video, the Port of Spain Summit story where Heads of Government share their experience in bringing about the Declaration, what was done and achieved. The possibility of Hon. Ralph Gonsalves, PM of St Vincent and the Grenadines, as a champion for such a communication was proposed. 2. The Jamaica tax for health example, the National Health Fund, where a percentage of tax is earmarked for health financing. This is the only regional example and communication outlining its mechanisms would be beneficial for other Member States. 3. Stories communicated through civil society which can freely give an objective account of the status of implementation re: the POS Declaration, UNHLM Global Monitoring Framework and the SDGs. ***Dr. Cheryl Jones, CARPHA, Trinidad and Tobago*** asserted that there needs to be a change in the way technical officers in the health sector work to achieve success with communication interventions. Reference was made to the TT IDB behaviour change project. A proposal was made to have the monitoring and evaluation component measure not just impact at the population level but also at the policy level. This will ensure messages are communicated in a supportive environment more conducive to behaviour change.
Physical activity and the built environment	***Dr. James Hospedales (CARPHA, Trinidad and Tobago)*** informed the meeting of a CARPHA, Public Health Agency of Canada (PHAC) and UWI STA Geography Department initiative to address built environments for NCD prevention and control. Following meetings in Grenada in June 2015, a follow up session bringing together Caribbean and Canadian town planners is scheduled for April 2016 in Suriname.

	Jethro Greene proposed that time for physical activity in the workplace be considered and facilitated. ***Dr. Alafia Samuels*** proposed that multisectoral meetings be facilitated by participants on return to their respective countries to disseminate the meeting outcomes and mobilise partnerships to address the many aspects of NCDs.
Other cross-cutting issues	***Reginald Thomas*** enquired about the framework that will be put in place to hold the various partner institutions and organisations accountable. He suggested that such a framework should also monitor and account for multisectoral coordination between entities that need to collaborate on certain issues. ***Dr. Karen Sealey (International Health Consultant, Trinidad and Tobago)***, in keeping with earlier calls for a change in approach, the opportunity for the health sector to also foster multisectoral teams and responses and build capacity in other sectors for desired health outcomes was proposed. It was recommended that health-facilitated meetings should, as appropriate, not have more that 50% health representation, ensuring other related sectors and disciplines participate. CMOs should seek ways to be engaged in the national development planning process. They then have the opportunity and forum to put health-related issues on the agenda and influence national and cross-sector plans, investments and budget allocations to make strides in overall health and human development. ***Maisha Hutton (Executive Director, HCC, Barbados)*** underscored that the power of informed civil society should not be underestimated in driving the priority areas. Civil society, she noted, has been engaging in pushing policy makers to implement policies, holding them accountable to the verbal commitments they make and encouraging them to enforce legislation that has already been ratified. The example of work done by JCTC and the HCC on cervical cancer was cited. A call was also made for investment in civil society both financially and intellectually to ensure that they were fit for purpose. ***Dr. Zee Leung (IDRC, Canada)*** called on participants to strategically assess all the recommendations and identify the most critical for immediate action. He suggested recognising "low hanging fruit" as the actions that would achieve change at a systems level and which would rebuild and sustain the momentum for the desired long-term changes. ***Ivy George (Ministry of Health and Social Development, BVI/ Dr. Alafia Samuels,*** proposed that any NCD plan be adjusted to facilitate greater inclusiveness and ownership across sectors. The following was proposed for consideration: 'Investing for Caribbean Wellness and Wealth', building on the proposed and accepted change from financing to investment.

	Yvonne Lewis (Ministry of Health, Trinidad and Tobago) suggested developing a repository of existing documents – policies, plans etc. that can be accessed by Member States as they pursue various NCD issues. This would facilitate sharing information and good practices, enabling cross-country sharing and learning. ***Prof. John Kirton (University of Toronto Canada)*** noted that monitoring is only as good as those doing the monitoring. In this regard he suggested that monitoring be done by HCC, the POSDEVAL group (the NCD grid) and CARPHA (the CCH monitoring mechanism), noting that other entities were interested in supporting this component. Also recommended was to ensure the inclusion of gender equality and climate change to ensure contextual analysis. ***Dr. James Hospedales (CARPHA)*** introduced for consideration the aspect of legislative capacity, highlighting the need for laws to facilitate some of the necessary actions. Initiatives in this regard were shared: • Collaboration between CARPHA and the International Development Law Organization to strengthen NCD legislative capacity commencing in the area of obesity and the food environment; • Using the PAHO Strategy on Health-related Law; • A Health Law Advisory Committee of the Caribbean providing guidance to the various initiatives; and • The Caribbean Law Institute Centre (CLIC) in Barbados with whom negotiations are underway to forge a partnership and joint agenda to address legislative capacity for public health in support of the Caribbean Single Market Economy (CSME), be it alcohol, foods, tobacco etc. Reference was also made to the regional bodies of the Senior Officials of the Legal Affairs Committee (SOLAC) and the Council for National Security and Law Enforcement (CONSLE), which are the relevant legislation partners within the CARICOM mechanism to facilitate legislative-based interventions in support of NCD prevention and control. ***Dr. Maristela Montero (PAHO, WDC, USA)*** informed of a PAHO initiative REGULA which seeks to build the capacity of health authorities to regulate NCD risk factors. In this regard a compilation of all the laws in the Caribbean associated with the control and regulation of such risk factors is being prepared and will be available to inform further work, i.e. identify gaps, examples to other Member States, etc. With reference to the process of developing the action plan to address NCDs in the Caribbean, the suggestion was made to circulate the document for further review and input. In particular, other sections at PAHO would welcome the

	opportunity to review and contribute given their focus areas, e.g. health systems, procurement of drugs, universal healthcare, etc. The session chair, ***Prof. Sir Trevor Hassell (HCC, Barbados),*** shared his thoughts coming from the Caribbean Cooperation in Health (CCH) meeting (held prior to this gathering) with the POSDEVAL implementation workshop. He indicated that the most significant message held true for both CCH and POSDEVAL actions. That is, the need to focus on effectively implementing the multisectoral approach referred to in both the CCH and POS Declarations. He concluded that the issue at hand is all about partnering for the development of the Caribbean people from a public health perspective with an NCD angle.

5 CONCLUSION AND NEXT STEPS

Sir Trevor Hassell called the session to order and introduced the Hon. Donville Inniss who made a presentation on influencing policy, Heads of Government and ministers to examine the determinants of health.

Minister Inniss concentrated on key actions necessary to communicate effectively with Heads of Government and stressed that they are human and not beyond reach. They are, in fact, civil servants of the people and should be approached fearlessly, given the impact of NCDs on the populations they are meant to serve.

To this end, he reiterated the need to have an appropriate and clear communication plan. Clarity is essential and it should also not only focus on financing NCDs but should also include outlining the details of the magnitude of the challenges caused by NCDs and the impact on society and development. As well as clarity, consistency and demonstrating impact on development are key to gaining attention and ensuring that NCD communication is not lost in the magnitude of all the issues demanding their attention.

The messages and communication should not only be targeted at Heads of Government but also wider society and personnel who have conversations with and can influence Heads and ministers. Leaders often have to focus on so many things that it is a challenge for them to feel passionate about everything. At HoG meetings, leaders are often accompanied by Ministers of Foreign Affairs and technical officers.

To get NCDs on the Heads of Government Meeting agenda, communication and advocacy are necessary with the CARICOM Secretariat. The Ministers of Foreign Affairs set the agenda in coordination with the CARICOM Secretary-General's office. Therefore, it is important to target the Ministers of Foreign Affairs and of Trade and their technical officers in particular, as they have influence at that level with the PMs across the region.

Permanent Secretaries and other chief technical officers e.g. Chief Medical Officers, were also identified as key stakeholders and communication target audiences. These officers hold great responsibility in advising the ministers on what should be prioritised and receive the necessary attention and support. Ministers' personal assistants were also identified as a critical target group as they have considerable influence and can advocate and contribute to advancing NCDs on the agenda(s) of the ministers and Heads of Government.

Cross-ministry conversations were also identified as vital. Minister Inniss noted that there are not enough mechanisms in place to continue the conversation across various ministries as well as to facilitate the engagement and inclusion of the private sector. This is necessary to facilitate national perspectives, which inform the political directorate.

Also critical in communicating the message is the messenger. It is necessary to have a passionate champion in each country who has influence and the respect of leaders and is capable of engaging Heads and ministers as the face and voice of NCDs.

In relation to increasing taxes to finance NCD prevention and control, financial viability was identified as a critical determining factor as the bottom line for Heads of Government. He advised caution in the way the issue of increased taxation on tobacco and alcohol is presented. It should not be broached as another revenue-raising method but rather in a manner that emphasises the harmful effects of alcohol and tobacco and how increasing taxes will contribute to reduction in consumption and hence better population health and reduced health expenditure.

The need to look beyond taxing alcohol and tobacco products was introduced as concerns would be raised about the impact of increased taxes on alcohol products on the tourism industry and hence the economy in Barbados. The Minister noted that in 2012, Barbados raised $18 million in revenue from the export of rum and spirits and in 2013 experienced a 240% increase in alcohol imports directly related to consumption in the tourism industry.

Revenue gained from the export and consumption of alcohol in many Caribbean islands is extremely significant, especially in alcohol-producing and tourism-dependent countries. The option to also focus on education and building personal health responsibility was proposed for serious consideration as a way to decrease the demand for alcohol and tobacco products.

A truly regional approach was required, and an opportunity to specifically work together to identify a basket of unhealthy foods and products that may be proposed to Heads of Government for increased taxation. This method will positively impact the cost of healthy foods, making them more available and accessible, as the cost of the identified unhealthy food and products increases.

The stories of persons dealing with NCDs should be included in the communication strategy. These stories bring home the grave impact NCDs have on the individual, his/her care givers and the wider family. The Minister said he had come to realise this from personal experience. He highlighted that these stories must complement the scientific information and facts and figures for comprehensive representation of the issues to mobilise the passion and commitment needed by leaders to attend to the related policy and programming matters brought to their attention.

In conclusion, Minister Inniss encouraged all to remain steadfast in the fight against NCDs and reminded everyone to engage politicians with a greater understanding of the political arena.

Discussion

Jethro Greene enquired about the role of the opposition, private sector and civil society in decision making to guard against partisan politics on major issues such as these.

Minister Inniss noted that health knows no political colour. The challenges that people face do not discriminate based on political party support. In the interest of good political decisions particularly when a shift is needed in policy, it is vital to engage the opposition even if they disagree with the Government's position. Reference was made to the Barbados example of pursuing smoke-free spaces and the support that was sought and obtained from the then opposition leader, who was a smoker but did not oppose the proposal which resulted in the passage of smoke-free legislation.

Dr. Alafia Samuels enquired whether Minister Inniss was a member of the Barbados Inter-Ministerial Task Force for NCDs. In response to the Minister's negative indication, Dr. Samuels stated the need to rethink the positioning of health, seeing it as an investment, and widening the current social sector grouping that makes up the Task Force to include the Minister of Trade.

Dr. Rohan Maharaj, referred to the text of the POS Declaration, "That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia, for preventing chronic NCDs, promoting health and supporting the work of the Commissions." He wondered how these promised funds could be accessed for NCD prevention and control if taxation is a difficult option.

Hon. Donville Inniss noted the greater issue of access to these funds once raised. He said that very often funds raised through taxation go into the consolidated fund and don't reach the health sector, leaving it to compete with other sectors for allocations. Reference was made to the current conversation in Barbados to determine an appropriate health financing model and the Jamaica model which allocates a percentage of a special consumption tax on tobacco products to the National Health Fund.

An opinion was sought from Mr. Inniss as to whether a minister should be a medical professional. He indicated that there were both advantages and disadvantages. It was his approach as a minister to leave the medical and technical issues to those qualified, allowing him to concentrate on policy. He encouraged those in that position to be open minded and willing to consult the technical personnel as appropriate.

Concluding remarks

Dr. Patrick Martin

Reflecting on the time spent together Dr. Martin indicated that the suite of recommendations was commendable. He outlined that in the context of determining what gets implemented, managed, funded and championed, these recommendations will be reviewed and the criteria to determine the proposal to COHSOD and Heads of Government will be decided by determining which recommendations are scientifically sound, financially sustainable and politically acceptable. This process, he indicated, would be undertaken by the core group in the coming days.

He assured everyone that the data and information gathered through the group sessions will be considered and what is sent to the Heads of Government will be shrewdly packaged to enable consensus in action across the Caribbean.

The process going forward will involve presenting the recommendations to the CMOs who will review and make the final recommendations to the Ministers of Health and, critically, put the recommendations into national contexts reflective of specific country situations and needs.

Dr. Martin cautioned that the outcome document, the regional plan 2016-2025, must be seen as a guidance framework and highlighted that in the final analysis it is all about Member State implementation which will ultimately be influenced by the economic, social and political realities at national level.

He encouraged everyone to recall the lessons of the past and to be aware that the concept of 'One Caribbean' was made up of several small but complex countries requiring specific interventions.

The need to reframe the approach to accessing ministers and Heads of Government was recapped, with special reference to developing relationships with the Ministry of Foreign Affairs, technical officers and the ministers' personal assistants.

In conclusion, Dr. Martin thanked the group for their active participation and their contributions to the process and final document.

Dr. Alafia Samuels

Dr. Samuels expressed gratitude to all participants, presenters and researchers and indicated that the objective to share the results of the research and to obtain from participants the information and input necessary for Chapter 9 'Accelerating implementation' in the evidence briefs was achieved.

On the way forward the following next steps were highlighted:

- Finalisation of the evidence briefs - participants were requested to thoroughly review and submit any further comments, suggestions, corrections or additional information that would enhance the evidence base for decision making.
- The complete research report reflecting all components will be prepared and disseminated in the coming months.
- The meeting outcome has provided information from which the regional public health goods will be identified in the context of CCH.
- The website capturing the evaluation process and outcomes to date is accessible at onecaribbeanhealth.org. The site, managed by Joan Tull, who was recognised for her work in this regard, is an interactive platform that will be expanded to include the suggestion by Ms. Lewis to host a repository of information of NCD materials across the region.
- The target is to present the POSDEVAL report to the Heads of Government in July 2016 or February 2017. This process will involve taking the meeting outcomes to the CMOs then to ministers and eventually the Heads. Five "best buys" will be identified and inform the key "asks" to the Heads of Government.
- The work continues after the HoG Meeting with the critical action to strengthen and expand multisectoral partnerships identified as key. A recommendation to conduct similar meetings at country level in observation of the 10th Anniversary of the Port of Spain Declaration was proposed. Such fora would facilitate building critical partnerships and mobilise the necessary support and involvement from key sectors necessary to address NCD prevention and control.

In conclusion, Dr. Samuels highlighted the need to also strengthen alliances and partnerships with and among CARICOM directorates, organs and bodies in support of advancing the NCD agenda.

Prof. Nigel Unwin

Prof. Unwin expressed gratitude to all for participating in the POSDEVAL meeting, and highlighted the following points for information and action:

- There is the opportunity for participants to still contribute to the evidence briefs. He encouraged everyone to review and submit their feedback which would be considered in the finalisation of the document.
- A meeting report with the log frames will be circulated and participants were encouraged to complete and develop the log frames where necessary.
- The need to take on board the recommendations made by Minister Inniss in relation to strategic ways to engage Heads, ministers, and pertinent technical officers. In this regard a communication strategy will be developed in collaboration with HCC in keeping with research objectives 7 and 8 which focus on the dissemination of the results and the mobilisation of partners to accelerate the implementation of the POS Declaration.
- The CARPHA 2017 research conference will focus on NCDs and provides an opportunity for the further dissemination of the POSDEVAL research findings. The Executive Director Dr. Hospedales was acknowledged for offering this opportunity.

In conclusion, several acknowledgements were made to the partners in the collaborative and ongoing dissemination of the POSDEVAL research:

- UWI campuses: St Augustine, Cave Hill and Mona;
- The University of Toronto;
- IDRC as the funder; and
- The POSDEVAL Secretariat

The meeting was thereby adjourned.

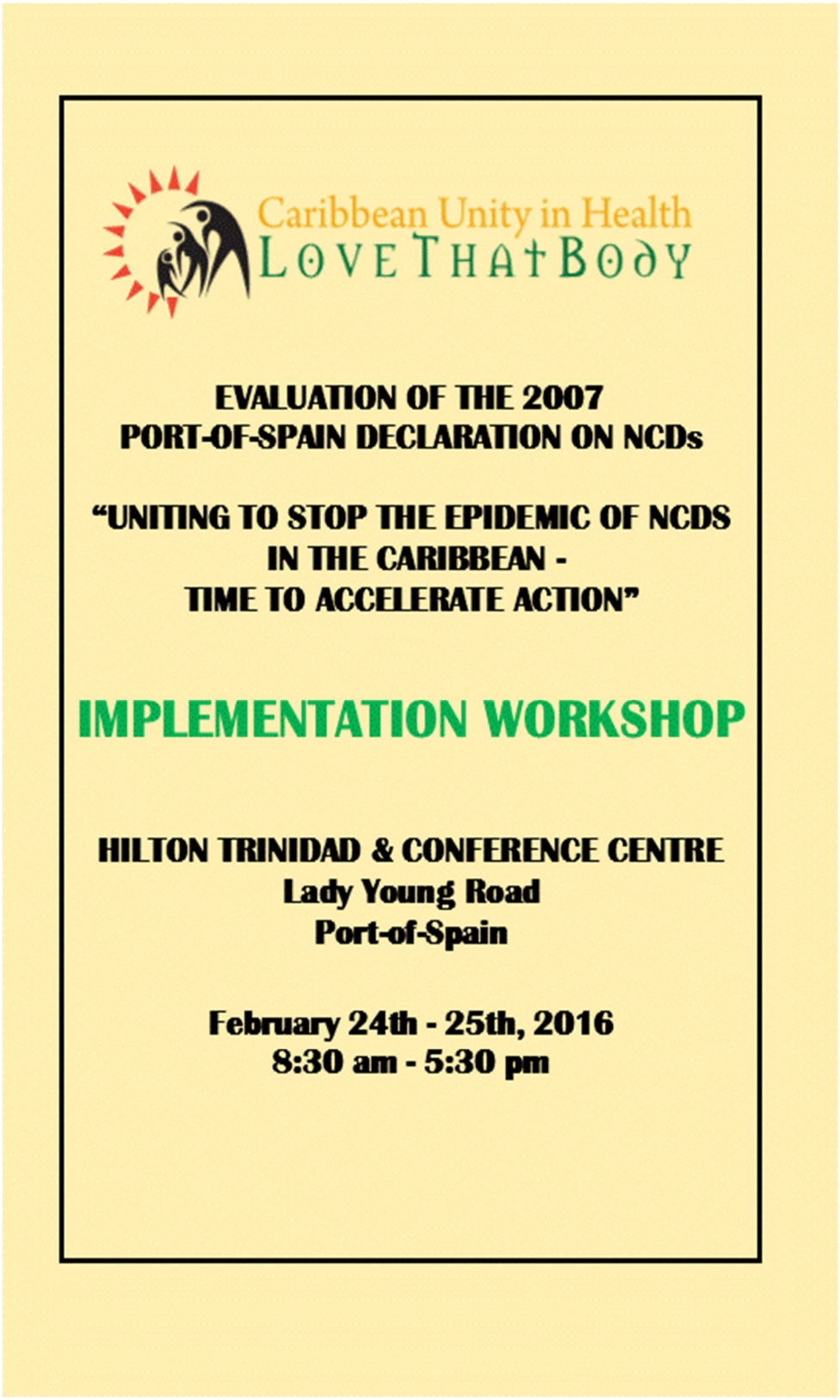
Group photo

Participants - Caribbean NCD Champions, POSDEVAL Implementation Workshop,
Trinidad and Tobago 24-25 February, 2016

6 APPENDICES

A. Workshop agenda
B. Biographies
C. Transcript: Minister of Health, Trinidad and Tobago, Terrence Deyalsingh
D. Group work instructions
E. Group work allocations
F. Workshop evaluation form and results
G. Participant list
H. Log Frames

A. WORKSHOP AGENDA



WORKSHOP AGENDA

Day 1: Wednesday, February 24th, 2016

7:45 am - 8:30am **Registration**

8:30 am - 9:00am **Opening Ceremony**

Welcome Dr. Alafia Samuels (Chair)

Remarks CARICOM Representative - Dr. Rudy Cummings
PAHO Representative - Mrs. Jessie Schutt-Aine
IDRC Representative - Dr. Zee Leung
HEU Representative - Prof. Karl Theodore
Minister of Health, Trinidad - Hon. Mr. Terrence Deyalsingh

Vote of Thanks Dr. Alafia Samuels

Session 1: Summary of the Main Findings
Dr. James Hospedales, Chair

9:00am - 9:10am Context and overview of the evaluation and aims of the workshop - **Prof. Nigel Unwin**

9.10am – 9.20am New findings, and evidence gaps, on recent trends on the burden of NCDs - **Dr. Alafia Samuels**

9.20am – 9.40am National policy responses and lessons learnt
Dr. Madhuvanti Murphy

9.40am – 10.00am Regional & International policy responses and lessons learnt - **Prof. John Kirton**

10.00am – 10.10am Discussant: Dr. Patrick Martin, CMO-St. Kitts & Nevis

10.10am - 10:30am General Discussion

10.30 am – 11.00am COFFEE BREAK

Session 2: Moving Forward
Dr. Rachel Nugent, Chair

11:00 am – 11.10am On-going arrangements for surveillance and monitoring
Dr. Alafia Samuels

11.10am – 11.30am Financing NCD prevention and control – including potential revenue from alcohol and tobacco taxes
Health Economics Unit (HEU) - St. Augustine

11.30am – 11.45am Discussant: Hon. Donville Inniss, Minister of Industry, International Business & Commerce - Barbados

11.45am – 12.30pm Discussion: Implications of the findings

12.30pm – 12.45pm Introduction to work groups and expected outcomes
Dr. Alafia Samuels & Prof. Nigel Unwin

12:45 pm – 1.45 pm LUNCH

Session 3: Working Group Sessions
2:00 pm - 4:00 pm

Plenary: Ms. Yvonne Lewis, Chair

4.00pm – 4.35 pm Plenary reports from seven workgroups (five slides each)

4.35 pm – 5.15 pm Feedback and discussion on progress

Workgroup	Chairperson	Presenter
Diet, Food and Food Security: relevant policy on agriculture & trade	Mr. Barton Clarke	Ms. Ena Henry
Reducing Alcohol Related Harm	Dr. Jessie Schutt-Aine	Dr. Maristela Monteiro
Tobacco Control	Ms. Barbara McGaw	Ms. Barbara McGaw
Promoting Health in Different Settings	Dr. Sonia Copeland	Ms. Yvonne Lewis
Financing NCD prevention & control	Mr. Ian Ho-a-shu	Ms. Deborah Chen
Media and Social Communications	Ms. Carlon Kirton	Mrs.. Denise Carter-Taylor
Physical Activity & Built Environment	Mr. Mark Cummins	Mr. Mark Cummins

5.15 pm – 5.30 pm Discussion on work groups for Day 2

COCKTAIL RECEPTION
6:00pm - 8:00pm

Day 2: Thursday, February 25th, 2016

Session 4: Review of Day 1
Dr. Alafia Samuels & Prof. Nigel Unwin

8:30 am - 9:15am	Facilitated Discussion Expectations for Day 2 Workgroups
9:15 am - 12:30pm	Working groups
12:30 pm - 2:00pm	**LUNCH**

Session 5: Action Planning Session
Prof. Sir Trevor Hassell, Chair

2:00 pm - 4:00pm	Reports from seven workgroups (10 slides each) Conclusions and Recommendations
4:00 pm - 4:30pm	Next steps
4:30pm	Adjourn

B. BIOGRAPHIES

The Hon. Minister of Health, Terrence Deyalsingh, Member of Parliament for St. Joseph, Republic of Trinidad & Tobago

As Minister of Health, Terrence Deyalsingh's main goal is to make "the three highs" - blood pressure, sugar and cholesterol, "the three lows."

Mr. Deyalsingh holds a Diploma in Pharmacy at the University of the West Indies and subsequently earned a Post Graduate Diploma in International Marketing, from the Chartered Institute of Marketing, UK, before returning to UWI in 2007 to obtain a Bachelor of Science in Pharmacy. In 2013, he qualified for the Bachelor of Laws (LLB) from the University of London, International Programme.

Before entering politics, he lectured at the Institute of Training and Development (INTAD) and served as a part-time lecturer in the School of Pharmacy, Faculty of Medical Sciences, Mt. Hope.

During his tenure in the Parliament of Trinidad and Tobago, he has served on the Standing Orders Committee of the Senate, as well as on the Finance Committee.

The Hon. Donville Inniss, M.P., Minister of Industry, International Business, Commerce and Small Business Development, Barbados

The Hon. Donville O. Inniss was appointed Minister of Industry, International Business, Commerce and Small Business Development in March 2013. Prior to this appointment he served as Minister of Health from November 2008 until February 2013, and Minister of State, Ministry of Foreign Affairs and International Business from January – November 2008.

He has been the Member of Parliament for the constituency of St. James South since January 2008. Prior to entering politics, he worked for 20 years in the public and private sector. Minister Inniss also served as CEO, Managing Director and Chairman of several international companies based in Barbados and for nine years operated his own management company catering to the international business sector. He has managed companies with operations in Latin America, Europe, Africa and Asia. He earned a Master's degree in Business Administration, (MBA) in General Management and a Bachelor of Science Degree in Public Administration from the University of the West Indies, Cave Hill Campus. He has also completed training in investment promotion, taxation, law and finance.

Dr. Rudolph Cummings, CARICOM

Dr. Cummings is the Programme Manager, Health Sector Development, Directorate of Human and Social Development at the CARICOM Secretariat in Guyana. He is currently responsible for the coordination of regional health policy (CCHIII) across the English-speaking Caribbean and Suriname and Haiti (20 states) and is the Principal Health Officer of the Community Secretariat.

He provides policy guidance to the CARICOM Secretary-General; technical and policy support to the Ministerial Council on Human and Social Development and participates in the interdisciplinary agenda of the Secretariat.

Mrs. Jessie Schutt-Aine

Jessie Schutt-Aine has been the Caribbean Subregional Programme Coordinator at PAHO since August 2015. The Office has responsibility for technical cooperation in support of regional integration mechanisms and liaises closely with CARICOM and CARPHA as well as other regional institutions. Mrs. Schutt-Aine has 25 years of experience in global public health, particularly in the areas of HIV and adolescent health and earned both her MPH and her Master of International Affairs at Columbia University.

Previously Mrs. Schutt-Aine worked at the World Health Organization in the office of the Assistant Director-General for Family, Women's and Children's Health where she managed an initiative under the UN Secretary-General's Global Strategy for Women's and Children's Health and the 'Every Woman Every Child' movement.

Dr. Zee Leung, IDRC

Dr. Zee Leung is Programme Officer (Food, Environment and Health) for the International Development Research Centre based in Ottawa, Canada. Zee is a veterinarian and public health practitioner, and specialises in global health, particularly related to the intersection of human, environmental and animal health, and sustainable development.

The Food, Environment and Health programme strives to improve global health, particularly for women and children, by generating evidence, innovations and policies to tackle preventable non-communicable and infectious diseases.

Prior to joining IDRC, Zee worked for the provincial and federal government in Canada on a number of initiatives including national surveillance for antimicrobial resistance, inter-sectoral approaches to public health governance, and research on the links between Crohn's disease and food and environmental risk factors.

Professor Nigel Unwin, Principal Investigator

Professor Unwin is an experienced public health professional and epidemiologist with an interest and track record in non-communicable diseases. He is highly experienced in working on, and leading, international public health research projects. Much of his research has been, and continues to be, into the burden, prevention and control of diabetes and cardiovascular disease, including in low- and middle-income country settings.

He has worked with the International Diabetes Federation and the World Health Organization (WHO), including two years with the Diabetes Group at WHO in Geneva. During his time at WHO he was part of the core writing team for 'Chronic Diseases: A vital investment'. In August 2010 the exciting opportunity arose to contribute to establishing graduate programmes in Public Health at UWI, Cave Hill, and in August 2014 he moved to the Chronic Disease Research Centre. After over 5 and half years at UWI, he left the full time employment of the University to be based, for personal reasons, in the UK again. On the first of April 2016 he became visiting Professor of Population Health Sciences at the Chronic Disease Research Centre, UWI, and in the UK is Strategic Lead for Global Health Research at the Centre for Diet and Activity Research, University of Cambridge.

Dr. Alafia Samuels, Principal Investigator

Dr. Samuels is the Director, Chronic Disease Research Centre; Deputy Dean for Research and Graduate Programmes, Faculty of Medical Sciences, University of the West Indies, Cave Hill Campus, Barbados; and Principal Investigator of the IDRC-funded evaluation of the CARICOM Heads of Government 2007 NCD Summit Declaration.

She is a medical doctor, trained at UWI Mona and holds a MPH (Masters in Public Health) and a PhD in Chronic Disease Epidemiology, both degrees awarded with honours from Johns Hopkins University. Previous posts include Adviser in Chronic Diseases at PAHO/WHO, Director of Outcomes at XL Health, and managing Primary Healthcare Services in the South East Region of the Ministry of Health, Jamaica.

Dr. Samuels is a member of the Barbados National NCD Commission and the principal author of the Barbados Ministry of Health Strategic Plan of Action for the Prevention and Control of NCDs 2015-2019, as well as the CARICOM Regional NCD Plan 2010-2015.

Dr. Madhuvanti Murphy, UWI Cave Hill

Dr. "Maddy" Murphy is the Coordinator of Graduate Programmes in Public Health and a Lecturer in Public Health at the Faculty of Medical Sciences, University of the West Indies (UWI), Cave Hill. She holds an MPH from the University of Miami, and a Doctorate in Public Health (Sociomedical Sciences) from Columbia University in New York City. She is currently involved in teaching, research and curriculum development, and since joining the UWI faculty in 2011 has contributed to the development of the Master of Public Health Programme.

Dr. Murphy is a past recipient of a National Institute on Drug Abuse (NIH/NIDA) pre-doctoral fellowship, and has been a co-investigator on more than 10 research grants, including two R01 grants. Her expertise as a qualitative researcher has led her to publish and present on a wide range of public health issues, including adolescent drug use prevention, breast cancer and social determinants of non-communicable diseases.

Professor John Kirton, G8 Group, University of Toronto

John J. Kirton is a professor of political science, the co-director of the Global Health Diplomacy Programme, the G20 Research Group, the BRICS Research Group, and director of the G7 Research Group, all based at the Munk School of Global Affairs at Trinity College at the University of Toronto.

He is also a Non-resident Senior Fellow at the Chongyang Institute for Financial Studies in Renmin University of China, co-author of The Global Governance of Climate Change (2015), G20 Governance for a Globalized World (2013), and co-editor of Moving Health Sovereignty in Africa (2014).

Professor Emeritus Karl Theodore, Director of HEU, Centre for Health Economics, University of the West Indies

As a professor at the Department of Economics on the St. Augustine Campus, Professor Theodore taught Public Sector Economics and Fiscal Policy and Development as well as Health Economics.

In shifting his focus to health, Professor Theodore has concentrated on the efficiency of health systems and on the way these systems touch the lives of ordinary people. He has led a multidisciplinary team of professionals in producing a number of technical reports for governments and international agencies and has also produced significant pieces of work on the operations of the health systems in different countries of the Caribbean region.

HEU, Centre for Health Economics (formerly the Health Economics Unit) was founded in 1995 and continues to do extensive work on the costing and financing of health services in the region. Professor Theodore still leads a team of experts with extensive experience in National Health Insurance and Social Security and has co-authored research on fiscal space for the health sector as well as on the economic impact of HIV/AIDS and non-communicable diseases.

Dr. Patrick Martin, St Kitts and Nevis

Dr. Martin is Chief Medical Officer of the Federation of St. Kitts & Nevis. In that role, he is a member of the team of senior administrators in the Ministry of Health and lead officer in Public Health Practice. Overall responsibilities include the provision of technical advice to national and local government executives on all matters pertaining to safeguarding the health of the population and ensuring the performance of essential public health functions. His primary focus is the development and strengthening of health systems, services, strategies, standards and solutions.

He is a pediatrician (UM/Jackson Memorial, Miami) and a Certified Physician Executive (American Association for Physician Leadership).

C. TRANSCRIPT – TERRENCE DEYALSINGH, MINISTER OF HEALTH, TRINIDAD AND TOBAGO

I wear size 11 shoes. What's the importance of that, you may ask? I have a habit of putting my foot in my mouth and today is going to be absolutely no exception because wherever there is an inconvenient truth to be told, you must not back away from it.

Two: Since assuming the role of Minister, I have never ever been introduced correctly. My name is correct, Terrence Deyalsingh, the honorific, 'honourable' temporarily, I will hold that. I am a Minister. I am from Trinidad but I am not the Minister of Health because what I have found is that I am the Minister of Health*care*. Trinidad and Tobago has spent 40 billion dollars in healthcare from 2005 to 2016 but are we healthier? The answer is 'no' and that's where I put my foot in my mouth. I am the Minister of Health*care*. I am the Minister of providing scalpels to amputate legs. I am the Minister of providing anti-diabetic drugs – health*care*. I am the Minister of providing statins free - health*care*. I am the Minister of providing methyldopa – health*care*. I am the Minister of providing anti-cancer drugs to combat lung cancer due to lifestyle diseases – health*care*. That is what I am. I am not the Minister of Health.

There is an inconvenient truth to be told and this is what I think the Heads of Government did, in 2007. They recognised that in the Caribbean if we do not face up as a society and a region to this inconvenient truth - what we have today is people dying before the age of 70 due to lifestyle diseases. So, in spending 40 billion dollars from 2005 to 2016 - and we have Professor Karl Theodore here, Professor in health economics, who can tell you that all of that money has been wasted. Because we amputate more legs today than we did 20 years ago. If as a society, we had paid attention to the Francombe study out of Boston we would not be in the position that we are in today.

But we don't have to go to Boston for solutions. When we did our own St. James study in the 1990s in Trinidad, if we had paid attention to that study which tracked diabetes and hypertension 20 years ago, we would not be in the position that we are in today. But we have this impression that we must provide healthcare to the population. The population demands healthcare. I heard on the radio somebody advocating that the Government of Trinidad and Tobago should now provide stem cell treatment. Government can't provide all these things for free!

We have to decide what model of healthcare we want for our society and I have to stick true to my title as Minister of Health and not Healthcare… the Port of Spain Declaration speaks to that. If I am to be the Minister of Health, we have to have an intervention with children in the schools and we have started that conversation with the soft drink manufacturers to come to us with voluntary cuts in sugar limits in drinks sold in schools. If I am the Minister of Health for the obese, diabetic child today I don't have to be the Minister of Health*care* for that same child 20 years from now when they present at hospital to chop off their legs because they have uncontrolled diabetes. You see the difference I am trying to bring? Moving from Minster of Healthcare to Minister of Health.

But the intervention that is needed is greater than our collective abilities so far. In Trinidad

and Tobago, at least, we have made absolutely little or no progress in controlling the epidemic of diabetes, hypertension, high cholesterol. Those are the three 'highs' we need to bring to the three 'lows'. So what is the plan? The plan is as Minister of Health we need an intervention to break the cycle of societal factors and genetic factors that causes Trinidad and Tobago to be a leader where we should not be a leader. This crown that Trinidad and Tobago wears as a leader in diabetes. This crown that we wear, this trophy that we have as being first in the region when it comes to rates of diabetes and so on is a crown I do not want. That's a crown of thorns, my friends.

So as we start to implement policy, policy driven by data (and you are going to discuss data, I am not going to bore you with data) - but as I put my size 11 foot into my mouth, I will tell you unless we get our two main groupings in Trinidad to understand that whilst you can't control your genetics you can control your surroundings and you can control this deadly relationship you have between your hand and your mouth. That is, you can control what your hand picks up from your plate and shovels into your mouth.

That, my friends, is what you have control over. I am a poster boy for diabetes. I keep saying that. Genetics tells me I belong to the Indian or Asian racial grouping – predisposition for diabetes. Genetics will tell me my two parents were diabetics and suffered horrendous deaths due to the complications of diabetes. I can't help that. Genetics will tell me I'm male. Life will tell me I'm 58 years old. So I am an East Indian, middle aged male born of two parents with diabetes. Those are genetics. I can't change that but what I can change is what I eat, how I exercise, and how I live my life.

That is what I can change but the change that we need, that cultural change, is so difficult to drive down to the population that it makes physicians go berserk. Are there any physicians in this room who have to plead with their patients not to eat ice cream every day and to take their medication?

And culturally each Caribbean island has its own cultural nuances. Let me tell you what a cultural nuance is in Trinidad. The macho males in Trinidad have this feeling: if I'm going to lime with the boys (for foreigners here, 'lime' means hang out, go out with) and I want to drink alcohol over a weekend, we have this feeling that all drugs interact with alcohol, so you know what the macho males do? They stop taking their diabetic medication on Thursday because they want to drink Friday, Saturday and Sunday. Those, my friends, are the health 'policies' that we have to change.

Another factor is the social determinants of ill health, especially among the lower income groups. When you have a single mother with four children who works a minimum wage job, who doesn't have secondary education, who is not in control of her life. Do you think she is empowered to make health decisions? The answer is 'no'. How do we reach those people? And those are the type of health policies, not health*care* policies, those are the type of health policies that we will be driven by over the next five years as we seek

an intervention, a serious intervention, not in terms of medications, not in terms of amputating legs, but in terms of culture.

Our culture predisposes us to this thorny crown in Trinidad and Tobago of being a leader where we should not be a leader. And we aim to do this over the next five years not by short term measures, by taking out an ad on the TV and when the budget for the ad runs out the programme dies. That is what we have been doing. We allocate 250,000 dollars – let's run some ads to talk about smoking, diabetes and when the budget finishes the initiative dies. And I'm happy to see that in session three Mr. Ian Ho-A-Shu of the Inter-American Development Bank who will be talking about financing NCD prevention. That will drive the policy. How do we fund a long term intervention programme to break the cycle so that Trinidad and Tobago loses its thorny crown as being number one in the region?

So ladies and gentlemen, I think I've given you enough insight into my way of thinking. I think I can now take my foot out of my mouth and wish you a successful two days of deliberations and I do look forward to seeing a summary report of your deliberations which will inform government policy as we move forward. Thank you very, very much.

D. GROUP WORK INSTRUCTIONS

Selected key points from the evidence briefs for consideration by the Working Groups

These key points are chosen to help with running the working groups. They are not intended to limit what the working groups discuss and they should be added to and modified as appropriate.

For the working group on the built environment and physical activity a series of questions have been posed, this is partly because evidence to guide what is appropriate for the Caribbean is more limited here than for the other working groups. However, other working groups may also wish to highlight some key questions to guide the development and implementation of policy in their areas.

Generic issues, some of which will be relevant to all working groups

• Overall NCDs are still given relatively low political priority, both within countries and regionally and this has acted as a barrier to policy development and implementation (*Chapters 4 and 5*):
  ○ Within countries a 'champion' is required at the highest (cabinet) level of government; and
  ○ At a regional level the response to NCDs needs to be a substantive regular agenda item at Conferences of the Heads of Government.
• Within countries two distinct mechanisms are required to promote an all-of-society response *(Chapter 4):*
  ○ NCDs commissions or their equivalent for coordinating all-of-society, government, civil society and private sector actions;
  ○ An all-of-government mechanism (e.g. Inter-Ministerial Task Force or committee) for coordinating the activities of different ministries.
• Similar mechanisms are required at a regional level *(Chapters 4, 5 and 6):*
  ○ The joint NCD Secretariat, led by CARICOM/PAHO to provide leadership in driving regional actions in support of NCD prevention and control; and
  ○ The role of the Prime Minister responsible for health in the quasi CARICOM cabinet should be strengthened.
• Specific funding is required to support the NCD response – both at national and regional levels *(Chapters 4, 5, 8)*.
• The most successful examples of meeting the Port of Spain 2007 Declaration commitments are those for which there is clear guidance on what needs to be done, and regional organisations assisted with implementation (e.g. Framework Convention on Tobacco Control, implementation of certain surveillance activities) *(Chapters 4 and 5)*.
• Smaller countries in particular lack capacity to develop and implement policy, and the further development of detailed policy guidance and assistance in adapting and implementing it within Member States is desired *(Chapter 4).*
• Although the majority (13) of Member States have conducted at least one risk factor survey, much greater investment is required in surveillance if trends in risk factors are to be monitored, vulnerable groups identified and the potential impact of policy interventions assessed *(Chapters 3 and 7).*

Diet and food security
• The vast majority (>85%) of adults in the CARICOM Member States do not meet recommended levels of fruit and vegetable intake *(Chapter 3).* • This is heavily influenced by a reliance on food imports, terms of trade that limit member states abilities to promote local agriculture, and the activities of transnational food corporations *(Chapter 4).* • There is virtually no evidence of progress on the Port of Spain commitments related to the macro (upstream) determinants of nutrition (e.g. trade arrangements, banning trans fats, food labeling), not least because these require regional co-operation *(Chapters 4 and 5).* • Food taxes and subsidies have a potential role to play, with Barbados and Dominica both having recently implemented a tax on sugar-sweetened beverages *(Chapter 8)*. These require evaluation to determine their impact. • There are limited examples of collaboration between Agriculture and Health Ministries to improve local food supply from which lessons should be learned. One example is in Antigua & Barbuda (*Chapter 4b)*
Reducing alcohol-related harm
• Reducing alcohol-related harm was not explicitly addressed in the 2007 Port of Spain Declaration, and it is one of the least developed policy areas across CARICOM *(Chapter 4).* • Developing and implementing policy on alcohol-related harm is universally seen as politically 'challenging', as it is perceived as contrary to economic interests (local production and tourism) and interfering with individuals' pleasure in drinking *(Chapter 4).* • There are limited examples of where positive policies are being pursued, with one being the implementation of breathalysers for drink driving in Trinidad and Tobago *(Chapter 4b).* • Increased taxation on alcohol could be an effective approach to both reducing consumption and raising revenue for NCD prevention and control, ensuring that it is done in a way and to a level that does not create problems with smuggling or local illicit production *(Chapter 8).*
Tobacco control
• While all bar one of the full CARICOM members have ratified the FCTC (it does not apply to the UK Overseas Territories), implementation of its provisions is less effective, e.g. tax as a percent of sale price, smoke free indoor places, and in particular advertising, promotion and sponsorship bans (where only six out of 15 full members are able to report implementation in at least one of these areas) *(Chapter 4).* • A regional standard on cigarette pack labeling was agreed, but is voluntary and has only been implemented in two countries *(Chapter 5).* • Increased taxation on tobacco products is an effective approach to reducing consumption and raising revenue, so long as smuggling is controlled *(Chapter 8).*

Promoting health in different settings

- No CARICOM member has met the indicator of having ≥ 50% of public and private institutions with healthy eating and physical activity programmes *(Chapter 4).*
- A minority of member states report policies in place to promote healthy eating in schools (six members) or mandatory physical activity in schools (nine members), however, there is a lack of monitoring and evaluation to determine whether these policies are actually implemented, and the impact of any implementation. Key informants within the case study countries tended to be sceptical about the impact of the policies *(Chapter 4).*
- At a regional level there is potential for the Caribbean Association of Industry and Commerce to help promote health at work initiatives *(Chapter 5).*
- One opportunity is greater involvement of institutions in Caribbean Wellness Day celebrations *(Chapter 5).*
- It was noted that in smaller countries in particular, where there is limited government capacity for health promotion activities, private sector and civil society organisations have key roles to play in health promoting activities *(Chapter 4).*

Financing NCD prevention and control

- Taxation on tobacco, alcohol, and certain nutritionally poor food and drink items (e.g. sugar-sweetened beverages) has the potential to both decrease consumption and to raise considerable revenue for NCD prevention and control programmes *(Chapter 8).*
- It is perceived that raising tax on alcohol is politically difficult *(Chapters 4 and 8).*
- It is estimated that the revenue that could be realistically raised from tobacco and alcohol taxation would be up to three times greater than what is required to implement "best buys" for NCD prevention and control recommended by the World Health Organization *(Chapter 8).*
- Taxation on sugar-sweetened beverages, recently implemented in Barbados and Dominica, also has the potential to benefit health and to raise considerable revenue *(Chapter 8).*
- A key consideration is the political feasibility of ensuring that additional tax revenues from unhealthy products are protected for NCD prevention and control activities *(Chapter 8).*
- An example of where revenue has been protected for health is tobacco taxation in Jamaica supporting the National Health Fund *(Chapter 4b).*
- Consideration of how the additional funds are used should include *(Chapters 3, 4, 8)*:
    - Universal health coverage and access;
    - WHO "best buys" for prevention and control, examples of which are fiscal and legislative measures on tobacco and alcohol, reduced salt in food, mass media campaigns on diet and physical activity, counselling and multidrug treatment for those at high risk of cardiovascular disease, health promotion activities and cervical cancer screening;
    - Increased surveillance, monitoring and evaluation.

Media and social communications
• Only five out of 20 CARICOM members report having an NCD communications plan *(Chapter 4)* • A risk factor that has received very little attention is alcohol consumption *(Chapter 4).* • There is the opportunity for more coordinated region wide campaigns, including on Caribbean Wellness Day *(Chapter 5b).* • The most poorly implemented commitments from the Port of Spain Declaration concern the upstream determinants of diet and physical activity *(Chapter 4).* • Media and social communications have a key role in raising awareness about the need for addressing upstream NCD risk factors (e.g. through taxation, urban planning) and helping to shape public opinion to make such changes politically possible/desirable *(Chapter 4).* • There is expertise in the region on social communications. But it is expensive, and funding is not always available *(Chapter 5b).*
Physical activity and the built environment
• There are marked gender differences in levels of physical inactivity, with inactivity in women being significantly higher than in men *(Chapter 3).* • Only 3 CARICOM members report that they have met the commitment of mandatory provision for physical activity in new housing developments *(Chapter 4).* • The determinants of physical activity in Caribbean countries are incompletely understood, and important questions include: o What other types of changes to the built environment, in addition to provision within new housing developments, will facilitate increased physical activity? o What is the potential role of active transport (e.g. walking or cycling as transport)? o What is required to ensure that the opportunities provided by changes to the built environment are made use of and result in higher levels of physical activity? o What opportunities exist within CARICOM members for evaluating whether changes to the physical environment result in changes in physical activity? o What can be learned from major physical activity promotion campaigns, such as the *10,000 Step Challenge* in BVI *(Chapter 4b)*, about the relationships between the built environment and individuals responding to the campaign?

E. WORK GROUP ALLOCATIONS

1 Diet, food and food security: Relevant policy on agriculture and trade

Chair: Barton Clarke, Caribbean Agricultural Research and Development Institute (CARDI)

Presenter: Ivy George/Ena Henry

1. Ena Henry NCD Focal Point - Antigua
2. Anthea Ishmael - CROSQ/BNSI Barbados
3. Dr. Zee Leung – Programme Officer, IDRC
4. Jethro Greene – Chief Coordinator, Caribbean Farmers Network (CaFAN)
5. Maisha Hutton – Executive Director, Healthy Caribbean Coalition
6. Madeline Koch – POSDEVAL
7. Caroline Bracht - POSDEVAL
8. Prof. Rachel Nugent – POSDEVAL Project Advisory Committee

2 Reducing alcohol-related harm

Chair: Mrs. Jessie Schutt-Aine, PAHO Barbados & the Eastern Caribbean Countries

Presenter: Dr. Maristela Monteiro - PAHO Senior Adviser, Alcohol and Substance Abuse

1. Carlton Phillip – President, Diabetes Association of T&T
2. Dr. Allana Best - Global Leadership Interlink (GLI)
3. Dr. Rohan Maharaj - Researcher and Medical Practitioner, Trinidad
4. Dr. Anton Cumberbatch, Retired CMO, HEU Centre for Health Economics, University of the West Indies, St. Augustine Campus, Trinidad and Tobago
5. Patricia Smith-Cummings – Monitoring and Evaluation, CARPHA
6. Dr. Julia Kulik – POSDEVAL Project Advisory Committee

3 Tobacco control

Chair: Barbara McGaw, Project Manager, Jamaica Coalition for Tobacco Control

Presenter: Barbara McGaw

1. Dr. Homer Bloomfield - Director, Bahamas Cancer Society
2. Dr. Karen Sealey – International Health Consultant, Trinidad and Tobago
3. Prof. Karl Theodore - Director of the HEU, Centre for Health Economics at the University of the West Indies, St. Augustine Campus, Trinidad
4. Karmesh Sharma - Manager, Tobacco Control Unit, Trinidad and Tobago

4 Promoting health in different settings

Chair: Dr. Sonia Copeland, Director of Health Promotion and Protection (Jamaica)

Presenter: Yvonne Lewis, Director Health Education, Trinidad and Tobago

1. Ivy George - Health Promotion Coordinator, NCD Focal Point, Ministry of Health and Social Development, BVI
2. Mr. Samuel Gabriel - HEU Centre for Health Economics, St. Augustine Campus, Trinidad
3. Dr. Cheryl Jones – Behavioural Scientist, CARPHA
4. Priscilla Prevost - Health Coordinator - East Caribbean Conference/Managing Director, Healthy Lifestyle & Corporate Wellness Services, Seventh-day Adventist Church
5. Madhuvanti Murphy – POSDEVAL Secretariat
6. Dr. Rohit Doon - Adviser, Health Promotion and Public Health

5 Financing NCD prevention and control

Chair: Mr. Ian Ho-A-Shu, Head -Social Protection and Health Division IDB, Trinidad and Tobago

Presenter: Deborah Chen, Executive Director, Jamaica Heart Foundation/Heartbeat International, Jamaica

1. Cyril Gill - Senior Economist, Dir. Research and Planning Unit, Ministry of Finance and Economic Affairs, Barbados
2. Deidre Clarendon - Division Chief, Social Sector Division, Projects Department, CDB, Barbados
3. Dr. Marvin Manzanero – Director Health Services, Belize
4. Dr. Rudolph Cummings - Programme Manager, Health Sector Development, CARICOM, Guyana
5. Reginald Thomas - Executive Director, National Insurance Services, St. Vincent and the Grenadines
6. Caroline Bracht – POSDEVAL

6 Media and Social Communications

Chair: Ms. Carlon Kirton, Communications Manager, CARPHA, Trinidad and Tobago

Presenter: Denise Carter Taylor, Senior Health Promotions Officer, Barbados

1. Patricia Smith-Cummings - Monitoring and Evaluation Officer, CARPHA, Trinidad and Tobago
2. Charlene C. Higgs - NCD Focal Point, Ministry of Health - Turks and Caicos
3. Charmaine Metivier – Researcher, Centre for Health Economics, University of the West Indies, St. Augustine Campus, Trinidad and Tobago
4. Joan Tull – POSDEVAL Communications Officer
5. Dr. Kumar Sundaraneedi – Medical Director, Health Services, Trinidad
6. Sunity Maharaj - Media Consultant, Trinidad

7 Physical Activity and the Built Environment

Mr. Mark Cummins, Chief Town Planner, Town and Country Development Planning Office Barbados

Presenter: Mark Cummins

1. Dr. Joy St John - Surveillance, Disease Prevention and Control, CARPHA, Trinidad
2. Michael Phillips – Mikes Bikes, Trinidad
3. Leonor Guariguata - POSDEVAL
4. Michelle Harris - UWI Mona, Jamaica
5. Dr. Cornelia Guell – POSDEVAL Secretariat
6. Yvette Holder – CARPHA, Trinidad

F. WORKSHOP EVALUATION AND RESULTS

POSDEVAL Implementation Workshop
Evaluation Form

We would appreciate if you could take a few minutes to share your opinions on the workshop with us.
Please return this form to the organizer at the end of the workshop. Thank you.

		Strongly Agree				Strongly Disagree
1.	The content was as described in our invitation	1	2	3	4	5
2.	The workshop was applicable to my area of work	1	2	3	4	5
3.	The formal presentations were informative	1	2	3	4	5
4.	The workgroup/plenary leaders were good communicators	1	2	3	4	5
5.	The group leaders facilitated productive outcomes	1	2	3	4	5
6.	The short presentation in the workgroup was helpful	1	2	3	4	5
7.	There was enough time for discussion	1	2	3	4	5
8.	The program was well paced within the allotted time	1	2	3	4	5
9.	I would be interested in attending a follow-up workshop on this same subject	1	2	3	4	5

9. Given the topic, was this workshop: ❑ a. Too short ❑ b. Right length ❑ c. Too long

10. Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	❑	❑	❑	❑	❑
b. Acoustics	❑	❑	❑	❑	❑
c. Meeting space	❑	❑	❑	❑	❑
d. Handouts	❑	❑	❑	❑	❑
e. The program overall	❑	❑	❑	❑	❑

11. Are there ways in which you would have improved the workshop?

_____

_____

_____

12. Please write any other comments, including any views you have that were not adequately expressed in the workshop on ensuring that genuine improvement in the prevention and control of NCDs in the Caribbean follows on from this project.

_____

_____

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_____

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Thank you!

Please return this form to the Event Organizer at the end of the workshop.

THE EVALUATION OF THE PORT OF SPAIN DECLARATION IMPLEMENTATION WORKSHOP FEEDBACK RESULTS

	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	% Strongly Agree or Agree
1	The content was as described in our invitation	18	7	1	0	0	96%
2	The workshop was applicable to my area of work	22	4	1	0	0	96%
3	The formal presentations were informative	16	8	1	1	0	92%
4	The workgroup/plenary leaders were good communicators	12	12	1	1	0	92%
5	The group leaders facilitated productive outcomes	13	11	2	1	0	89%
6	The short presentation in the workgroup was helpful	11	12	0	1	0	96%
7	There was enough time for discussion	8	14	4	1	0	81%
8	The program was well paced within the allotted time	10	12	3	0	1	88%
9	I would be interested in attending a follow-up workshop on this same subject	16	8	0	1	1	96%
10	Given the topic, was this workshop:	Too Short – 5	Right Length - 21	Too Long – 0			
11	**Please Rate the following:**	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**	**% Excellent or Very Good**
A	Visuals	14	9	4	0	0	85%
B	Acoustics	13	11	3	0	0	89%
C	Meeting space	11	10	5	1	0	78%
D	Handouts	13	8	6	0	0	78%
E	The program overall	15	8	4	0	0	85%

12. Are there ways in which you would have improved the workshop?

If the handouts/ worksheets that were done in group would have been handed out it would have helped. Also need be more succinct and persons organizing must be stern in reminding all of their time constraints. Group work should be made more dynamic

Seating arrangements, tables could have been provided for the plenary sessions

Not really

Produced/developed a more [of a] timeline for the next step/way forward

Intersectoral

There could be a call for work done at the country level, not all areas are accounted for there are several areas in health and in other agencies and non-health sectors whole contributors were not heard of

It would be valuable to have discussion (Thinking space to collect country experiences(lessons learned/existing knowledge base, in order to ground the proposed action plan with evidence /knowledge gaps/opportunities for inter-country collaboration).

More focus on mental health

Clearer definition on log frame of each column and in examples

Sectorial Information

Can't think of anything

Went well

More planning professionals could have been invited to better disseminate the information

Hard to read the Powerpoints on the small screen

13. Please write any other comments, including any views you have that were not adequately expressed in the workshop on ensuring that genuine improvement in the prevention and control of NCDs in the Caribbean follows on from this project.

Need to have a mechanism to ensure intersectoral collaboration among government agencies - a desk to focus on this even for a set period of time…… [ ]

Very well planned and executed workshop

There are country lessons that need to be teased out and placed as best practices. The work done in terms of HIV can also be used as a template, including the HIV Strategic Investment Framework.

Designing programmes for grant -funding that are available for NCDs and wellness as a whole

That as leaders on this road map let's model the behaviours we wish others to emulate

There needs to be an enhanced classification of populations vulnerable / at just developing NCDs those out of secondary school and not attending university and may not be attracted to FBO or CSOs Health PROMO activities must address them 18 years to 30+. Consider renewing the side of media communication. There is a need for media/communication to obtain direction from theory & research developed in Behavioural Sciences / Health PROMO/ Behavioural Economics. It also needs young advocates and a more open minded approach to communication

It was a great two days

From 2007 to 2016 more involvement of more ministries

All topics/theories were practical

Driving Structure

Excellent meeting congratulations on bringing together a truly multisectoral group of partners for NCDs

Excellent well done

Excellent inclusiveness, transparency and inspiration

G. PARTICIPANT LIST

First Name	Last Name	Email:	Country	Organisation	Title
Vincent	Atkins	vincent.atkins@gmail.com	Barbados	CARICOM LDCs and the OECS	Trade Policy Adviser
Lisa	Bayley	lisabbarbados@gmail.com lisabayleyposdeval@gmail.com	Barbados	POSDEVAL Secretariat - Barbados Government Information System	Event Coordinator
Allana	Best	allanabest@gmail.com	Trinidad	Global Leadership Interlink (GLI)	Representative
Lisa	Bishop	lisarbishop@yahoo.co.uk	Barbados	POSDEVAL Secretariat - Faculty of Medical Sciences, University of the West Indies, Cave Hill	Project Coordinator/ Researcher
Homer	Bloomfield	homerbloomfield@yahoo.com	Bahamas	Bahamas Cancer Society	Director
Christine	Bocage	bocagech@carpha.com	Trinidad	CARPHA	Senior Technical Officer
Caroline	Bracht	carolinebracht@gmail.com	Canada	G8 Group, University of Toronto	Senior Researcher
Denise	Carter Taylor	Denise.CarterTaylor@health.gov.bb	Barbados	Ministry of Health	Senior Health Promotion Officer
Deborah	Chen	execdir@heartfoundationja.org	Jamaica	The Heart Foundation of Jamaica/Inter-American Heart Foundation/World Heart Federation.	Executive Director - The Heart Foundation of Jamaica

First Name	Last Name	Email:	Country	Organisation	Title
Deidre	Clarendon	clarend@caribank.org	Barbados	Caribbean Development Bank	Division Chief Social Sector Division, Projects Department
Barton	Clarke	executive@cardi.org bclarke@cardi.org	Trinidad	Caribbean Agricultural Research Development Institute	Executive Director
Sonia	Copeland	copelands@moh.gov.jm	Jamaica	Ministry of Health	Director of Health Promotion and Protection
Natana	Cruickshank-Celestine	natana.cruickshank@gmail.com	Trinidad	POSDEVAL Secretariat	Administrative Assistant
Anton	Cumberbatch	drcumberbatch@hotmail.com	Trinidad	Retired CMO; Technical Advisor, HEU, Centre for Health Economics, UWI, St. Augustine	Retired CMO
Rudolph	Cummings	rcummings@caricom.org	Guyana	CARICOM Secretariat	Programme Manager, Health Sector Development
Mark	Cummins	mark.cummins@townplanning.gov.bb	Barbados	Town and Country Development Planning Office - Barbados	Chief Town Planner
Terrence	Deyalsingh	suggestions@health.gov.tt	Trinidad	Ministry of Health	Minister

First Name	Last Name	Email:	Country	Organisation	Title
Rohit	Doon	rdoon@tstt.net.tt	Trinidad	Ministry of Health	Adviser, Health Promotion and Public Health
Donna	Ferraz	donna.ferraz@health.gov.tt	Trinidad	Ministry of Health	Permanent Secretary
Renee	Franklin-Peroune	reneeafp@yahoo.com	Trinidad	POSDEVAL Secretariat	Administrative Assistant
Samuel	Gabriel	samuel.gabriel@sta.uwi.edu	Trinidad	HEU, Centre for Health Economics, University of the West Indies, St. Augustine	Contract Officer
Ivy	George	ivygeorge@gov.vg	BVI	Ministry of Health and Social Development	Health Promotion Coordinator, NCD Focal Point
Cyril	Gill	cyril.gill@barbados.gov.bb	Barbados	Ministry of Finance and Economic Affairs	Senior Economist
Jethro	Greene	cafancaribbean@gmail.com	St. Vincent & the Grenadines	Caribbean Farmers Network (CaFAN)	Chief Coordinator
Leonor	Guariguata	leonor.guariguata@gmail.com	Belgium		PhD Candidate
Cornelia	Guell	cornelia.guell@gmail.com	Barbados	MRC Epidemiology Unit & Centre for Diet and Activity Research, University of Cambridge	Research Fellow

First Name	Last Name	Email:	Country	Organisation	Title
Michelle	Harris	michelle.harris06@uwimona.edu.jm	Jamaica	Faculty of Medical Sciences, University of West Indies, Mona	Lecturer, Coordinator of DrPH Programme
Trevor	Hassell	thassell@caribsurf.com	Barbados	Healthy Caribbean Coalition	President
Ena	Henry	ejdalso@gmail.com	Antigua	Ministry of Health	NCD Focal Point
Charlene C.	Higgs	charlenehiggs@hotmail.com	Turks &Caicos	Ministry of Health	NCD Focal Point
Ian	Ho-a-Shu	ianh@iadb.org	Trinidad	International Development Bank	Head - Social Protection and Health Division
Yvette	Holder	yvetteholder@att.net	St. Lucia		CARPHA Consultant
C. James	Hospedales	hospedja@carpha.org	Trinidad	CARPHA	Executive Director
Maisha	Hutton	maisha.hutton@healthycaribbean.org	Barbados	Healthy Caribbean Coalition	Executive Director
Donville	Inniss	commerce.ps@barbados.gov.bb	Barbados	Ministry of Industry, International Business, Commerce and Small Business Development	Minister
Anthea	Ishmael	aishmael@bnsi.com.bb	Barbados	Barbados National Standards Institution & CARICOM Regional Organisation for Standards and Quality	Chairperson - CARICOM Regional Org. for Standards and Quality
Cheryl	Jones	jonesche@carpha.org	Trinidad	CARPHA	Behavioural Scientist

First Name	Last Name	Email:	Country	Organisation	Title
John	Kirton	john.kirton@utoronto.ca	Canada	G8 Group, University of Toronto	Director
Carlon	Kirton	kirtonca@carpha.org	Trinidad	CARPHA	Communications Manager
Madeline	Koch	mad.koch@utoronto.ca	Canada	G8 Group, University of Toronto	Managing Director
Julia	Kulik	julia.kulik@utoronto.ca	Canada	G8 Group, University of Toronto	Senior Researcher
Zee	Leung	zleung@idrc.ca	Canada	International Research Development Centre	Programme Officer
Yvonne	Lewis	ymj.lewis@gmail.com	Trinidad	Ministry of Health	Director Health Education
Sunity	Maharaj	Sunity.maharaj@gmail.com	Trinidad		Media Consultant
Rohan	Maharaj	rohan.maharaj1@gmail.com	Trinidad		Alcohol Policy Adviser
Marvin	Manzanero	dhs@health.gov.bz	Belize	Ministry of Health	Director Health Services
Patrick	Martin	skncmo@yahoo.com	St. Kitts & Nevis	Ministry of Health	Chief Medical Officer
Barbara	McGaw	jctc@heartfoundationja.org pmjctc@heartfoundationja.org	Jamaica	Jamaica Coalition for Tobacco Control	Project Manager

First Name	Last Name	Email:	Country	Organisation	Title
Charmaine	Metivier	charmaine.metivier@sta.uwi.edu	Trinidad	HEU, Centre for Health Economics, University of the West Indies, St. Augustine	Junior Researcher Fellow
Maristela	Monteiro	monteirm@paho.org	Washington	PAHO	Senior Adviser Alcohol and Substance Abuse
Madhuvanti	Murphy	madhuvanti.murphy@cavehill.uwi.edu	Barbados	Faculty of Medical Sciences, University of the West Indies, Cave Hill	Lecturer, Coordinator of MPH Programme
Rachel	Nugent	rnugent2@uw.edu	United States of America	Department of Global Health, University of Washington, Seattle	Clinical Associate Professor
Michael	Phillips	info@caribbeancycling.net penny624mike@gmail.com	Trinidad	Cyclovia / Mike's Bikes	Owner Proprietor
Priscilla	Prevost	adradominica@gmail.com	Dominica	Seventh Day Adventist East Caribbean Conference	Managing Director, Healthy Lifestyle & Corporate Wellness Services
Zobida	Ragbirsingh	diabetes.association_tt@yahoo.com	Trinidad	Diabetes Association	President
Alafia	Samuels	alafiasam@gmail.com	Barbados	CDRC UWI/PI POSDEVAL	Director/PI

First Name	Last Name	Email:	Country	Organisation	Title
Jessie	Schutt-Aine	Schuttjes@paho.org	Barbados	PAHO/WHO	Subregional Program Coordinator, Caribbean
Karen	Sealey	kannesealey@gmail.com	Trinidad		International Health Consultant
Karmesh	Sharma	kldsharma204@hotmail.com	Trinidad	Ministry of Health	Manager, Tobacco Control
Patricia	Smith-Cummings	smithcpa@carpha.org	Trinidad	CARPHA	Monitoring and Evaluation Officer
Joy	St. John	joycarrington@caribsurf.com	Trinidad	CARPHA	Director, Surveillance, Disease Prevention and Control
Kumar	Sundaraneedi	krishnaks@yahoo.com	Trinidad	Ministry of Health	Medical Director Health Services
Karl	Theodore	karl.theodore@sta.uwi.edu	Trinidad	HEU, Centre for Health Economics, University of the West Indies, St. Augustine	Director
Reginald	Thomas	nis@nissvg.org	St. Vincent & the Grenadines	National Insurance Services - St Vincent & Grenadines	Executive Director
Joan	Tull	joan.tull@healthycaribbean.org	Barbados	POSDEVAL Secretariat - Healthy Caribbean Coalition	Project Information and Communications Officer

First Name	Last Name	Email:	Country	Organisation	Title
Nigel	Unwin	nigel@nigelunwin.com	Barbados	CDRC UWI, co-PI	Chair of Population Health Sciences
Stacy-Ann	Welsh	stacywelsh11@gmail.com	Trinidad		

H. LOG FRAMES (PRODUCED DURING THE WORKSHOP)

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

Proposed actions

Objectives:

1. To promote the sustainable production, processing, distribution, preparation, commercialisation and consumption of safe, affordable, nutritious, high-quality Caribbean food commodities/products;
2. To increase intra-regional and extra-regional trade of Caribbean agri-based products;
3. To improve nutritional content of school meals; and
4. Improve food labeling.

OUTCOME *NOT SMART	**ACTION**	**PROCESS INDICATORS**				**MONITORING INDICATOR**
		Legislation, Regulation, Taxation* *Ensure policy development process is inter-sectoral (whole-of-government)*	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
Sustainable production, processing, DISTRIBUTION, preparation, commercialisation and consumption of safe, affordable, nutritious, high-quality Caribbean	1. Adapting, developing and applying innovation and appropriate technologies across value chains (*Systems in place to deal with challenges such as sporadic unplanned*	• Provide framework for 'incentivisation' of production i.e. taxation • Policies that allow for the development of	• Promote increased production and consumption of local produce (agricultural	• % of local food offered in public institutions (lessons learned) - Barbados • Massy / Farmer to	Farmers Government: Ministry of Agriculture Ministry of Education Ministry responsible	Sustainable and profitable farmer clusters Monitor production output and sales

food commodities/products promoted. FOOD AVAILABILITY	*production – use the value chain approach to arrive at more efficient ways of doing this business*) 2. Support capacity building of farmers to support better production planning. 3. Explore innovative partnerships for supporting local farmers and fishermen. 4. Promote urban and peri-urban sustainable agriculture (home and school gardens- using the gardens as living laboratories. 5. Promote policies which prevent over-fishing… what about climate change and fisheries? Trawlers – Caribbean fisheries mechanism CARICOM mechanism based in Belize – meant to be	farmer cooperatives • Promote policies that commit local institutions to use local products (where policies exist, evaluate existing policy and make recommendations for policy revision).	and fisheries)	Market Programme - Barbados • Carlton Supermarket arrangement with Pig Famers (Proper Pork) - Barbados	for Small Business Cabinet and Parliament Private Sector: Seed distributors Marketing Supermarkets Importers Processors Hotels Regional Organisations: CARDI CARPHA Academia CROSQ	Monitoring prices (done properly, price to consumer should go down) Monitoring consumption via household surveys

	managing this resource – all countries that touch Caribbean seas.					
Ensure regular access of Caribbean households, especially the poor and the vulnerable, to sufficient quantities of safe, affordable, quality foods at all times, particular in response to diverse socioeconomic and natural shocks. FOOD ACCESS	1. Home/Community/school garden program 2. Conditional cash transfer program 3. School feeding programs/ food literacy	1.food safety - supportive municipal regulations - urban development planning	1. media campaign for home garden - community action -Caribbean Wellness Day -World Food Day	1. 4H Movement – regional movement - FAO – Zero Hunger - Hunger Free Latin American and Caribbean	1.Media Academia: UWI University system Government Ministry responsible for Community Development Ministry of Urban Development Statistics department Regional: FAO CARDI IICA	1. number of community gardens number of school gardens number of home gardens Survey: Output from garden Decrease in grocery bill Household consumption surveys

Increase consumption of Water WATER	1. Promote water only schools 2. Only healthy drinks in schools 3. Promote water in the whole population 4. Support sustainable water supply systems (availability and cost) 5. Remove pop machines from schools 6. Encourage vendors to sell water	Remove pop machines in schools Policy of only water in schools Remove pop machines from all publically run institutions	Advocate to the government Parent teacher associations Churches	Bermuda model	Government Ministry of Education Ministry of Finance and Planning Parent teacher association Churches Water authorities Vendor's – substitute pop for healthy drinks/water	Increased sources of water Meter water fountains Sale of pop from school Sale of water in school Number of vending machines changed Monitoring consumption via household surveys Pop sales generally
Increased knowledge of nutritional content of foods and drinks	1.Nutritional Labeling of packaged foods 2. promote the food based dietary guidelines 3. encourage all retailers AND fast food retailers to	1. Develop Caribbean CROSQ standards for nutritional labeling	Develop Food literacy Develop food policy literacy	Look to tobacco labeling requirements	Regional: CROSQ COTED Government:	Informative, easy to understand labels.

	display nutritional content 4. link nutritional content to dietary guidelines 5. Mobilise Consumer focus groups			Already have labeling which to add to CROSQ integrated with national standards institutions	Standards Bureau Private Sector for stakeholder engagement Consumer groups	Labels on all products Labels on packaged foods and processed foods Labels in fast food restaurants Labels on
Improve the Nutritional Status of Caribbean population, with respect to NCDs FOOD UTILISATION / NUTRITIONAL ADEQUACY	1. Develop overarching regional school nutrition policy					

Reducing alcohol-related harm – Proposed Actions Proposed action

Overarching outcome: 10% reduction of harmful use of alcohol

OUTCOME	**ACTION**	**PROCESS INDICATORS**				**MONITORING INDICATOR**
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
Reduction of harmful use of alcohol Comprehensive regional policy on alcohol reduction with focus on young people adopted	• Designate a focal point at national level to coordinate all actions related to alcohol across Ministries • Regional standardised minimum purchasing and drinking age. • Ban or regulate alcohol marketing in the Caribbean – Ban sports sponsorship • Review alcohol licensing systems • Zero tolerance towards youth drivers – sanctions and education • Regional Gradient Taxation (by volume of alcohol) • Minimum price per unit of for alcohol purchases • School curriculum to integrate education and behaviour change on alcohol	Regional policy created in 2 years	General communication to the population of the rationale for the policy.	WHO "Best Buys"	PAHO; CARICOM/COHSOD/COTED; CARPHA; HCC; national focal points Ministries of Justice Public Health Inspectorate	Average per capita consumption Heavy episodic drinking in adults and adolescents Prevalence of Alcohol Use Disorders in the general population Regional policy adopted by 50% countries within 5 years

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
	• Harmonise drink driving laws (in countries that do not have it, introduce and lower % for countries that have) • Enforce drink driving laws					
Strengthened communication and advocacy skills	• Build capacity for CSO to better advocate for alcohol reduction– e.g. integrate effects of alcohol in young people through family planning associations • Communicating message to the population • Communicating and negotiating skills to better advocate with policy makers			PAHO free course-courtesy MM	PAHO CARPHA HCC Ministries of Health- Health Promotion Unit	Per capital sales and consumption Number of persons completing PAHO Advocacy Training on Alcohol
Strengthened information systems (to bridge data gap)	• Surveillance – Bridge data gap • Harmonise alcohol indicators • Research on cost benefit analysis and economic investments • Establish baselines for monitoring			International indicators/ STEPS survey	CARPHA Regional Universities Ministries of Industry and Finance Central Statistical Offices	Systematic data collection

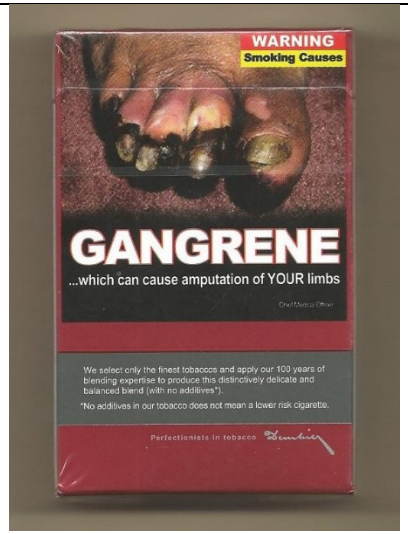
OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
Strengthened health systems for responding to harmful use of alcohol	• Integrate screening and brief interventions for alcohol problems in primary healthcare • Establish referral systems • Facilitate AA groups and link with health services • Develop clinical guidelines on management of alcohol problems			AUDIT: survey instrument (Alcohol Use Disorders Identification Test)	Ministries of Health CARPHA	Number of patients presenting to primary care who report alcohol use

Tobacco Control

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
FCTC implementation Time frame 5 years 2016-2021	Implement key articles of the FCTC treaty via regulation or legislation		Building capacity of journalists to be a strong partner in NCDs (CBU)		National NCD Alliances, Tobacco Control Coalitions (where they exist), NGOS, in NCD area (including faith-based) s, Ministries of Health and Finance, Youth, Sports Trade, CARICOM secretariat CARPHA, HCC, PAHO, FCTC Secretariat, international partners	As regards FCTC implementation of key articles In 3 years, at least 25% of countries complied In 4 years 75% of countries have complied In 5 years 100% of countries have complied
FCTC implementation Article 6- Increased tobacco taxation	Implement key articles of the FCTC treaty via regulation or legislation Regional focal point for Tobacco	In one year, in each country the legal and administrative instruments for raising taxes has been identified	Evidence based advocacy is critical to this outcome Relevant information brought to the		National NCD Alliances, Tobacco Control Coalitions (where they exist), NGOS, in NCD	As regards increase in tobacco taxes In 3 years, at least 25% of countries have taken action since 2015

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
Each country to have increased their tax by at least 50%. In 5 years. No country is below 20% of the selling price by 2021			attention of Ministers of Finance and other key stakeholders. Representation at the highest levels to HOG's as one of the five priority outcomes		area (including faith-based) s, Ministries of Health and Finance, (including Customs) CARICOM secretariat CARPHA, HCC,PAHO, Campaign for tobacco free kids	In 4 years 75% of countries have taken action since 2015 In 5 years 100% of countries have taken action since 2015
FCTC implementation Article 8- Smoke free workplaces and public places All countries to have smoking ban in public places in 5 years Demonstrable reduction in	Implement key articles of the FCTC treaty via regulation or legislation	All countries to have legislation to support Article 8 in 5 years	Regional campaign on health harms of smoking and the impact of second hand smoke launched and evaluated		National NCD Alliances, Tobacco Control Coalitions (where they exist), Private sector, NGOS, in NCD area (including faith-based) s, Ministries of Health and Finance, CARICOM secretariat	In 3 years, at least 25% of countries have smoking bans in public places In 4 years 75% of countries have smoking bans in public places In 5-year 100% of countries of countries have smoking bans in public places

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
tobacco consumption					CARPHA, HCC, PAHO, Campaign for tobacco free kids	Prevalence of current tobacco use in persons over 15 and youth 13-15 years reduced by 15% in 5 years and 25% in 10 years
FCTC implementation Article 13, tobacco advertising promotion and sponsorship (TAPS) All countries to have TAPS ban in 5 years Demonstrable reduction in tobacco consumption	Implement key articles of the FCTC treaty via regulation or legislation	All countries to have legislation to support Article 13 in 5 years	Regional campaign on health harms of smoking launched and evaluated		National NCD Alliances, Tobacco Control Coalitions (where they exist), NGOS, in NCD areas (including those involved in youth, women's groups), Ministries of Youth, Sports Education Health, CARICOM secretariat, CARPHA, HCC,PAHO,	As regards TAPS ban Prevalence of current tobacco use in persons over 15 and youth 13-15 years reduced by 15% in 5 years and 25% in 10 years

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
FCTC implementation Article 11 Implement Graphic Health Warnings (GHW) using the approved CARICOM Standards for labeling of tobacco products All countries to implement the CROSQ standard for GHW in 5 years	Implement key articles of the FCTC treaty via regulation or legislation		High level support from CARICOM. By the Feb 2017 UN meeting, innovative advocacy approach for HOG's implemented		National standards bodies, Regional standards body, National NCD Alliances, Tobacco Control Coalitions (where they exist), NGOS, in NCD areas (Ministries of Trade, Health, Finance (including Customs) CARICOM secretariat, CARPHA, HCC,PAHO,	In 3 years, at least 25% of countries have health warnings In 4 years 75% of countries have health warnings In 5-year 100% of countries of countries have health warnings Prevalence of current tobacco use in persons over 15 and youth 13-15 years reduced by 15% in 5 years and 25% in 10 years

Promoting health in different settings

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
PHASE 1						
Healthy eating in schools	1) Evaluation of nutritional value in school meals (school meals programme) 2) Educating food vendors on selling healthy food options & educating parents/ students on healthy food options to	Food based dietary guidelines for children (standards for nutritional value of school please)	Communication with parents, children, vendors, food handlers to understand importance on academic performance	Module on child nutrition included in food handling certification Facilitate discussion with food vendors, children and parents together using food based dietary guidelines Communication based on statement from Association of Supervision and Curriculum Development supported by WHO on integration of health and education	CARPHA (regional guidelines) MOH (evaluating) MOE (communication) UWI	Availability and use of FBDG Screenings of children (BMI etc.)

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
	change behaviour 3) Schools with canteens should have staff trained (in child nutrition					
Increased PA in schools	1) PA mandatory at all class levels (from pre-primary through secondary schools) 2) Schools to diversify PA options 3) Supportive environment for PA in schools	Development and implementation of legislation on national level Policies at education sector level	Communication with parents, children, vendors, food handlers to understand importance on academic performance	Sports for All (currently being piloted in 5 Caribbean countries) Built-environment	Caribbean Olympic Association MOE Min of Sports UWI	School reporting on PA for each class level Screening of children (BMI etc.) Built environment
Health Promotion programme	Revisit existing programmes and reengineer or	Policy at the MOE level that needs to	Communication with parents, children,	HFLE model	MOE MOH	School reporting quarterly (minimum)

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
with standardised components in primary and secondary schools (including HFLE)	strengthen as needed	be enforced/regulated at school level	vendors, food handlers to understand importance on academic performance			May be different based on needs of individual countries
Banning of advertising, promotion and sponsorship related to unhealthy foods targeting children	1) Policy and legislation developed based on WHO recommendation 2) Enforcement of legislation	Policy and legislation developed based on WHO recommendation	Coalition of partners in support of legislation (coming from civil society)	WHO recommendations on marketing of foods and non-alcoholic beverages to children	MOH MOE CSOs Consumer affairs CARPHA PAHO	Zero sponsorship, marketing, advertising etc. targeting children by manufactures of unhealthy products.
Tertiary level	1) PA requirement per semester 2) Mandatory healthy	Regulation at tertiary level institutions	Communicating	Courses already taught at US institutions can be tailored	Universities and other tertiary education MOE	Credits for graduation

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
	lifestyle course					
Workplace Health	1) All workplaces must offer/ and encourage NCD screenings for employees annually (free or heavily subsidised) 2) Wellness programmes offered based on aggregated data from screenings	Integrating health and wellness into the existing health and safety legislation Specific effort to reach out to small businesses	Communicate that prevention will lead to lower economic burden on social security, and increased worker productivity and less sick days for workplaces	WHO creating workplace guidelines and tool kits: http://www.who.int/occupational_health/healthy_workplaces/en/	Ministry of Labour, Social Security (help subsidise cost) MOH ILO Insurance companies	Individual results to individuals, aggregated results to companies (which can assist in focusing workplace wellness programmes)
Gaining participation of FBOs &	Develop a model based on the SDA health model that	Organisational level policies	Engaging FBOs and CSOs around healthy living to	Model based on SDA framework of health	FBOs CSOs	Model created within one year

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	Advocacy and Communications	Tool-kit, e.g. blueprints, models	Partners	
civil society organisations	can be used by FBOs and CSOs		change behavior			

This group noted that their submission did not address:

- Vulnerable communities, such as young adults;
- M&E of programmes in all settings;
- Impact assessment in all settings; and
- Training the trainer for capacity building.

Investing in NCD prevention and control:

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
Consumption influenced in ways that prevent and control NCDs (decrease bad stuff, increase good stuff)	Create catalytic taxation	• Legislation framework amended or revised accordingly	• Optimistic lobbying by league of champions (political sustainable/buy-in) • Public awareness of the tax (how visible is the tax)	• Success stories of Jamaica, Barbados, Dominica, HEU model	• Chambers of commerce • Consumer groups • External funders	• Additional tax revenue raised • Percentage of raised revenue invested in NCD prevention/control • Number of people treated per year for NCDs • Number of new cases as share of population • Percentage of treatment as share of GDP • Demographic breakdown including gender for each indicator
Increased revenue sources for NCD prevention and control programs	Establish a regional NCD fund at CARPHA	• CARICOM and COHSOD concurrence	• Assurance that it's for regional purposes	• Caribbean Catastrophic Risk Insurance Fund • CARPHA foundation • SETH fund • Crowdfunding	• Governments • International organisations • Foundations • Civil society • Caribbean diaspora • Tourists/visitors	• Value of funds raised and value of investment in NCD outcomes
	Invest in civil society	• income tax incentives for donations	• CARPHA • IMF • World Bank	• HCC • Legal Aid Clinic (Grenada) • Heart Foundation of Jamaica	• Governments • Donors	• Value of money raised • NCD activities carried out by civil society

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
	List all subsidies and if necessary shift subsidies	• Reduce or eliminate bad subsidy expenditure • Increase good subsidy expenditure	• Convince Finance Ministers more money will come from shifted subsidies • Convince industry this will produce more revenue	• Jamaican Ministry of Agriculture stopped giving lands to tobacco industry to comply with FCTC (2011) • School meals • Smart subsidy study	• FCTC • International Health Regulations • WHO	• Number, degree and value of bad subsidies identified • Number, degree, value and speed of bad subsidies stopped • Number, degree, value and speed of good subsidies started • Net money saved from subsidy shifting • NCD outcomes improved
	Increase public and private investment in NCD prevention and control	• Legislation to change income tax	• Use economic data to show impact on bottom line	• Mobile screening units	• Donors	• Increased workplace wellness programs in public and private sector • Decline in insurance premiums • Decline in risk profile
	Introduce rebates on beverage containers and tires	• Mandatory consumer deposits on new containers rebated when returned	• Inform retailers of economic and health benefits • Inform Finance Ministers of cost reduction due to ZIKA now vs. cleanup later • Inform Environment Ministers of reduced waste management costs	• Successful hemispheric programs • CARPHA data on mosquito breeding	• Retailers • Manufacturers • Recycling companies • Tourism industry	• Percentage of containers returned • Litter reduced

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
	Privatize (some) government pharmacies to reduce wasted government expenditures and lower procurement costs	• Amend or revise legislative framework	• Inform Caribbean Association of Pharmacists of benefits	• Jamaica's subsidies for private subsidies • Belize's HIV drugs from India	• Colleges of pharmacy • Pharmacy boards • PAHO Strategic Fund	• Reduced waste (expired meds) • Reduced pharmaceutical costs

Media and social communications, health promotion and advocacy:

OBJECTIVE	OUTCOME	PROCESS INDICATORS				MONITORING INDICATOR
		Action	**Target audiences**	**Tool-kit, e.g. blueprints, models**	**Partners**	
To place NCDs high on the political agenda (considering multiple spheres of influence)	Greater attention placed on NCDs at the highest level Increased opportunities for collaboration and funding	Provide briefs/talking points on priority public health issues Provide template of NCD Communications Plan and Action Plan to MS	HOGs Policy makers Senior government officials	Policy briefs Communications Plan Template	CARPHA/RHCN CARICOM	Agenda item at Heads Meeting Reports on commitments of implementation (CARICOM communique)
		Identify prospective stakeholder groups with a common agenda Conduct stakeholder meetings	Private/Public sectors Civil society Media	Business case (co-relation between health and economy/productivity) Evidence based information	Ministries of Education Corporate groups (banking and insurance) Regional financial institutions Teachers' Union PTAs National Consultations (to place health on the agenda)	# of groups engaged successes of groups engaged

					NGOs, FBOs, CBOs Media HEU	
To influence persons to change unhealthy habits/behaviours	Effective policies and programmes implemented Mainstream NCD policies throughout governments (agents of change)	Evaluate and communicate successes and failures since the Declaration Tell the story Policies on how public funds are spent (setting a consumption culture)	Gov't Leaders	Communication toolkits	Media Government sectors Civil society Private sector Universities	Number of policies and programmes implemented
	Individual empowerment	Provide information for decision making to enable healthy choices	Community Leaders (Teachers, parents etc.)	Information packages delivered through the FBOs, Community groups and schools (HFLE) Innovative social media tools App calorie counter for local foods	Ministries of Education, Health Teachers' Union PTAs National Consultations (to place health on the agenda) NGOs, FBOs, CBOs Behavioural Scientist Universities	Number of information packages developed and disseminated

	Knowledge and adoption of healthy behaviours	Infusion in HFLE curriculum School Feeding Programmes Launch Health clubs Champions for health in schools	Children	Multimedia approaches HFLE Innovative social media tools Rewards/Incentives	Ministry of Education Community organisations FBOs Manufacturers Food industry Behavioural Scientist Universities	HFLE curriculum Number of schools participating M & E
To make Caribbean Wellness Day more prominent and a catalyst for behaviour change	Persons using CWD as a catalyst for change - Resolution for 365-day plan	Review, evaluate and re-engineer CWD Set specific and measurable targets (directly related to risk factors)	Ministries of Health Population	Template for CWD Marketing Strategy	CARPHA CARICOM Civil Society Private Sector	Number of CWD activities implemented using the CWD framework Surveys conducted CWD 2016 and 6 months/1 year later

Physical activity and built environment:

Goal: Developing the physical and social environment to promote physical activity in adults and children

OUTCOME	**ACTION**	**PROCESS INDICATORS**				**MONITORING INDICATOR**
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
1. Provision of easily accessible, safe and maintained areas for community physical activity	1.1. Provide safe, open spaces for physical activity by the public 1.2. Encourage community and private sector collaboration in maintaining open spaces	1.1 Countries with planning legislation to ensure personal space according to international standards e.g. 8.7m^2 1.2 No new construction without required space	1.1 Public education re need for open spaces	Planning legislation	Local government; Planning 1.2 % of open spaces that are maintained through private sector/community	
2. Facilitate availability of opportunities for physical activity	2.1. Separate persons from automobiles by providing safe, comfortable alternative transportation 2.2 Discourage use of cars by increasing	Legislation prohibiting barring access to beaches			Ministry of Transportation Ministry of Tourism	2.2 % of beaches with public access

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
	parking fees, providing central parking facility 2.3. Encourage use of already available opportunities for increased physical activity e.g. beaches, parks, steps at work 2.4 Provide hiking and biking trails					
3. A political environment that facilitates the promotion of physical activity	3.1. Educate the public 3.2. Collaborate across sectors 3.3. Review regional policies/legislation facilitating physical activity	3.3 Gym equipment exempt of import duties	Public education		Ministries of Education, Tourism, Planning departments, Community Development, Insurance Companies	
4. Replication of best practices such as boardwalks, Keep Moving etc.	4.1. Compile a list of best practices with factors that increase likelihood of sustainability 4.2 Use fora for sharing of			4.1 Best practices document 4.2 CARPHA annual meeting, WIMJ supplement	Community, University of the West Indies, Private Sector.	

OUTCOME	ACTION	PROCESS INDICATORS				MONITORING INDICATOR
		Legislation, Regulation, Taxation,	**Advocacy and Communications**	**Tool-kit, e.g. blueprints, models**	**Partners**	
	experiences e.g. regional meetings and journals					
5. Increased opportunities for physical activity by youth	5.1. Ensure that educational and care-taking facilities for children to provide space for physical activity 5.2 Encourage youth to participate in youth clubs that promote physical activity 5.3 Subsidised public transport for children 5.4 Review school uniform policy to support ease of physical activity	Planning legislation to ensure 5.1 % of schools, day care facilities with facilities for physical activity/				