PAHO/WHO Strategy for Technical Cooperation with the United Kingdom Overseas Territories (UKOTs) in the Caribbean

2016 - 2022

Anguilla

Bermuda

British Virgin Islands

Cayman Islands

Montserrat

Turks and Caicos Islands

Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE **Americas**

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BVI	British Virgin Islands
BVIHSA	BVI Health Services Authority
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
CCS	Country Cooperation Strategy
CDEMA	Caribbean Disaster Emergency Management Agency
CIDA	Canadian International Development Agency
COHSOD	Council for Human and Social Development
CSC	Office of Country and Sub-regional Coordination, PAHO/WHO
DFID	Department for International Development
DH	Department of Health
EMTCT	Elimination of Mother to Child Transmission
FCTC	WHO Framework Convention on Tobacco Control (WHO FCTC)
FCO	Foreign and Commonwealth Office
GDP	Gross Domestic Product
GPL	General Poverty Line
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMG	Her Majesty's Government
IHR	International Health Regulations
LGBT	Lesbian, Gay, Bi-sexual and Transgender Community

MATHLE	Ministry of Agriculture, Trade, Housing, Land and Environment, Montserrat
MoD	Ministry of Defence
MOH	Ministry of Health
MSM	Men who have Sex with Men
NCD	Noncommunicable Diseases
NHPSP	National Health Policy, Strategy or Plan
NHS	National Health Service, UK
OCPC	Office of Caribbean Program Coordination (PAHO)
OECC	Office for Eastern Caribbean Co-operation (PAHO)
OTs	Overseas Territories
OECS	Organisation of Eastern Caribbean States
PAHO/WHO	Pan-American Health Organization/World Health Organization
PHE	Public Health England
PLWHA	People Living With HIV
PWR	PAHO/WHO Representative
SDGs	Sustainable Development Goals
STIs	Sexually Transmitted Infections
STEPS	STEPwise approach to non-communicable disease risk factor surveillance
TB	Tuberculosis
TCI	Turks & Caicos Islands
UKOTs	United Kingdom Overseas Territories
UN	United Nations

Foreword

This Strategy for Technical Cooperation with the United Kingdom Overseas Territories in the Caribbean reflects a medium-term vision of the work that the Pan American Health Organization [PAHO/WHO] and the other levels of the World Health Organization will jointly undertake with the six Territories of Anguilla, Bermuda, British Virgin Islands, the Cayman Islands, Montserrat and the Turks and Caicos Islands during the period, 2016-2022.

This is the first such multi-country cooperation framework with the UKOTS and it was developed on the basis of a health situational analysis conducted during the latter part of 2015 together with consultations with senior technical officers from the Ministries of Health in the respective Territories. I am happy to note that in the development of this document due consideration was given to existing national, sub-regional and global frameworks.

As a result of this process, three major Strategic Priorities have been defined which will guide our technical cooperation over the next six years. While PAHO/WHO has been actively engaged with the UKOTs through agreed Biennial Work Programs developed by its Country Offices in the Bahamas, Barbados and Eastern Caribbean Countries and Jamaica, we anticipate that this Multi-country Strategy will strengthen our collaboration as it will allow us to target our resources to the most critical and common areas of need. Additionally, the Strategy should strengthen cooperation in health among the UKOTs themselves, facilitating the development of unified positions as well as a stronger voice on health matters in the sub-region.

We do envisage that this strategy document could be used as a tool to assist the UKOTs in expanding and strengthening partnerships with other organizations and institutions and in mobilising additional resources. As we embark on the era of the 2030 Agenda for Sustainable Development, we believe that this Strategy document can also serve as a useful tool for monitoring the contribution of the UKOTs to these global goals.

PAHO/WHO is committed to supporting the implementation of this Strategy and looks forward to working with the national counterparts as well as with other agencies and institutions, such as the Caribbean Public Health Agency [CARPHA] and Public Health-England, to improve the health of the peoples in the UKOTs. I assure you that PAHO/WHO will make every effort to direct the resources necessary to ensure the achievement of the priorities defined in this Strategy document.

Carissa F. Etienne
Director

Executive Summary

The Pan American Health Organization/World Health Organization (PAHO/WHO) provides technical cooperation to the UKOTs in the Caribbean through its offices in the Bahamas (to the Turks and Caicos Islands), the Office of Eastern Caribbean Countries (serving Anguilla, the British Virgin Islands and Montserrat) and Jamaica (serving Bermuda and the Cayman Islands).

Discussions regarding the development of a Country Cooperation Strategy (CCS) for the United Kingdom Overseas Territories (UKOTs) in the Caribbean were initiated in 2008, when the then Ministers of Health made a briefing visit to the PAHO/WHO Headquarters (HQ) in Washington. In July 2014, another visit of the Ministers of Health was made to PAHO HQ. At the end of that meeting it was agreed that a Multi-country Strategy would be developed to outline PAHO's Technical Cooperation to the six (6) UKOTs in the Caribbean - Anguilla, Bermuda, the British Virgin Islands (BVI), the Cayman Islands, Montserrat and the Turks and Caicos Islands (TCI).

This is the first time that a multi-country strategy for technical cooperation has been developed with the aim of creating synergies among the UKOTs to address the social and environmental conditions that impact health, mobilize resources and facilitate the development of a unified position and a stronger political voice with regard to health matters in the Caribbean.

The **Strategic Agenda** of the PAHO/WHO Multi-country Cooperation Strategy with the United Kingdom Overseas Territories in the Caribbean lays out the Strategic Priorities and Focus Areas for the PAHO/WHO Multi-country Cooperation Strategy with the United Kingdom Overseas Territories in the Caribbean. The Strategy will cover a period of 6 years. The **Strategic Priorities (SP)** constitute the common medium-term priorities on which PAHO/WHO will concentrate the majority of its resources over the Strategy's cycle. The achievement of each SP is the joint responsibility of the Governments and PAHO/WHO. The **Focus Areas (FA)** are the **"what",** reflecting the expected achievements required to realise the SP. Each focus area will link directly with at least one National Health Policy, Strategy or Plan priority, a PAHO outcome and indirectly with a health or health-related SDG target.

Based on a health situation analysis conducted in the latter part of 2015, consultations with senior technical officers from the Ministries of Health in the Territories and considering national, subregional and global frameworks as well as the PAHO Strategic Plan 2014-2019, three (3) common SPs were identified for the focus of PAHO's technical cooperation for the Multi-country Strategy.

Each SP:

- makes a specific contribution to address a common health concern across the Territories identified in the situation analysis.
- is aligned with National Health Policy and Strategic Plans from the Territories and their related Biennial Workplans (BWPs).

- is aligned to the a particular category in the 2014-2019 PAHO Strategic Plan *"Championing Health: Sustainable Development and Equity."*

- is mapped to one or more of the nine (9) targets within Sustainable Development Goal 3 – *"Ensure healthy lives and promote well-being for all at all ages"* and other health-related SDG targets.
  The SPs are:

Strategic Priority 1: *Promoting health and well-being throughout the life-course* - This priority looks at reducing morbidity and mortality from communicable diseases, non-communicable diseases, mental health disorders and substance use or misuse by promoting health and wellbeing through the life-course (from pre-conception to old age).

Strategic Priority 2: *Strengthening health systems governance, organisation and management to achieve Universal Health* - This priority recognises that each Territory will need to develop and implement its own roadmap to strengthen the health systems in order to achieve universal access to health and universal health coverage. The focus areas reflect the elements that are of major concern and will require technical cooperation to move the process forward.

Strategic Priority 3: *Building safe, healthy and resilient environments that respond to threats and emergencies that have public health consequences -* The aim of this priority is to strengthen capacity within the countries to respond quickly to health hazards or threats that may result from emergencies and disasters. It also involves developing policies to ensure multi-sectoral collaboration that will protect and empower people to increase community resilience against sudden (e.g. natural disasters) or pervasive (e.g. gradual effects of climate change) challenges. It also includes continued work on meeting the International Health Regulations (IHR) core capacities.

The implementation of the Strategy will be coordinated through the PAHO Country Offices responsible for providing technical cooperation with the Territories. Responsibility for its implementation lies with the entire secretariat. As such, there will be support from the subregional level through its office in Barbados, the regional level through the technical departments at headquarters in Washington and from the global level in Geneva as needed. There will be close coordination with partners such as CARPHA and other regional institutions. The monitoring and evaluation will also be in accordance with the time line established for the monitoring and evaluation of the Biennial Work Plans (BWPs). A midterm review will be conducted in 2018 one year before the PAHO Strategic Plan is scheduled to end, and a final evaluation will be conducted during the final year of implementation.

1. Introduction

1.1 Background

The Pan American Health Organization/World Health Organization (PAHO/WHO) provides technical cooperation to the UKOTs in the Caribbean through its offices in the Bahamas (to the Turks and Caicos Islands), the Office of Eastern Caribbean Countries (serving Anguilla, the British Virgin Islands and Montserrat) and Jamaica (serving Bermuda and the Cayman Islands).

Discussions regarding the development of a Country Cooperation Strategy (CCS) for the United Kingdom Overseas Territories (UKOTs) in the Caribbean were initiated in 2008, when the then Ministers of Health made a briefing visit to the Headquarters of the Pan American Health Organization/World Health Organization (PAHO/WHO) in Washington. In July 2014, a second visit of the Ministers of Health was made to PAHO/WHO HQ in Washington. The delegation was joined by the PAHO/WHO Representatives (PWRs) for these Territories as well as representatives from Public Health England (PHE) and the Embassy of Great Britain in the United States. The purpose of the visit was to enhance PAHO/WHO's technical cooperation in health with the UKOTs in the Caribbean. At the end of the meeting it was agreed that a Multi-country Strategy would be developed to outline PAHO's Technical Cooperation to the six United Kingdom Overseas Territories (UKOTs) in the Caribbean - Anguilla, Bermuda, the British Virgin Islands (BVI), the Cayman Islands, Montserrat and the Turks and Caicos Islands (TCI).

This is the first time a multi-country strategy for technical cooperation has been developed with the aim of creating synergies among the UKOTs to address the social and environmental determinants that impact health, mobilize resources and facilitate the development of a unified position and a stronger political voice with regard to health matters in the Caribbean. The Strategy has been designed to respond to both the regional and global priorities, build on the achievements made, and the lessons learnt across these six (6) territories. It will guide the development of interventions that address new, emerging and existing challenges and provide an opportunity for broadening the understanding of health across other sectors.

The Strategy was developed in keeping with the 2016 Guide for the Formulation of a WHO Country Cooperation Strategy (CCS) which reflects a medium-term vision to guide PAHO/WHO's work in and with a country in support of the country's national health policy, strategic or plan and towards the Sustainable Development Goals (SDGs). The new CCS guidelines also seek to respond to the specific priorities' and needs at the country level, while at the same time linking the priorities to the health and health-related SDGs and encouraging greater multisectoral collaboration in the country.

The Development of the Multi-country Strategy

The development of a Multi-country Strategy is important at this time since the Territories must consider the potential health implications of all policy decisions, seek to create synergies to protect and promote health and address the social and environmental conditions that impact health.

The PWRs for the Bahamas, Office of Eastern Caribbean Countries (ECC) and Jamaica, in conjunction with the Office of Country and Sub-regional Coordination (CSC) had the primary responsibility for the formulation of the strategy document. A Coordination Committee that included the PWRs from each of the Country Offices responsible for the UKOTs along with CSC was responsible for coordinating and providing oversight for its development. Recognising that the Territories have different health priorities and needs, a situational analysis was conducted in the latter part of 2015 to provide an overview of the health situation and identify the common health challenges across the Territories. Discussions were also held with the technical officers and representatives from the PAHO/WHO Country Offices and CSC. A technical meeting was held in June 2016 with senior officers from the UKOTs Ministries of Health to:

- identify, discuss and gain consensus on the common strategic priorities and the related focus areas for PAHO's Technical Cooperation,
- discuss the implementation, management, coordination, monitoring and evaluation of the Multi-country Cooperation Strategy.

The multi-country strategy was endorsed by the Ministers of Health and the PAHO Director at a high-level Meeting at PAHO HQ in Washington, in July 2016.

The Strategy was developed using a results-based management framework to clearly identify results at each level, the relationship between planning and accountability and the respective responsibilities of the Territories, PAHO and other relevant agencies. It consists of strategic priorities and focus areas for technical cooperation. Each strategic priority:

- makes a specific contribution to address a common health concern across the Territories identified in the situation analysis.
- is aligned with National Health Policy and Strategic Plans from the Territories and their related Biennial Workplans (BWPs).
- is aligned to a particular category in the 2014-2019 PAHO Strategic Plan "Championing Health: Sustainable Development and Equity."
- is mapped to one or more of the nine (9) targets within Sustainable Development Goal 3 – "Ensure healthy lives and promote well-being for all at all ages" and the other health-related SDG targets.

The Strategy was also developed in keeping with other regional and international frameworks and plans:

- The Caribbean Cooperation in Health (CCH),
- The Caribbean Charter for Health Promotion,
- The Declaration of Port of Spain: Uniting To Stop The Epidemic of Chronic NCDs,
- The PAHO/WHO Subregional Cooperation Strategy for the Caribbean
- The Small Island Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway,
- The 2030 Agenda for Sustainable Development Goals (SDGs).

The achievement of each strategic priority is the joint responsibility of the Governments of the Territories and PAHO. The strategy also highlights four cross-cutting themes: gender, equity, human rights and ethnicity that will be applied across all strategic priorities to improve health outcomes and reduce inequities in health.

PAHO recognises that the multi-country strategy will be implemented in an environment of limited financial and human resources and as a result will focus its technical cooperation on those health priorities that will add value to the programmes being implemented across the Territories. The Strategy will also help the Territories to achieve the broader context of the health and health-related targets of the SDGs.

1.2 Geographical Profile of the Caribbean UKOTS

While the Territories have their own constitutions, legal systems, and most have a democratically elected Government, the Queen is Head of State in each Territory. Most powers, including provision of healthcare are devolved to the Territories, but the UK retains responsibility for good governance, defence, external relations, and has to meet contingent liabilities and fulfill international obligations applicable to the Territories. The UK's Foreign and Commonwealth Office (FCO) leads overall policy and maintains a UK presence in Territories through the Governor with other government departments leading and supporting the Territories on areas within their responsibilities.

The Territories lie in the Northern Caribbean and Atlantic and in the Eastern Caribbean, (figure 1.)

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Figure 1. Source: http:www.options.co.uk

Northern Caribbean and Atlantic

- Bermuda – is a densely populated coral atoll located on a seamount in the mid-Atlantic Ocean, with the closest landmass being the state of North Carolina in the United States;

- Turks and Caicos Islands - an archipelago of 40 islands and cays in the North Atlantic, located immediately southeast of the Bahamas, 145 km north of Hispaniola and consisting of two island groups: the Turks Islands (Grand Turk and Salt Cay) and the Caicos group (South Caicos, East Caicos, Middle Caicos, North Caicos, West Caicos and Providenciales). The total land mass of the territory is 430 km^2;

- Cayman Islands – are comprised of the islands of Grand Cayman, Cayman Brac and Little Cayman, and is located in the western Caribbean Sea, about 240 km south of Cuba and 290 km west of Jamaica. The three islands have a total land area of approximately 250 km^2.

Eastern Caribbean

British Virgin Islands - located in the north-eastern Caribbean to the east of Puerto Rico and the U.S. Virgin Islands. Part of the Virgin Islands archipelago, the territory covers a land area of 153.6 km^2 and is made up of approximately 50 islands and cays of which 15 are inhabited;

Anguilla - most northerly of the Eastern Caribbean's Leeward Islands consists of the main island of Anguilla, approximately 16 miles (26 km) long by 3 miles (5 km) wide at its widest point, together with a number of much smaller islands and cays .The total land area of the territory is 35 square miles (90 km2)

Montserrat – is located in the northern corner of the Leeward Islands, in the Eastern Caribbean, 43 km southwest of Antigua and 70 km northwest of Guadeloupe. It covers an area of 102 km^2.

2. Health and Development Situation

The UKOTs (the Territories) have seen some progress with the improvement of the health of their populations. But the Territories still face a number of challenges because of their small size. These include - the difficulties and problems experienced in delivering primary care to the smaller islands under their individual jurisdictions, the rise in noncommunicable Diseases (NCDs) and the emergence of new diseases such as Ebola, Chikungunya and Zika.

2.1. Political, Macroeconomic and Social Context

Political

The six territories have internal self-government with their own constitution and laws Queen Elizabeth II remains the Head of State and is represented by a Governor. In most Territories, the legislature consists predominantly of members elected by the Territory's voters (except for the Senate in Bermuda, the members of which are all appointed). Most of the Territories have a ministerial system of government, loosely reflecting the Westminster model, with the elected member who commands the support of a majority in the legislature becoming the Premier or Chief Minister. The UK's fundamental responsibility is to ensure the security and good governance of the Territories and their peoples. Although the relationship is rooted in four centuries of shared history, the UK Government's relationship with its Territories today is a modern one, based on mutual benefits and responsibilities.   The foundations of this relationship are partnership, shared values and the right of the people of each Territory to freely choose whether to remain a United Kingdom Overseas Territory or to seek an alternative future. The Territories share the UK's agenda to promote and respect human rights and tackle discrimination and are expected to abide by the same basic standards of human rights as the UK.

Marco-economic and Social Determinants

The economies of the six Territories vary significantly from one of the world's richest communities, Bermuda, (with a GDP per capita which was measured at $91,479 per person in 2014[1]) to Montserrat which is the least well off and which is still receiving funds from the United Kingdom for infrastructural growth and development because of the volcanic activity in 1995. The Territories have open economies and economic activity is often concentrated predominantly in a small number of sectors, mainly tourism and to a lesser extent, international finance. The public sector tends to be the major employer and the Territories are reliant on imports[2]. With the global economic downturn 2008, the Territories experienced a reduction in tourist arrivals with a consequent reduction in government revenues.

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[1] Bermuda Department of Statistics, 2014 Highlights.
[2] The Overseas Territories, Security, Success and Sustainability, Presented to Parliament by the Secretary of State for Foreign and Commonwealth Affairs by Command of Her Majesty, June 2012

Income, employment, education and housing are the social determinants of health that most influence the health of the population in the Territories. The social determinants of health are defined as the conditions, in which people are born, grow, work, live and age and the wider forces and systems shaping the conditions of daily life".[3]

In general, levels of poverty tend to be lower than the independent Caribbean countries, but inequities exist across the Territories. In 2012, the Cayman Islands reported one of the lowest rates of poverty in the Caribbean. Montserrat still faces certain poverty challenges: the 2011 Country Poverty Assessment Report indicated that 36.0% of the population was poor.[4] According to the 2012 Country Poverty Assessment for the Turks and Caicos Islands, the General Poverty Line (GPL) for the average adult male is $6,650 per year, with 6,800 individuals (2,000 households) living under this line.[5] In the Turks and Caicos Islands, poverty amongst the Haitian population was 35%, much higher than the national average, which was 18%. Haitians accounted for over half (56%) of the poor population with nationals accounting for a third[6]. Dominican Republic nationals and Jamaican nationals have poverty rates of 13% and 8%, and each make up 3% respectively of the poor population in TCI.

Some of the Territories such as Anguilla, Montserrat, the Cayman Islands, the British Virgin Islands and the Turks and Caicos are highly dependent on non-national labour. TCI has seen a substantial influx of immigrants mainly due to the high demand for labour. Non-nationals make up 67% of the territory's population with largest groups from Haiti at 35%, followed by the Jamaicans at 8% and 5% from the Dominican Republic.[7]

Education is a priority and all the Territories have systems that provide free public education at primary and secondary levels. In a few cases, the governments have established colleges that provide tertiary education. Anguilla, Bermuda, Montserrat and the British Virgin Islands all have Community Colleges and or access to the University of the West Indies Open Campus facilities. Since no universities exist in these islands, persons interested in furthering their education attend universities in the other Caribbean countries, the UK, the United States and Canada or pursue online studies. Increased exposure to mass media, cell phones, and the internet has allowed many young people to connect with global cultures and revolutionised social interactions. Housing conditions in general tend to be good. In Montserrat, the Ministry of Agriculture, Trade, Housing, Land and Environment (MATHLE) is responsible for housing issues on the island. The Department of Housing was established after the volcanic crisis and has built several houses for residents over the last 20 years. Assistance for housing can be granted

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[3] World Health Organization. 2015. http://www.who.int/social_determinants/en/ Accessed October 2015.

[4] PAHO Health in the Americas, Montserrat Report 2012.

[5] Halcrow Group (2013). Draft Final Report: Country Poverty Assessment, 2012. Volume 1. December 2013. Turks and Caicos Islands.

[6] Address by Ms. Deidre Clarendon, Division Chief, Social Sector Division Caribbean Development Bank at the Handover of the Country Poverty Assessment Report to the Government of Turks and Caicos Islands, Providenciales, Turks and Caicos Islands September 12, 2014.

[7] Draft National Health Situation Analysis, the Turks and Caicos, 2015.

through this department as well and there are a few programmes currently running which provide financial assistance for vulnerable families and persons.

While all the UKOTs have improved access to drinking water sources and basic sanitation, solid waste management remains a concern especially with the disposal of hazardous waste. All Territories are extremely vulnerable to natural disasters such as tropical storms, hurricanes and volcanoes. There are also growing concerns about climate change since it poses a huge development challenge, given its adverse impacts on production activities, the health status and well-being of the population, the infrastructure, and ecosystems.[8] They are also highly dependent on just a few types of economic activities, such as tourism and agriculture, which are particularly sensitive to weather conditions.

2.2 Health Status of the Population

2.2.1 Demographic Trends

The UKOTs are small territories in the Caribbean with populations ranging from approximately 5,000 people to approximately 70,000 people[9], with most of the people living in Bermuda and the Cayman Islands, (Figure 2). The total population is estimated to be approximately 200,993 people.
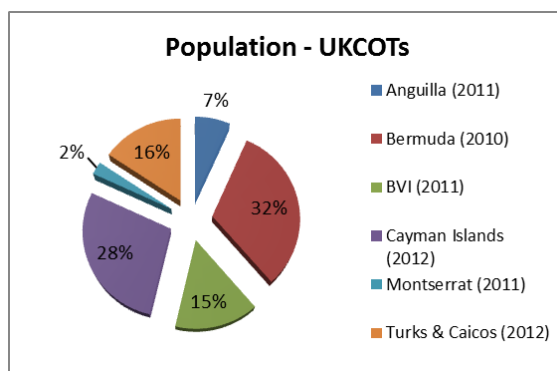

Figure 2. Population – Caribbean UKOTs, Source: Most recent Census Data Available in the Territories

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[8] The Economics of Climate Change in Latin America and the Caribbean, Paradoxes and challenges of sustainable development, UN/ECLAC, February 2015.
[9] PAHO Health Situation in the Americas, Basic Indicators, 2015.

Figure 3. Life Expectancy Caribbean UKOTs   Source: PAHO Health Situation in the Americas, Basic Indicators, 2015.

Life expectancy ranges from 81.2 years in Anguilla to 75.6 years in Montserrat[10] (Figure 3.) The infant mortality rates have also been declining across the Territories with Anguilla reporting the highest at 13.3 per 1,000 live births, with Cayman and the British Virgin Islands reporting, 4.2 and 3.5 respectively in 2011. In 2015, Bermuda reported that there were 583 births; an increase of 9 or 1.6% over the 574 births recorded in 2014.[11] With the gains in public health over the years, persons in these Territories are living longer. This increase in the ageing population is in keeping with both the regional and global trends, with the majority of older persons being women, as female life expectancy is higher than that for men. Health and ageing have become priorities in the Territories.

2.2.2. The Burden of Communicable Diseases

The Territories have made great strides in reducing the number of new HIV infections and reducing AIDS mortality and related complications. Anguilla and BVI have submitted their Elimination of Mother to Child Transmission and Congenital Syphilis (EMTCT) reports to PAHO and requested to be declared successful in their elimination. The declaration is pending. Bermuda completed its validation exercise in July 2016 and their declaration is also pending. In July 2016, the Cayman Islands completed the first "virtual" validation exercise for EMTCT.   Key clinical guidelines to support the provision of quality care and linkages with other essential services have been revised and updated in keeping with the WHO Treatment Guidelines for HIV. Updated HIV testing algorithms and recommendations for selecting and using HIV diagnostics were developed and applied. Even though persons living with HIV in the Territories have access to care and treatment including access to medication, still more needs to be achieved to ensure the Territories can achieve the global 90-90-90 treatment targets by 2020 to help end the AIDS epidemic[12].

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[10] Ibid

[11] Bermuda's Annual Report of the Registrar General 2015.

[12] Global 90-90-90 treatment targets - By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. Source: UNAIDS 90-90-90 An ambitious treatment target to help end the AIDS epidemic, October 2014.

Monitoring of sexually transmitted infections (STIs) continues to be a challenge. Territories mainly report on chlamydia and syphilis. Bermuda also reports on gonorrhoea and genital herpes (first presentation). In 2011, the Cayman Islands reported nine (9) confirmed cases of tuberculosis (five males and four females). Only one was a Caymanian national[13]. Even though tuberculosis is not endemic in a number of Territories, continued monitoring is important to ensure early detection and treatment.

2.2.3. The Burden of Noncommunicable Disease s and Risk Factors

The trend with noncommunicable Diseases (NCDs) in the Territories is similar to that of other Caribbean countries with the leading causes of mortality and morbidity being cardiovascular disease, diabetes and cancer. [14] Diabetes, heart diseases and uncontrolled blood pressure are the major contributors to end stage renal disease in the Territories especially in Anguilla, Bermuda, the British Virgin Islands and Montserrat. In 2014, Anguilla reported that there a total of twenty (20) patients on dialysis, all of whom had hypertension or both diabetes and hypertension.[15] In the BVI, diabetes and hypertension were the most common causes of morbidity in the adult population, with 74.7% of the population reported to be overweight.[16] The 2014 "STEPS to a Well Bermuda Survey" reported that 74.6% % of the adult population was overweight or obese, 33% reported elevated cholesterol and 33% self-reported hypertension[17]. The survey also showed diabetes prevalence was 12 % overall, and 22% in those sixty (60) years and over.[18]Diabetes and hypertension were also reported as the leading causes of hospital admissions in Montserrat during 2006-2010.[19] Malignant neoplasms of the lung, stomach and breast were also reported by some Territories as leading contributors to cancer mortality. Figure 4 shows the percentage of deaths in the 30-69 age group caused by the four (4) priority NCDs – cardiovascular disease, malignant neoplasms, diabetes mellitus and respiratory diseases.

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[13] Health In the Americas, 2012, the Cayman Islands.
[14] Data presented at the UKOTs Ministers of Health Meeting at PAHO in 2014
[15] 2014 Annual Statistics Report, Health Information Unit, Health Authority of Anguilla
[16] Health in the Americas, 2012, BVI.
[17] STEPS to a Well Bermuda 2014 and 2014 STEPS Health Survey
[18] Bermuda's 2014 STEPS survey.
[19] Health in the Americas, 2012, Montserrat.

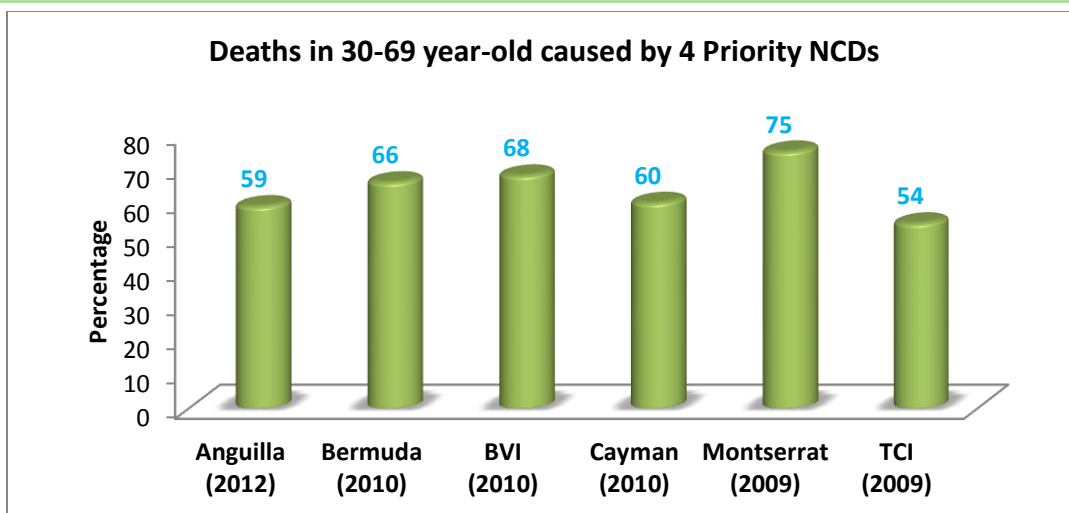**Deaths in 30-69 year-old caused by 4 Priority NCDs**

Figure 4. Percentage of Deaths in 30-69 year olds caused by 4 Priority NCDs – Cardiovascular disease, Malignant neoplasms, Diabetes mellitus, Respiratory disease,   Source: PAHO NCD Agenda Fact Sheets for the Territories.

NCDs are strongly associated with common lifestyle risk factors such as tobacco use, the harmful use of alcohol, and unhealthy diets rich in fats, sugars and salt and physical inactivity. Overweight and obesity were also identified as growing public health concerns in the Territories. Tobacco use is widely recognised as a public health problem and is the only risk factor common to the four major non-communicable diseases. Its use also impedes economic and social development. Even though the actual numbers of persons smoking is not high in these territories, persons expressed concerns about exposure to second-hand smoke especially in the tourism sectors. Globally, second-hand smoke is responsible for at least 600,000 deaths a year among non-smokers, with more than six in ten deaths due to heart disease.[20]

With respect to the implementation of the WHO Framework Convention on Tobacco Control (FCTC), the Territories fall under the United Kingdom and therefore cannot sign on to the convention as individual countries. Nevertheless, to advance the FCTC goals the British Virgin Islands, the Cayman Islands, the Turks and Caicos Islands and Bermuda have passed Tobacco Control Laws with Bermuda being the most recent. Their Tobacco Control Act was passed in 2015 and came into effect July 2016. The other Territories have implemented some of the articles especially those related to ensuring public spaces are smoke free, banning smoking inside restaurants, requiring tobacco dealers to display health warnings at the point of sale of tobacco products, prohibiting tobacco products from being displayed within reach of customers, requiring a display of health warnings covering at least 30% of the principal display area of the tobacco packages and prohibiting vending machine sale of tobacco products.

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[20] Oberg M, Maritta JS, Woodward A, et al 2010. Worldwide burden of disease from exposure to second hand smoke: A retrospective analysis of data conducted in 192 countries. The Lancet published online November 2010. DOI:10.1016/S0 140 6736(10)61388-8

Mental Health and Substance Abuse

The main mental and neurological conditions identified by the Territories are: disorders related to psychoactive substances, schizophrenia, mood/affective disorders, and in a few Territories, disorders due to alcohol abuse. Most Territories struggle to find solutions for psychiatric patients who may be a threat to themselves or their communities, and the long-term delivery of mental health services that also protect human rights. Mental health services and care are usually provided in a primary health care setting or where possible, through the healthcare authorities or community mental health programmes, where the patient may be treated by mental health nurses, clinical psychologist and/or a psychiatrist. In a few Territories, in the absence of a psychiatric hospital to provide secure and safe long-term care, the patients are initially hospitalised but if they prove to be a threat to themselves or the community, they sometimes end up in prison. This raises concerns about the violation of the person's human rights. In the Turks and Caicos Islands, depending on the case, patients may be referred to Jamaica for treatment. In addition, Anguilla and Montserrat rely on visiting psychiatrists. In the case of Anguilla, the Primary Health Care system has only one trained Mental Health Nurse.

Anguilla, BVI, Montserrat and TCI are included in the 2011 World Health Organisation Assessment Instrument for Mental Health (WHO-AIMS) Report. The Report offers a comparative study of sixteen (16) countries and territories from the Caribbean Region, where the WHO-AIMS was implemented in collaboration with the Ministries of Health, PAHO/WHO representations and Regional Office, and the WHO Department for Mental Health and Substance Abuse. Key priorities that were identified in the report were the need to:

- issue and update mental health policies and plans;
- update and ensure implementation of mental health legislations that promote and protect the human rights of the mentally ill[21].

Since this report was produced, BVI has revised and updated their Mental Health Act and Policy. Montserrat's Cabinet approved and launched their 2015 – 2020 Mental Health Policy which guides the implementation of mental health programmes and activities in the country. This Policy was developed through technical cooperation with PAHO.

Other NCDs

- *Violence and Injuries* – Violent crimes continue to be of concern to public health and safety officials. BVI reported an increase in crimes and especially in cases where illegal drugs were involved. Traffic accidents and violence have also increased. Both Montserrat and Anguilla also noted an increase in physical injuries in the youth as a result of bullying.

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[21] WHO Report of the Assessment of the Mental Health System in the Caribbean Region (16 Countries and Territories) using the WHO-AIMS Instrument for Mental Health Systems (WHO-AIMS), 2011

- *Disabilities and Rehabilitation*-With an increase in the ageing population, the increases in NCDs, accidents and violence, the occurrence of natural disasters, persons consuming poor diets, psychoactive substance abuse, disabilities and the need for rehabilitation are expected to become concerns.

2.2.4 Determinants of Health and Promoting Health Throughout the Life Course

Women, Maternal, Newborn, Child, Adolescent, Adult Health, and Sexual and Reproductive Health

Over the years progress has been made in improving maternal and child health. All pregnant women receive antenatal care by trained healthcare workers. Infant mortality rates continue to decline and this can be attributed to the improved coverage of child survival measures such as immunisation, breastfeeding, child nutrition and the existing socio-economic conditions in the Territories.

The leading causes of death in the adolescent population reported by most Territories in 2011 were road accidents, followed by violence, e.g. BVI and Cayman Islands[22]. Territories are seeing an increased trend in obesity and overweight. In the Turks and Caicos Islands, a survey of adolescents (10-14 years old) transitioning from elementary to high school during 2008- 2010, revealed an increasing trend in overweight and obesity, where approximately 30% were either overweight/obese or at risk for being overweight.[23] Other disturbing trends noted with adolescents and youth, were an increase in alcohol consumption and an increase in suicide attempts.

Mass media and new technologies continue to have a significant impact on the health of adolescents and youth. It will be essential to work with mass media networks to promote a positive image of adolescents and youth and to incorporate new technologies in health promotion interventions.

To achieve the goal of universal access to sexual and reproductive health and rights, including family planning, the services offered in the Territories must be tailored to meet the different challenges and the specific needs, which tend to be varied. To support reproductive health throughout the life course, health and education systems and even transport systems must be strengthened. Good transportation services are required to ensure sexual health care is accessible especially in those Territories that are comprised of several islands e.g. BVI and TCI.

Ageing and Health

For older persons, good health helps ensure independence, security, and continued productivity in the later years. But non-communicable diseases (NCDs) such as cancer, cardiovascular disease, and diabetes can diminish their quality of life, raise health-care costs, and increase pressure on family

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[22] Health in the Americas 2012, Bermuda, BVI, Cayman Islands.
[23] Health in the Americas 2012, TCI

members who are responsible for their care.[24] In some of the Territories, over 5.3% of the population is over 65 years and in Bermuda it is as high as 13%.[25] The leading causes of death are cardiovascular diseases, malignant neoplasms, disease of the respiratory tract and accidental falls. Other important health concerns for this population are the rising health care costs, long-term hospitalisation and the need for reliable family caregivers as well as efficient caregivers in the institutional setting. Some of the Territories have completed assessments but require more information to effectively address the needs of this growing population to ensure that they can continue to have good health. "Healthy aging"—calls attention to the importance of keeping older adults active, healthy, and engaged to maintain their independence well into their later years and prevent or delay illness and disabilities.

2.2.5 Preparedness, Surveillance and Disaster

Because of their vulnerability to the damage caused by natural hazards such as tropical storms, hurricanes and earthquakes and the potential negative impact of climate change on the social and environmental determinants of health, all of the Territories have developed National Disaster Preparedness Plans. Montserrat has taken a leading role with the establishment of an Organisation of the Eastern Caribbean (OECS) Climate Change Centre, which collects information and compiles a database of climate change factors, features and events relevant to the Eastern Caribbean region.[26] The Territories are part of the Caribbean Disaster Risk Management Program (CDRMP) being implemented by PAHO, with support from the Canadian International Development Agency (CIDA). The aim of the project is to improve disaster risk reduction within the regional health sector. The Pan American Sanitary Bureau is assisting CARICOM with the establishment of a new CARICOM Disaster Assessment and Coordination (CDAC) team that is intended to improve support for territories during emergencies and to better co-ordinate damage assessment and needs. [27]

With regard to the International Health Regulation (IHR), the UK has not requested an extension and this has created challenges for the Territories. Legislative reviews of the regulations are on-going and some Territories have drafted Plans of Action to assist with the implementation and strengthening of the core capacities. Ports of entry (airport and cargo port) have been marginally strengthened with designated spaces allocated for health and environmental health staff at the airport. Some of the areas of concern are the vulnerability to chemical and radio-nuclear threats, shortage of human resources to provide coverage at the points of entry, financial constraints, and building capacity to monitor and evaluate potential health threats. These impede the implementation of IHR work plans.

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[24] PAHO Good Health Fact Sheet, World Health Day, 2012
[25] http://www.royalgazette.com/assets/pdf/RG1462381122.pdf
[26] PAHO Health in the Americas, Montserrat.
[27] PAHO Annual Report of the Director of the Pan American Bureau, "Championing Health for Sustainable Development and Equity: Leading By Example", August 2015.

2.2.6 Health Systems and Services

The Territories face a number of key challenges delivering healthcare to their populations. Many systems are fragmented; this tends to be characterised by gaps in legislation and governance and the need to update some of the existing laws, limited coordination across the different levels and points of care, duplication of services and infrastructure, high turnover of health care practitioners, unutilised and underutilised productive capacity, the provision of health services at the least appropriate locations, particularly hospitals and the rapidly increasing costs of healthcare. Universal Health (UH) provides the territories with the opportunity to unite these systems by guiding health and development and advancing health equity in the coming years.

Anguilla

The management of health services has been transferred from the Ministry of Social Development to the Health Authority of Anguilla (HAA) by the enactment of the Health Authority of Anguilla Act No. 1 of 2004[28]. The Health Authority was entrusted with providing primary and secondary health care services. However, the Ministry of Health retained responsibility for policy, planning, evaluation and regulation of health care and has assumed the role of purchaser of health services provided by the Health Authority and the private sector.[29] There is one 36-bed public hospital, four health centres and one polyclinic with a fee for services at the Primary and Tertiary Care Facilities. The HAA operates and manages its financial resources independent of the Government of Anguilla. The healthcare system is financed through a number of mechanisms, namely insurance companies, the government insurance scheme for public servants, or patients who pay a fee for service. The Health Authority of Anguilla is paid by the Department of Social Development for services rendered to patients who are deemed unable to pay, and for the residents of the senior citizens' home. Government workers pay a percentage of their salary for medical insurance and the government pays a percentage. All persons can subscribe to the Medical Ambulance services.

Bermuda

The health system in Bermuda tends to be complex with a fragmented health financing system. The Ministry of Health and Seniors is the primary steward and regulator of the health system, and co-ordinates the Bermuda Health Council, the Department of Health, the Bermuda Hospital Board and the Health Insurance Department. Bermuda also has a large number of private medical facilities that provide a number of high technology services. The Department of Health provides technical services related to public health. It consists of 6 sections which deliver primary and preventive health services to children, including an expanded programme on immunisation; family planning and antenatal care to underinsured women of childbearing age; occupational health services to the uniformed services and

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[28] Draft Country Cooperation Strategy "At a Glance", Anguilla, 2016.
[29] Country Cooperation Strategy, Anguilla 2016.

comprehensive primary health care to the island's incarcerated population. Environmental Health provides a vigorous vector control programme, port health, food safety, and occupational safety and health regulatory oversight, among other programmes. Two major long-term care facilities and community nursing and rehabilitation services are also provided by the Department of Health.

The Bermuda Health Council, established by the Bermuda Health Council Act in 2004, regulates health insurance, oversees regulation of professionals, and monitors health system performance. The Bermuda Hospitals Board (BHB) is a quango (quasi autonomous non-governmental organisation) established under the Bermuda Hospitals Board Act, 1970. It has a Chief Executive Officer, responsible for King Edward VII Memorial Hospital and Mid-Atlantic Wellness Institute and the Lamb-Foggo Urgent Care Centre. All facilities receive financial resources from the Ministry of Health, but are operated at "arm's length" from the government by the BHB.

British Virgin Island

The healthcare delivery system was devolved to a statutory body - the BVI Health Services Authority (BVIHSA) - in 2004. A new Peebles Hospital located in Road Town, Tortola was opened in 2015 with the capacity for one hundred and twenty (120) total beds of which forty-five (45) inpatient beds were commissioned. There is a network of eight (8) primary care centres on Anegada, Virgin Gorda and Jost Van Dyke that provide non-emergency medical needs for residents of those islands are managed by the BVI HSA. There is also one private hospital - the Bougainvillea clinic also located in Road Town. The Smart Hospital initiative was implemented in the BVI in 2014 to review proposed and existing health facilities using the Smart Hospitals checklist, to increase their water and energy efficiency and to reduce risks. A pilot project is currently underway at the Anegada Clinic (BVI). PAHO's Smart Hospitals initiative helps countries reduce the environmental footprint of new or existing health facilities while also increasing their safety and resilience in case of disasters.

The MoH now focuses on leading the health sector and the performance of the Essential Public Health Functions (EPHF). In January 2016, a National Health Insurance (NHI) programme was implemented. NHI is legislated as a new division of the Social Security Department and the Standard Benefit Package will cover primary, selected secondary and tertiary care. All legal residents are required to be members of the programme. Because of limited resources and problems of economies of scale, some critical cases are sent overseas for treatment.

Cayman Islands

The health service infrastructure facilities are generally well equipped and provide access to care through[30]:

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[30] Cayman Islands NHPSP 2012-2017

- A Health Insurance Law which covers the total population
- CayHealth which is an initiative of the Ministry of Health and the Health Services Authority (H.S.A.) to have all residents accessing care at the H.S.A. assigned a preferred Primary Care Physician for continuity of care. The programme was launched in 2010 as a pilot project to the clients of the Department of Children and Family Services who receive their healthcare benefits through the existing indigent programme. The goals of the programme are to:

  o Streamline the care given to the population
  o Better manage the health of the patient
  o Increase patient responsibility in accessing services
  o Better facilitate referrals to the specialist and or overseas care (where services are not available locally).

The Health Services Authority is the sole provider of healthcare services in the public system. It has a defined organisational structure and consists of the following facilities and services:[31]

- 104-bed Cayman Islands Hospital on Grand Cayman
- 15-bed Faith Hospital on Cayman Brac
- Primary Health Care & Public Health Services delivered through:

  o Faith Hospital in Cayman Brac
  o 5 District Health Clinics in Grand Cayman
  o 1 District Health Clinic in Little Cayman
  o School Health Clinics

- Dental services delivered on-site at the Cayman Islands Hospital and the Faith Hospital, as well as through the schools and district clinics in Grand Cayman and Little Cayman.
- Ophthalmology services delivered on-site at the Cayman Islands Hospital and through visiting specialists on Cayman Brac.

The Cayman Islands Hospital and Faith Hospital offer inpatient and outpatient services, including some specialist services. While some tertiary care can be provided locally, a significant number of tertiary care patients are sent overseas. Other departments that form part of the public health response, but are not under the direction of the Ministry of Health are the Department of Environmental Health, Department of Agriculture and the Mosquito Research and Control Unit.

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[31] Cayman Islands NHPSP 2012-2017

Montserrat

Montserrat's 2008–2020 Sustainable Development Plan "A Healthy and Wholesome Montserrat," places health at the centre of the Territory's development. The Territory has an effective primary health care system, but the secondary and tertiary health care facilities and services need to be strengthened. Primary health care services are delivered through four clinics which offer the following services: maternal and child health, mental health, school health, and home health care services. Secondary services are provided at the Glendon Hospital. A referral system between the community and hospital services is in place. Patients are also referred overseas for access to tertiary care or specialised diagnostic tests. Between 2006 and 2010, a total of 58 persons were referred overseas. Of these, 27 were for medical treatment and 20 for surgical procedures. Most of these patients received treatment in Antigua and Barbuda. Montserrat also has a quota system with the United Kingdom where 4 persons can be referred annually to the UK for medical care.

Healthcare is largely subsidised by Government and certain categories are exempt from fees - pregnant women, elderly, children, adolescents, students, prisoners, police, prison officers, fire officers, and Montserratian residents with chronic illnesses approved by the CMO. The Ministry of Health and Social Services 2016/2017 to 2018/19 Health Strategic Plan identified the following strategic priorities:

- Enhanced human development and improved quality of life for all the people on Montserrat
- An environment that fosters prudent economic management, sustained growth, a diversified economy and the generation of employment.

The Strategic Plan was developed in accordance with the Strategic Development Plan (2008-2020), the Medium Term Development Strategy 2013-2017 (MTDS), and the Government of Montserrat (GoM) Policy Agenda 2016/17 -2018/19.

Turks and Caicos Islands

The Ministry of Health, Agriculture and Human Services (MOHAHS), which is led by the Minister of Health, the Permanent Secretary, Undersecretary, and Director of Health Services, is responsible for health sector development, regulation and licensing, policy formulation, health sector planning, monitoring and evaluation, oversight of the nation's health, delivery of essential primary health care services and public health programmes.[32] Health care is delivered through: (a) a nexus of Government managed Public Health Clinics, which are strategically located throughout the six main inhabited islands; (b) TCI Hospital, two sites on Grand Turk and Providenciales, which became operational in 2010 and is operated as a public-private partnership between the Government and InterHealth Canada Limited and

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[32] Turks and Caicos Islands - Ministry of Health, Agriculture and Human Services, National Health Sector Strategic Plan 2016-2020, Turks and Caicos Islands 2020 Vision for Health Care

(c) private, fee-for-service clinics, which are primarily operated on Providenciales.[33]   In 2010, the Health Care Renewal Strategy, a health sector reform initiative, was implemented which influenced the way that most services (some primary, secondary, and all of tertiary care) were provided to legal residents of TCI.[34]

In 2010 the NHIP, which is a Social Health Insurance programme and embodies the principle of solidarity and equitable access by the populace, was implemented to provide access to health care for all registrants. Contributions are a one-size-fits-all percentage of income for employees. There are special rates for employers, self-employed and small businesses; concessions and waivers exist for dependents of registrants, and other special populations such as elderly, retired and indigent persons. NHIP coverage, however, is maintained only for the first three (3) months of unemployment. This challenge to access of service is in the process of being addressed by policy makers.

TCI is preparing to establish two statuary bodies - a Health Regulatory Body and a Health Service Authority - to improve operational effectiveness and the timely delivery of health services. As a result they have made significant changes in certain areas of legislations, especially, the Public Finance Management Ordinance and Regulations which makes the provision that statutory bodies can only expend funds after receiving a policy directive from the Ministry. The statuary bodies will be monitored and evaluated based on achievements against the policy directives.

The Primary Health Care Renewal strategy that is currently being implemented will restore a robust patient-centred primary health care system which is affordable, accessible, appropriate, available, and acceptable to all of the residents of TCI. It aims to facilitate the seamless access across the spectrum of care.

Human Resources

The human resource base is another challenge facing health service delivery in the Territories, especially those that serve populations spread over several islands. The local capacity in the technical and professional health fields is limited and most of the internationally contracted workers leave after a stay of 2-3 years. The constant turnover of professional staff greatly affects the continuity in patient healthcare, professional relationships and treatment regimens. This makes it difficult to implement an efficient human resource system for planning and auditing/monitoring. Out-dated legislation, policies and procedures, and organisational structure as well as no succession planning make the development of a Health Sector Human Resource Development Strategic Plan essential.

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[33] Ibid
[34] Ibid

Health Information Systems

Most of the Territories have weak health information systems. Health information is a key input that supports all aspects of health action, including research, planning, operations, surveillance, monitoring and evaluation, as well as prioritisation and decision-making. Building robust health systems for UH is everybody's business. Communities also need to play a more active role in the generation and dissemination of evidence to better guide actions aimed at improving the health status of the population. It is hoped that Anguilla, the BVI and Montserrat will be included in the Eastern Caribbean Health Information Project whose goal is to strengthen the structure and performance of health systems to provide equitable, sustainable and high quality services.

2.3 Critical Challenges and Issues

The main health challenges facing the Territories identified in the Situational Analysis are summarized as follows:

a. *Communicable Diseases*

- Monitoring of sexually transmitted infections (STIs) continues to be a challenge with Territories mainly reporting on chlamydia and syphilis.
- Stigma and discrimination, as well as the limited capacity of the health sector to provide adequate services to key vulnerable groups, continue to be major challenges for the development of an adequate response. Key vulnerable populations, including non-nationals, men who have sex with men (MSM), sex workers and transgender people, remain disproportionately affected by the HIV epidemic.
- The emergence of vector borne diseases such as Chikungunya and Zika are growing concerns

b. *Noncommunicable Diseases*

- The increase in the burden of chronic noncommunicable diseases and risk factors leads to increased rates of morbidity and premature mortality. Diabetes, heart diseases and uncontrolled blood pressure are the major contributors to end stage renal disease in the Territories. The use of tobacco and the exposure to second hand smoke have been identified as major concerns.
- Limited use of new, innovative, evidence-based health promotion strategies that encourage people to live healthier lifestyles and promote health in communities, workplaces, schools, and other settings. Mass media and new technologies continue to have a significant impact on the health of adolescents and youth.
- Increase in violence and road traffic injuries have been noted and identified as growing concerns. Road accidents followed by violence are the reported leading causes of death for adolescents in most Territories.

- An increase in substance abuse and suicide attempts was also noted with the youth.
- Most Territories find it difficult to deliver mental health services that protect the patients' human rights and address long-term care for those who may be a threat to themselves or their communities.

c. *Determinants of health and promoting health throughout the life course.*

- The challenge of providing "healthy aging" approaches while facing the growing costs associated with treating older persons with chronic conditions, adapting health systems and training human resources to meet their health needs.

d. *Health Systems*

- Despite the advances made in healthcare delivery, health systems and services tend to be fragmented with limited coordination across the different levels and points of care, duplication of services and infrastructure and the provision of health services at the least appropriate locations.
- The capacity to provide, arrange and pay for secondary and tertiary healthcare services varies across the Territories and is a critical and growing challenge.
- Access to affordable, essential, high quality medical technologies, medicines, vaccines, diagnostics and procedures is a concern especially with the emergence of new diseases (such as Chikungunya and Zika) in the face of the growing burden of the life-long treatment for noncommunicable diseases.
- The Territories, especially those that serve populations spread over several islands, still face human resource challenges associated with the constant turnover of professional staff, the ability to recruit the correct mix of human resources skills to deliver services at the primary and secondary levels and the ability to implement succession planning.
- Legislation and regulations have not been revised to improve the governance capacity of the health authorities to ensure people-centred, integrated quality health services that support UH.

e. *Health Information, Surveillance, Preparedness and Disaster*

- Most of the Territories have weak health information systems. Progress toward strengthening strategic information systems and integrating them into health information systems to improve monitoring and evaluation and evidence-based programming is not consistent.
- Limited up-to-date and reliable data available to monitor trends and to develop plans and programmes informed by evidence.
- In most Territories, surveillance data on prevalence and incidence of HIV, STIs and TB continue to be incomplete with some patients accessing care and treatment in other neighbouring islands and under-reporting on the part of some private physicians.

- Limited use of information and communication technologies and social media for virtual collaboration and increased outreach of technical cooperation efforts.
- Continued potential impact of and vulnerabilities associated with climate change on health remains a concern.
- Some of the IHR concerns noted were the vulnerability to chemical and radio-nuclear threats, shortage of human resources to provide coverage at the points of entry, financial constraints, and building capacity to monitor and evaluate potential health threats.

2.4 Development cooperation, partnership and contribution to the national and global agenda.

2.4.1 National Health Policies, Strategies or Plans

The following are national health frameworks that exist in the Territories:

- Anguilla - Ministry of Health and Social Development, National Health Strategic Plan (NHSP) 2015-2020 *"Promoting Healthier Lifestyles"*.
- Cayman Islands - the National Health Policy and Strategic Plan (2012-2017), *"Health and Well-being for All in the Cayman Islands"*.
- Bermuda - Ministry of Health and Seniors, Bermuda Health Strategy 2014 – 2019 which is supported by the Bermuda Health Action Plan 2014-2019.
- British Virgin Islands - Ministry of Health and Social Development, National Strategic Plan for Health, 2014-2019. (Draft July 2014).
- Montserrat - Ministry of Health & Social Services, Strategic Plan: 2016/17 - 2018/19.
- Turks and Caicos Islands - Ministry of Health, Agriculture and Human Services, National Health Sector Strategic Plan 2016-2020, Turks and Caicos Islands 2020 Vision for Health Care.

2.4.2 Role of the UK FCO and Public Health England

The UK's Foreign and Commonwealth Office (FCO) leads on overall policy with the UKOTs. The government departments primarily responsible for providing support with the delivery of healthcare in the Territories are the Department of Health (DH) which includes Public Health England (PHE), and the Department for International Development (DFID). Public Health England is a national organisation which, since its inception in 2013, has absorbed the roles of the previous Health Protection Agency (HPA), and as such has been formally designated as the UK National Focal Point under the International Health Regulations.[35]

The UK aims to help the Territories to:[36]

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[35] PHE IHR Focal Submission, March 2014
[36] Health and Health Care in the British Oversees Territories: Regional and UK Government Support, September 2010.

- Manage their health sectors sustainably, using their domestic budgets, regional multi-sectoral support, the National Health Service (NHS) quota system, and development assistance where most needed.
- Influence and make the most of the impact of regional health organisations, benefitting from their inputs and other technical and regional initiatives.
- Fulfill international responsibilities which the UK has signed on to, such as the IHR and the FCTC.
- Be better prepared for emergencies and able to manage them effectively.

The UK DH's over-arching objective for its engagement with the Territories on health matters is to improve global health, and to meet the UK's international obligations. The DH leads on developing and implementing strategies for engagement on health with the Territories, and represents the needs and concerns of the Territories at regional and international meetings. For cases that cannot be treated on-island, the Territories have different levels of access to healthcare in the UK. The DH oversees a quota system by which Anguilla, the British Virgin Islands, Montserrat, and the Turks and Caicos Islands each has free access to NHS facilities for four patients a year. The Cayman Islands and Bermuda make their own arrangements for sending patients for off-island care, financed either by government or health insurance, or at personal expense.[37]

The mission of PHE is "to protect and improve the nation's health and to address inequalities, working with national and local government, the NHS, industry, academia, the public and the voluntary and community sector." It has four (4) functions:

- protecting the public's health from infectious diseases and other public health hazards;
- securing improvements to the public's health through its own actions by supporting government, local authorities and the NHS to secure the greatest gains through evidence based interventions;
- playing a key role in improving population health through sustainable health and care services;
- ensuring the public health system maintains the capability and capacity to tackle today's challenges and the challenges of the future.

The PHE's strategy document states that they will contribute to the implementation of international agreements relating to public health including the International Health Regulations, the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015-2030 and the Paris Agreement on Climate Change.

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[37] Ibid

In the Joint Ministerial Council 2015 Communiqué, the UK agreed to explore greater use of telemedicine and other distance support arrangements in the UK to improve healthcare provision in the

Territories. They committed to exploring inter-Territory healthcare in regional centres of excellence and to supporting the development and implementation of common monitoring systems for audit and review of healthcare across the Territories to improve the quality of care. They also agreed to promote and enable up-skilling of healthcare clinicians in the Territories to UK level qualifications through the local delivery of tertiary-level distance learning courses in partnership with recognized UK academic institutions, supplemented with UK-based clinical placements during the course.

2.4.3 Alignment with Regional Organisations and the United Nations

The UK Government leads internationally on issues of concern to the Territories and, where appropriate, includes representatives of Territory Governments as part of UK delegations. At the same time, the Territories are encouraged to engage directly with other regional and international bodies such as PAHO/WHO and other UN Organisations.

Listed below are regional and international agencies that provide support to the Territories.

CARICOM

CARICOM's mission is to provide dynamic leadership and service in partnership with community institutions and groups, toward the attainment of a viable, internationally competitive and sustainable Community, with improved quality of life for all. CARICOM and PAHO work through a strategic framework called the Caribbean Cooperation in Health Initiative (CCH), the goal of which is to improve and sustain the health of the people of the Caribbean. The purpose of CCH is to develop and implement programmes which focus action and resources on priority health issues of common concern to the Caribbean community, with particular consideration given to vulnerable groups. It was developed within the framework of functional cooperation and adopted by CARICOM Health Ministers in 1984 to optimise the utilisation of resources, promote technical cooperation among member countries, and to develop and secure funding for the implementation of projects in priority health areas. The concept promotes collective and collaborative action to solve critical health problems best addressed through a Regional approach, rather than by individual country action. CCH is now in its 4th iteration. CCH IV will be launched in September 2016.

Montserrat is a full member of CARICOM, while Anguilla, BVI, Bermuda, Cayman and TCI are associate members. The CARICOM Health Ministers' meetings and programme-specific annual meetings provide opportunities for the Territories to lobby for support. Some of these programme meetings include the Pan Caribbean Partnership against HIV/AIDS (PANCAP). PANCAP is a co-ordinating mechanism for the regional response to HIV and AIDS. While PANCAP's contribution to health in the Territories has been limited, the latter have associate membership, which allows better access to information, materials and events. The Caribbean Territories are full members of the Caribbean Disaster

Emergency Management Agency (CDEMA), a subsidiary of CARICOM, which supports its members in all aspects of disaster preparedness and response. The UK Government supports CDEMA's work.

CARPHA

The Caribbean Public Health Agency (CARPHA) is the new single regional public health agency for the Caribbean. It was legally established in July 2011 by an Inter-Governmental Agreement signed by Caribbean Community Member States and began operation in January 2013. CARPHA's mission is to provide strategic direction, in analysing, defining and responding to public health priorities of CARICOM, in order to prevent disease, promote health and to respond to public health threats and emergencies. Its vision is "A Caribbean, in which the health and wellness of the people are promoted and protected from disease, injury and disability, thereby enabling human development in keeping with the belief that the health of the Region is the wealth of the Region." All of the Territories are full members of CARPHA.

Over the last two years, CARPHA has provided technical cooperation to some of the Territories in the Eastern Caribbean with the implementation of the STEPS Surveys. CARPHA, concerned that children in the region are carrying unhealthy weight and are at risk of developing NCDs later in life, has developed a *Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity, 2014 -2015*. The goal is to halt and reverse the rise in child and adolescent obesity in the Caribbean by 2025.[38] Other areas of technical cooperation include mortality data coding and vector control management.

Organisation of Eastern Caribbean States (OECS)

The OECS is now a nine-member grouping comprising Antigua and Barbuda, Commonwealth of Dominica, Grenada, Montserrat, St Kitts and Nevis, St Lucia and St Vincent and the Grenadines. Anguilla and the British Virgin Islands are associate members of the OECS. [39] Its mission is to be a Centre of Excellence contributing to the sustainable development of OECS Member States, by supporting their strategic insertion into the global economy, while maximising the benefits accruing from their collective space.

The United Nations

The Territories interact with different parts of the United Nations, either in their own right or through the UK. Territory representatives have joined UK delegations at special UN meetings and UN conferences, including the UN Conference on Women and the World Summit on the Information Society, as well as UN meetings related to the situation of Small Island Developing States (SIDS). The UK will continue to look for further opportunities for the Territories to attend relevant UN meetings.[40]

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[38] CARPHA – Safeguarding Our Future Development: Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2015.

[39] http://www.oecs.org/about-the-oecs/who-we-are/about-oecs#sthash.ICieWmio.dpuf. Accessed October 2015.

[40] Ibid

Some Territories have particular relationships with some of the UN Specialised Agencies. They are separate members of the World Meteorological Organization (WMO) as they run their own meteorological network. They are able to cast their own votes and send their own representatives to WMO meetings in Geneva. The British Virgin Islands and the Cayman Islands are associate members of UNESCO. UNFPA provides services related to sexual and reproductive health, gender and population to: Anguilla, British Virgin Islands, Bermuda, Montserrat, Cayman Islands, and Turks and Caicos Islands.

2.4.4 Alignment with the SDGs

At the United Nations Sustainable Development Summit on 25 September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of seventeen (17) Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030, (Figure 3.). Each goal is important in itself and they are all interconnected.

Figure 3. The Sustainable Development Goals
Source: https://sustainabledevelopment.un.org/sdgs. Accessed July 2016

The new SDGs, and the broader sustainability agenda, go much further than the MDGs, addressing the root causes of poverty and the targets are "global" in nature taking into account different national realities, capacities and levels of development and respecting national policies and priorities. The SDGs recognise that eradicating poverty and inequality, creating inclusive economic growth and preserving the planet are linked and has as it overarching theme: "Leaving no one behind". It promotes a comprehensive, integrated approach to sustainable development. The Goals will stimulate action over

the next fifteen (15) years in five (5) areas of critical importance: ***People, Planet, Prosperity, Peace and Partnership***.

The SDGs reflect the success of countries' advocacy to keep health high on the world's emerging development agenda. Only one SDG, SDG 3, is dedicated entirely to health *" To ensure healthy lives and promote well-being for all at all ages"* . It includes nine (9) targets which cover major health priorities and four (4) "means of implementation" targets. It addresses a wide range of health issues from road traffic injuries and tobacco control to the health workforce and noncommunicable diseases (NCDs) — the most conspicuous health concern that was omitted from the MDGs. However, Health also benefits from the achievement of the other SDGs.[41]

In the Territories, the achievement of the targets under the SDGs will be supported by PAHO, the UK Government and other UN agencies. In the PAHO Director's Annual Report, countries are urged to increase health sector capacity to promote multi-sectoral action and "health in all policies" to address the social determinants of health. Its "cross-cutting themes" — gender, equity, human rights and ethnicity — and key countries' provisions point to specific forms of inequity that must be addressed to overcome persisting gaps, and advance the larger vision of the SDGs.[42]

The UK Joint Ministerial Council 2015 Communiqué (March 2016) states "*We upheld the vision set out in the 2012 White Paper for the Territories to have strong and flourishing communities, proudly retaining aspects of British identity and generating wider opportunities for their people. We acknowledged the Sustainable Development Goals and set out our ambition to achieve the highest possible educational opportunities and quality of life for the people of the Territories.*"[43]

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[41] WHO Provisional Agenda item 13.2 Health in the 2030 Agenda for Sustainable Development, 8 April 2016.

[42] PAHO Annual Report of the Director of the Pan American Bureau, "Championing Health for Sustainable Development and Equity: Leading By Example", August 2015.

[43] The UK Joint Ministerial Council 2015 Communiqué (March 2016)

3. Review of PAHO's Cooperation in the Past

3.1 Overall Role and Responsibilities of PAHO/WHO

Founded in 1902, PAHO is one of the oldest international public health agencies in the world. It is recognised as both a specialised health agency in the Inter-American System and the Regional Office for the Americas in the World Health Organisation. Its mission is to lead strategic collaborative efforts among Member States and other partners to promote equity in health, combat disease, and improve the quality of, and lengthen, the lives of the peoples of the Americas. It provides technical cooperation to its member countries and promotes cooperation between countries to advance their health goals. The objectives of PAHO's technical cooperation are:

- Support the attainment of national, sub regional, and regional health goals;
- Strengthen the capacity of each country to influence and take advantage of international cooperation in health;
- Give health a preeminent place in national development plans;
- Reflect the interests and perspectives of each country in the global development agenda including Governing Bodies such as the World Health Assembly (WHA) and the Directing Council (DC).

PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. Through its work, PAHO promotes the inclusion of health in all public policies and the engagement of all sectors to ensure that people live longer with good health.

PAHO has a long history of involvement with the Caribbean since Zone Offices were created in 1951 with the Zone 1 Office in Caracas, Venezuela having responsibility for technical cooperation for the Caribbean. Following Jamaica's independence in 1962, the PAHO/WHO Office in Jamaica was established and the programme of technical cooperation expanded to included international professional staff. The Jamaica Office served five (5) countries which included Bermuda, the Cayman Islands and the Turks and Caicos Islands until the late seventies when the PAHO/WHO Office in the Bahamas was established. The PAHO/WHO Bahamas Office assumed the responsibility for the Turks and Caicos Islands.

Technical Cooperation to the Territories in the Eastern Caribbean was originally provided through the PAHO Office of Caribbean Program Coordination which was established in Barbados in 1978. In September 2006, the PAHO/WHO Office in the Eastern Caribbean (ECC) was established to increase PAHO's country presence in the Eastern Caribbean. In addition to the staff based at the ECC in Barbados, one of the seven Country Program Officers has been placed in Anguilla to facilitate technical cooperation with Anguilla, Montserrat and the British Virgin Islands.

PAHO/WHO Headquarters and its Country Offices work in partnership with the respective Ministries of Health and other government agencies in each of the Territories, civil society organizations, other international and regional agencies to advance the health goals and promote health as a driver for sustainable development. Over the years, PAHO/WHO has continued to play an active role in assisting the Caribbean including the Territories to develop and implement strategies for health care to address the specific needs of the people. This has also resulted in a closer collaboration with other regional organisations such as CARICOM, CARPHA and the OECs.

3.2. The PAHO Strategic Plan and the Biennial Work –Plans (BWP)

PAHO's strategic direction is laid out in its 2014 -2019 Strategic Plan *"Championing Health: Sustainable Development and Equity."* It was developed based on the collective priorities of its Member States and country focus and specifies the results to be achieved during 2014-2019. It establishes the commitments made by PAHO Member States and the Pan American Sanitary Bureau (PASB). Its vision focuses on healthy living and well-being and it embraces universal health coverage as a central approach. Table 1 lists the categories and program areas in the Plan. This Plan serves as the basis for developing the Biennial Program Budgets which is in keeping with PAHO's results-based management framework. The BWP is the expression of the collective and individual accountabilities for results. It indicates which results are to be achieved with the available resources. It also provides a basis for monitoring and evaluation.

Table 1. **Categories and Program Areas of the PAHO Strategic Plan 2014-2019**

Categories	Program Areas
1. **Communicable diseases**	1.1 HIV/AIDS and STIs 1.2 Tuberculosis 1.3 Malaria and other vector-borne disease (including dengue and Chagas') 1.4 Neglected, tropical, and zoonotic diseases 1.5 Vaccine-preventable diseases (including maintenance of polio eradication
2. **Noncommunicable diseases and risk factors**	2.1 Noncommunicable diseases and risk factors 2.2 Mental health and psychoactive substance use disorders 2.3 Violence and injuries 2.4 Disabilities and rehabilitation 2.5 Nutrition
3. **Determinants of health and promoting health throughout the life course**	3.1 Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health 3.2 Ageing and health 3.3 Gender, equity, human rights, and ethnicity 3.4 Social determinants of health 3.5 Health and the environment
4. **Health systems**	4.1 Health governance and financing; national health policies, strategies and plans 4.2 People-centred, integrated, quality health services 4.3 Access to medical products and strengthening of regulatory capacity 4.4 Health systems information and evidence 4.5 Human resources for health
5. **Preparedness, surveillance, and response**	5.1 Alert and response capacities (for IHR) 5.2 Epidemic- and pandemic-prone diseases 5.3 Emergency risk and crisis management 5.4 Food safety 5.5 Outbreak and crisis response
6. **Corporate services/Enabling functions**	6.1 Leadership and governance 6.2 Transparency, accountability, and risk management 6.3 Strategic planning, resource coordination, and reporting 6.4 Management and administration 6.5 Strategic communications

Source: PAHO Strategic Plan, 2014-2019. Available at
http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view. ccessed 20 October 2015.

The Plan has nine (9) impact goals:

1. Improve health and well-being with equity
2. Ensure a healthy start for newborns and infants
3. Ensure safe motherhood
4. Reduce mortality due to poor quality of health care
5. Improve the health of the adult population with an emphasis on NCDs and risk factors
6. Reduce mortality due to communicable diseases
7. Curb premature mortality due to violence and injuries by tackling major risks of adolescents and young adults (15-24 years of age)
8. Eliminate priority communicable diseases in the Region
9. Prevent death, illness, and disability arising from emergencies

4. The Strategic Agenda

4.1 Strategic Priorities Common to all Territories

The **Strategic Agenda** lays out the Strategic Priorities and Focus Areas for the PAHO/WHO Multi-country Cooperation Strategy with the United Kingdom Overseas Territories in the Caribbean. It is proposed that the Strategy will cover a period of 6 years. The **Strategic Priorities (SP)** constitute the common medium-term priorities for PAHO/ WHO's Multi-country Cooperation Strategy, on which PAHO/WHO will concentrate the majority of its resources over the Strategy's cycle. The achievement of each Strategic Priority is the joint responsibility of the Governments of the Territories and PAHO/WHO. The **Focus Areas (FA)** are the **"what",** reflecting the expected achievements required to realise the SP. Each focus area will link directly with at least one National Health Policy and Strategy Plan priority, a PAHO outcome and indirectly with a health or health-related SDG target.

Based on the situation analysis, consultations with senior technical officers from the Ministries of Health in the Territories and considering national, subregional and global frameworks as well as the PAHO Strategic Plan 2014-2019, three (3) common SPs were identified for the focus of PAHO's technical cooperation for the Multi-country Strategy. These common SPs:

- focus only on the main challenges identified in the situation analysis that need to be addressed across all the Territories as a whole;
- are aligned with and support NHPSP priorities;
- complement the technical support provided through the PAHO Country Offices to the countries in their BWPs;
- are aligned to the achievement of the PAHO's Strategic Plan 2014-2019 outcomes and SDG targets;
- offer the likelihood of sustainability and also have a multiplier effect on other sectors outside of health.

The common SPs are:

Strategic Priority 1: *Promoting health and well-being throughout the life course*
This priority looks at reducing morbidity and mortality from communicable diseases, non-communicable diseases, mental health disorders and substance use or misuse by promoting health and wellbeing throughout the life-course (from pre-conception to old age).

Strategic Priority 2: *Strengthening health systems governance, organisation and management to achieve Universal Health*

This priority recognises that each Territory will need to develop and implement its own roadmap to strengthen the health systems in order to achieve universal access to health and universal health

coverage. The focus areas reflect the elements that are of major concern and will require technical cooperation to move the process forward.

Strategic Priority 3: *Building safe, healthy and resilient environments that respond to threats and emergencies which have public health consequences*

The aim of this priority is to strengthen capacity within the countries to respond quickly to health hazards that may result from emergencies and disasters. It also involves developing policies to encourage multi-sectoral collaboration that will protect and empower people to increase community resilience against sudden (e.g. natural disasters) or pervasive (e.g. gradual effects of climate change) challenges. It also includes continued work on meeting IHR core capacities.

Table 2 below outlines the common SPs and their related FAs and Table 3 links the SPs and FAs to objectives in the Territories' NHPSPs.

Table 2. Strategic Priorities and Focus Areas

Common Strategic Priorities	Focus Areas
Strategic Priority 1. Promoting health and well-being throughout the life course	**1.1** Implement comprehensive strategies to address mental health /integration of mental health into primary healthcare
	1.2 Strengthen the capacity for delivery of mental healthcare at secondary and tertiary levels
	1.3 Address risk factors by developing regulatory frameworks
	1.4 Engage in non-traditional methods for health promotion and social marketing to influence health and wellness for people of the Caribbean (includes NCDs and CDs)
	1.5 Strengthen integrated vector management for the control of arboviruses
Strategic Priority 2: Strengthening health systems governance, organisation and management to achieve Universal Health	**2.1** Expand equitable access to comprehensive, quality, people and community centred health services
	2.2 Strengthen stewardship and governance for Universal Health in the context of health sector reform
	2.3 Increase and improve financing with equity and efficiency and advance towards elimination of direct payments that constitute a barrier to access at the point of service
	2.4 Develop and implement "Cross- Territory" health information systems including e-health
Strategic Priority 3: Building safe and resilient environments that respond to threats and emergencies which have public health consequences.	**3.1** Strengthen capacity to prepare and respond to "all-hazards" emergencies.
	3.2 Promote safe, SMART and resilient health facilities.

Table 3. **Linking Strategic Priorities and Focus Areas to National Health Plan and Strategic Plan Priorities NHPSP[44] across the Six (6) Territories**

Strategic Priorities	Focus Areas	NHPSP
Strategic Priority 1. Promoting health and well-being throughout the "Life Course"	**1.1** Implement comprehensive strategies to address mental health /integration of mental health into primary healthcare	**Anguilla:** - Mental Health infrastructure and the mental health of Anguillan people improved - The impact of chronic non-communicable diseases reduced - The impact of communicable diseases reduced - Health and quality of life improved through comprehensive programmes addressing actual and potential health needs of the population - Nutritional status and physical activity level of the population improved **Bermuda**: - Implement a comprehensive approach to health promotion which encourages healthy lifestyles and involves health professionals and organizations to ensure the Well Bermuda population goals can be achieved - Increase the access to interventions to prevent and manage noncommunicable diseases and their risk factors, in order to reduce the burden of chronic non-communicable diseases to Bermuda. **British Virgin Islands:** - Improved population and individual health services which meet the needs of individuals and populations in the Territory while contributing to development **Cayman:** - Inter-sectoral collaboration for disease prevention and health protection: Promote the contribution of all sectors to health and well-being - Achieve an educated, empowered health conscious population **Montserrat:** - Improve health outcomes from equal access and utilisation of an increasing range of quality primary health services **Turks and Caicos Islands:** - Strengthen response to identified priority diseases/conditions and programmes
	1.2 Strengthen the capacity for delivery of mental healthcare at the secondary and tertiary levels	
	1.3 Address risk factors by developing regulatory frameworks	
	1.4 Engage in non-traditional methods for health promotion and social marketing to influence health and wellness for people of the Caribbean (includes NCDs and CDs)	
	1.5 Strengthen integrated vector management for the control of arboviruses	

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[44] Anguilla: Government of Anguilla, Ministry of Health National Strategic Health Plan 2015-2020, "Promoting Healthier Lifestyles."

Bermuda: Government of Bermuda, Ministry of Health, Seniors and Environment, Bermuda Health Action Plan 2014-2019 complements the Bermuda Health Strategy 2014 – 2019.

BVI: Government of the Virgin Islands, Ministry of Health and Social Development, National Strategic Plan for Health 2014-2019. (Draft July 2014)

Cayman Islands: Ministry of Health, Government of the Cayman Islands, National Health Policy & Strategic Plan For The Cayman Islands 2012-2017 "Towards health and well-being for all in the Cayman Islands".

Montserrat: Ministry Of Health & Social Services, Strategic Plan: 2016/17 - 2018/19.

TCI: Ministry of Health, Agriculture and Human Services, National Health Sector Strategic Plan 2016-2020, Turks and Caicos Islands 2020 Vision for Health Care.

Strategic Priorities	Focus Areas	NHPSP
Strategic Priority 2: Strengthen health systems governance, organisation and management to achieve Universal Health	**2.1** Expand equitable access to comprehensive, quality, people and community centred health services	**Anguilla:** - Health system transformed to improve efficiency, effectiveness and quality of services delivered to the population of Anguilla - Appropriate health services developed, improved and sustained - Appropriate human resources available to support the reformed health system **Bermuda** - Encourage and expand the use of outpatient facilities and preventive care to allow the hospital to focus on acute care - Implement strategies to meet the long-term healthcare needs of seniors and persons with chronic illnesses, and physical, cognitive or mental disabilities to better provide for the needs of vulnerable populations and manage costs - Health coverage contributions shall be affordable, to ensure access to healthcare - An integrated electronic health system shall be established throughout the health sector to improve quality of care and efficiency of the health system - Bermuda's health system shall be financed through the most cost effective means available to reduce complexity and duplication and improve efficiency
	2.2 Strengthen stewardship and governance to achieve Universal Health in the context of health sector reform	
	2.3 Increase and improve financing with equity and efficiency and advance towards elimination of direct payments that constitute a barrier to access at the point of service	**British Virgin Islands** - Steering of the Health Sector to achieve the objectives the objectives of the Health Policy and this NHSP - Ensure optimum quantity, quality and motivation of the health workforce to deliver the objectives of the health system - Adequate financing is available for the provision of individual and population health services - Ongoing situational awareness of the health system and its performance through the maintenance of a compendium of up-to-date critical health situation indicators **Cayman:**
	2.4 Develop and implement "Cross- Territory" health information systems including e-health	- Strengthen institutional capacity for leadership and governance - Enhance human capital to ensure an available, competent responsive and productive health workforce to improve health outcomes - Implement an equitable and sustainable health financing model - Further develop accessible, high quality integrated health service delivery networks based on the Primary Health Care approach - Develop a robust health information system with multi agency linkages to improve the quality and coverage of health relevant information to be used for decision making **Montserrat:** - Provide strategic policy direction, financial management and administrative services to support the efficient and effective operation of the Ministry's programmes - Provide timely, affordable and accessible defined secondary health care services **Turks and Caicos Islands:** - Strengthen the capacity of the health workforce - Strengthen the provision of high quality health services through established and enforced health policies, regulations and standards - Ensure the financial affordability and sustainability of health care delivery

Strategic Priorities	Focus Areas	NHPSP

Strategic Priority 3: Build safe and resilient environments that respond to threats and emergencies which have public health consequences**.**	**3.1** Strengthen capacity to prepare and respond to "all-hazards" emergencies.	**Anguilla:**
		- Health system transformed to improve efficiency, effectiveness and quality of services delivered to the population of Anguilla: The capacity of the health sector to reduce the impact of disasters strengthened.
		- Strengthening the capacity of the health sector to reduce the impact of the disasters
		Bermuda:
		- Maintain low incidence of good and vector borne diseases (Well Bermuda goal 13)
		- Promote emergency preparedness in every household (Well Bermuda goal 18)
		- Continue to develop, strengthen and maintain capacity to:
		    • detect, assess, notify and report events
		    • respond promptly and effectively to public health risks and public health emergencies of international concern, as required by International Health Regulations
		British Virgin Islands
		- Improved population and individual health services which meet the needs of individuals and populations in the Territory while contributing to development : All residents have access to emergency care within an appropriate time frame (golden hour)
		Cayman:
		- Maintain the capacity to respond to and manage all emergencies and disasters to mitigate the impact on health.
		Montserrat:
		- Provide an effective Environmental Health protection service, which efficiently addresses the public needs and empowerment
		- Empower persons, strengthen the fabric of community and provide care to the most vulnerable persons in Montserrat
		Turks and Caicos Islands:
		- Strengthen the provision of high quality health services through established and enforced health policies, regulations and standards
		- Strengthen inter-sectoral coordination to address priority health problems

	3.2 Promote safe SMART and resilient health facilities	**Anguilla:** - Protecting the health of the public through the reduction and control of environmental health risks **Bermuda:** - - Regulate standards of clinical care for all healthcare facilities and providers that are equivalent to best practice models (Health Strategy goal 8) **British Virgin Islands:** - Improved population and individual health services which meet the needs of individuals and populations in the Territory while contributing to development : Critical health facilities are prepared to provide services during and after major disasters **Cayman:** - Maintain the capacity to respond to and manage all emergencies and disasters to mitigate the impact on health. **Montserrat:** - Provide an effective Environmental Health protection service, which efficiently addresses the public's needs and empowerment **Turks and Caicos Islands:** - Strengthen inter-sectoral coordination to address priority health problems

The SPs and FAs were also linked to the PAHO outcomes in the 2014-2019 PAHO Strategic Plan and the SDG health and health related targets in Table 4.

Table 4. Linking Strategic Priorities and Focus Areas to PAHO Outcomes and SDG Targets[45] (health and health-related)

Strategic Priority	Focus Areas	PAHO Strategic Plan Outcomes	SDG Targets
Strategic Priority 1. Promoting health and well-being throughout the "life course"	**1.1** Implement comprehensive strategies to address mental health /integration of mental health into primary healthcare	**OCM 2.2:** Increased service coverage for mental health and psychoactive disorders	**SDG 3 .4** By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well -being.
	1.2 Strengthen the capacity for delivery of mental healthcare at secondary and tertiary levels	**OCM 2.2:** Increased service coverage for mental health and psychoactive disorders	**SDG 3.5** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
	1.3 Address risk factors of NCDs by developing regulatory frameworks	**OCM 2.1:** Increased access to interventions that prevent and manage NCDs and their risk factors

OCM 2.3: Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth. | **SDG 3.2** By 2030, end preventable deaths of newborns and children under 5 years of age.

SDG 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases

SDG 3 .4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well -being.

SDG 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

SDG 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

Implementation Target 3.a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control

Implementation Target 3.b: Support research and development of vaccines and medicines for NCDs that primarily affect developing countries

Implementation Target 3.b: Provide access to affordable |

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[45] Source: United Nations General Assembly. Report of the Open Working Group on Sustainable Development Goals. UN General Assembly, 68th session, Document A/68/970. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27369&Itemid=270&lang=en

			essential medicines and vaccines for NCDs
			SDG 2.1 End hunger and ensure access by all people to safe, nutritious and sufficient food all year round
			SDG 5.6 Ensure universal access to sexual and reproductive health and reproductive rights
	1.4 Engage in non-traditional methods for health promotion and social marketing to influence health and wellness for people for the Caribbean (includes NCDs and CDs)	**OCM 3.4** Increased leadership of the health sector in addressing the social determinants of health	**SDG 3.4** By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well -being. **SDG 3.6** By 2020, halve the number of global deaths and injuries from road traffic accidents **SDG 2.2** End all forms of malnutrition **SDG 5.2** Eliminate all forms of violence against all women and girls in the public and private spheres
	1.5 Strengthen integrated vector management for the control of arboviruses	**OCM 1.3**: Increased country capacity to develop and implement comprehensive plans, programme or strategies for the surveillance, prevention , control, and /or elimination of malaria and other vector-borne diseases	**SDG 3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases
Strategic Priority 2: Strengthen health systems governance, organisation and management to achieve Universal Health	**2.1** Expand equitable access to comprehensive, quality, people and community centered health services	**OCM 4.2** Increased access to people centered, integrated, quality health services	**SDG 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
	2.2 Strengthen stewardship and governance to achieve Universal Health in the context of health sector reform	**OCM 4.1** Increased national capacity for achieving Universal Health	**SDG 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
	2.3 Increase and improve financing with equity and efficiency and advance towards elimination of direct payments that constitute a barrier to access at the point of service	**OCM 4.1** Increased national capacity for achieving Universal Health	**SDG 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

	2.4 Develop and implement "Cross-Territory" health information systems including e-health	OCM 4.4 All countries have functioning health information and research systems	SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
Strategic Priority 3: Build safe and resilient environments that respond to threats and emergencies which have public health consequences.	3.1 Strengthen capacity to prepare and respond to "all-hazards" emergencies.	OCM 5.3 Countries have an all hazards health emergency risk management program for a disaster –resilient health sector, with emphasis on vulnerable population	SDG 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination. **Means of implementation 3d** – Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks SDG 1.5 Build resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other shocks and disasters SDG 6.1 Achieve universal and equitable access to safe and affordable drinking water for all SDG 11.5 By 2030, significantly reduce the number of death and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with focus on protecting the poor and people in vulnerable situations
	3.2 Promote safe SMART and resilient health facilities	OCM 3.5 Reduced environmental and occupational threats to health	SDG 1.5 Build resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other shocks and disasters

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5. Implementation of the PAHO Multi-country Cooperation Strategy across the Territories

The Strategic Agenda will be implemented using a results-based management approach. The programme areas listed in category 6 of PAHO's Strategic Plan 2014-2019 will be important factors for guiding the implementation of the Multi-country Strategy. These factors include leadership and governance; transparency, accountability, and risk management; strategic planning, resource coordination, and reporting; management and administration; and strategic communication. The BWPs will be developed to align to the focus areas of the Strategic Agenda. Implementation will start during the second year of the 2016-2017 Biennium.

5.1 Resources

The implementation of the Strategy will be coordinated through the PAHO Country Offices responsible for technical cooperation with the Territories. Responsibility for its implementation lies with the entire secretariat. As such, there will be support from the subregional level through its office in Barbados, the regional level through the technical departments at headquarters in Washington and from the global level in Geneva as needed. There will be close coordination with other partners such as CARPHA, other UN agencies and other regional institutions.

The multi-country Strategic Agenda will facilitate joint work where possible, to augment the individual territory work. Opportunities for joint initiatives and networking will be actively pursued.

For the successful implementation of the SPs and FAs, competencies and skills in the following areas will be needed:

- Health systems, including health financing, human resources for health and health information systems.
- Environmental health and sustainability, climate change, and disaster risk reduction and response.
- Non-communicable diseases and risk factor prevention and control, mental health, violence and injury prevention, and health promotion.
- Communicable diseases, including HIV and STIs, vector control, emerging and re-emerging diseases and the human-animal interface.
- Health throughout the life course, including interventions targeting specific population groups, multisectoral approaches, social determinants of health, health in all policies, and PAHO's cross-cutting themes of gender, equity, human rights and ethnicity.
- Strategic partnerships, resource mobilization, and communication using innovative technology.

To strengthen human resources, secondments and joint internship programs will be developed which benefit all Territories. These arrangements will be beneficial to both the territories and PAHO. They will facilitate capacity building of in-country human resources while at the same time providing additional staff for the implementation of the BWPs.

The allocation of financial resources for the Strategy should be based on realistic budgeting in planning the respective BWPs of the individual Territories.

5.2 Technical Coordination Mechanisms and Approaches

- The PAHO Country offices responsible for overseeing the Territories will provide technical cooperation with the Territories with support from the subregional, regional and global levels of the Organization. Opportunities for continued collaboration with PHE in the UK and other relevant regional organisations such as CARPHA will be pursued.

- Technology will be employed to facilitate greater coordination across the territories. This will include periodic monitoring dialogues via available platforms such as WebEx or possibly through the Caribbean Knowledge and Learning Network. Advantage will also be taken of existing networks such as those of the Chief Medical Officers and the Organisation of Eastern Caribbean States. Virtual meetings will be organised every quarter among the Permanent Secretaries, Chief Medical Officers and the PAHO Country Offices to improve communication across the Territories and to discuss progress with implementation of the Strategy at country-level.

- Efforts will be made to use existing agreements, protocols, guidelines, and other frameworks for health, and build on previous initiatives and interventions to avoid duplication and to complement the work of other agencies and partners in the Caribbean. Synergies will be created with the Caribbean Public Health Agency (CARPHA) at the regional and subregional levels to ensure clarification of roles and responsibilities between CARPHA and PAHO.

- The Strategy will provide a platform that can be used to strengthen relationships with the UK DH and PHE and to leverage greater support to the Territories.

- It will also be used to seek opportunities for conducting research on public health concerns that affect the Territories and mobilise additional resources from other sectors and non-traditional partners.

- Efforts will also be made to improve and facilitate networking, share experiences, and share resources across the Territories, with other Caribbean countries and with countries outside of the Caribbean. This is keeping with the concept of Cooperation among Countries for Health Development.

- PAHO and the Territories will use the Strategy as an advocacy tool to facilitate the development of a unified position and a stronger political voice with regard to health matters at key regional and international high level meetings such as the high-level CARICOM Councils, including the Council for Human and Social Development (COHSOD), OECS meetings, PAHO and WHO governing bodies, the UK Joint Ministerial Council Meeting for the Overseas Territories, high-level Task Forces, and UN subregional and country teams.

- A clearing house for the sharing of information and good practices will also be established.

5.3 Resource Mobilisation

- Additional resources for specific joint initiatives can be mobilised from within PAHO. However, PAHO will share the Multi-country Strategy with other institutions and organisations including those in the private sector to advocate and mobilise additional resources to complement the work that PAHO undertakes at country level in the UKOTS.

- Using the Multi-country strategy, PHE has indicated plans to develop a business case to ensure that the UKOTs are included in the wider UK public health discussions and initiatives.

6. Monitoring and Evaluation of the Multi-country Cooperation Strategy

Monitoring and evaluation is a critical step in measuring the achievement of the SPs and the FAs of this Multi-country Strategy. Since the Multi-country Strategy will be implemented through the BWPs of the individual territories,   each of the focus areas for the Strategic Priorities is mapped against an outcome of the PAHO Strategic Plan and its outcome indicator. This will be the basis for the monitoring and evaluation of the Multi-country Cooperation Strategy.

The monitoring and evaluation will also be in accordance with the time line established for the monitoring and evaluation of the BWP.

6.1 Mid-term Review

A midterm review will be conducted in 2018 one year before the PAHO Strategic Plan is scheduled to end. It will address the:

- progress achieved with the implementation of the FAs and the SPs in the individual Territories
- continued relevance of the SPs and the FAs to determine if they are still consistent with the NHPSP objectives and the country level discussions that have occurred to mainstream the SDGs
- identification of the challenges and risks that are affecting implementation and may require the revision of the SPs and FAs
- use and availability of financial and human resources
- use of the Strategy as an advocacy tool to mobilise resources both within PAHO and externally with other partners such as CARICOM and PHE
- identification of specific activities that will improve implementation.

Ongoing monitoring will be conducted through the PAHO Strategic Plan Monitoring System which is jointly monitored by the PAHO Secretariat and Member States. Review of progress with the indicators is conducted at midterm and at the end of each biennium.

6. 2 Final Evaluation

A final evaluation will be conducted at the end of the cycle of the multi-country strategy. The evaluation framework will be developed in collaboration with Territories and other key partners and will assess relevance, efficiency, effectiveness and impact of the Strategy across the Territories.

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Annex

1. PAHO/WHO Initiatives that Guide the Implementation of the Multi-country Strategy.

Outlined below is a series of important health goals identified by the Ministers of Health in the Region of the Americas as key priorities to improve well-being and quality of life in the region.

Universal Access to Health and Universal Health Coverage

Universal access to health and universal health coverage implies that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability.[46] Resolution CD 53.R14 was adopted by the Ministers of Health at the 53rd Directing Council in October 2014. It recognises the importance of prioritising the strengthening of health systems, and adopting integrated, comprehensive policies to address the social determinants of health and health inequities.[47] It also recognises that all people and communities should have equitable access to health services and their ability to pay for health services should be reflected in all public policies. The Directing Council also adopted the Strategy for Universal Access to Health and Universal Health Coverage that outlines four strategic lines of action: 1) expanding equitable access to comprehensive, quality, people- and community-centred health services; 2) strengthening stewardship and governance; 3) increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service; and 4) strengthening inter-sectoral co-ordination to address the social determinants of health.[48]

But each country must achieve universal health coverage at its own pace, since they must overcome various challenges such as ensuring sufficient and sustainable financing, improving the quality and efficiency of health systems, and guaranteeing comprehensive integrated healthcare that includes prevention and health promotion.[49] The national action plan will need to take into account its countries' social, economic, political, legal, historical, and cultural contexts, as well as its priorities and current and future health challenges.

Health in all Policies

The PAHO Plan of Action, Health in All Policies (HiAP) provides Member States in the Americas with technical guidance in defining their own path towards HiAP, taking into account the social,

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[46] PAHO Resolution CD53.R14 "Strategy For Universal Access To Health And Universal Health Coverage", September 2014.

[47] Ibid

[48] PAHO Strategy for Universal Access to Health and Universal Health Coverage, 2013.

[49] http://www.paho.org/hq/index.php?option=com_content&view=article&id+=9007%3Aexpert Accessed 13 September 2015

economic, political, legal, historical, and cultural challenges, as well as current and future health challenges and priorities. It is aligned to the Helsinki Statement on Health in All Policies as an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity, as well as the WHO Health in All Policies (HiAP) Framework for Country Action.[50]

The Plan aims to support national efforts to improve health and well-being and ensure health equity, including action across sectors on determinants of health and risk factors for diseases, by strengthening knowledge and evidence to promote health in all policies. This means that the health sector must collaborate and partner with other areas and levels of government such as the environment, agriculture, finance, justice and education. The synergy among health promotion, the social determinants of health and human rights is embodied in the concept of HiAP. It outlines six strategic lines of action, consistent with the WHO HiAP Framework for Country Action: a) establish the need and priorities for HiAP; b) frame planned action; c) identify supportive structures and processes; d) facilitate assessment and engagement; e) ensure monitoring, evaluation and reporting; f) build capacity.

This Plan will position both health and equity at the centre of all public policy making, assisting countries to achieve universal health coverage.

WHO Framework Convention on Tobacco Control (FCTC)

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global public health treaty. It was developed by countries in response to the globalisation of the tobacco epidemic. It aims to tackle some of the causes of that epidemic, including complex factors with cross-border effects, such as trade liberalisation and direct foreign investment, tobacco advertising, promotion and sponsorship beyond national borders, and illicit trade in tobacco products.[51]   Since its adoption at the World Health Assembly in 2003, the FCTC has played a major role in accelerating the adoption of effective tobacco control policies around the world. Countries are being encouraged to:[52]

- Bring relevant government departments together with a strong political mandate to accelerate the implementation of the FCTC
- Establish a national strategy to achieve continual and substantial consumption reductions from tobacco tax increases, with annual excise tax increases
- Identify resource and technical capacity needs for effective implementation
- Integrate tobacco control into national plans for health, development and poverty reduction
- Protect public health policy from the interests of the tobacco industry.

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[50] PAHO Health in all Policies, 2014-2019.
[51] WHO Framework Convention on Tobacco Control (WHO FCTC): An overview, January 2015.
[52] The NCD Alliance, Putting non-communicable diseases on the global agenda, NCD Briefing Paper, NCDs Tobacco and the FCTC, www.fctc.org. Accessed October 2015.

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During 2014 PAHO, in collaboration with the UK Department of Health and the Convention Secretariat for the WHO Framework Convention on Tobacco Control (FCTC), developed a project to raise awareness among the UKOTs on the requirements of the Convention, and what actions should be undertaken if the Territories decided to request that the Convention be extended to them.   The objectives are to:

- Provide technical assistance to the UKOTs to develop an understanding of the requirements and benefits of the FCTC;
- Establish a benchmark for the UKOTs of their current level of achievement against the FCTC obligations;
- Assist the UKOTs to commence planning for effective implementation of the FCTC.

International Health Regulation (IHR)

The IHR (2005) is mainly based on the introduction of the concept of "public health emergency of international concern" (PHEIC), which is defined as "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and which would potentially require a co-ordinated international response."[53]   The most critical weaknesses identified in countries relate to radiation emergencies, chemical events, strengthening surveillance at points of entry, limited human resources, and preparedness. Countries must have the core capacities needed to fulfill their responsibilities under the IHR 2005, which include updated national legislation, policy development and financing; co-ordination and national focal point communications; surveillance and risk communication; preparedness and response; infection prevention and control; human resources; and laboratory capacity building and improved networking with non-health actors.

PAHO provides the countries of the region with support for national efforts to implement their national IHR plans and maintain their capacities. With regard to the UKOTs, they fall under the UK for the purpose of reporting on the IHR.

Mental Health Plan of Action 2015-2020

The vision of the Plan of Action is: a region in which mental health is valued, promoted, and protected, mental and substance-related disorders are prevented, and persons with these disorders are able to exercise their human rights and access both health and social care that is timely and high-quality, to attain the highest possible level of health and to contribute to the well-being of families and communities.[54] Its goal is to promote mental well-being, prevent mental and substance-related disorders, offer care, enhance rehabilitation, emphasize recovery, and promote the human rights of persons with mental and substance-related disorders, to reduce morbidity, disability, and mortality.

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[53] PAHO International Health Security Roundtable, Implementing the International Health Regulations 2005 (IHR)
[54] PAHO Plan Of Action On Mental Health, CD53/8, Rev. 1, 3 October 2014