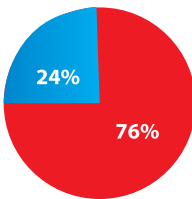


NCDs in the Caribbean

What is the problem?



In the Caribbean, noncommunicable diseases (NCDs) and their risk factors were responsible for **78% of all deaths** in 2010.



76% of all premature deaths (ages 30 to 69 years) are caused by NCDs.

What are the 4 major NCDs?

- Cardiovascular diseases
- Cancers
- Diabetes
- Chronic respiratory diseases

What are the 4 main risk factors?

- Tobacco use
- Harmful use of alcohol
- Unhealthy diet
- Physical inactivity



NCDs are **overwhelming health services** and challenging their sustainability in Caribbean countries, while **impeding progress** toward universal health coverage.

NCDs are responsible for losses in productivity and increased economic burdens to **individuals, families, communities** and **nations**.



CARICOM countries became global leaders in the fight against NCDs when in 2007 they held the *Summit on Chronic Noncommunicable Diseases* and issued the **Port-of-Spain Declaration**.

Caribbean countries committed in 2011 to reducing deaths by **25% by 2025**.

However, **progress has stalled...** Unless we **act now**, this goal will not be reached.



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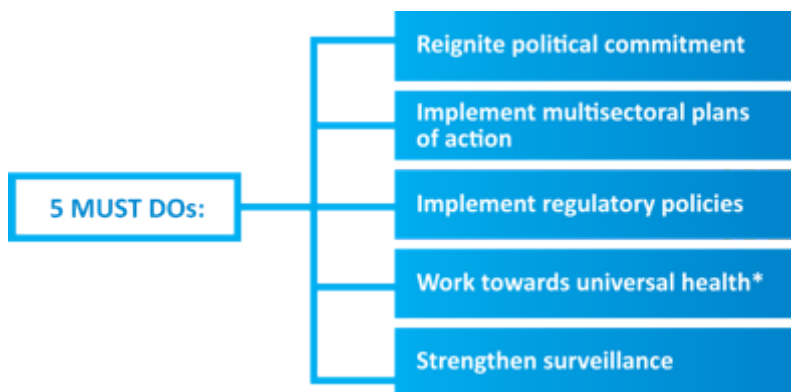


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What can governments do?

On June 8-9, 2015, the **Pan American Health Organization (PAHO)** hosted the **Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean** in Barbados. Stakeholders included government leaders and officials from 17 Caribbean countries and territories as well as representatives from regional and international organizations. The discussions produced the following priority actions and steps.



***Universal Health: Universal access to health and universal health coverage**

Priority action: Reignite political commitment

1. **Brief colleagues** on the outcomes of the *Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean*.
2. Identify national and regional **champions**.
3. Include NCDs in the **agenda** of upcoming meetings.
4. **Engage** heads of state and parliamentarians in discussions on the burden, impact and “whole-of-government” interventions required for NCDs and their risk factors.
5. Develop **NCD campaigns** within countries to advocate for more investments and multi-sector interventions to tackle NCDs and their risk factors, and promote wellness at the population level.
6. Utilize the **diplomatic community** at the United Nations, such as the CARICOM Caucus of Permanent Representatives, to keep political leaders informed and engaged on NCDs.
7. Utilize **civil society** partners to mobilize and empower communities with information on NCDs and risk factors; and stimulate government policy changes through advocacy, activism, and watch-dog interventions.
8. Develop **region-wide** NCD interventions.



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Priority action: Implement multisectoral plans of action



1. Establish a national multisectoral **NCD Commission**, if not already in place.
2. Implement a comprehensive **situation assessment**: collate national statistics (mortality, incidence, prevalence) on the major NCDs and related risk factors (prevalence in the general population; existing policies; relevant actors; barriers to and facilitators of change; health system capacity; analysis of best available scientific evidence).
3. **By 2015**, consider developing national multisectoral policies and plans.
4. Use WHO's *Tools for developing, implementing and monitoring the National Multisectoral Action Plan for NCD Prevention and Control* as a guide. (<http://www.who.int/nmh/action-plan-tools/en/>)
5. **Reach out** to all relevant stakeholders.
6. Include **multisectoral policies** to address NCDs in the country's United Nations Development Action Framework. (UNDAF)
7. Develop **strategic communication** messages and campaigns, working with the media and civil society, to raise public awareness and understanding of NCDs and risk factors.

Priority Action: Implement regulatory policies



WHO “best buys” – (very cost-effective interventions that are also high-impact and feasible for implementation even in resource-constrained settings)

Tobacco

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulate commercial and public availability of alcohol
- Restrict or ban alcohol advertising and promotions
- Use pricing policies such as excise tax increases on alcoholic beverages

Diet and physical activity

- Reduce salt intake
- Replace trans fats with polyunsaturated fats
- Implement public awareness programs on diet and physical activity
- Promote and protect breastfeeding

Cardiovascular disease and diabetes

- Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counseling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid (aspirin) for acute myocardial infarction

Cancer

- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] linked with timely treatment of pre-cancerous lesions)

1. Support **region-wide** initiatives to develop common **regulations and legislation** for tobacco control, alcohol, ultra-processed foods and sugar-sweetened beverages as part of CARICOM's responsibility.
2. Fully implement the **Framework Convention on Tobacco Control (FCTC)**, notably to increase tobacco taxes, enact policies for 100% smoke free environments in all public places and workplaces, mandate health warnings on all tobacco packages and ban tobacco advertisement, promotion and sponsorship.
3. Increase taxes and regulate sales and marketing of **alcohol, ultra-processed foods and sugar-sweetened beverages**.
4. Create policies to **limit salt** content in foods.
5. Adopt policies to **promote** physical activity, including school programs, creating bike paths and closing streets for physical activity.



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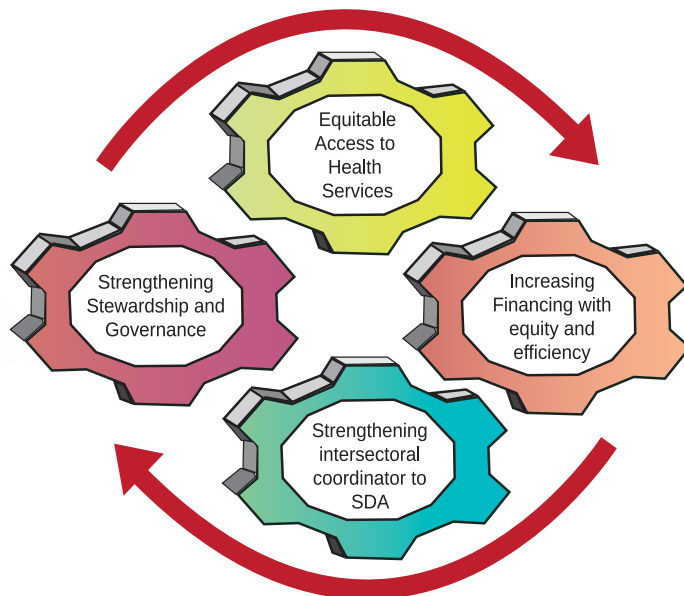
Priority action: Work towards universal access to health and universal health coverage

Universal access to health and universal health coverage:

All people and all communities should have access, without discrimination, to comprehensive, appropriate, timely, quality health services, while ensuring that using these services does not expose users to financial hardship.



Values: Right to health | Equity | Solidarity



1. Use PAHO's *universal access to health and universal health coverage* page as a **guide** to developing a national plan for universal access to health and universal health coverage. (<http://www.paho.org/uhc>)
2. Utilize the **PAHO Strategic Fund** to improve access to quality NCD medications, at lower prices than currently being paid by many Caribbean countries.
3. **Improve efficiencies** and opportunities for **increasing fiscal space** for greater investments in health, particularly at the primary care level.
4. Implement **human resources for health** training to increase skills and competencies of personnel in NCD prevention, screening and early detection, and NCD management.
5. Provide **universal access to health** and **universal health coverage** to all.



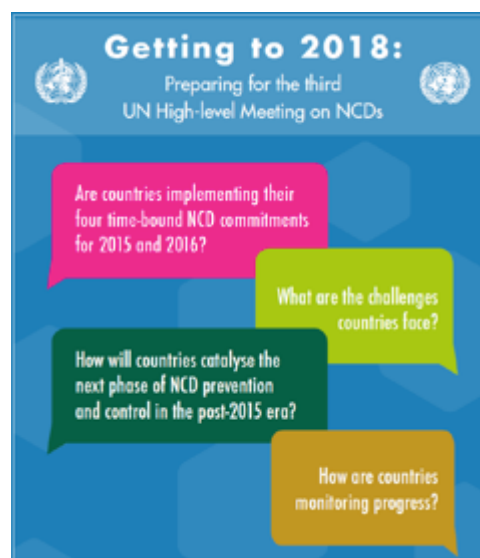
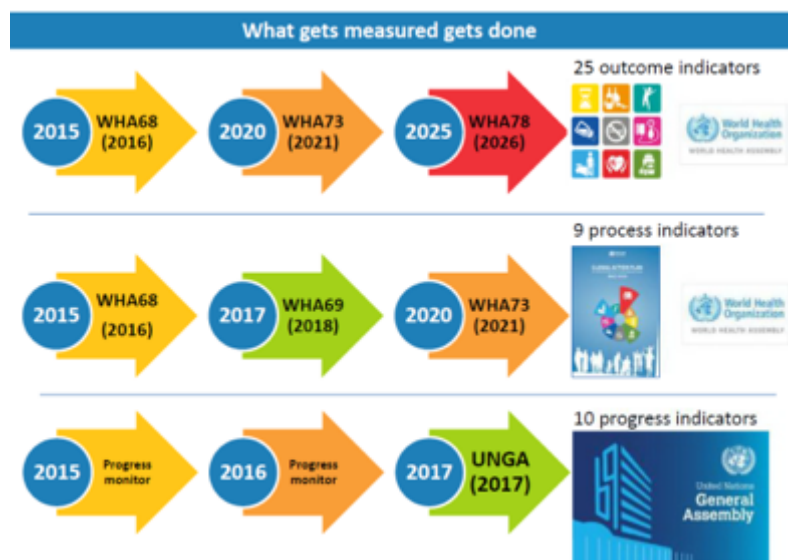
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Priority action: Strengthen surveillance and data collection

1. By the end of 2015, **set national NCD targets and indicators** for 2025.
2. Increase national monitoring capacity for NCDs and their risk factors, by first **mapping current capacities, country needs** and specific **inputs** needed to be able to report on the 9 WHO NCD global targets and 25 indicators.
3. Ensure **periodic, standardized, systematic** and **sustainable** data collection on NCDs.
4. Use WHO's NCD **Global Monitoring Framework** as a guide.
(http://www.who.int/nmh/global_monitoring_framework/en/)
5. Utilize the STEPs questionnaire and integrate **core questions** into routine national health surveys.
(<http://www.who.int/chp/steps/en/>)
6. Undertake health **economic studies** on NCDs to generate evidence on the costs of NCDs and their economic impact in the Caribbean to guide NCD policies and plans.
7. Strengthen **partnerships** and **collaboration** with the University of the West Indies, CARPHA, PAHO and other UN agencies to harmonize and intensify efforts on NCD and risk factor surveillance.
8. **Systematize regular reporting** on policy implementation.



PAHO is **READY** to provide technical cooperation to achieve any and all of these actions.
ARE YOU READY?

For more information on the **Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean**, including the participant list, agenda, presentations and outcomes, please visit: <http://www.paho.org/ncds/caribbeanmeeting>