

# Caribbean Cooperation in Health Phase IV (CCH IV)

Summary of the Regional  
Health Framework  
2016 – 2025



*Regional Public Goods for  
Sustainable Health Development*





“...CCH IV emphasizes multi-sectoral action and regional public goods (RPGs) to address common challenges in areas where a regional approach holds the best potential to add value to national efforts.”



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The CARICOM Secretariat wishes to acknowledge PAHO for its technical cooperation in the evaluation of CCH III and the development of CCH IV.





“...CCH providing a framework for  
CARICOM Member States to efficiently  
and effectively address common  
health and development challenges”

# Caribbean Cooperation in Health Phase IV (CCH IV)

## Summary of the Regional Health Framework 2016 – 2025

### Introduction

The Caribbean Cooperation in Health (CCH) advances the Caribbean Community (CARICOM) objective of enhanced functional cooperation found in Article 6 of the Revised Treaty of Chaguaramas, with the aim to achieve more efficient operation of common services and activities; to promote greater understanding among its peoples and the advancement of their social, cultural and technological development; and to intensify joint activities in areas such as health, education, transportation, and telecommunications.

Functional cooperation in health has been a long-standing successful feature of cooperation in the Region. The CCH IV provides a framework for CARICOM Member States to efficiently and effectively address common health and development challenges through functional cooperation and

joint action. The intention is to build the capacity of Member States to improve the conditions for health for all by developing and maintaining cost-effective and efficient health systems.

Over the years, the focus of the CCH has evolved in line with the changing international and regional context and to meet the needs of CARICOM Member States. Each iteration of the CCH framework has delivered significant health gains. In 1984, CCH I sought to optimize resources by promoting technical cooperation among countries and securing funding for priority health areas. During this period, the Region achieved the historic elimination of indigenous measles in 1991 and in 2002, the elimination of rubella.

CCH II, covering the period 1999-2005, saw massive scaling up of the regional



response to HIV. through PANCAP, an acknowledged global best practice. CCH III, 2006-2015, advanced regional cooperation for health, including through the landmark Port of Spain Declaration on NCDs in 2007 and the establishment of the Caribbean Public Health Agency (CARPHA) and on-going work of the Pan Caribbean Partnership Against HIV (PANCAP). Other significant outcomes include regional cooperation around the implementation and evaluation of the 2007 Port-of-Spain Declaration; enhanced surveillance, laboratory and risk communication; and near elimination of mother-to-child transmission (MTCT) of HIV and Syphilis.

Developed through a lengthy and widespread consultative process, the CCH IV seeks to advance regional cooperation in health through the provision of regional public goods (RPGS) that enable, complement and add value to the efforts of Member

States towards sustainable health development.

- 1984 - the CARICOM Conference of Ministers Responsible for Health (CMH) accepted the need for a mechanism for health development through increasing collaboration and promoting technical cooperation among countries in the Caribbean. The work developing this mechanism was fostered by PAHO in support of the Regional Health Officials. It was adopted in 1986: It certainly has become the umbrella under which Regional Health Development is sheltered
- CCH I 1986 - 1995
- CCH II 1997 -2005
- CCH III 2007 - 2015
- CCH IV 2016 - 2025



# History of Caribbean Cooperation in Health

CCH I saw achievement of Universal Childhood Immunisation by 1990 and facilitated the Certification of the Region as Polio-free in 1994. During that period the efforts to Eliminate Measles and Rubella commenced with the “Big Bang” in 1991. Intense work by CFNI to use Growth Charts and individual efforts at the Member State level to provide infant food to under-5s almost eliminated severe malnutrition.

The first iteration of the CCH, adopted in 1984, focused on optimizing resource use, promoting technical cooperation among countries, and mobilizing resources for priority health areas. This approach delivered significant health gains, including the eradication of the indigenous transmission of measles and the elimination of rubella.

The CCH II, A New Vision for Caribbean Health, covered the period 1999-2005 and reflected a stronger focus on the intrinsic value of health for human development. Joint action was promoted in eight priority areas: health systems development, human resource development, family health, food and nutrition, chronic non-communicable diseases, communicable diseases, mental health and environmental health.

CCH II saw in the Nassau Declaration a definition of Regional Super Priorities in Health and the production of the Report of the Caribbean Commission on Health and Development, which gave NCDs the highest ranking for attention. PANCAP the Regional Mechanism, a Global Best Practice evolved to address the HIV threat in the Region.

Over the period 2006-2015, the CCH III advanced regional cooperation for health in five functional cooperation areas:

- A healthy Caribbean environment conducive to promoting the health of its people and visitors.
- Improved health and quality of life for Caribbean people throughout the life cycle.

The Caribbean Cooperation in Health (CCH) provides a framework for CARICOM Member States to efficiently and effectively address common health and development challenges through functional cooperation and joint action. The intention is to build the capacity of countries to improve the conditions for health for all by developing and maintaining cost-effective and efficient health systems.



- Health services that respond effectively to the needs of the Caribbean people.
- Adequate human resource capacity to support health development in the Region.
- Evidence-based decision making as the mainstay of policy development in the Region.

CCH III built on the eight priority areas established under CCH II to emphasize actions at the regional level that were crosscutting, multi-sectoral, people-centered, enabling and focused on social determinants of health. Key outcomes have been the establishment of the Caribbean Public Health Agency (CARPHA); the on-going work of PANCAP; regional cooperation for implementation and evaluation of the 2007 Port-of-Spain Declaration on the prevention and control of NCDs; enhanced surveillance, lab services and risk communication to mitigate the risks of global outbreaks such as SARS and

Ebola; near elimination of mother-to-child transmission (MTCT) of HIV; and improved Regional Registration Processes for Health Professionals in keeping with the aims of the Single Market and Economy.

Building on these advances, and in line with the original intent of CCH, the fourth iteration does not attempt to address all health issues nor to define all actions required to improve health in countries throughout the Region. Rather, the CCH IV emphasizes multi-sectoral action and Regional Public Goods (RPGs) to address common challenges in areas where a regional approach holds the best potential to add value to national efforts. It further reflects a greater understanding of the need for a whole-of-society approach that harnesses the capacities of a range of stakeholders across sectors and at all levels, to tackle the complex health and development challenges facing Caribbean countries.





## Consultative Approach to the Development of the CCH IV

The development of the CCH IV Framework was coordinated by a Steering Committee led by the CARICOM Secretariat, CARPHA, and the Pan American Health Organization/

*Advancing the CCH IV, Caribbean Regional Strategic Planning Consultation 22-23 February 2016, Port of Spain, Trinidad*



World Health Organization (PAHO/WHO). The involvement of Chief Medical Officers and technical experts ensured relevance to the needs of Member States, integration of on-going activities, and attention to compliance with international obligations and to meeting emerging challenges.

The Framework builds on an independent evaluation of the CCH III and a regional consultation on “Advancing the Caribbean Cooperation in Health to Benefit the Regional Public Good: Review of the CCH III and Strategic Planning for CCH IV” that was held in Port of Spain, Trinidad in



February 2016. Over 50 regional and national stakeholders representing Member States, regional technical agencies, development partners, academia and civil society participated. Further consultations took place at the 24th and 25th Meetings of the Chief Medical Officers (CMOs), in June 2016 and April 2017 respectively, and directly with Ministries of Health, other sector ministries, CARICOM Regional Institutions, Non-Governmental Organizations (NGOs), the United Nations System and other international partners.

Important recommendations arising from the evaluation of the CCH III were considered in the development of the CCH IV:

- Strengthen governance and accountability systems, including monitoring and evaluation and reporting.
- Align with global and regional priorities, including PAHO/WHO indicators and Sustainable Development Goals (SDG) targets.
- Develop and execute a multi-year communication and dissemination strategy for CCH IV.
- Utilize a longer timeframe to align with global commitments such as the SDGs, and to better achieve and sustain regional goals and objectives
- Re-organize priority areas and consider the inclusion of new issues such as health financing and accountability.



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## International and Regional

The CCH IV is framed within the context of current global and regional development and health agendas.

The Sustainable Development Goals (SDGs) and the Samoa Pathway provide excellent frameworks for the CCH IV, with both health-specific goal and targets and several others that address such related priorities such as food and nutrition security, water and sanitation, climate change, violence prevention.

The CARICOM Strategic Plan 2014-2019 seeks to ensure economic, social, environmental and technological resilience within the Region. Critical health issues are included in the priority area of Building Social Resilience.

COHSOD's embrace of a Caribbean One Health Policy in 2014 adds a multi sector dimension to communicable disease health acknowledging Human, Veterinary and Ecological factors in communicable disease epidemiology. The Health Caribbean Coalition HCC has added a needed dimension to disease control particularly NCDs. Their ability to create public awareness creates additional support for the societal penetration of health policy.

Whilst Non-Communicable Diseases remain the important priority for CCH

IV through an upgraded Port of Spain Declaration. Other issues such as Caribbean Health Security have emerged.

The Global Health Security Agenda is seen as an appropriate vehicle to advance CARICOM MS attainment of International Health Regulations compliance. A Roadmap for the roll-out of the Regional Strategy on Health Security provides opportunities for further development of Identified Public Goods. It will also provide excellent opportunities for national and Regional level multisector engagement in meeting IHR compliance.

The persistent economic challenges facing MS threaten to erode the health gains since independence. This constant stress severely affects the ability of MS to make coherent long-term investments in Health. Decisions are often driven by the need to interdict illness than to promote wellness. As a result the mitigation measures needed to address NCDs, Violence and Mental Health including substance abuse are woefully inadequate and lag behind the brilliant advocacy demonstrated by Heads of Government in the 2007 Port of Spain Declaration. The looming problems of an ageing population



in some MS will ultimately affect investments in Health. The effect of climate change can be seen in the growing severity of hurricanes and the attendant disasters of increasing magnitude, which they cause to the physical health infrastructure and increase in insect vector borne diseases.

CCH IV will begin to address the health systems improvements required to satisfy the needs of Universal Health coverage. These will touch the Health Information systems; Humans Resources diversity required; Policies on commodities and Regulatory Systems to enhance quality.



## Health and Economic Challenges Facing Member States

- higher dependency ratios with fewer people paying NIS contributions,
- high levels of chronic disease and increasing dementia in the elderly,
- increasingly severe and frequent natural disasters,
- mosquito-borne viral diseases, and
- increasing prevalence of violence and injuries.

<sup>1</sup> Abdukadri A, Cunningham-Myrie C, Forrester T. Economic burden of diabetes and hypertension in CARICOM States. 2009 Sept. Available from: [https://www.researchgate.net/publication/269990209\\_Economic\\_burden\\_of\\_diabetes\\_and\\_hypertension\\_in\\_CARICOM\\_states](https://www.researchgate.net/publication/269990209_Economic_burden_of_diabetes_and_hypertension_in_CARICOM_states)

## Regional Public Goods as a Strategic Approach

CCH IV will have as its main deliverable regional public goods. These goods are intended for enhancement of collective approaches to health policy formulation in particular the support of a strengthened enabling environment for their development in particular in MS capacity against constraints for policy formulation. These goods will not constrain individual effort in any MS to address specific national needs.

The Region has benefited from knowledge generation and sharing through 61 years of the **Annual Caribbean Health Research Conference**.

Regional health policies have included the **2007 Port-of-Spain Declaration**

**on the Prevention and Control of NCDs, Caribbean Wellness Day, the Plan of Action for Prevention and Control of Childhood Obesity,**



**2014-2019** and the **State of Public Health in the Caribbean Report** that reviews the public health situation in the Region and provides statistical and technical information to aid decision-making.

In CCH IV, RPGs include, but are not limited to, shared legislative and policy frameworks, standards, regulations and guidelines; shared capacity through regional technical agencies and common training programs; shared quality assurance mechanisms; common

*The OECS Pharmaceutical Procurement Service (PPS) is an example of how pooled procurement can reduce costs and enhance the efficiency of health service delivery. Since its implementation in 1986, the OECS PPS has been able to reduce the market cost of medicines in the region by 20 percent and in so doing, collectively saves regional governments an average of USD \$4 million a year (OECS PPS).*





“...focus on shared challenges that can be addressed more effectively through regional action.”

approaches to addressing shared regional and international challenges to public health; shared research to identify effective and replicable practices; shared financing approaches, including pooled procurement.

At the 25th Meeting of Chief Medical Officers in April 2017, CMOs identified the following priority RPGs to guide the implementation of CCHIV:

- Strengthened legislative framework for health, including legal briefs and model legislation
- Regional legislation for nutritional labelling
- Regional approach to trade legislation and regulation in support of reducing childhood obesity
- Caribbean Regulatory System for essential medicines
- Regional partnership of health and tourism
- Caribbean guaranteed minimum package of health services
- Common health promotion campaigns
- Common training programs for health and other personnel, including in partnerships and negotiation
- Common clinical guidelines and auditing tools for national NCD programs
- Regional data sharing and ethics policy
- Regional health information systems policy
- Regional strategy to stimulate private sector partnerships
- Resource mobilization strategies for reaching non-traditional funders.



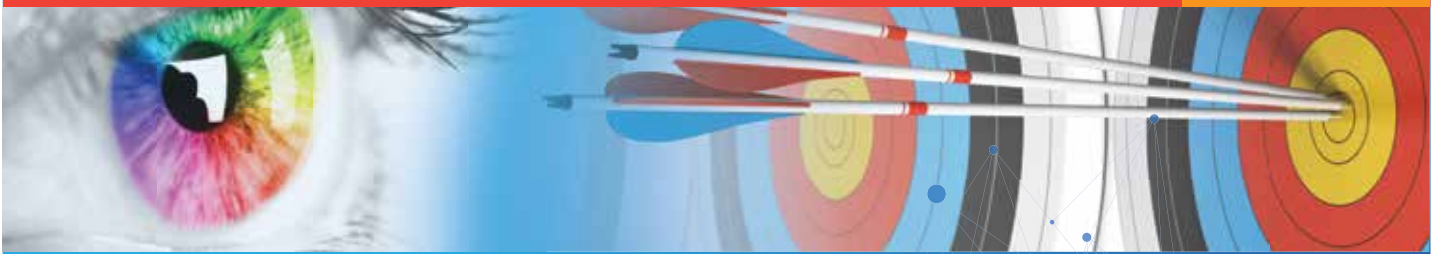


## The CCH IV Framework

The vision of the CCH IV is that Caribbean people will be happier, healthier and more productive, each respected for their individuality and creativity, and living more harmoniously within cleaner, greener environments. Its goal is for people to be resilient, live longer and

have less illness and disability throughout their lives. The mission is to build the capacity of countries to improve the conditions for health for all, especially among vulnerable groups, and to develop and maintain cost-effective and efficient health systems.

### VISION. MISSION. GOAL



#### VISION

Caribbean people will be happier, healthier and more productive, each respected for their individuality and creativity, and living more harmoniously within cleaner, greener environments

#### MISSION

To build the capacity of countries to improve the conditions for health for all, especially among vulnerable groups, and to develop and maintain cost-effective and efficient health systems

#### GOAL

For people to be resilient, live longer and have less illness and disability throughout their lives.

- By 2025, Life Expectancy for the total population in each Member State will be increased by 3 years
- Disability Adjusted Life Years (DALYs) for all ages and both sexes will be reduced by 10% in 10 years.





A key focus is strengthening primary health care and promoting health in all policies to address the social determinants of health. This requires the whole of society to engage for effective multi-sectoral, evidence-based interventions.

The CCH IV Framework identifies five strategic priority areas, each with a key expected outcome. The principal mode of implementation of CCH IV will be the production of Regional Public Goods (RPGs) (see section below on Regional Public Goods (RPGs)).

## CCH IV Strategic Priorities and Outcomes



### Strategic Priority Area

### Strategic Outcome

Health Systems for universal access to health and universal health coverage<sup>2</sup>

Better quality services for health promotion, disease prevention and treatment provided to a larger proportion of the population at affordable costs so that no family is impoverished as a result of treatment of an illness.

Safe, resilient, healthy environments

Regional health security improved through actions to manage and mitigate the effects of climate change, reduce environmental and occupational threats and through building a disaster-resilient health sector, with emphasis on vulnerable populations.

Health and well-being of Caribbean people throughout the life course

Health and well-being of Caribbean people enhanced throughout all stages of their lives.

Data and evidence for decision making and accountability

Regional capacity enhanced to generate and use quality data and evidence for more effective policy, programs and monitoring.

Partnership and resource mobilization for health

Traditional and non-traditional partnerships increased for improved synergies in policy and strategy development and for mobilization of additional resources for health.

<sup>2</sup> Strategy for Universal Access to Health and Universal Health Coverage. PAHO 53rd Directing Council; 66th Session of the Regional Committee of WHO for the Americas. Washington, DC 29 September – 3 October 2014. Available from: <http://www.paho.org/uhexchange/index.php/en/uhexchange-documents/technical-information/26-strategy-for-universal-access-to-health-and-universal-health-coverage/file>



## Implementation through CCH Action Plans

To guide implementation and resource mobilization, a series of three-year CCH Action Plans (CCHAP) will be developed to identify measurable results, outputs, activities, responsible organizations and budgets. These rolling plans provide the opportunity for adjustments in the CCH IV framework, if necessary, to meet changes in the regional context.

As far as possible, regional efforts will utilize existing institutional arrangements, with implementing partners integrating commitments specific to

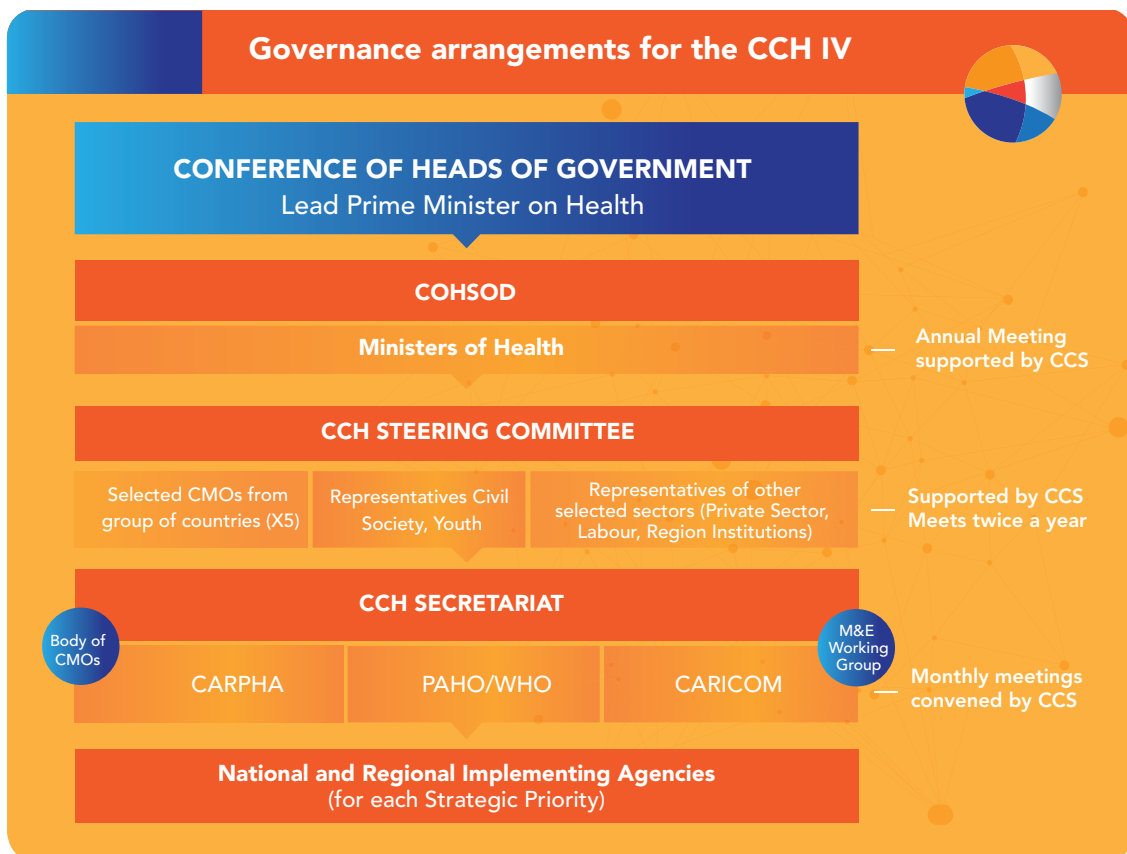
CCH IV into their program budgets, and with Member States monitoring execution through routine reports. Lead organizations will coordinate the achievement of the results for a strategic priority and will implement key actions with support from other organizations. The CCH Secretariat, comprised of the CARICOM Secretariat (CCS) Health Desk, CARPHA and PAHO/WHO, is responsible for coordinating the production of RPGs.



## Strengthened governance of the CCH IV

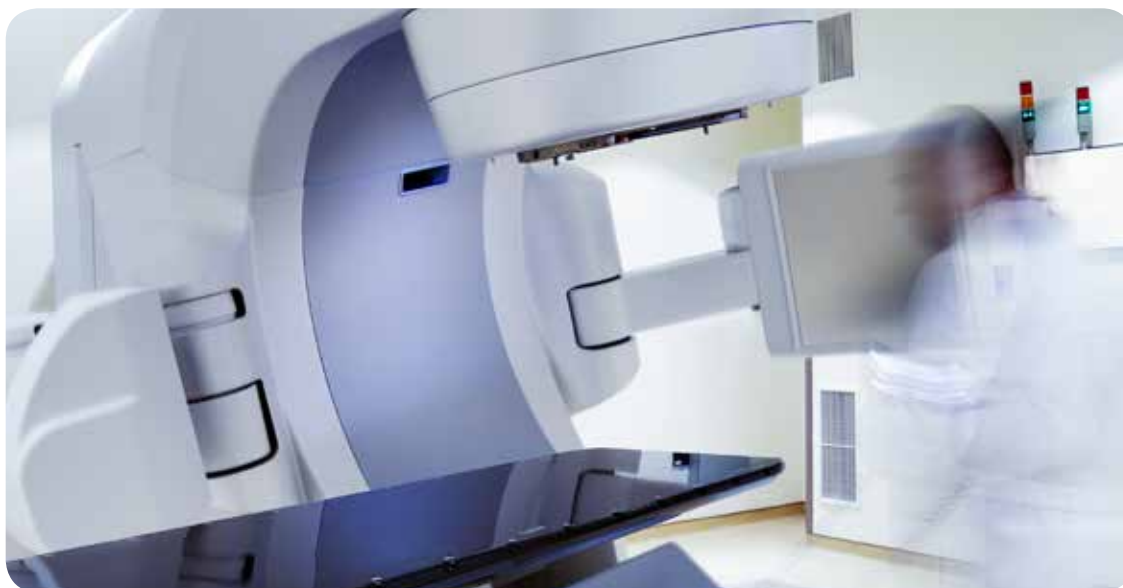
Governance arrangements for the CCH IV build on existing mechanisms such as the Conference of Heads of Government, the Council on Health and Social Development (COHSOD), the Council for Trade and Economic Development (COTED), the Meeting of the Chief Medical Officers and the CCH Secretariat to ensure leadership by, and accountability to, Member States. The modus operandi and lines of authority and accountability of these structures are well-established and will be maintained over the lifetime of the CCH IV.

Effective multi-sectoral governance of the CCH will enable better oversight, accountability and alignment in all areas of health and development. The multi-sector governance identified is reflective to the complexities of the current health issues such as NCD prevention, IHR and Health Systems Regulation. To this end, a Regional Steering Committee will enable non-health, civil society, academia and private sector partners to be engaged in implementation, decision-making and oversight of collaborative activities



and approaches. Operationalizing the Steering Committee will require developing processes and procedures to manage and support a partnership framework for engagement with non-health and non-traditional partners with measures to manage conflict of interest, as well as identifying the resources and capacity for secretariat support and meetings. Face-to-face Regional Steering Committee meetings may be built on to existing annual meetings of the Chief Medical Officers and of Health Officials in Washington, DC in September.

This innovative approach has been approved by the Ministers of Health<sup>3</sup>, and represents a significant step forward for the Region, with the potential to better align strategies and efforts across multiple sectors and to strengthen the CARICOM Secretariat and the governance structure of CARPHA. It builds on lessons learned from PANCAP, a regional collaboration that has successfully harnessed the contributions of more than sixty diverse partners, to achieve progress in the fight against HIV and AIDS.



<sup>3</sup> Endorsed by Ministers at the 30<sup>th</sup> Meeting of the Council for Human and Social Development (COHSOD)- Health. September 2016



## Strengthening multi-sectoral collaboration for health in the Caribbean



### The Steering Committee for the CCH IV will enable:

- Opportunities and mechanisms for routine multi-sectoral collaboration
- Dedicated resources and time for effective multi-sectoral collaboration
- Open, inclusive, and informed discussion among key stakeholders
- A policy process and policies shaped and influenced by multi-sectoral inputs
- The monitoring and assessment of collaborative partnerships for learning and improvement
- Evidence generated and shared on the cross-sectoral benefits of achieving the stated health goal through a multi-sectoral response.<sup>4</sup>

<sup>4</sup>Health Policy Project. 2014. Resource Guide on Multisectoral Coordination





## Monitoring and Evaluation

Monitoring progress of CCH IV takes place at both the national and regional levels. CMOs are responsible for reporting country progress against agreed targets and lead regional agencies are responsible for monitoring and reporting progress in their assigned strategic priority areas.

Within the CCH IV Steering Committee, CARPHA is working to design and operationalize an M&E Plan. The monitoring system builds and strengthens existing surveillance and data collection protocols, to avoid duplication or the need for additional reporting. An indicator framework will include reference sheets outlining definitions, numerators and denominators, planned data analysis and indicator limitations. Reporting templates will be developed for Ministries of Health at the Member State-level and at the regional level, for the lead agency for each strategic priority area. Data will be deposited in CMO Annual Reports

and into a central repository managed by CARPHA, to facilitate tracking of regional progress. Reporting will be incorporated into annual reports at the CMO's Meeting and indicator dashboards will be disseminated to Member States and key partners. This will assign CMOs greater accountability for CCH deliverables. Regional data in the key priority areas will be used to institutionalize data-informed decision making.

CCH IV evaluations will be commissioned and managed by the University of the West Indies (UWI) or PAHO with input from the Steering Committee, MOHs and other key stakeholders. The results of the triennial and final evaluations will be disseminated throughout the Region on various media platforms and as part of regional meetings. Findings and recommendations will be used to generate an action plan for continuous quality and program improvement.



## Communicating for Caribbean Cooperation in Health

The evaluation of the CCH III identified the lack of a communication strategy as an important gap that contributed to a widespread lack of awareness among stakeholders. Effective communication is recognized to be critical for establishing and sustaining multi-sectoral partnerships for advocacy, mobilizing resources, producing and utilising regional public goods, and engaging in governance for the CCH IV. Communication products to promote awareness and

understanding of the CCH IV include:

- A brief designed to be accessible to a wide, non-technical target audience across sectors that will ensure that Member States and residents are aware of the regional public goods and services that are being made available to them, and
- A 'quick reference' version that highlights linkages to SDGs, CARICOM strategic goals, Regional Health Security and profiles CCH IV to support multi-sectoral engagement and investment by partners.



## Resourcing the Regional Public Goods

Strategic Priority Area 5 of the CCH IV proposes the following collaborative approaches to resource mobilization:

- Research to build business case for investment in health;
- Applied training courses for health officials and professionals in partnerships and negotiation skills to support resource mobilization;
- Regional clearinghouse of funding opportunities for health to share with Member States;
- Traditional and non-traditional partnerships;
- Regional policy for engagement of the private sector.

Three-year CCH Action Plans (CCHAPs) and the monitoring and evaluation framework are critical for







## International experience with funding public goods

The main potential contributors to the resourcing of RPGs are:

- National governments
- International agencies and bilateral partners
- Regional private sector
- International corporations, as developers and suppliers of relevant technologies.

The following mechanisms may be used to fund the production of regional public goods:

- Voluntary contributions by States;
- Ear-marked national taxes coordinated between countries;
- Taxes imposed and collected at the regional level;
- Market-based mechanisms such as trading of emission rights.

understanding the resource needs associated with the provision of priority RPGs, and for measuring the results of this investment. So too, is operationalizing a governance structure that can stimulate and nurture new partnership approaches

to diversify funding sources and encourage multi-sectoral collaboration. The whole-of-society approach underlying the CCH IV provides an opportunity and impetus to leverage existing investments, including in non-health sectors.





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<sup>1</sup> Caribbean Community (CARICOM) Secretariat. 2001. REVISED TREATY OF CHAGUARAMAS ESTABLISHING THE CARIBBEAN REVISED TREATY OF CHAGUARAMAS ESTABLISHING THE CARIBBEAN COMMUNITY INCLUDING THE CARICO COMMUNITY INCLUDING THE CARICOM SINGLE MARKET AND ECONOMY M SINGLE MARKET AND ECONOMY Article 6: enhanced functional co-operation, including - (i) more efficient operation of common services and activities for the benefit of its peoples; (ii) accelerated promotion of greater understanding among its

peoples and the advancement of their social, cultural and technological development; (iii) intensified activities in areas such as health, education, transportation, telecommunications. Accessed: [https://datd.cepal.org/Normativas/CARICOM/Ingles/Revised\\_Treaty\\_of\\_Chaguaramas.pdf](https://datd.cepal.org/Normativas/CARICOM/Ingles/Revised_Treaty_of_Chaguaramas.pdf)

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COOPERATION  
IN HEALTH (CCH)**



