Pan American Health Organization

Regional Office of the World Health Organization

PAHO/WHO SUB-REGIONAL COOPERATION STRATEGY CARIBBEAN




2010-2015

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For further information contact:
Office of Caribbean Programme Coordination PAHO/WHO
Navy Gardens and Dayrells Road,
St. Michael, Barbados,
Tel (246) 426-3860 Fax (246) 436-9779
Email: cpc@cpc.paho.org Website: www.paho.org

Postal address:
PO Box 508, Bridgetown, BB11000 Barbados

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A Stakeholder Consultation for the Caribbean SCS was held in Barbados on May, 7th 2010, with the participation of:

Ministers of Health of Caribbean Countries: Dr. The Hon. Leslie Ramsammy, Minister of Health of Guyana, in capacity as Chair of CARPHA; The Hon. Ann Peters, Minister of Health of Grenada, in capacity as Chair of COHSOD; The Hon Donville Inniss, Minister of Health of Barbados, in capacity as Host Country;

Counterparts from Caribbean Countries: Bonnie Richardson-Lake, Permanent Secretary (PS), Ministry of Social Development of Anguilla; Edson Joseph, PS, Ministry of Health, Social Transformation and Consumer Affairs of Antigua; Denise Carter Taylor, Senior Health Promotion Officer, Ministry of Health (MOH) of Barbados; Sam Deane, Chief Health Planner, MOH of Barbados, Kenneth George, Senior Medical Officer of Health, MOH of Barbados; Elizabeth Ferdinand, Chief Medical Officer (CMO), MOH of Barbados; Irad Potter, Director of Health Services, MOH and Welfare of British Virgin Islands; David Johnson, CMO, MOH of Dominica; Dave Duncan, Health Planner, MOH of Grenada; Beverley Mendes, PS, Ministry of Education, Health, Community Development Youth Affairs and Sport of Montserrat; Patrick Martin, CMO, MOH, Social Services, Community Development, Culture & Gender Affairs of St. Kitts and Nevis, Lucine Edwards, Health Planner, MOH & Environment of St. Vincent and the Grenadines; Xysta Edmund, Health Planner, MOH, Wellness, Human Services, Family affairs, National Mobilization and Gender Relations of Saint Lucia; Leslie Rollock, Senior Medical Officer of Health – CNCD, MOH of Barbados; Virginia Asin-Oostburg, Deputy Director, MOH of Suriname; Sheila Campbell-Forrester, CMO, MOH of Jamaica; Anton Cumberbatch, CMO, MOH of Trinidad and Tobago;

Regional Health Institutions: Patricia Aquing, Executive Director CEHI; Lucette Cargill, Director CRDTL; Noreen Jack, PAHO/WHO HIV Caribbean Office (PHCO);

Representatives from partner agencies and organizations: Jerome Walcott, CARPHA Project Manager; Rudolph Cummings, Project Manager, Human Resources Development, CARICOM Secretariat; James Gilbert, Director General, Strategic Policy Directorate, Public Health Agency of Canada; Joseph Peltier, Representative IICA; Ian Ho-A-Shu, Health Specialist, Inter-American Development Bank; Phyllis Roett, CIDA, Canadian High Commission; Andria Grosvenor, Technical Manager, Caribbean Disaster Emergency Management Agency (CDEMA); Ena Harvey, Representative, CNCD Commission; Vyjayanthi F. Lopez, Chief Executive Officer, CROSQ; Priscilla Richardson, Faculty of Medical Science, UWI;

UN Organizations: Michelle Gyles-McDonough, UN RC/UNDP Resident Coordinator for Barbados & OECS; De-Jane Gibbons, UN Coordination Analyst for Barbados & OECS; Isiuwa Iyahen, Assistant Representative, UNFPA; Elaine King, Adolescent and HIV AIDS Specialist, UNICEF;

PAHO/WHO: Core Team: Merle Lewis, PWR-Bahamas; Beryl Irons, Director CAREC; Hernan Rosenberg and Juan Manuel Sotelo, PAHO/WHO Washington and OCPC Staff: Bernadette Theodore-Gandi, CPC Coordinator; Monica Zaccarelli–Davoli, Disaster Reduction Advisor; Adriana Ivama, Sub-regional Advisor on Medicines and Biologicals; Gillian Barclay, Advisor Human Resources Development; Philippe Tabard, Advisor French Technical Cooperation; Nicola O'Reilly, Communications Consultant, Lealou Reballos, Specialist, Disaster Risk Reduction and Nicole Wynter, Specialist, Disaster Risk Reduction with the administrative support of Hortensia Ward, Administrative Assistant, OCPC.

The editorial team was composed by Bernadette Theodore Gandi, Adriana Ivama, Devora Kestel and Nicola O'Riley, OCPC – PAHO/WHO. The document was reviewed by Dr. Lucila Pacheco, Area of Knowledge Management and Communication - PAHO/WHO.

FOREWORD

In September 2010, the Caucus of CARICOM Ministers responsible for health endorsed the PAHO/WHO Sub-regional Cooperation Strategy for the Caribbean. This marks a significant milestone for PAHO/WHO cooperation in the Caribbean and complements the support provided at the country level by the Organization through our country offices.

The PAHO/WHO Sub-regional Strategy is very timely as the Caribbean is poised in undertaking significant changes in shaping its readiness and institutional capacity to respond to new global and regional public health challenges affecting its people. These challenges include the need to address the public health implications of the CARICOM Single Market and Economy (CSME) with its free movement of people, food and agricultural products, and harmonization of laws and standards. In addition, the Caribbean is in the process of enhancing its capacity to respond in the changing public health environment with the establishment of the two new Public health entities in the Caribbean namely, the Caribbean Agricultural Health and Food Safety Agency (CAHFSA) and the Caribbean Public Health Agency (CARPHA) which will rationalize the functions of the existing Regional Health Institutions.

In the same way as our cooperation at the country level is guided by National Planning frameworks and the national health agenda, the Sub-regional Cooperation Strategy for Cooperation is guided by the Regional Agenda for Health, namely, the Caribbean Cooperation in Health Phase 3 with the theme: Investing in Health for Sustainable Development."

The PAHO/WHO Sub-regional Cooperation Strategy recognizes these significant public health changes in the Caribbean and clearly defines how PAHO/WHO will ensure that its technical cooperation is responsive and supportive to the Caribbean sub-region in this changing environment. The strategy defines the priorities with which PAHO will work including addressing the agenda of the CCH3 but also the Global and PAHO/WHO Strategic Agenda, the mechanisms of cooperation and the PAHO/WHO entities in charge of leading in the implementation at the sub-regional level over the period 2010 - 2015. The strategy defines the added value of the sub-regional cooperation with its guiding principles of Health equity, reduction in disparities and asymmetries among countries; capacity building and supporting national sub-regional challenges; addressing the determinants of health; optimizing resources and capacities, achieving complementarities; promoting solidarity; focus on economies of scale and shared services and promoting connectivity through e-health.

The PAHO/WHO Sub-regional Cooperation Strategy for the Caribbean was developed with all levels of the organization and wide stakeholder involvement and consultation with countries of the Caribbean and other national and international partners, including NGOs and civil society.

PAHO/WHO is committed to supporting the implementation of the strategy and looks forward to working with Caribbean Governments, Regional and international partners to improve the health and well-being of the peoples of the Caribbean.

Dr Mirta Roses Periago
Director
Pan American Health Organization

EXECUTIVE SUMMARY

PAHO/WHO Sub-Regional Cooperation Strategy – Caribbean –

Sub-regional technical cooperation programs are aimed at meeting the needs of a group of countries in their pursuit of sub-regional health development goals within the framework of the collective mandate of the Pan-American Health Organization/World Health Organization (PAHO/WHO). Sustainable progress in the Caribbean sub-region will depend heavily on an effective and integrated response to the health needs, through which PAHO/WHO will assist in the development of an appropriate strategic agenda in the form of the Sub-regional Cooperation Strategy (SCS). This will involve, primarily, the provision of relevant and appropriate technical support and guidance.

The Caribbean region includes countries and overseas territories with different political structures and dependence, aligned to a number of regional integration mechanisms and associations. Within this group, the integration mechanism to which most countries belong is the Caribbean Community (CARICOM) established in 1972. The establishment of the Caribbean Single Market and Economy (CSME) provides the strongest platform for regional integration, with secondary impact on socioeconomic determinants, demography, health and health care. The CARICOM initiative for common health action and goals – Caribbean Cooperation for Health Phase III (CCH 3), "Investing in Health for Sustainable Development in the Caribbean" – provides a unique opportunity for PAHO/WHO's technical cooperation in the region, and the Organization is already playing a very active role on this.

Given the health situation, the geography, inadequate human resources and continued migration, health challenges in the Caribbean imply a combination of looking at the unfinished agenda with communicable diseases; maintaining gains in areas such as vaccine preventable diseases; facing new challenges such as the epidemic of non-communicable diseases and pandemic influenza; and strengthening the capacity of the health system to address them all. At the same time, the population, including the tourism sector, is being challenged by poor sanitation, untreated sewage at risk of damaging beaches, food-borne disease outbreaks in public places, risk of natural disaster, and the need to mount an effective, rapid, response to manage and control an epidemic. As such, there is the need for the Caribbean to focus on achieving a strong comprehensive and integrated public health response through health promotion strategies to address these priority needs.

Major health risks in the Caribbean are unhealthy lifestyle, including eating habits and physical inactivity; obesity; and tobacco and alcohol use, risk taking behaviour leading to violence and injuries. Multi-sector action is needed in order to: strengthen public health policies and promotion-oriented health services, with emphasis on primary health care and work with the community; reorient the health services, building strategic alliances with all partners; develop personal health skills; and empower communities to achieve well-being. With economies of scale and the similarity in culture, a sub-regional approach to address these issues would be beneficial in the region.

In the Caribbean, there are several International partner institutions in a broad range of areas related to health and development, including poverty alleviation, disaster management, policy, environment, and the fulfilment of the Millenium Development Goals (MDGs), climate change, insecurity and Health and Tourism amongst others.

There is a long history of PAHO/WHO involvement in the Caribbean. The PAHO/WHO Office of Caribbean Programme Coordination Office (OCPC) was created in 1978 and re-structured in 2006 to focus on the sub-regional integration processes of the Caribbean and a new Office of Eastern

Caribbean Countries (OECC), covering Barbados and the members of the OECS was established. PAHO/WHO has two specialized centres in the Caribbean, namely, the Caribbean Epidemiology Centre (CAREC) that provides laboratory reference and epidemiology services to its Member Countries and the Caribbean Food and Nutrition Institute (CFNI), that collaborates closely with the CARICOM secretariat in ongoing efforts to improve the quality of life in the Caribbean. The PAHO/WHO HIV CARIBBEAN OFFICE (PHCO) was given the mandate to rationalize, coordinate and manage technical cooperation in HIV/STI in the broader Caribbean. In additional, there is country focused support through the PAHO/WHO country offices.

The Sub–regional Cooperation Strategy (SCS) is aligned to the strategic priorities of PAHO/WHO and complements the PAHO/WHO Strategic Plan 2008-2012. The priorities were determined using the following criteria:

- The intervention would have a positive impact in addressing the health issues associated with the integration process
- Lack of PAHO/WHO support for the intervention would be a barrier to the integration process
- The intervention is best coordinated at the sub-regional level due to economies of scale and the intervention would benefit from a wider sub-regional approach
- Whilst the intervention may not be identified within the CCH3, it is consistent with the PAHO/WHO Strategic Plan, other international mandates and judged to be relevant to the Caribbean sub-region.

The PAHO/WHO Strategic Objectives (SO) and Sub-Regional Focus Areas were aligned in synergy with the five project goals (PG) for CCH3 as described in section 5, in the following areas: Healthy Caribbean environment; Health and Quality of Life for Caribbean People; Effective Health Services; Human Resources to Support Infrastructure Development; and Evidence-Based Decision Making.

In the review of the situation analysis of the sub-region, the public health implications of the CSME, the proposed changes in the role and functions of the Public Health Agencies in the Caribbean and the role of other partners, it is clear that there are a few guiding principles on which PAHO/WHO's technical cooperation at the sub-regional level in the Caribbean need to focus. These are as follows: Reduction in disparities and asymmetries between countries; Capacity building and supporting national and sub-regional challenges; Addressing the determinants of health; Optimizing resources and capacities and complementarity; Promoting solidarity; Focus on economies of scale and shared services/resources; and Promoting Connectivity through e-health.

The Planning Process and reporting mechanism for the SCS is the same for the CCH 3, through the Chief Medical Officers (CMO) in the Caribbean and the Ministers of Health on an annual basis. Centre programs are integrated to the Sub-regional Biennial Work Plan of PAHO/WHO and coordinated with the PAHO/WHO country offices.

SECTION 1

Introduction

Sub-regional technical cooperation programs are aimed at meeting the needs of a group of countries in their pursuit of sub-regional health development goals within the framework of the collective mandate of the Pan-American Health Organization/World Health Organization (PAHO/WHO). This programmatic level was officially established and introduced for the 2006-2007 biennium as stipulated in the PAHO/WHO Regional Program Budget Policy approved by the 45th Directing Council in 2004. The sub-regional technical cooperation program serves as support to the health action plans of the various sub-regional integration processes in the Americas.

These programs encompass all or some countries which belong to one of the recognized sub-regional integration institutions: the Caribbean Community (CARICOM), Andean Community of Nations, (CAN), the Southern Common Market (MERCOSUR), the North America Free Trade Agreement (NAFTA) and the Central American Integration System (SICA). The sub-regional cooperation plans complement the technical cooperation plans at the country level and must be developed with the countries, through the mechanisms responsible for planning and executing the respective sub-regional health agendas.

The aim of the Caribbean Sub-regional Cooperation Strategy (SCS) is to define PAHO/WHO's sub-regional presence and programs in the light of the Regional Program Budget Policy and guide the strategic direction of the Cooperation in the medium term, 2010-2015.

The development of the Strategy will:

- Redefine PAHO/WHO's sub-regional presence and programs in light of the Regional Program Budget Policy
- Respond better to sub-regional frameworks and initiatives, including the Nassau Declaration, Caribbean Cooperation in Health (CCH), Port-of-Spain Declaration on Chronic and Non-Communicable Diseases (CNCD's), and the Caribbean Regional Public Health Agency (CARPHA)
- Assist the countries in the sub-region to develop identify asymmetries and inequities between countries and identify mechanisms to address these
- Address new challenges: International Health Regulations (IHR), pandemics, climate change
- Provide an opportunity for open dialogue between PAHO/WHO and the key partners regarding strategic plans and issues in public health
- Allow for alignment with the sub-regional health agenda: fulfilment of global, regional, and sub-regional mandates and harmonization with other partners
- Increase the efficient and effective use of limited resources for addressing every issue on the unfinished health agenda, as well as maintaining the gains and facing new challenges
- Minimize the chances of overlap, duplication and gaps in initiatives of PAHO/WHO and partners
- Guide the development of PAHO/WHO sub-regional biennial work plans (BWP) during this period
- Guide mobilization of resources as well as the reorientation of existing resources

SECTION 2

Health and Development: Challenges in the Caribbean

2.1. GENERAL CONTEXT

2.1.1. Political Context

The Caribbean region includes countries and territories with different political structures and dependence:

- Republics: Cuba, Dominican Republic, Haiti and Suriname
- Republics within the Commonwealth: Dominica, Guyana, Trinidad and Tobago
- Independent countries that are part of the UK Commonwealth: Barbados, Belize, Grenada, Jamaica, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines
- United Kingdom Overseas Territories (UKOT's): Anguilla, Bermuda, British Virgin Islands, Montserrat, and the Turks and Caicos Islands
- Entities of the Kingdom of the Netherlands: Aruba and the Netherlands Antilles (5 islands)
- French Departments in the Americas (FDA): French Guiana, Guadeloupe, and Martinique
- US Overseas Territories: US Virgin Islands and Puerto Rico

Political systems in most English-speaking countries are governed by the principles of parliamentary democracy based on the British Westminster System. The countries of the Caribbean have been aligned to a number of regional integration mechanisms and associations, including the Caribbean Community (CARICOM), the Association of Caribbean States (ACS), the Organization of Eastern Caribbean States (OECS) and the Rio Group.

2.1.2 CARICOM

Within this group, the integration mechanism to which most countries belong is the Caribbean Community (CARICOM). Country participation in the Caribbean Community (CARICOM) has involved progressive consolidation of political, legal, and economic integration in the countries of the region. In 1972, Commonwealth Caribbean leaders at the Seventh Heads of Government Conference decided to transform the Caribbean Free Trade Association (CARIFTA) into a Common Market and establish the Caribbean Community, of which the Common Market would be an integral part.

The objectives of the Community, identified in Article 6 of the Revised Treaty of Chaguaramas, are: improved standards of living and work; full employment of labour and other factors of production; accelerated, coordinated and sustained economic development and convergence; expansion of trade and economic relations with third States; enhanced levels of international competitiveness; organization for increased production and productivity; achievement of a greater measure of economic leverage and effectiveness of Member States in dealing with third States, groups of States and entities of any description; enhanced coordination of Member States' foreign and [foreign] economic policies; and enhanced functional cooperation (CARICOM, 2006).

a) *CARICOM Member States*
   - Antigua and Barbuda
   - The Bahamas
   - Barbados

- Belize
- Dominica
- Grenada
- Guyana
- Haiti
- Jamaica
- Montserrat
- Saint Lucia
- St. Kitts and Nevis
- St. Vincent and the Grenadines
- Suriname
- Trinidad and Tobago

b) CARICOM Associate Members

- Anguilla
- Bermuda
- British Virgin Islands
- Cayman Islands
- Turks and Caicos Islands

The establishment of the Caribbean Single Market and Economy (CSME) provides the strongest platform for regional integration, with secondary impact on socioeconomic determinants, demography, health and health care. The CARICOM initiative for common health action and goals – Caribbean Cooperation for Health Phase 3 (CCH 3) – provides a unique opportunity for PAHO/WHO's technical cooperation in the region, and the Organization is already playing a very active role on this.

2.1.3 Organization of Eastern Caribbean States (OECS)

Some Eastern Caribbean countries are also members of the Organization of Eastern Caribbean States (OECS). This is 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. The OECS members share a single currency, the Eastern Caribbean dollar (with the exception of the British Virgin Islands) and a common Supreme Court.

2.1.4 Association of Caribbean States (ACS)

The Association of Caribbean States was formed with the aim of promoting consultation, cooperation and concerted action among all the countries of the Caribbean. It comprises twenty five member states and four associated members, and include some countries in Latin America. The secretariat of the Association is located in Port of Spain, Trinidad and Tobago.

All members of CARICOM are full members of the ACS except Montserrat. France (on behalf of French Guiana, Martinique and Guadeloupe), Aruba, the Netherland Antilles, and the Turks and Caicos Islands have observer status. The four areas of interest for the ACS are: trade; transport; tourism; and natural disasters.

2.1.5 Rio Group

This is an international organization of Latin American and some Caribbean States. The Rio Group does not have a secretariat or permanent body, but relies on yearly summits of Heads of States. Guyana, Haiti and Belize are members of the Rio Group.

2.2 ECONOMIC CONTEXT

Large differences in the size and living standards of the population of the region, as measured by the GDP per capita, are major obstacles for harmonious concerted action towards establishing the CSME. Five of the countries have a Gross Domestic Product (GDP) per capita (GNP ppp) over US$ 14,000; most of the others are between US$ 6,000 and US$ 10,000, whilst Haiti has less than US$ 2,000, according to the Human Development Report of United Nations Development Programme (UNDP, 2009). Bermuda has the highest GDP per capita in the world (US$ 69,900); however it has not been included in the Human Development Index estimate (HDI) (UNDP, HDI, 2009), , as this island is a United Kingdom Overseas Territory. The English- and Dutch-speaking Caribbean, overall, has been experiencing flat or slow economic growth over the last decade. In many countries, economic growth has not been sufficient to sustain real per capita income since the mid-1990s and income levels have contracted in real terms since the end of 2000. The social impact of an economic decline in low income countries of the region is more severe than in the rich countries.

TABLE 1
HUMAN DEVELOPMENT INDEX 2007 AND ITS COMPONENTS

Rank	Country	HDI 2007 VALUE	LIFE EXPECTANCY 2007 YEARS	LITERACY RATE 1999 -2007 % ADULT	ENROLMENT IN EDUCATION 2007 %	GDP per capita 2007 ppp US$
	Very High Human Development					
37	Barbados	0.903	77	..	92.9	17,956
	High Human Development					
47	Antigua and Barbuda	0.868	..	99	..	18,691
52	Bahamas	0.856	73.2	..	71.8	20,253
62	Saint Kitts and Nevis	0.838	..	97.8	73.1	14,481
64	Trinidad and Tobago	0.837	69.2	98.7	61.1	23,507
69	Saint Lucia	0.821	73.6	94.8	77.2	9,786
73	Dominica	0.814	..	88	78.5	7,893
74	Grenada	0.813	75.3	96	73.1	7,344
	Medium Human Development					
91	Saint Vincent and the Grenadines	0.772	71.4	88.1	68.9	7,691
93	Belize	0.772	76	75.1	78.3	6,734
97	Suriname	0.769	68.8	90.4	74.3	7,813
100	Jamaica	0.766	71.7	86	78.1	6,079
114	Guyana	0.729	66.5	..	83.9	2,782
149	Haiti	0.532	61	62.1	..	1,155

Source: *UNDP. Human Development Report, 2009*

Agriculture has suffered as a result of the erosion of preferences (e.g. World Trade Organization, WTO rulings on Bananas) granted by European countries. As a summary proxy for human and socioeconomic development in countries, the HDI (UNDP 2006) identifies five Caribbean countries ranked as very high or high human development (Barbados, Saint Kitts and Nevis, Bahamas, Trinidad and Tobago, and Antigua and Barbuda). Eight countries are ranked as medium human development (Dominica Saint Lucia, Grenada, Saint Vincent and the Grenadines, Suriname, Belize, Guyana and Jamaica). Haiti is the only country with low human development.

The economies of CARICOM Member States remain very open and dependent on trade. The most recent data from the Inter-American Development Bank (IDB) show that for CARICOM

countries that are bank members, the ratio of trade (i.e. the value of imports and exports) to Gross Domestic Product (GDP) ranges from 55.9% for Suriname to 155.85% for Guyana. The notable exception is The Bahamas, where the reported ratio is 17.27%. This very high level of dependence on trade makes these economies vulnerable to developments and events that affect the international supply and demand for goods and services, and access to markets.

One of the areas for which this situation has significant implications is food security. This has been evident, as Member States have been facing rising costs of imports as well as shortages in staple food supplies. The impact of food and chemical and other hazardous imports on the health and productivity of the population must also be considered. In addition, many countries to which the region exports apply phytosanitary standards as barriers to trade. This highlights the increasing need to establish a nexus between health and trade, a relationship in which health research, surveillance, and standard setting will assist in protecting people's health, while promoting trade.

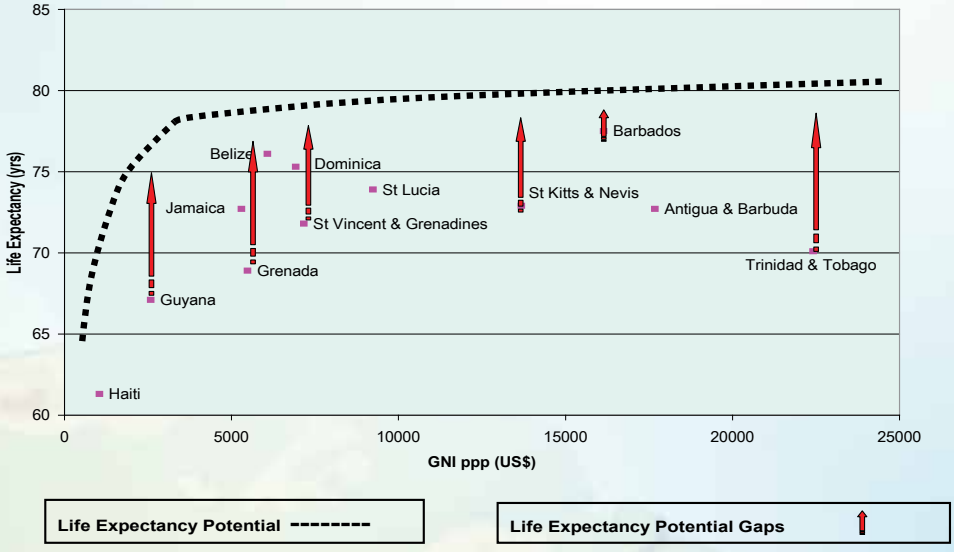
A factor of increasing significance for the region is the graduation of several Member States from the category of less developed States and the consequent loss of access to grant aid and preferential financing. This development has adversely affected the health sector, as there has been a declining trend of resources to the region to support priority health initiatives (e.g. HIV/AIDS)

2.2.1. Basic Indicators 2009

While most Caribbean countries are now classified as middle or high-middle income countries, all countries of the region are below their life expectancy potential. This is indicated in Figure 1.

FIGURE 1
GDP PER CAPITA PPP (US$) 2007 AND LIFE EXPECTANCY AT BIRTH (YEARS) IN SELECTED CARIBBEAN COUNTRIES, 2009.

Caribbean population are below their life expectancy potential; 2009



Sources:
GNI ppp (US$ 2007): UNDP HDR 2009
Life Expectancy at Birth (years) 2009: PAHO/WHO Health Situation in the Americas

With the exception of Aruba, Netherlands Antilles, and Antigua and Barbuda, public expenditures in health care services are below the minimum of 6% of GDP observed in countries characterized by national health care systems of universal coverage.

TABLE 2
PUBLIC HEALTH EXPENDITURES IN HEALTH

Countries	Public Expenditures In Health % GDP	Public Expenditures In Health as % of Total NH Exp.	Public Expenditure In Health, Per Capita US$
Anguilla	4.2	62%	811
Antigua and Barbuda	2.9	67%	414
Netherland Antilles	11.5	94%	2,249
Aruba	8.5	82%	2,196
Bahamas	3.0	49%	669
Barbados	5.7	75%	819
Belize	1.9	58%	87
Bermuda	3.7	46%	-
Dominica	3.8	61%	208
Grenada	3.2	45%	197
Guadeloupe French Guiana Guyana	5.6	75%	86
Haiti	2.7	49%	19
Cayman Islands Turks and Caicos Is. British Virgin Islands US Virgin Islands	3.5	100%	1.772
Jamaica	2.2	45%	76
Martinique			-
Montserrat	7.1	90%	-
Saint Kitts & Nevis	2.1	47%	233
St. Vincent & the Grenadines	3.6	84%	200
Saint Lucia	3.7	53%	223
Suriname	3.8	82%	213
Trinidad and Tobago	2.4	55%	429
Regional Average	**3.6**	**63%**	**143**
Excluding Haiti			**316**

Sources: *Elaborated by PAHO/WHO Staff: GDP ppp estimates from United Nations (UN), National Accounts Data-base; http://unstats.un.org/unsd/snaama/Introduction.asp (Consulted October 20,2009); National Health Expenditures as% of GDP estimates from Health in the Americas – Basic Indicators 2009.*

It has been widely acknowledged that tourism is the lifeblood of most of the Caribbean economies (Trinidad and Tobago, Guyana, Belize, and Suriname being the least dependent). Indeed, the Caribbean Tourism Organization (CTO) estimated that approximately 20 million people visited the region in 2007. Moreover, the World Travel and Tourism Council (WTCC) in its 2007 Travel and Tourism Economic Research study ranked the Caribbean first out of thirteen regions in terms of the contribution of the industry to the regional economy. The region was ranked first on a global scale for capital investment and government expenditure on tourism. According to this study, travel and tourism demand in the Caribbean was expected to generate US$56.1 billion in economic activity in 2007, a level that was estimated to increase to US$107.3 billion by 2017. In addition, the report indicated that that there were an estimated 806,000 jobs in the industry and a total of 2,447,000 jobs (14.8% of total employment) when industry-related jobs are taken into consideration.

The foregoing statistics emphasize the importance of tourism, something of which the countries are all very conscious. The very high level of vulnerability of this industry, not only to global economic vagaries but also to adverse social and climate conditions within the region, is also well recognized. The exposure of the people and the environment (particularly sensitive eco-systems) to the industry also contributes to the very high level of vulnerability. Consequently, closer collaboration between health and tourism, particularly in the areas of epidemiological surveillance, clinical standards and quality of health services, environmental health, and health standards for tourism facilities is no longer a choice, but a necessity.

2.3 DETERMINANTS OF HEALTH

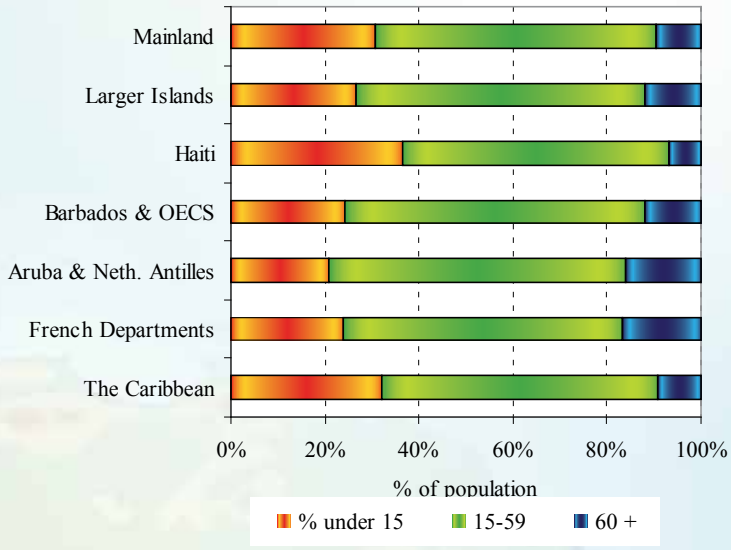
2.3.1 Population structure and demographic changes

The countries of the Caribbean are undergoing a demographic transition evidenced by a rise in life expectancy and a fall in general and infant mortality, with consequent ageing population. The main age groups for the Caribbean population are: 35.9% children under 15 years of age, 59.1% adult between 15 and 59 years, and 4.9 % 60 years and over (2006). Over the last 15 years the annual population growth rate has decreased from 1.2 per cent to 0.7 per cent.

Figure 2 shows age structure for groups of Caribbean countries. Haiti has over 40% of those under 15 years old and a very low proportion of 60+ years. Populations of Aruba and the Netherlands Antilles have the most ageing population structure. All this has implications for the increasing health problems of the elderly, the different needs for health care (in the range of preventive and curative-oriented services) and the required adaptation of health insurance.

FIGURE 2

AGE STRUCTURE OF POPULATION IN GROUPS OF CARIBBEAN COUNTRIES, 2008.



Source: *PAHO/WHO Health Situation in the Americas. Table Generator for Basic Indicators 2008*

Declining population growth is due to the consistent reduction of fertility rates as well as migration. The total fertility rate has shown a constant decline over the past three decades and is now 2.3 children per woman. Fertility decline is related to the progressive coverage and effectiveness of family planning programs. However, adolescent pregnancies (limitations to access to contraception) continue to be a concern, given the health risks involved.

The demographic transition now underway that will be more fully unfolded in 2020, will lead to an increased dependency ratio. The elderly population (60 years old and over) will constitute 17% of the Caribbean population in 2015. This will put a great increase in demand for health systems with regards the necessary curative services for chronic diseases, supportive environments, and senior-friendly goods and services.

Urbanization has been progressively increasing in the region. Urban population averages 45.7%, ranging from 94.7%% in the French Departments to 39.6% in Haiti. The rural population can have deprivation related health risk (mainly those poor and vulnerable groups), but increasing urban population is often accompanied by problems in sanitation, inadequate housing, overcrowding, unemployment, violence and urban poverty, especially in peripheral squatter neighbourhoods. These changes are not always accompanied by increase in the necessary health care resources to satisfy increased demand in the growing urban population.

Population structure and changes depend also on migration within countries of the region, as well as immigration and emigration out of region. There is no detailed information on population migrating, and it is not possible to know and predict the impact of migration on future population size and structure. Migration out of the Caribbean, especially to the USA, Canada and Europe, has had an impact on the economy and on population structure tending towards increased dependency ratios.

2.3.2 Demographic indicators

Selected demographic indicators for groups of Caribbean countries (with the exception of Haiti) in 2009 (table 3) are consistent with those expected for middle income countries. Excluding Haiti, the rest of Caribbean countries have relative low birth rate, fertility rate, and population growth. Life expectancy and proportion of the urban population is higher.

Life expectancy at birth is only 62.1 years in the Caribbean (63.6 years for women and 60.6 years in men), given the influence of low life expectancy in Haiti (53.1 years). Excluding Haiti data, the life expectancy at birth in the Caribbean is 71.8 years (74.2 years for women and 69.3 years in men). General mortality rate (10.3 per 1,000 pop. in the Caribbean) also provides a counterpoint to the mortality rate in Haiti (12.9 per 1,000 pop.) and the significant lower level existing in the rest of Caribbean countries (7.44 per 1,000 pop.). Birth rate and fertility rates are also significantly higher in Haiti, in a pattern coherent with the heath situation in underdeveloped countries.

TABLE 3
SELECTED DEMOGRAPHIC INDICATORS FOR GROUPS OF CARIBBEAN COUNTRIES 2009.

	Mainland	Larger Islands	Haiti	Barbados & OECS	Aruba & Neth. Antilles	French Depart.	TOTAL	TOTAL LESS HAITI
Population (thousands)	1,589	4,468	10,033	955	305	1,096	18,446	8,413
Birth Rate per 1,000	19.2	17.6	27.3	15.6	12.5	15.6	22.7	17.2
Births (thousands)	11.0	38.1	274.0	2.0	2.1	5.8	159.7	23.4
Death Rate per 1,000	6.3	7.2	9.6	5.7	7.4	6.0	8.3	6.7
Deaths (n)	4.4	15.6	90.8	1.1	1.3	2.9	53.8	9.7
Population Growth %	0.6	0.5	1.6	0.7	1.2	0.8	1.1	0.6
Fertility Rate	2.4	2.1	3.4	1.9	1.9	2.3	2.8	2.2
Urban Population %	48.3	44.5	48.2	44.3	76.7	93.6	50.3	52.8
Dependency rate	56.8	51.9	68.6	46.8	43.7	55.1	61.2	52.3
Life Expectancy (y)	69.8	71.6	61.5	75.6	75.9	78.8	66.7	72.8
Life Exp. Men (y)	67.0	68.3	59.7	73.3	72.7	75.7	64.3	69.7
Life Exp Women (y)	72.9	75.0	63.2	77.8	78.9	82.0	69.0	76.0

Source: *PAHO/WHO Health Situation in the Americas. Basic Indicators 2009*

Table 4 shows life expectancy at birth (years) in Caribbean countries for 1980, 1990 and 2009. Historically, the increase is higher in those countries with current higher development.

TABLE 4
LIFE EXPECTANCY AT BIRTH
(YEARS) IN CARIBBEAN COUNTRIES1980, 1990 AND 2009

	1980	1990	2009
Anguilla	70.0		81.0
Antigua and Barbuda	70.0		75.0
Aruba			74.9
Bahamas	69.3	72.5	74.0
Barbados	70.0	73.3	77.5
Belize	70.8	72.1	76.6
Bermuda	73.0	73.7	80.0
Cayman Islands	74.5	77.1	80.0
Dominica	71.0		76.0
French Guiana			76.2
Grenada	65.5		75.6
Guadeloupe			79.3
Guyana		65.0	67.4
Haiti			61.5
Jamaica	68.7	70.9	72.1
Martinique			79.8
Montserrat			73.0
Netherlands Antilles			76.4
Saint Kitts & Nevis	65.0		73.0
Saint Lucia	67.0	71.8	74.0
Saint Vincent and the Grenadines	68.5		71.8
Suriname			69.2
Trinidad and Tobago	68.9	72.2	69.7
Turks and Caicos Islands			75.0
Virgin Islands (UK)	69.9	73.9	77.0

Source: *PAHO/WHO Health Situation in the Americas 1994 and Basic Indicators 2009*

2.4 POVERTY AND HEALTH

2.4.1 Poverty and poverty eradication

Most Caribbean countries are considered middle income economies, but a substantive proportion of the population is living in poverty. According to the Human Development Report (UNDP, 2004), the population below national poverty line (1990-2001) was 35% for Guyana, 21% for Trinidad and Tobago, and 18.7% for Jamaica. There are pockets of poverty in all countries and also high levels of inequality (as suggested by Gini ratios in some countries). Regional poverty assessment

(1995), estimates that 38% of the total population could be living in poverty. Poor households include large family size, low levels of education, overcrowded housing, and limited access to water and adequate sanitation facilities. The incidence of poverty tends to be high among the rural population, young females, and the elderly.

Nevertheless, urban poverty is more visible and perhaps more socially destabilizing. Rural poverty implies lack of access to physical and financial resources, production support facilities, and social and infrastructure services such as electricity, water, sanitation, and roads and transportation. Urban poverty is related to overcrowding, the emergence of squatter settlements, and poor sanitation and waste disposal practices. Criminal activity is a feature of both urban and rural poverty. The low human capital base is a major factor affecting poverty. There are clear differences in access to health services for the poor and non-poor. The poor are more dependent on public health facilities, which appear to be deteriorating in parallel with the increasing financial strains currently being experienced by most national governments.

Medical out-of-pocket expenditures (MOOPExp) represent a drain on disposable income of the household to satisfy other basic needs. Data from countries of the region show a large variation in the significance of household out-of-pocket expenditures in health care-related goods and services. These expenditures represent less than 2% of the GDP in countries with public health care systems providing universal access to health care services (Aruba and Netherlands Antilles), and more than 3% of GDP in countries in which the presence of public sector is relatively weak, as in Bahamas, Bermuda, Grenada, Jamaica and Saint Lucia, where MOOPExp represent more than 50% of overall national health care expenditures.

The importance of a well organized and financed public health system as a mechanism to reduce poverty and reducing the risk of families to incur in catastrophic health expenditure need to be incorporated into the public policy debate. Current poverty eradication policies focus on job creation, expanded education opportunities and improved infrastructure. The role of building national public health care system, based on health care based principles of sufficiency, efficiency and equity need to incorporated into the policy agenda of Governments in the Caribbean, international development institutional and development partners.

2.4.2 Employment

National unemployment varies between 9.9% and 13.5%. Unemployment of women tends to be higher than that of men. Unemployment in young people (15-24 years) is especially elevated in some Caribbean countries. According to the Report of the Caribbean Commission on Health Development (CCHD, 2006), the consistent loss of labour force through emigration means that high unemployment remains an intractable problem in Caribbean countries, sometimes over 25%, even during periods of increased growth. The problem of high unemployment therefore represents one of the most pressing problems in the Caribbean, exacerbated by the reality of weak or non-existent social safety nets. The informal sector varies in size from country to country, but has been estimated to be as large as 45 % in one Caribbean country.

As sources for employment, in addition to intra agricultural diversification, the Governments of the OECS have sought to encourage tourism development, informatics and off-shore financial services as part of their diversification efforts. By providing financial incentives and social infrastructural facilities, the Governments expect that local and foreign private investors would be enticed to develop these non-traditional productive activities, thus supporting employment. In several cases, the lack of a well-developed social infrastructure (roads, ports, etc.) has hampered the development of individual countries.

2.4.3 Education

Adult literacy is over 95% in most countries in the region. However regional literacy in the Caribbean is 73% (2006). When Haiti data (literacy 55.6%) are excluded, the regional level is

93.5% (92.4% for men and 94.6% in women). There is a general concern that these figures do not reflect functional literacy, which is an essential pre-requisite of successful health education and development. There is also a concern on the possibly large and, in some countries, increasing, numbers of out-of school children aged 5-12 years.

2.4.4 Gender

Socially constructed roles, relationships, responsibilities, values, attitudes, and forms of power assigned to women, men, boys, and girls, influence the health status, as well as access to, and utilization of, health services. In most Caribbean countries life expectancy at birth is 5 to 8 years longer for women. In the English-speaking Caribbean the 2009 life expectancy at birth was 68.6 years for men and 75.0 years for women (PAHO/WHO, 2009). While women tend to live longer in general, there are clear disparities between men and women in the burden of specific diseases.

Mortality rates due to homicide are disproportionately high for males compared to females. The 2003-2005 male- female ratio for homicide was 6.2 for the English-speaking Caribbean (PAHO/WHO, 2009). In Guyana the mortality rate due to homicide was 6.7/100,000 population for females and 43.1/100,000 for males, and in Trinidad & Tobago respectively 4.1/100,000 and 20.3/100,000 during the same period. Development of interventions to reduce this disparity will require increased understanding of the factors contributing to increased exposure of males to severe violence and crime, both as perpetrators and victims.

While the regional mortality rate from diabetes mellitus is slightly higher for males compared to females, respectively 79.1/100,000 and 75.8/100,000, (PAHO/WHO, 2009), there are significant disparities between males and females in some countries. In Guyana the adjusted mortality rate due to diabetes mellitus was 56/100,000 for males and 73.2/100,000 for females for the period 2003 – 2005, and in Anguilla 25.8/100,000 for males and 78.9/100,000 for females (PAHO/WHO, 2009). During this period the mortality rates from ischemic heart disease were consistently much higher for males across the English-speaking Caribbean, respectively 126.8/100,000 for males and 78.6/100,000 for females.

Gender stereotypes and expectations related to sexual roles and behaviour influence fertility rates, sexual and reproductive health, the spread of sexually transmitted infections, including HIV, and the occurrence of sexual violence, mainly among young females (15-24 years) where newly reported HIV cases is growing. Many countries in the Caribbean have consistent high rates of teen pregnancies, ranging between 20% and 35%. In a global review of population-based surveys conducted between 1993 and1999, the Caribbean region had the highest percentage of females reporting their first sexual intercourse as forced.

Analysis of the gendered dimensions of health and disease should include assessment of the status and distribution of structural (social, economical and political) variables, including the access to and distribution of resources, literacy and education level, ethnicity, and models of health services delivery. Strengthening of the evidence base regarding the gendered dimensions of health will enhance the capacity of the region to develop appropriate and effective responses to the health needs and issues of women, men, girls, and boys.

2.4.5 Impact of globalization, decentralization and privatization

State reforms, with emphasis on globalization, decentralization and privatization, as well as political and economic integration in CARICOM and the CSME, represent advantages and limitations to national economies, labor markets, national production and other aspects that are related to health and development. The region is looking to the deepening of regional economic integration, encompassing free movement of capital and labor factors, to provide added stimulus to economic growth.

2.5 HEALTH SITUATION ANALYSIS

Given the health situation, the geography, inadequate human resources and continued migration, health challenges in the Caribbean imply a combination of looking at the unfinished agenda with communicable diseases; maintaining gains in areas such as vaccine preventable diseases; facing new challenges such as the epidemic of non-communicable diseases and pandemic influenza; and strengthening the capacity of the health system to address them all. At the same time, the population, including the tourism sector, is being challenged by poor sanitation, untreated sewage at risk of damaging beaches, food-borne disease outbreaks in public places, risk of natural disaster, and the need to mount an effective, rapid, response to manage and control an epidemic. As such, there is the need for the Caribbean to focus on achieving a strong comprehensive and integrated public health response through health promotion strategies to address these priority needs.

2.5.1 Human Resource Development

The development of the Human Resources for Health (HRH) is an issue of high priority for the CARICOM region. HRH issues are of special concern in smaller countries, which are faced with downstream problems such as the retention of trained personnel, the lack of specific policies, and issues related to the quality, skills, and competencies of the existing health workforce.

These downstream problems are clearly rooted in the detrimental determinants of health and development, which heavily contribute to the evident capacity and infrastructure limitations for HRH development at both country and regional level. These general limitations are further compounded by the inadequate human resource capacity, skills, and competencies at country level.

Sub-regional strategies for HRH development are inherently integrated into the overall vision of health and development for the region. It is both an independent and an overarching area covering all the CCH 3 goals and objectives, with an emphasis on capacity and infrastructure enhancement are as follows.

- Exchange of experiences and information at the sub-regional level with emphasis on good practices, the generation of networks, and horizontal cooperation;
- Development of capacity building processes with an emphasis on leadership;
- Coordination of schools for the strengthening of research and training in the health professional disciplines;
- Coordination of regional organizations associated with standard-setting for the practice of medicine, nursing and the other health professions to meet the quality health and development needs of the region and to support the renewal of primary health care (PHC);
- Coordination of the health services and the sub-regional academic institutions to work cooperatively in health human resources planning and the development of health human resources management programs as part of curricula;
- Strengthening sub-regional capacity to deal with emerging paradigms, especially related to the need of inter-professional education, collaborative practice, and new approaches for capacities in PHC teams; and
- Identification of common human resources themes to collaborate resource mobilization in support of joint development efforts.

The development of HRH, considering the free movement of university graduates as part of the CSME, must consider quantity, quality and performance of the health workforce as integral components for sub-regional health and development. It is imperative that national or country-

level efforts for HRH development be strengthened, facilitated and sustained by a coordinated strategic regional approach. This approach involves the development of strategic partnerships and harmonization of CARICOM level strategies and collaboration mechanisms.

2.5.2 The pharmaceutical situation in the Caribbean

The number of countries in the Caribbean with a National Medicines Policy increased from three (27.27%) in 2003, of which two were officially adopted, to seven (53.8%) in 2007, with four officially adopted (57.1%) and only 44.4% of them were integrated into the National Health Policy (NHP). In 2003, only four countries mentioned having legal provisions for a Medicines Regulatory Authority (MRA) and four (66.6%) had a MRA established. In 2007, the number of countries with legal provisions was eleven (84.6%). While progress can be observed in this area for some individual components, it is necessary to strengthen the institutional capacity of medicines regulatory authorities as well as the technical capacity, so as to perform some essential functions of medicines regulation. These include registration or marketing authorization, inspection and licensing of facilities and personnel, and marketing surveillance and pharmacovigilance.

All the participating Caribbean countries mentioned having public sector procurement pooled at the national level. As expected, the median total expenditure on medicines in the public sector in the Americas region, (US$ 34,087,493) was considerably higher than in participating Caribbean countries (US$ 4,000,000), but the median public expenditure per capita/year was much higher in the participating Caribbean countries (US$ 20.90) when compared with the median per capita/ year whole region of the Americas (US$ 11.50). The country size, and consequently, the scope of pharmaceutical marketing, the complexity of the health systems, and the effectiveness of the procurement mechanisms, including the use of brand or generic medicines, are some of the factors to be considered when conducting a comparative analysis (PAHO/WHO, 2010).

2.5.3 Health information systems

National and regional health information is needed to provide evidence on health and the health sector to support policy- and decision-making, ultimately aimed at contributing to the attainment of national and regional health goals. This is particularly critical at this point in the process of regional integration for the following reasons:

- the CSME has implications for the health sector, where staff and patients as CARICOM nationals will move freely;
- the possible implementation of regional health insurance, which in turn will require individual-based information on identification data, insurance coverage, services performed, and billing;
- the strategy of sharing of health services among countries, according to needs and economies of scale, will need measurements of quality of services; and
- the need to monitor advance in actions and expected outputs of the CCH at regional and country levels.

These systems are also crucial in order for countries to meet their reporting obligations – a need that perhaps has been sharply accentuated in recent times by the scaling up of HIV and AIDS response programs supported by the Global Fund for AIDS, Tuberculosis, and Malaria, and by the World Bank. Other international obligations for information include the Millennium Development Goals (MDG) (UN, 2000) and the International Health Regulations (IHR) (WHO, 2005). Timely monitoring and evaluation of CCH 3 can only be achieved through well developed and functioning National Health Information Systems (NHIS).

Several regional initiatives have already been developed, such as the paper-based information systems at the primary health care level; computerized databases were also developed to assist collation, analysis and reporting at the national level. There has been the development of

community information systems – the Community Health Information System (CHIS) of which the Communicable Disease Database (ComDis) is one example of an electronic database. In addition, the Caribbean Epidemiology Centre (CAREC) has several electronic databases containing data from CAREC member states and constituting a Caribbean Health Surveillance System. These systems are supported by electronic databases such as Mortbase which have been developed at CAREC and deployed in country to support NHIS.

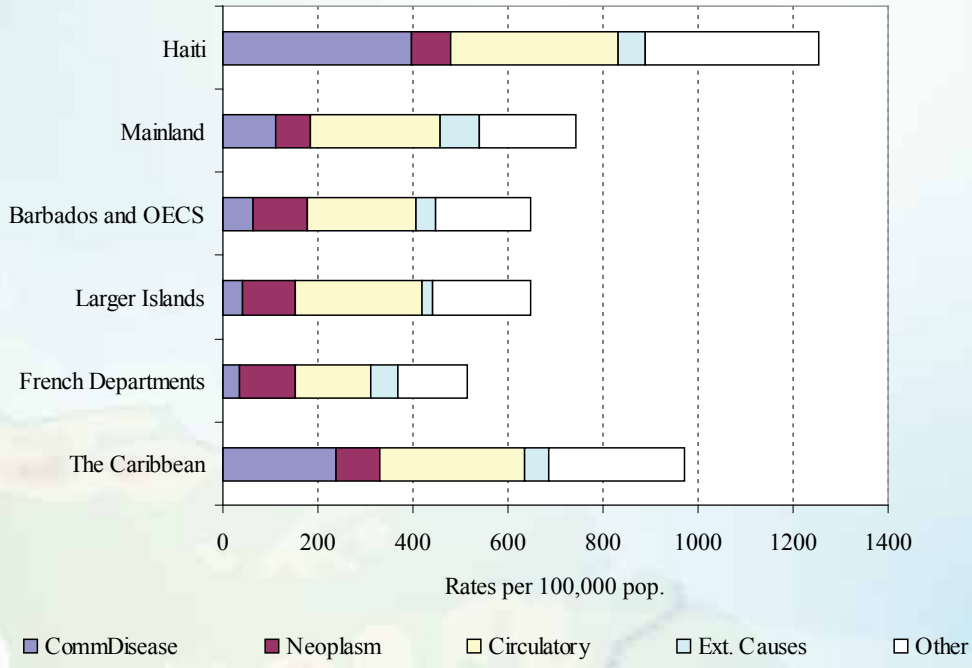
Other regional health institutions such as the Caribbean Environmental Health Institute (CEHI), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Health Research Council (CHRC) and PAHO/WHO-OCPC also maintain valuable regional databases, but these are not linked and there is no central repository from which the information they contain can be readily accessed. CHRC is the lead agency at the regional level in developing monitoring and evaluation programmes for the response to HIV/AIDS and has initiated discussions at sub-regional level on the development of informatics to address the needs of a related information systems.

In addition, many countries have embarked on the establishment of patient management systems and integrated health information systems, including Belize, Jamaica, Saint Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago. However, the approach to the establishment of these systems varies considerably across countries.

2.5.4 Non-communicable diseases

For the last decades, death rates in the Caribbean sub-region have gradually fallen, with chronic non-communicable diseases (CNCDs) being the commonest cause of death, and heart diseases, cancers, cerebrovascular diseases, and diabetes mellitus constituting the four leading causes. These four conditions accounted for 47% of deaths in 1980 and 51% in 2000. With 15-20% and 20-30% of the adult population having diabetes and hypertension, respectively, these major NCDs cause the single biggest expenditure in national medicines budgets.

FIGURE 3
LEADING GROUPS OF CAUSES OF MORTALITY IN THE CARIBBEAN (2006)



Source: *PAHO/WHO Health Situation in the Americas. Basic Indicators 2006*

As noted in Figure 3, the French Departments of Americas (FDA) have the lowest mortality rate while Haiti has the highest. The other countries have similar mortality profiles among them.

CNCDs share common underlying risk factors, namely unhealthy eating habits, physical inactivity, obesity, tobacco and alcohol use, and inadequate utilization of preventive health services.

Severe malnutrition does not appear to be a problem, although mild and moderate malnutrition continues to be a concern in a few countries. Iron deficiency is particularly common in school age children. While malnutrition in children has declined considerably, there is a need to establish or strengthen nutritional surveillance systems and focus programs for vulnerable children. Changes in marketing and food price policies may have an impact and influence nutrition. Obesity and its related risk factors of sedentary lifestyle, high fat intake and overeating is common. Its prevalence varies among countries according to level of education, between urban and rural areas, and by gender.

Cancer occurrence follows a characteristic transition over the course of modernization. While the incidence of stomach cancer declines, colon cancer increases in frequency. Among men, lung and prostate become dominant sites, while for women breast cancer increases at the same time that cervix cancer decreases. For men, the ratio of prostate to lung cancer was about 2:1 in Jamaica, compared with 8:1 for the whole Caribbean; among women breast outnumbered cervix in Jamaica. For both sexes combined, colon cancer was just as frequent as stomach cancer.

2.5.6. Mental health

There is a close relationship between general health and mental health: problems such as stress, anxiety disorders, and depression can be predisposing factors for the onset and complicated evolution of psycho-somatic and cardiovascular problems.

About 14% of the global burden of disease is attributed to mental and neurological disorders. In Latin American and the Caribbean in 2004 it was calculated that 22% of the disability-adjusted life years (DALY's) could be attributed to these disorders. Estimates of the prevalence of mental illness in the English-speaking Caribbean appear to be similar to other parts of the Americas or Europe. The prevalence of schizophrenia is estimated to be around 1%; depression and anxiety disorders are estimated to be around 13%; and substance abuse is a concern, especially the use of alcohol and marijuana by young people.

Suicide is also a concern in the Caribbean, which has the highest rates of suicide in the Americas (13.4 per 100,000, as a sub-region). The 25-44 year age group has the highest prevalence of suicide, followed by the 20-24 year age group. It is estimated – worldwide – that 90% of suicide is associated with mental disorders.

2.5.5 Communicable diseases

Mortality due to communicable diseases, after years of decline, has been rising since the late 1980s, linked to the epidemic of HIV/AIDS. Morbidity has declined significantly as result of immunization, provision of safe and clean water, and increasing educational levels. Smallpox and polio have been eliminated, as well as indigenous measles. Diphtheria, pertussis, and tetanus are virtually unknown, with less than 10 cases occurring yearly. Yellow fever and cholera remain a concern to the Caribbean due to the possibility of importation. Dengue is endemic in Belize, Guyana and Suriname, with variation in the transmission patterns between countries and an increase in the number of cases in the past 20 years (CAREC). Dengue and Dengue Hemorrhagic Fever (DHF) constitute a recurrent problem and have been increasing from year to year. A new factor is the emergence of dengue virus type-3 with the possibility of explosive outbreaks. Malaria is endemic in Guyana, Suriname, Belize, Haiti, and the Dominican Republic. Imported cases are reported every year in most islands, and malaria outbreaks and clusters have occurred in some "malaria-free" countries that are heavily dependent on tourism. Tuberculosis, after years of decline, has recently re-emerged as a major public health threat, associated with HIV infection. Of special concern is the appearance of multi-drug resistant tuberculosis. According to United Nations Programme on HIV/AIDS (UNAIDS), it is also a major concern, as it

is estimated that in 2003 there were between 270,000 and 760,000 people living with HIV/AIDS in the Caribbean, which makes it the most severely affected region in the Western hemisphere; globally, the region has the second highest prevalence (1.5-4.1%), second to Sub-Saharan Africa.

2.5.7. Maternal, child and adolescent health

Infant mortality rate (IMR) is 50.7 per 1,000 live births (2006), given the statistical influence of Haiti (IMR 80.3 per 1,000 live births). Excluding Haiti's data, the Caribbean countries have IMR of 17.6 per 1,000 live births. The main causes of infant deaths are communicable diseases and conditions originating in the perinatal period. Child health has improved in recent years and most serious childhood infectious diseases have been eradicated due to immunization. While infections have decreased, nutritional deficiencies have increased. In early adulthood, diabetes, suicide and homicide have increased markedly as causes of death in the past 10-15 years.

Several countries are experiencing declines in their maternal mortality ratio, although just few countries have updated information on maternal mortality. Haiti has an estimated maternal mortality of 523 per 100,000 live births. Due to differences in the classification of maternal deaths in different countries, there may be an under-representation of the true ratio.

Adolescents, usually with low levels of health problems, face health risks that are mainly related to behaviour, such as violence, early and unsafe sex, and tobacco and alcohol use. The Global School Health Survey conducted in the Caribbean during the period 2007-2008 among adolescents 12-15 years of age, showed some worrying trends in unhealthy behaviours. Approximately 20% of boys and just over 10% of girls had experienced a hangover and got into trouble as a result of alcohol use; over 40% of boys and 30% of girls were physically attacked in the previous twelve months; and over 20% of girls had seriously contemplated suicide within the previous twelve months of the survey. In last 15 years, mortality in adolescents due to drowning, unidentified injuries, and traffic injuries has fallen, but mortality due to homicide, suicide, and HIV/AIDS has significantly increased.

2.5.8 Adult and older persons' health

The adult population is subject to health problems related to lifestyle and risk behaviour, with chronic diseases, mainly hypertension and diabetes mellitus, increasing with aging. Due to increase in life expectancy there has been increasing prevalence of chronic diseases and disability. The needs for nursing care, social support services, and curative services have consequently also increased. Mortality among older persons is mostly due to cardiovascular diseases, diabetes, pneumonia, and cancer. In addition, with the increasing prevalence of Alzheimer's disease, there is a clear need for integrated care addressing health and social support issues.

2.5.9 Environmental health

Environmental conditions continue to have impact on health of the population, especially water quality, liquid waste, excreta disposal, vector control and workers' health. In the year 2000, the population with sustainable access to an improved water source ranged from 100% in Barbados to 82% in Suriname, while the population with access to improved sanitation ranged from 100% (Barbados and The Bahamas) to 50% in Belize. Management of solid waste shows great disparity between countries: coverage of solid waste collection services in the urban population exceeds 90% in Trinidad and Tobago, ranges between 70 and 90% in Antigua and Barbuda, and between 50% and 70% in Dominica and Grenada. Jamaica and Saint Lucia issued regulations for overall solid waste disposal in 1998 and 1997 respectively.

Food-borne diseases continue to be a potentially serious public health problem. Outbreaks have been reported in recent years in Barbados and in Bermuda. In recent years several outbreaks of

food and water-borne disease in major hotels and some outbreaks in the community have resulted in cancellations of visitors' arrivals.

The social conditions surrounding employment and risks with regards to refuse collection and disposal make the working population susceptible to work-related diseases that exacerbate social inequity and other factors. The workforce has been undergoing changes in recent years with children, adolescents and elderly people entering both the formal and informal workforce to guarantee family subsistence. Many jobs are hazardous and increasingly without social insurance or other kinds of protection. Issues and challenges include the lack of policies on occupational health, ineffective data collection regarding Workers' Health; and the non-existence of academic training programs in Occupational Health and Safety.

2.5.10 Natural disasters and disasters caused by human activity

Hurricanes, earthquakes, volcanic eruptions and flooding remain the most serious threats to the sub-region, impacting the lives of residents and the tourism sector. Only a few countries have a health disaster program with an allocated budget and access to decision-makers. Disaster preparedness and mitigation continue to remain a priority even though considerable improvement at regional level is noticeable, especially in the coordination of relief supplies and regional response to natural disasters.

2.5.11 Injuries, violence and mortality by external causes

Intentional and unintentional injuries have emerged as significant topics of concern in the Caribbean. Mortality from violence and injury probably represents only the most visible part of the problem. The total number of injuries that result in hospitalization, or are only reported to a health care provider, far outnumber those resulting in deaths. Violence and injury affect primarily the young and people in their prime working years. Violent and other risk behaviours often begin at a very early age. In the Americas; 'external causes' is the leading cause of death among people aged 10-19 years of age — accounting for 29% of all deaths.

2.5.12 Impact of Health and Tourism Development

Investigation of disease outbreaks in the Caribbean tourism industry showed that these were costly and at the same time preventable, highlighting the need for Caribbean-wide standards for health, safety and environment in the industry.The Caribbean hotel industry is concerned about environmental management issues, including energy and water conservation, waste-water management, and solid-waste management. The interest in this issue from both the public health and the private sectors led to a public-private partnership for addressing these problems. PAHO/WHO played a key role in negotiating the MOU under which a Caribbean Tourism, Health, Safety and Resource Conservation Project was conducted. The project developed the first Caribbean-wide standards for health and environment in the tourism industry and trained over 1,000 public and private sector personnel.

2.5 CONCLUSIONS

Major health risks in the Caribbean are unhealthy lifestyle, including eating habits and physical inactivity; obesity; and tobacco and alcohol use, risk taking behaviour leading to violence and injuries. Multi-sector action is needed in order to: strengthen public health policies and promotion-oriented health services, with emphasis on primary health care and work with the community; reorient the health services, building strategic alliances with all partners; develop personal health skills; and empower communities to achieve well-being. With economies of scale and the similarity in culture, a sub-regional approach to address these issues would be beneficial in the region.

- Chronic non-communicable diseases are the leading causes of death, in close relation to ageing of the population and socioeconomic development (not accompanied by healthy lifestyle). Preventive oriented efforts are needed. The elderly population has high prevalence of chronic diseases, disability and needs for home and nursing care, as well as curative services. The quality of life of the elderly, including wellbeing, normal activities and mental health, highlights the need for strategies and action to support healthy aging.

- Breast, cervical and prostate cancers are frequent but preventable causes of mortality. A coordinated approach is needed to address prevention, screening, and early treatment.

- Obesity-related ill-health is important and implies strengthening health promotion and prevention on the risk factors related to lifestyle, including nutrition related risks and behaviour, as well as monitoring and surveillance systems.

- Mental health and problems caused by mental illness are important, requiring efforts by individuals and all sectors of society to improve the quality of mental health services and prevent problems and diseases. Prevention and control of substance abuse is urgent. Health surveys are periodically needed.

- Vector-borne diseases, especially dengue and malaria, are important, but a wide multi-sector coordinated effort is needed to continue and increase effectiveness.

- The control of vaccine preventable diseases has been successful in the Caribbean, however attention needs to be paid to the introduction of new vaccines and maintaining the gains.

- HIV/AIDS is an important public health issue with high potential impact on health. Preventive and control efforts are needed at national and international level, with emphasis on prevention and opportune treatment and control.

- Improvement in health information systems and epidemiological surveillance systems is needed for better knowledge and follow-up of communicable and non-communicable diseases, and monitoring the prevention and control of preventable diseases.

- Health surveys, policies and action is required to face the child abuse and neglect throughout Caribbean.

- Health at various stages throughout the life cycle has improved with reduction in infant and maternal mortality. The health of adolescents, including sexual and reproductive health, poses a significant challenge in the Caribbean and needs to be addressed through integrated approaches.

- Initiatives to improve environmental health should be supported by national policies, plans and programs. Efforts to increase sewage coverage are needed, especially in some countries and rural areas.

- Food-borne diseases continue to be a potentially serious public health problem and also could impact tourism. Epidemiological surveillance on the incidence and outbreaks of food-borne diseases is needed as well as resource materials available for in-country training. A more coordinated approach to address food safety issues from farm to table needs to be developed and harmonized with all stakeholders in the Region.

- Occupation-related risks and complications result from jobs that are hazardous. As part of conditions of employment, social and specific health insurance and other kinds of protection are needed, as well as proper education and control.

- Impact of unexpected natural disasters could be high, but many countries lack the necessary means and organized programs, although disaster preparedness and mitigation is a regional priority. High importance should be given to planning, organization and co-ordination of plans and procedures for risk reduction, preparedness, and response, including training.

- Mortality and morbidity due to external causes including injuries is important and highly avoidable. Occupational and transit-related injuries require multi-sector action, as well as control measures to ensure the application of policies and regulations. Prevention and control measures are needed, under a wide multi-sector approach.

- Challenges for maintain the sustainability of the health system with rising costs of medicines and technologies, with the population exposed to the risks due to the poor enforcement or lack of regulation of medicines and health technologies, such as substandard and counterfeit medicines.

SECTION 3

Summary of Financial and Technical Agencies and Operations of Health Significance in the Caribbean

3.1. INTERNATIONAL PARTNER INSTITUTIONS

3.1.1. Public Health Agency of Canada (PHAC)

PHAC's primary goal is to strengthen Canada's capacity to protect and improve the health of Canadians and to help reduce pressures on the health-care system. The role of the Public Health Agency of Canada is to: promote health; prevent and control chronic diseases and injuries; prevent and control infectious diseases; prepare for and respond to public health emergencies, and strengthen public health capacity in a manner consistent with a shared understanding of the determinants of health and of the common factors that maintain health or lead to disease and injury (PHAC, 2010). PHAC is one of the supporting institutions for the establishment of CARPHA.

3.1.2. Canadian International Development Agency (CIDA)

CIDA's support in the region of the Americas and the Caribbean is focused primarily on addressing issues associated with reducing inequity and poverty. Based on its regional overview statement, the main health opportunities are associated with its partnerships with other relevant agencies in the region. These partnerships address health issues through programs designed to: improve access to basic health care and prevent the spread of HIV/AIDS, and to promote environmental sustainability. In addition to this, the CIDA is involved in other relevant projects not stated in its focus as in the case in Honduras where the agency is supporting a major project for the provision of safe water and sanitation facilities (CIDA, 2010).

3.1.3. Department for International Development (DFID)

According to the UK government's regional development strategy for the Caribbean, DFID concentrates primarily on promoting regional economic growth through enhanced competitiveness and supporting governments to work together to tackle barriers and risks to growth such as climate change and insecurity as stated in the Caribbean regional development strategy (DFID, 2008). The areas supported by DFID include improving security, disaster risk reduction and adapting to climate change and also maintain links with the EC and CARICOM/CARIFORUM on regional integration and trade. The main opportunities for health lie within the aforementioned areas of work eg. health and tourism initiatives of PAHO/WHO can be linked to the overall strategy of economic growth in the region, based on the economic significance of the tourism sector.

3.1.4. European Union (EU)

The EU's relationship with the region is divided separately between Latin America and the Caribbean. The main emphasis relative to the EU's involvement in cooperation and investment programs pertains to Security, Economic and Political stability and Sustainable Development. However, there exists opportunities for health improvement through programs associated with: poverty alleviation, disaster management, policy, environment, and the fulfilment of the Millenium Development Goals (MDGs) (EU, 2005, 2007). In the Caribbean, emphasis is placed on the

promotion of governance, Caribbean integration and cohesion, and sustainable development, considering the CARIFORUM (EUROPEAN COMMUNITY - CARIBBEAN REGION, 2008).

The EU also provides support to Caribbean countries among the framework of the EC and Africa, Caribbean and Pacific Islands (ACP) Partnership, namely WHO/EU ACP Project Partnership on Pharmaceutical Policies, whose purpose is to enhance accessibility, quality, and rational use of essential medicines and other key pharmaceuticals in ACP Countries.

3.1.5. United States Agency for International Development (USAID)

USAID activities in the Caribbean are part of the US foreign policy assistance program, focused on assisting governments with achieving economic growth, security, and democracy. Consequently, there are some priorities which involve direct and indirect health benefits for the citizens of the beneficiary governments. Of the five USAID priorities for Latin America and the Caribbean, three have direct or indirect health implications for assistance or intervention. These are: providing responsive services for particularly marginalized populations; improving the quality of basic education and health care; and providing humanitarian relief to refugees and displaced persons (USAID, 2010).

USAID's health programs aim to: build health systems capacity; improve child survival, health, and nutrition; improve maternal health and nutrition; reduce unintended pregnancy and improve healthy reproductive behaviour; reduce transmission and impact of HIV/AIDS; prevent and control infectious diseases of major importance; reduce non-communicable diseases and injuries; and address health requirements of internally displaced persons (USAID, 2010b) and reduction and mitigation of varying environmental threats.

3.1.6. Global Fund

This private/public partnership attracts funding from various civil societies governments and other private organizations, and redistributes resources in the form of grants to affected countries and communities. Its main health funding and support goes towards programs which focus on the prevention and treatment of HIV/AIDS, tuberculosis and malaria. Funding is also provided for the strengthening of health systems and training. In addition to these, the Global Fund seeks to work in partnerships with other agencies relative to addressing issues pertaining to the realizing the MDGs (GLOBAL FUND, 2009).

3.2. CARIBBEAN INSTITUTIONS

3.2.1. Caribbean Development Bank (CDB)

CDB is a major financier of development projects for its Caribbean member states. Its has a number of guidelines relative to its financing or support policies which are centered around their potential for advancing the people of the region and Sustainable Development. However, the main areas in which the CDB's strategies can influence health are those associated with poverty reduction, climate change, disaster preparedness and management, and environmental sustainability. Some of the more specific health impact projects which CDB is often involved are those associated with water, sewerage and infrastructure and related services, waste management, and environmental protection (CDB, 2008).

3.2.2. Caribbean Community Climate Change Centre (CCCCC)

This Centre coordinates the Caribbean Region response to climate change. It serves as a repository and clearing house of Regional climate change data. PAHO/WHO will need to work closely with the Centre in addressing the health implications of climate change.

3.2.3. Caribbean Disaster Emergency Agency (CDEMA)

CDEMA is a regional inter-governmental agency established in September 1991 by an Agreement of the Conference of Heads of Government of CARICOM to be responsible for disaster management. There are presently sixteen Participating States within CDEMA's membership. PAHO/WHO works very closely with CDEMA in coordinating the health aspects of disaster mitigation and response and has a Memorandum of Agreement which determines the collaboration.

3.2.4. CARICOM Regional Organization for Standards and Quality (CROSQ)

CROSQ is an inter-governmental body among fifteen Member States. CROSQ is responsible for promoting efficiency and competitive production through the process of standardization and the verification of quality. In the area of public health, CROSQ supports laboratory accreditation and is working with PAHO/WHO and Member States at establishing Regional Standards for cigarette packaging.

3.2.5. Caribbean Drug Test Laboratory (CRDTL)

CRDTL (2010) perform quality control tests for medicines in the Caribbean and was established in 1975 by an agreements of CARICOM Heads of Government with the following functions: (a) Perform microbiological and pharmacological tests on samples of drugs submitted by any participating Government and report the results thereof to that Government; b) perform biological availability tests on selected types of drugs; (c) investigate the stability of drugs under the conditions of storage prevailing in the Region; and (d) establish liaison with all appropriate agencies interested in drug testing and provide information and advisory services to support the activities of the drug control officials in the Region. CRDTL works closely with PAHO/WHO for strengthening the medicines regulation in the Caribbean.

3.2.6. Caribbean Environmental Health Institute (CEHI)

CEHI (2010) was initially established as a project and became an institute in 1988. Today it has 16 Members States and remains dedicated to finding cost effective solutions to Environmental Health problems in our Member States. CEHI is equipped with a full service analytical laboratory providing drinking and recreational water analysis, industrial and sewage effluent testing, heavy metal testing and pesticide residue analysis. The institute works in close collaboration with PAHO/WHO in issues related to environmental health and climate change.

3.3. INTER-AMERICAN SYSTEM

3.3.1. Organization of American States (OAS)

Most countries of the Caribbean are members of the Organization of American States. The OAS provides support to countries for institutional development. There are a number of country offices in the Caribbean, but coordination with CARICOM is managed by the headquarters.

3.3.2. The Inter-American Institute for Cooperation on Agriculture (IICA)

PAHO/WHO and IICA signed a General Cooperation Agreement of unlimited duration in 1983. Two of its objectives are to Two of its objectives are to contribute to increasing and making better use of food production, and to improve health and rural life in their Member States.

IICA and PAHO/WHO have collaborated for many years on different activities related to public health, animal health, and food safety. Both play critical and complementary roles in the areas of health and agricultural development that extend beyond those traditional fields of collaboration and are essential for prosperity in rural communities. At the political level, the two organizations serve as the secretariats of their respective ministerial meetings on health and agriculture and rural life.

3.3.3. Inter-American Development Bank (IDB)

IDB partners with governments of the region by providing financial resources in the form of grants and loans for the purpose of supporting the process of social and economic development. The Bank facilitates country specific priorities including health, based on needs assessments and the allocation of resources to deal with a myriad of issues which have direct and indirect health implications. Some of the main health topic areas are associated with: water and sanitation; health policy and health services; environment and pollution; and natural disasters; whereby within each of these general areas there are further specific categories of relevance to health (IDB, 2010).

3.4. United Nations (UN) Agencies

All the UN Agencies are represented in the Caribbean. Most Agencies have country representations and some of them also have a multi-country focus e.g. Barbados and the Eastern Caribbean. The UN system is developing in collaboration with CARICOM the Caribbean Regional Strategic Framework (CRSF) as a mechanism for strengthening collaboration between the UN and CARICOM and as a tool for UN collaboration in the Caribbean and to support a more cohesive working relationship between the UN system and CARICOM. It is expected to provide an opportunity to review opportunities and challenges, particularly for joint programming. All UN Agencies participate in this CRSF. The main areas of focus are: Implementation of the Mauritius Strategy on Sustainable Development of Small Island Developing States; Education; Youth and Violence; Health as defined in the priorities of the Caribbean Cooperation in Health; HIV/AIDS as defined in the Caribbean Regional Strategic Framework; Telecommunications; Support to Major Global Summits.

3.5. World Bank

World Bank (2010) finances and supports projects at the request of borrowing countries' governments based on the Bank's approval of defined strategies and priorities for reducing poverty and improving living standards. This financial assistance is mainly intended for low and middle income countries. Relative to health, the main sectors for which funding are allocated, are: health and social services; water, sanitation and flood protection; agriculture, fishing, and forestry.

With respect to detailed health programs, the specific areas of development which the Bank is actively involved, relate to: nutrition, HIV/AIDS, and general primary health care. Other specific areas indirectly associated with health are: climate change, poverty alleviation, disaster risk management, environmental sustainability (associated with tourism) and economic policy.

SECTION 4

Past and Current PAHO/WHO Cooperation

4.1. COOPERATION OVERVIEW

4.1. 1. Historical Perspective

There is a long history of PAHO/WHO involvement in the Caribbean, since Zone offices were created in 1951, before any of the territories had gained their independence. The Zone 1 office in Caracas, Venezuela, had the responsibility for technical cooperation with the Caribbean Territories. In the 1960s, as the countries became independent and formally joined PAHO/WHO as individual sovereign states, the role of the Zone Offices changed. In 1978 the Office of Caribbean Program Coordination (OCPC) was established in Barbados in recognition of the commonality of health problems in the sub-region. There was also similarity of health systems, originating in the common historical development and the long standing tradition of collaboration in health among these countries.

4.2. Structure of PAHO/WHO Cooperation

4.2.1. Overall Structure of Cooperation in Support of the Caribbean Countries

Technical cooperation in the CARICOM Region includes country offices headed by PAHO/WHO Representatives (PWRs) serving the following countries:

- Bahamas (also responsible for Turks and Caicos Islands)
- Barbados and the Eastern Caribbean Countries (ECC)
- Belize
- Guyana
- Jamaica (also responsible for Bermuda and the Cayman Islands)
- Suriname
- Trinidad and Tobago

The Dutch islands are served through the Office in Venezuela and other non English-speaking Caribbean countries are served through Offices in Cuba, Haiti and the Dominican Republic.

PAHO/WHO has Centres in which scientific and technical resources to address one or more related areas are concentrated to support the needs of all the countries, namely:

- Latin American and Caribbean Centre on Health Sciences Information (BIREME),
- Institute of Nutrition of Central America and Panama (INCAP),
- Pan American Foot-and-Mouth Disease Centre (PANAFTOSA), and
- Pan American Centre for Sanitary Engineering and Environmental Sciences (CEPIS).

4.2.2 PAHO/WHO Sub-regional Structure in the Caribbean

Within the Regional Program Budget Policy adopted by the PAHO/WHO 45th Directing Council in September 2004, outlining the five sub-regions, the Caribbean sub-regional program supports the following sub-regional entities:

- Office of Caribbean Program Coordination (OCPC) which has responsibility for coordinating PAHO/WHO technical cooperation in the Caribbean through all its entities,
- Office of Eastern Caribbean Countries (OECC),
- Caribbean Epidemiology Centre (CAREC), and
- Caribbean Food and Nutrition Institute (CFNI).

Whilst the PAHO/WHO HIV/ Caribbean Office (PHCO) provides support to the Caribbean, its funding is extra-budgetary.

4.2.2.1 The Re- structured Office of Caribbean Program Coordination (OCPC)

Prior to the restructuring, the OCPC was responsible for Barbados and the Eastern Caribbean Countries, the French Departments in the Americas, and supporting the CARICOM in the development, monitoring and evaluation of the Caribbean Cooperation in Health.

In line with the sub-regional support and whilst clearly recognizing the need for greater country focus, the Organization also clearly identified the need for enhanced technical cooperation with the sub-regional integration processes in the Caribbean. To this end, the OCPC was re-structured in 2006 to focus on the sub-regional integration processes of the Caribbean, this was especially so given the rapid progress in the development of the CSME and the clear commitment of the countries to reduce their vulnerability by working together. The OECC was created, covering Barbados and the members of the OECS, headed by the PWR ECC. It was created as a outcome of the Eastern Caribbean Cooperation Strategy (PAHO/WHO, 2006), as well as recommendations by the PAHO/WHO in the XXI Century Working Group and formal consultations held with the CARICOM Member States.

The role of the OCPC is:

- **Represent PAHO/WHO in the major Caribbean sub-regional integration processes, institutions, and entities with responsibility for liaison and coordination with international and multilateral organizations in the Caribbean.**
- **Support the major Caribbean sub-regional integration processes, including the CARICOM, the ACS, University of West Indies (UWI) and other academic institutions in the sub-region, and NGOs and other civil society associations, so that resolutions they approve will give attention to health and be consistent with the policies and strategies approved by the Governing Bodies of the Organization.**
- **Coordinate sub-regional activities in the Caribbean implemented by all PAHO/WHO organizational units, including its specialized centres - CAREC, CFNI and PHCO.**
- **Serve as the channel of communications between other PAHO/WHO organizational units and the sub-regional integration processes, institutions, and entities in the Caribbean.**

The Unit on Emergency Preparedness and Disaster Relief (PED) is situated in the Office of the Caribbean Program Coordination. This unit provides technical support to the sub-regional entities and countries in the preparedness and response to disasters in the sub-region. Funding is primarily extra-budgetary.

The OCPC shares common premises and administrative support with the OECC and is based in Barbados. Coordination of the administrative support is managed by the OECC.

4.2.3.2 Caribbean Epidemiology Centre (CAREC)

CAREC is administered on behalf of 21 Member Countries by the PAHO/WHO and enjoys an international reputation for its work in support of public health in the Caribbean. Under a Multilateral Agreement, CAREC provides laboratory reference and epidemiology services to its Member Countries.

The need for such a Caribbean centre was first recognized in the early 1970s by Dr. Eric Williams, then Prime Minister of Trinidad and Tobago. CAREC came into existence in 1975, following an endorsement by the Caribbean Health Ministers' Conference held in Dominica in 1973. Under a Bilateral Agreement with PAHO/WHO, Trinidad and Tobago took up the role of host country because of the existing strength of the Trinidad Regional Virus Laboratory and well established links with research agencies such as the British Medical Research Council. CAREC today occupies a complex of buildings in Federation Park, Port of Spain. This includes security laboratories and a variety of specialized units such as an experimental mosquito colony. Several epidemiological databases are maintained with a LAN infrastructure.

4.2.3.3 Caribbean Food and Nutrition Institute (CFNI)

CFNI was established in 1967 to forge a regional approach to solving the nutrition problems precipitated by the socioeconomic conditions in the Commonwealth Caribbean in the 1930s, 1940s and the 1950s, which negatively affected food, nutrition and the health of large sections of the populations. The fundamental purpose of CFNI is to improve the food and nutrition situation in its member countries through service, education and training, information dissemination, coordination and research, each of which is carried out in collaboration with member governments. The CFNI headquarters is located on the Mona Campus, University of the West Indies (UWI), Jamaica, with a sub-centre on the St. Augustine Campus, UWI, Trinidad and Tobago. CFNI collaborates closely with the CARICOM secretariat in ongoing efforts to improve the quality of life in the Caribbean. This is achieved through the implementation of activities emanating from the Regional Food and Nutrition Strategy (RFNS), particularly through activities in the health care delivery system and the training programmes in food economics, and food and nutrition policy and planning.

4.2.3.4. Office of Eastern Caribbean Countries (OECC)

The OECC was established in September 2006 with responsibility to coordinate PAHO/WHO's technical cooperation in Barbados and the Eastern Caribbean Countries as defined in the PAHO/WHO Country Cooperation Strategy for the Eastern Caribbean. In addition to the technical staff based at the OECC in Barbados, there are four Country Program Specialists (CPSs) to coordinate the technical cooperation (TC) in the Eastern Caribbean, as follows:

LOCATION	COUNTRIES/TERRITORIES SERVED
Dominca	Dominica, St. Lucia
Antigua and Barbuda	Antigua and Barbuba, St. St. Kitts and Nevis
Grenada	Grenada, St.Vincent and the Grenadines
Anguilla	Anguilla, Montserrat, British Virgin Islands

It is expected that there will be an additional three CPSs in 2010/2011 so that each country will have a presence. Barbados and each of the ECC countries also have individual country budgetary allocations for the TC programme, that forms part of the programs for the sub-regional office of OECC.

4.2.3.5. PAHO/WHO HIV Caribbean Office (PHCO)

Since the beginning of the HIV epidemic, PAHO/WHO has provided technical support to the Americas. In the Caribbean, this technical cooperation was provided by several PAHO/WHO entities, including the Country Offices and Technical Centers as CAREC and CFNI. In August 2007, PAHO/WHO reorganized its Technical Cooperation (TC) strategy to better respond to the current situation in the Caribbean and the emergence of the Pan Caribbean Partnership for HIV, and established the PHCO, with the mandate to rationalize, coordinate and manage technical cooperation in HIV/ Sexual Transmitted Infections (STI), framed by the PAHO/WHO Caribbean HIV/STI Plan for the Health Sector, 2008-2012. PHCO whilst not funded from the sub-regional budget, coordinates technical cooperation that includes the Dutch-, English-, French- and Spanish-speaking Caribbean.

4.3. FRAMEWORK AND MECHANISM FOR PAHO/WHO TECHNICAL COOPERATION IN THE CARIBBEAN: SUCCESSES AND CHALLENGES

4.3.1. Functional Cooperation

The Framework for Cooperation between PAHO/WHO and CARICOM comes under the aegis of Functional Cooperation, that is defined as the cross-cutting element and a driver of regional integration for development. It is a mode of cooperation that may encompass or incorporate certain activities carried out specifically to support economic, social, foreign policy and security objectives of the Community (Report from the CARICOM Task Force on Functional Cooperation).

The modalities of functional cooperation are primarily:

- Development and sharing of policies and programs
- Dissemination of information
- Human resource development and
- Monitoring and evaluation

One of the best examples of the success and effectiveness of functional cooperation is in the field of health. Sharing policies and programs is made more relevant because of the risk that countries share, especially in disease control.

Cooperation in health has a long history in the Caribbean, but the most relevant recent structure is the Caribbean Cooperation in Health (CCH) which began in 1984 and is presently in its third iteration. The main trust of the CCH is to identify priority health areas and use them as vehicles to

- Foster technical cooperation
- Optimize the use of resources
- Develop projects in the priority areas as a way to foster cooperation and collectively focus on areas of highest priority
- Mobilize all national and external resources to address the most important health problems in the region

The main thrust of this is to find common areas which although executed at the individual country level, contribute to a Caribbean public good. A good example is the immunization program.

4.3.2. Caribbean Cooperation in Health Phase III (CCH3)

The CCH 3 “Investing in Health for Sustainable Development in the Caribbean” serves as the framework for technical cooperation in health in the Caribbean. This Framework was endorsed by

the 18th COHSOD of Health Ministers in June 2009 and approved by the Heads of Government in 2009. The Caribbean Ministers have recognized that the eight priority areas to be addressed in CCH 3 are:

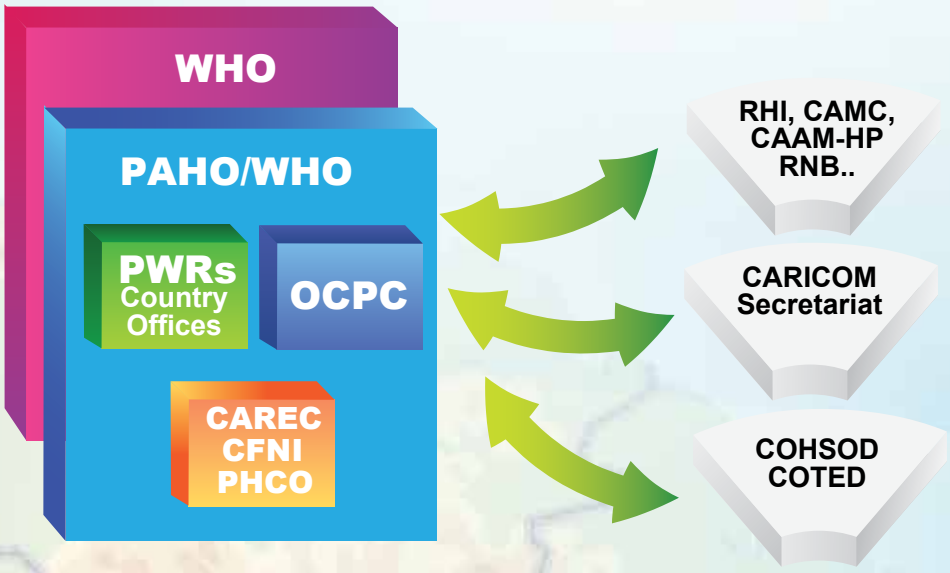
1. Communicable Diseases
2. Environmental Health
3. Family and Child Health
4. Food and Nutrition
5. Health Systems Strengthening
6. Human Resource Development
7. Mental Health
8. Non-communicable Diseases

In looking at the need to adopt a people-focused approach in CCH3, a focus on the priorities as defined and the need to adopt sustainable strategies to be harmonized with the Nassau Declaration, "The Health of the Region is the Wealth of the Region", the goals for CCH 3 were defined along this theme.

4.3.3 Mechanism For PAHO/WHO's Cooperation at the Sub-Regional Level

PAHO/WHO has facilitated the approach to functional cooperation with CARICOM by providing technical support to countries to come together to establish the technical basis, debate the merits of one or other policy or program, and arrive at a consensus as to the optimum path for Caribbean health. This has led to the development of regional policies and legislation which often serve as models for national policy. This approach facilitated with technical support from PAHO/WHO, are presented to the decision making mechanisms of CARICOM, namely, the Council for Human and Social Development (COHSOD) or the Council of Trade and Economic Development (COTED). These are Ministerial Councils which determine the policy on behalf of the Region. In addition, PAHO/WHO provides technical support to a number of regional institutions and CARICOM entities comprising professional bodies and non-governmental organizations working on a sub-regional agenda.

FIGURE 4
PAHO/WHO TECHNICAL COOPERATION IN THE CARIBBEAN



4.3.4 Successes of Sub-Regional Cooperation

Some areas which have been successful include:

- **Immunization programs**: The Caribbean is well recognized globally for its outstanding success in eliminating vaccine preventable diseases. The region's success in eliminating indigenous measles and polio is an outstanding testament of sharing and making compatible plans, policies, and joint surveillance activities.

- **Regional approach to the Chronic Non Communicable Diseases (CNCD's)**: The Heads of Government of the region held the first ever Summit on CNCDs in 2007 and demonstrated their willingness to take collective action at the policy level to undertake interventions necessary to address the problem, supported with technical evidence. Implementation of the strategies outlined in the Port of Spain Declaration demands harmonized policies across the Caribbean, that includes trade agreements and legislation.

- **Disease surveillance and epidemic response**: CAREC is the major resource with responsibility for assisting the region to track and provide early warning systems for disease prevention and management of outbreaks. It also provides provision of laboratory protocols for Caribbean countries. The support in this effort is evidenced by the preparedness of the countries to respond to the influenza pandemic.

- **Pooled procurement for pharmaceuticals**: The Pooled Procurement Service/Organization of Eastern Caribbean States (PPS/OECS) for Pharmaceuticals came into being in the 1980s among the members of the OECS and works in collaboration with PAHO/WHO. It has contributed significantly to the reliability in supply of medicines and medical supplies and increased access by those in need. There is much further work to be done in the area of pharmaceutical access, quality and rational use which is currently being facilitated by the OCPC and the Regional Office of PAHO/WHO.

4.3.5 Challenges to be Addressed

- **Common systems of Health Information**: To date, there is no minimum data set or indicators on health which is collected by all countries. As such, it is often difficult to monitor and evaluate programs and assess the effectiveness of interventions for sharing in the Region. The Annual Report on Health which should be produced in each country has remained unachievable in most countries.

- **Shared services**: There is a clear need for sharing of laboratory and tertiary level clinical services across the countries. Many of the countries will never have the human resource capacity, the level of throughput to maintain clinical skills, and the financial resources to equip units in all areas of tertiary care. There is a clear need to begin the process of accreditation of health facilities and the development of regional standards in the provision of care and outcome of treatments.

- **Health and tourism**: The Region is heavily dependent on tourism. There is a clear need for enhanced technical cooperation to better harness common policies and harmonization of legislation across the Caribbean in terms of environmental, animal, and human health. This is best seen in the developed Common Caribbean Guidelines on Protocols for the Cruise Ship Industry in response to the pandemic of AH1N1. Different approaches and lack of a harmonized and transparent decision making mechanism has led to the industry requesting urgent support and harmonization of protocols.

- **Accreditation and quality assurance**: With the CSME and the free movement of skilled professionals, there is a clear need for harmonization, common evaluation of certification and setting common regional standards for the assessment of professional competence and certification.

- **Human resource development**: Whilst the University of the West Indies was the first regional university in the Caribbean, many of the countries have since developed their own training institutions. In order to harness the limited resources in terms of training materials and faculty, there needs to be a mechanism for greater cooperation amongst the entities. PAHO/WHO has facilitated the development of the Consortium of Caribbean Universities in Public Health.

- **A Caribbean-wide health insurance scheme**: If there is to be free movement of people in the Caribbean, then those who move must be protected with appropriate access to health care. The Caribbean Development Bank has provided financial support to CARICOM to fund a feasibility study on the establishment of the scheme.

- **Health leadership in the Caribbean:** There is an urgent need for better definition of the competencies necessary for the practitioners in public health. The Caribbean has a number of regional goals and frameworks; however, implementation will be dependent on strong leadership at the national and regional level.

- **Creation of a new Caribbean public health agency:** In July 2007, the Heads of Government accepted COHSOD's recommendation to create a new public health agency, incorporating the functions of the existing RHIs, subject to cost-effectiveness analysis. Such an analysis was accepted by the Caucus of Ministers of Health, in September 2007, that agreed with the establishment of the Caribbean Public Health Agency (CARPHA). The functions of this new entity have been defined and approved by the Heads of Government in March, 2010 and work is progressing. This has implications for the two PAHO/WHO Centres in the Caribbean, CAREC and CFNI.

4.5. RESOURCE FRAMEWORK FOR PAHO/WHO TECHNICAL COOPERATION IN THE CARIBBEAN

4.5.1. Sub-regional Budget Allocation By Entities In The Caribbean

TABLE 5
PAHO/WHO Budget Allocation in the Caribbean, 2006/2007 and 2008/2009

	06/07 Biennium			08/09 Biennium		
SUBREGION	Post ($)	Non-Post ($)	Total ($)	Post ($)	Non-Post ($)	Total ($)
CARIBBEAN	8,361,800	2,177,000	10,538,600	8,301,400	2,618,500	10,920,100
OCPC	2,589,600	865,600	3,455,200	2,853,600	833,600	3,687,200
OECC	2,544,000	589,400	3,133,400	2,306,400	916,500	3,222,900
CAREC	1,255,200	109,000	1,364,200	1,286,200	131,100	1,417,500
CFNI	1,972,800	613,000	2,585,800	1,855,200	737,300	2,592,500

4.5.2. Human Resources for the PAHO/WHO SCS

The technical advisors at OCPC complement the technical capacity available at the Country Offices and respond to requests by the PAHO/WHO Representatives based at the country levels. The OCPC staff members comprise the Caribbean Program Coordinator, who is credentialed to the French Departments of the Americas as the PAHO/WHO Representative and there are five posts in OCPC currently funded by the Sub-regional budget, namely:

- Advisor in Veterinary Medicine (outposted to CFNI)
- Advisor on Entomology (outposted to CAREC)
- Advisor on Communications and Media
- Advisor on Health Information Systems
- Advisor on Non-Communicable Diseases and Health Promotion

These posts are also supplemented by regional posts outposted to the OCPC. Some of these posts are presently staffed by Short Term Professionals (STP) on extra-budgetary funding. These include:

- Advisor on Human Resource Development
- Unit of Emergency Preparedness and Disaster Relief (PED)
- Advisor on Medicines and Biologicals
- Advisor on Mental Health
- Advisor on Environmental Epidemiology
- Advisor on Health Systems Development

In addition, there is an epidemiologist seconded to the OCPC under the French Technical Cooperation program. Within the CAREC, there are posts in Epidemiology, Biostatistics and Laboratory Sciences. At CFNI, there are technical posts in Food Economics, Public health nutrition and biostatistics.

4.6. STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) ANALYSIS OF PAHO/WHO COOPERATION AT THE SUB-REGIONAL LEVEL

TABLE 6
SWOT ANALYSIS OF PAHO/WHO COOPERATION IN THE CARIBBEAN

STRENGTHS	WEAKNESSES
A clear message of equity and solidarity in health	Lack of shared view of the role of the sub-regional level (there is not a common understanding)
Prestige	Duplication of efforts –overlapping
Recognition	Inability to forecast the capabilities of partners
Presence, therefore continuity (institutional memory)	Difficulties in priority setting
Mandate from Member States in the sub-region, giving legitimacy to the Organization	Lack of effective mechanisms for in-house collaboration
PAHO/WHO as a co-secretariat (with CARICOM secretariat) for the CCH III	HR mix inadequatefor TC needs
Established infrastructure and arrangements for the sub-regional cooperation (sub-regional entiles and country offices)	Lack of enough collaboration and participation at the Regional and Global level
	Lack of understanding –at the Regional level – of the sub-regional specific needs and issues

Continued

Table 6 Continued

STRENGTHS	WEAKNESSES
Access to policy makers	Lack of positioning regarding international presence in the sub-region (Cuba and DOR)
Technical leadership recognized by other professionals in the sub-region. Capacity to mobilize technical colleagues (reliable, well considered). Broker.	Inability to adjust to a Pan-Caribbean approach
Specialized and committed human resources	The scope of the different sub-regional entities don't coincide
Good sustainable well recognized programs supported by PAHO/WHO like immunization, surveillance and laboratory.	Challenges to deal with the diversities within the sub-region (FDAs, UKOTs, etc), including language
In depth knowledge of the health governance in the sub-region	Unclear articulation ofthe roles and responsibilities of OCPC vis a vis OECC
Response capacity for unforeseen events (CAREC was instrumentalin the H1N1 response)	
Access to other PWRs in the sub-region, PAHO/WHO and WHO	
UN and Inter-American system	
PAHO/WHO 's presence in New York (relationship with CARICOM ambassadors at the UN)	

OPPORTUNITIES	THREATS
The existence of an Agreed Framework for Joint Action in Health, the CCH3 .	Existing resources from sub-regional budget may be reduced
A CARICOM Single Market and Economy which can enhance and facilitate harmonization of education standards for health professionals, trade agreements impacting health, health policies and legislation etc.	H1N1 (diversion of resources –technical, time, funds)
The establishment of the Caribbean Public Health Agency (CARPHA) to lead a more effective coordinated public health response in the Region	Financial resources for HIV/AIDS: absorptive capacities
Well-educated Caribbean Diaspora in developed countries willing to offer expertise.	Emergence of new alliances and arrangements that threatentraditional effective mechanisms of governance and sub-regional cooperation
Donor community recognizing the need for Caribbean wide sub-regional action for greater impact and fully supporting the establishment and implementation of the CSME	Multiple membership of some countries (BLZGUY, SUR)
Financial resources available for HIV/AIDS	Economic crisis (tourism, remittances and public expenses)
Emerging presence of civil society networks (public private alliances)	Burden of the debt is not sustainable
Multiple membership of some countries (BLZ,GUY, SUR)	
Pan American Alliance for Nutrition and Development	
New planning system re increased coordination between levels	

SECTION 5

Strategic Agenda for WHO/WHO cooperation

5.1. PREMISE FOR SUB-REGIONAL COOPERATION

Sustainable progress in the Caribbean sub-region will depend heavily on an effective and integrated response to the Caribbean's health needs, through which PAHO/WHO will assist in the development of an appropriate strategic agenda in the form of the Sub-regional Cooperation Strategy (SCS). The iteration of a strategic agenda considers that the Caribbean sub-region is challenged by a number of threats including: migration, limited financial and technical resources, environmental problems, natural disaster and climate change threats, and threats to food safety and security along with the global economic crisis and the potential negative outcomes associated with a decline in tourism. In this context, a number of relevant priority health challenges have been identified for urgent attention. It is considered in the context of different aspects already mentioned in Section 2, which drive the identification of health priorities, as follows:

5.1.1. Caribbean Framework for Health: CCH 3

The CCH3 has adopted a people focused approach along the theme: "Investing in Health for Sustainable Development" and has five project goals, namely:

- Creation of 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
- Health services respond effectively to the needs of Caribbean people
- Human resource capacity developed to support infrastructure development in health in the Region
- Evidence based decision making is the mainstay of policy development in the Region

5.1.2. CARICOM Single Market and Economy (CSME):

The CSME provides a significant opportunity for PAHO/WHO's technical cooperation in the sub-region. Of particular importance is migration, which is identified as a relevant public health issue, even though not identified in CCH 3. There are a myriad of public health challenges associated with it such as: housing, health insurance, access to health services, trans-boundary movement of diseases, and conditions of employment. There is therefore, a need to articulate the public health implications of the CSME, that includes:

- Addressing the issues of food safety and health.
- Regional guidelines on environmental health issues e.g. recreational water quality; food safety; ability to comply with the international health regulations; the impact of climate change on health
- Free movement of skilled health personnel with issues of accreditation and recognition of Regionally accepted qualifications of health professionals
- Health Systems:

- Establishment of a Regional Health Insurance scheme
- Accreditation of hospitals and definition of standards of care
- Sharing of tertiary level services including diagnostic reference facilities
- Standards for health infrastructure
- Establishment of networks of services across the sub-region which can enhance standards at the national level, but also assist with addressing the inequities across the sub-region

5.1.3. The establishment of two new Public Health Agencies in the Caribbean:

Caribbean Public Health Agency (CARPHA): The CARICOM Heads of Government have agreed to establish a new Public Health Agency incorporating the five Regional Health Institutions (RHI) including the two PAHO/WHO Centres, CAREC and CFNI.

The Caribbean Agricultural Health and Food Safety Agency (CAHFSA): will be based in Suriname which will address the trade and agriculture implications of the CSME.

In addition to having a more coordinated approach to public health, the establishment of these two Agencies offers an opportunity to focus cooperation on achieving a dialogue between health and agriculture at the sub-regional level.

5.1.4. Functional Cooperation

This mechanism of joint cooperation can be used to facilitate and enhance the sharing of experiences and knowledge using new technologies in e-health and communication strategies which facilitate behaviour change particularly with the increasing epidemic of lifestyle related diseases.

5.2. STRATEGIC PRIORITIES

The Sub–regional Cooperation Strategy (SCS) is aligned to the strategic priorities of PAHO/WHO and it complements the PAHO/WHO Strategic Plan 2008-2012. In light of the general movement towards greater regional integration, particularly in matters related to social and economic development, the SCS considers the following criteria in the definition of sub-regional priority areas for action by PAHO/WHO:

1. **PAHO/WHO's added value in the Sub-region**, indicated through:
   - its longstanding presence in the region,
   - its in-depth knowledge of health governance in the sub-region,
   - its position as the lead technical agency for health in the region,
   - its facilitation of the identification of parameters for evaluation and monitoring,
   - its prestige and respect based on its record of major successes and effective assistance to countries and
   - the availability of specialized expertise through CAREC, CFNI and PHCO.

The organization's major role in technical cooperation is to source information, promote training, advocate for policies and programs in accordance with evidence, and to provide examples of best practices in health. Additionally, external donor agencies have recognized PAHO/WHO's standing in the region and the consequent opportunity for their support to be more effective if it is channelled through the sub-regional process.

2. Identification of a clear intersection between CCH3 and the PAHO/WHO Strategic Plan, recognizing areas of PAHO/WHO's added value in supporting the priorities.

Priorities for PAHO/WHO technical cooperation were determined using the following criteria:

- The intervention would have a positive impact in addressing the health issues associated with the integration process
- Lack of PAHO/WHO support for the intervention would be a barrier to the integration process
- The intervention is best coordinated at the sub-regional level due to economies of scale and the intervention would benefit from a wider sub-regional approach
- Whilst the intervention may not be identified within the CCH3, it is consistent with the PAHO/WHO Strategic Plan, other international mandates and judged to be relevant to the Caribbean sub-region.

5.3. Priorities Assessed by Lead Sub-regional Entity to Implement and PAHO/WHO Core Functions

In addition to determining the strategic priorities, each intervention was assessed in terms of which PAHO/WHO entity in the sub-region would take the lead in coordinating the cooperation in the technical are and the method of cooperation using the WHO core functions. These are addressed in Annex 1 and 2.

5.3.1. PAHO/WHO Strategic Priorities for Cooperation in the Caribbean in Line With CCH3 Strategic Projects

The PAHO/WHO Sub-regional Strategic Priorities were aligned in synergy with the PAHO/WHO Strategic Objectives (SO) and the priority goals (PG) of the CCH3 as follows.

Table 7
PAHO/WHO Sub-regional Strategic Priorities

CCH 3 PG: Creation of a Healthy Caribbean Environment Conducive to Promoting the Health of its People and Visitors	
Healthy Environments	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Support implementation of primary prevention, interventions that reduce environmental health risks, enhance safety, and promote public health including in specific setting and among vulnerable population groups e.g. children, older adults, disabled	• Development of core indicators and Framework for Health Promoting Schools in the sub-region and strengthening of the Health Promoting School Network. • Development of guidelines in various Caribbean settings which impact on the population's health namely schools, workplaces, home and recreation facilities.
Health Leadership	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Enhance Health sector leadership to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health by responding to emerging and re-emerging environmental health concerns from development, evolving technologies, global environmental change, as well as consumption and production patterns.	Support the CARICOM Regional Health Institutions, Tertiary Level Institutions and Civil Society to: • develop a Regional Environmental Health Strategic Plan (using a risk assessment approach) • Support the development of regional guidelines, strategies and tools to promote environmental health awareness • Identify and assess the health implications of climate change in the Caribbean and develop strategies to mitigate against the negative impacts.

Continued

Table 7 Continued

Emergency Preparedness and Disaster Relief

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
Support the development and strengthening of emergency preparedness plans and programs at sub-regional level including in the areas of response, recovery and risk reduction such as communicable diseases, mental health, health services and food safety.	• Support the development and strengthening of emergency preparedness plans and programs at sub-regional level including in the areas of response, recovery and risk reduction such as communicable diseases, mental health, health services and food safety.

International Health Regulations

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
Support capacity building at the sub-regional level to achieve core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for the use in epidemics and other public health emergencies of international concern and support countries to detect, contain and effectively respond to major epidemic and pandemic prone diseases	• Support capacity building at the sub-regional level to achieve core capacities required by the International Health Regulations for the establishment and strengthening of alert and response systems for the use in epidemics and other public health emergencies of international concern and support countries to detect, contain and effectively respond to major epidemic and pandemic prone diseases

Food Safety and Security

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
Form partnerships and alliances, build leadership and develop coordination and networking mechanisms with all stakeholders at regional and global levels to promote advocacy and communication, stimulate inter-sectoral actions and increase investment in nutrition, food safety and food security.	• Support the development of inter-sectoral policies with agriculture, trade and marketing to develop mechanisms to assure that healthy foods are available at affordable prices. This includes issues of food safety. • Ensuring/establishing regional nutritional and quality criteria for imported local and imported foods as part of trade policy which would include standards for labeling. • Advocacy for the establishment of mechanisms for Food and nutrition councils at the national and sub-regional levels

CCH 3 PG: Improved Health and Quality of Life for Caribbean People throughout the life cycle

Immunization

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
To maximize equitable access of all people to vaccines of assured quality, including new or underutilized immunization products and technologies, strengthen services and integrate essential family and child health interventions with immunization	• Support the sub-region to maintain and improve the high levels of immunization rates for vaccine preventable diseases and assess the feasibility of introducing new vaccines in the sub-region with the emphasis on HPV for the prevention of cervical cancer.

Continued

Table 7 Continued

	and Monitoring of Events Supposedly Attributable to Vaccination or Immunization (ESAVI)
Healthy Lifestyle	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Promote evidence based and ethical policies, strategies, programs and guidelines for reducing unhealthy diets, physical inactivity and promote safer sex.	• Support the sub-region in the implementation of the Port of Spain Declaration on "Uniting to Stop the Epidemic of Non-Communicable Diseases". • Development of Regional nutritional standards and guidelines for food sold in school premises and other settings • Support coordinated approaches to working with the Regional media and other partners to influence behaviour and public policy change and lifestyle changes impacting health.
Continuity of Care	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Develop comprehensive policies, plans and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others viz. NGOs	• Support the development of an integrated regional plan in the Caribbean for adolescent health, health of the elderly. • Support the development of models of care and sharing of practices in the sub-region which promote integrated care for the elderly, and the physically and mentally challenged. • Support the development of a sub-regional plan to address the challenges of violence and injuries reduction • Support the implementation of the Caribbean Regional Strategic Framework for HIV/AIDS • Support the development of a Mental Health Policy for the sub-region
CCH 3 PG: Health Services Respond Effectively to the Needs of the Caribbean People	
Comprehensive Care for CNCD's	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Support the strengthening of health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities	• Support development/review of protocols and standards of care in mental health, NCDs and other priority diseases in the CCH 3. • Review and assess the feasibility of developing a mechanisms for shared services in the Caribbean
Equitable access to quality healthcare	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Promote equitable access to quality health care services, with special emphasis on vulnerable population groups.	• Support development of service delivery policies to reflect the Primary Health Care (PHC) approach • Support development of Caribbean Quality

Continued

Table 7 Continued

	Management and Accreditation Framework including Patient Charters • Support the development of a network of national centres of excellence in laboratory and public health • Support implementation of the Caribbean HIV/AIDS Plan for the Health Services
Access, quality and rational use of medicines and technologies	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Support the development and monitoring of comprehensive sub-regional policies on access, quality and rational use of essential public health supplies including medicines, vaccines, blood products medical devices and health technologies	• Support the design and implementation of a Caribbean Pharmaceutical Policy and mechanisms to enhance access, quality and rational use of medicines in the Region; • Support the strengthening and the harmonization of pharmaceutical regulation, including Pharmacovigilance;
CCH 3 PG: Developing Human Resources Capacity to Support Infrastructure Development in the Health in the Region	
Human Resources for Health	
PAHO/WHO Strategic Objective	**Sub-regional Focus Area:**
Support provided to develop plans, policies and regulations of human resources at the sub-regional level to improve the performance of health systems based on primary care and the achievement of the MDGs.	• Support the development of a Regional Strategic plan for health human resources developed • Support the development of the infrastructure to enable the free movement of skilled health personnel in the CARICOM Region • Development of a Regional Health Profession Registration Database • Models and frameworks of transectoral policies and protocols for health workforce planning • Develop mechanism for coordination of schools of public health in the Caribbean for the strengthening of research and capacity building in public health. • Enhanced coordination and collaboration among schools of health professions and with the health services in the Caribbean to strengthen the lifelong education and research to meet he health and development needs of the CARICOM Region • Regionally accepted competencies in the health workforce and development of residency training programs for meeting the CCH3 priority areas, mainly oriented to PHC and chronic disease prevention and management • Curriculum development at pre-service level, Continuing Professional Development (CPD) and integration of mental health management including substance abuse and care into Primary health care systems

Continued

Table 7 Continued

CCH 3 PG: Evidence-Based Decision Making is the Mainstay of Policy Development in the Region

Health Information Systems

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
Working with partners, support the collection, collation and analysis of Social and economic data relevant to health on a disaggregated basis (by sex, ethnicity income and health conditions, such as disease or disability).	• Support the dissemination of Evidence based assessments, norms and guidance on priority environmental health risks, e.g. air quality, chemical substances, drinking water, waste water re-use

Integrated Systems for Health Surveillance

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
Enhance capacity to carry out surveillance for communicable and non-communicable diseases, behaviour risk factors, zoonotic and non-zoonotic food-borne disease as part of a comprehensive surveillance and health information system, risk factor surveillance through dissemination of tools, validation of frameworks, and operating procedures and their dissemination	• Support the establishment of baseline data for the CCH 3 priorities and support for countries' capacity to collate, analyze data and prepare situation analysis • Review guidelines for the surveillance of selected communicable diseases, vector borne diseases, nutrition and environmental hazards

Integrated Health Information System

PAHO/WHO Strategic Objective	Sub-regional Focus Area:
Support capacity building at sub-regional level to analyze, disseminate and use data on the magnitude, causes and consequences of chronic non-communicable conditions, mental and behavioural disorders, violence, road traffic injuries and disabilities, sexual and reproductive health, HIV and Tuberculosis.	• Support the development of a Caribbean Health Information System supported by a regional health information network

SECTION 6

Implementing the Strategic Agenda

6.1. GUIDING PRINCIPLES FOR TECHNICAL COOPERATION AT THE SUB-REGIONAL LEVEL

In the review of the situation analysis of the sub-region, the public health implications of the Caribbean Single Market and Economy (CSME), the proposed changes in the role and functions of the Public Health Agencies in the Caribbean and the role of other partners, it is clear that there are a few guiding principles on which PAHO/WHO's technical cooperation at the sub-regional level in the Caribbean need to focus. These are as follows:

- Reduction in disparities and asymmetries between countries
- Capacity building and supporting national and sub-regional challenges
- Addressing the determinants of health
- Optimizing resources and capacities and complementarity
- Promoting solidarity
- Focus on economies of scale and shared services/resources
- Promoting Connectivity through e health.

6.2 IMPLICATIONS OF THE SUB-REGIONAL COOPERATION STRATEGY

The following are the main conclusions and implications of the PAHO/WHO sub-regional Cooperation Strategy (SCS):

1. The sub-regional entities since 2006 with the focus on strengthening core functions of the two PAHO/WHO Centres and the OCPC focusing on the public health implications of the CSME and CCH 3.

2. The main modalities in order of priority for cooperation at the sub-regional level are:
   - To provide leadership critical to health and engaging in partnerships where joint action is needed
   - Setting norms and standards and promoting and monitoring their implementation
   - Monitoring the health situation
   - Promoting South to South cooperation

3. It was recognized that to implement the strategic agenda, it will be necessary for PAHO/WHO to undertake re-profiling of the technical capacity at the Sub-regional level:
   - Core technical areas will include ensuring technical capacity in human resource development; behaviour change and social communications; health information systems; health systems development; essential medicines and technologies and non-communicable disease and public policy.
   - To mobilize resources to accelerate implementation of the priority interventions

4. PAHO/WHO will need to establish mechanisms to review its cooperation with the establishment of CARPHA.

6.2. IMPLICATIONS RELATED TO THE IMPLEMENTATION OF CARPHA

CARPHA establishment will involve rationalizing the functions of the existing three RHIs as well as the two PAHO/WHO centres, namely CAREC and CFNI.

Stage 1: Definition of agency, its role, functions and governance. During this period PAHO/WHO provided direct technical support to the project management team, steering/advisory committee, to assist in finalizing definitions. During this stage, both PAHO/WHO centres strengthened their capacity in their core functions to be in the best position for optimal and quality transfer to the new agency when it is established. PAHO/WHO will continue to support the two Centres until the legal transfer of the Centres to CARPHA. During this stage PAHO/WHO's technical cooperation was led by the OCPC with support from the Regional Office.

Stage 2: Transition phase of existing PAHO/WHO agencies into CARPHA. CARICOM Implementation Team to be established in Trinidad and Tobago. During this phase, PAHO will:

- present the imminent change in status of the PAHO/WHO Centres to the PAHO/WHO Executive Committee and Directing Council
- support the Implementation Management Team in further refinement of the costing exercise for CARPHA using the examples of upgraded laboratories in the Caribbean e.g. Suriname, Guyana and Barbados
- support CARPHA in defining mechanisms to address the disparities in capacity and reduce asymmetries among countries
- Assist in defining role for CARPHA in South to South cooperation
- facilitate the transfer of knowledge from PAHO/WHO on recruitment mechanisms for the search for the Executive Director of CARPHA and the Implementation Management Team
- re-profile itself relative to the stated roles, functions and levels of implementation of the CARPHA.
- negotiate with CARICOM/CARPHA to determine the new dimensions of technical cooperation (financial, technical, Human Resource)
- continue to maintain the current level of services provided by the centers until the final legal transfer to CARPHA.
- establish the administrative and legal instruments and mechanisms for the formal transfer of CFNI and CAREC to CARPHA.
- determine how to support services currently being provided by CFNI that will not be incorporated into CARPHA

Stage 3: Legal Establishment of CARPHA. During this phase PAHO/WHO will provide support to build capacity in the new agenda.

6.3. MECHANISMS FOR IMPLEMENTATION OF THE SCS

The PAHO/WHO Centre programs are integrated Sub-regional Biennial Work Plan of OCPC. In order to improve effectiveness of implementation across all levels of the Organization, planning meetings will be held with the focus on implementation of the Regional Expected Results (RERs) and the Organization Specific Expected Results (OSERs) based on the PAHO/WHO Strategic Plan (SP). These meetings will focus on the support of country level implementation using the resources at all levels of the Organization.

6.3.1. Monitoring and evaluation

In order to implement the SCS, it is important to establish well-defined mechanisms for monitoring and evaluation. The counterpart for PAHO/WHO's technical cooperation is the Council of Ministers of Health in the Caribbean. This is represented through the CARICOM Caucus of Caribbean Ministers of Health which meets annually in September prior to the PAHO/WHO Directing Council, as well as the CARICOM meetings of the Council for Human and Social Development (COHSOD). The rate of implementation of the SCS will be presented to the Chief Medical Officers (CMO) in the Caribbean and the Ministers of Health on an annual basis. At the Caucus of Ministers of Health in 2009, the Ministers agreed that a matrix showing implementation in the priority areas should be presented to the CAUCUS on an annual basis.

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ACRONYMS and ABBREVIATIONS

ACS	Association of Caribbean States
AIDS	Acquired immune deficiency syndrome
BIREME	Latin American and Caribbean Centre on Health Science Information
BWP	Biennial Work plan
CAAM -HP	Caribbean Accreditation Authority for Education in Medicine and other Health Professions
CAHFSA	Caribbean Agricultural Health and Food Safety Authority
CAIC	Caribbean Association of Industry and Commerce
CAMC	Caribbean Association of Medical Councils
CAN	Andean Community
CAREC	Caribbean Epidemiology Center
CARICOM	Caribbean Community
CARIFTA	Caribbean Free Trade Association
CARPHA	Caribbean Public Health Agency
CBU	Caribbean Broadcasting Union
CCH	Caribbean Cooperation in Health
CCH 3	Caribbean Cooperation in Health Phase 3
CCHD	Caribbean Commission on Health and Development
CCS	Country Cooperation Strategy
CDB	Caribbean Development Bank
CDC	U.S. Centers for Disease Control and Prevention
CDEMA	Caribbean Disaster Emergency Management Agency
CEHI	Caribbean Environmental Health Institute
CEPIS	Pan American Centre for Sanitary Engineering and Environmental Sciences
CFNI	Caribbean Food and Nutrition Institute
CHIS	Community Health Information System
CHRC	Caribbean Health Research Center
CIDA	Canadian International Development Agency
CKLN	Caribbean Knowledge and Learning Network
CMO	Chief Medical Officer
CNCD's	Chronic Non Communicable Diseases
COHSOD	Council of Health and Social Development
ComDis	Communicable Disease Database
COTED	Council on Trade and Economic Development
CPC	Caribbean Programme Coordination
CPD	Continuing Professional Development
CPHA	Canadian Public Health Association
CPS	Country Program Specialist
CRDTL	Caribbean Regional Drug Testing Laboratory
CROSQ	Caribbean Regional Organization for Standards and Quality
CRSF	Caribbean Regional Strategic Framework
CSME	Caribbean Single Market and Economy
CTO	Caribbean Tourism Organization
CVD	Cardiovascular disease
CWWA	Caribbean Water and Wastewater Association
DALY's	Disability-Adjusted Life Years
DFID	Department for International Development
DHF	Dengue Hemorrhagic Fever
ECC	Eastern Caribbean Countries
ECLAC	Economic Commission for Latin America and the Caribbean

EU	European Union
FAO	United Nations Food and Agricultural Organization
FCH	Family and Mother-Child Health
FCTC	WHO Framework Convention on Tobacco Control
FDA	French Department of Americas
GDP	Gross domestic product
GNI	Gross national income
HDI	Human Development Index
HIPC	Highly Indebted Poor Countries
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
HPV	Human Papiloma Virus
HR	Human Resource
HRH	Human Resources for Health
HSD	Area of Health Surveillance and Disease Prevention and Control
HSS	Area of Health Systems based on Primary Health Care
IDB	Inter-American Development Bank
IHR	International Health Regulations
IICA	The Inter-American Institute for Cooperation on Agriculture
ILO	International Labor Organization
IMR	Infant mortality rate
IOM	International Organization for Migration
KMC	Knowledge Management and Communications
LAC	Latin America and the Caribbean
MDG	Millennium Development Goals
MERCOSUR	Southern Common Market
MOOPex	Medical Out-of-Pocket Expenditure
MRA	Medicines Regulatory Authority
N/A	Not applicable
NAFTA	North American Free Trade Agreement
NCDs	Non-Communicable Diseases
NGO	Non-governmental organization
NHP	National Health Policies
NIHS	National Health Information System
OAS	Organization of American States
OCPC	Office of Caribbean Program Coordination
OECC	Office of Eastern Caribbean Countries
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PED	Area for Emergency Preparedness and Disaster Relief
PHAC	Public Health Agency of Canada
PHC	Primary Health Care
PHCO	Program on HIV Caribbean Office
PWR	PAHO/WHO Representative
RFNS	Regional Food and Nutrition Strategy
RHI	Regional Health Institutions
RNB	Regional Nursing Body
SALISES	Sir Arthur Lewis Institute of Social and Economic Studies
SCS	Sub-regional Cooperation Strategies
SDE	Sustainable Development and Environment
SICA	Central American Integration System
SIDS	Small Islands Development States

SO	Strategic Objective
SP	Strategic Plan
STI	Sexually Transmitted Infection
STP	Short Term Professional
TCC	Technical cooperation among countries
UK	United Kingdom
UKOT's	United Kingdom Overseas Territories
UN	United Nations
UNAIDS	The United Nations Joint Program on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
US	University of Suriname
USA	United States of Americas
USAID	United States Agency for International Development
UWI	University of the West Indies
WFP	World Food Programme
WHO	World Health Organization
WHR	World Health Report
WTO	World Trade Organization
WTTC	World Travel and Tourism Council

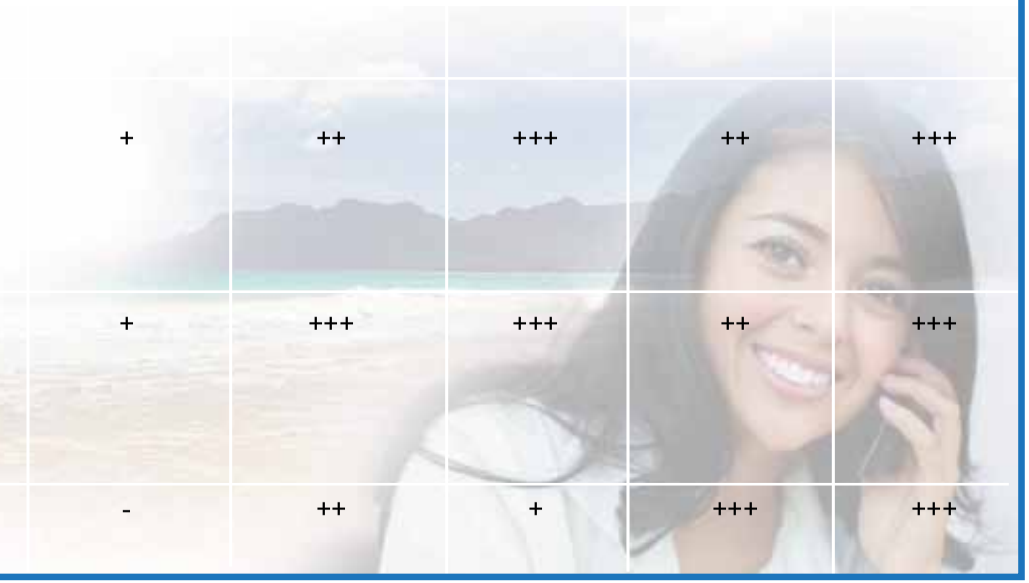
ANNEX 1

PRIORITIES RELATED TO THE CORE FUNCTIONS

Priorities	CORE FUNCTIONS					
	Providing leadership on matters critical to health and engaging in partnerships where joint action is needed	Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge	Settings norms and standards and promoting and monitoring their implementation	Articulating ethical and evidence-based policy options	Providing technical support catalyzing change and building sustainable development	Monitoring the health situation and assessing health trends
HIGH PRIORITIES						
Provide evidence-based guidelines for Food safety and security	+++	+	+++	+	++	++
Support capacity building and the provision of relevant services for the sustained implementation of the IHR in the sub-region	+++	+	+++	+	+++	+++
Support implementation of the sub-regional framework of the early warning system for disasters	+	-	+++	++	+++	-
Support the application of the Regional PHC initiative at sub-regional level, to take cognizance of the needs of children and populations across all stages of the life cycle.	+++	+	+++	+++	++	++
Pharmaceutical policies and regulation (guidelines, sub-regional regulations and formulate options)	+++	+	+++	++	+++	-+

+++ PAHO is the lead agency involved in coordinating and providing technical support.
++ PAHO plays a major role in providing support and technical cooperation, but is not the lead agency in coordinating and execution
+ PAHO will provide support as needed but is not a major player in a major agency involved in the execution of its activities

Priorities	CORE FUNCTIONS					
	Providing leadership on matters critical to health and engaging in partnerships where joint action is needed	Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge	Settings norms and standards and promoting and monitoring their implementation	Articulating ethical and evidence-based policy options	Providing technical support catalyzing change and building sustainable development	Monitoring the health situation and assessing health trends
Support the implementation of Strategies for HR development within the context of the CSME	+++	+	+++	+++	++	++
Determinants of health: collect and analyze data at sub-regional level. Advocacy and propose lines of action (for national level) and sub-regional level policy development.	+++	++	+	++	++	+++
Support the maintenance of regional standards for vaccine preventable diseases (including new vaccines such as HPV and Cervical cancer) at sub-regional level, and advocate for the continuation of the PAHO/WHO Revolving Fund.	+++	+	++	+++	++	+++
Advocate for and support the implementation of initiatives and programs contained in the Port of Spain Declaration on NCDs (nutrition standards and guidelines; support FCTC, physical activity)	+++	+	+++	+++	++	+++
Support implementation of Caribbean HIV/AIDS plan for health services	+++	-	++	+	+++	+++



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Support the development of minimum data sets for priority areas on CCH III as well as the integration of Health info systems (to comply with international standards as well as for management).	+++	+	++	+	++	-
Support the development of a network of centers of excellence for laboratory services in support of PH	+++	-	+++	++	++	-
Advocate for and support the development and implementation of initiatives to build Leadership in PH at sub-regional level.	+++	-	++	++	++	-
MODERATE PRIORITIES						
Review existing feasibility studies as well as current situation re: shared services in tertiary care in order to determine future sub-regional options.	+++	-	-	+++	++	-
Injuries and violence: facilitate and involve all stakeholders (social, education, transport, etc) for the development of a sub-regional framework (indicating roles and responsibilities of the different sectors).	+++	+	+	++	-	++
Support the implementation of the Regional Mental Health Strategy as per the sub-regional policy framework (add specific areas like PHC training)	+++	+	++	+++	++	++

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	Providing leadership on matters critical to health and engaging in partnerships where joint action is needed	Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge	Settings norms and standards and promoting and monitoring their implementation	Articulating ethical and evidence-based policy options	Providing technical support catalyzing change and building sustainable development	Monitoring the health situation and assessing health trends
Support the process to assess feasibility of developing a Sub-regional Health Insurance scheme and formulate options	+	+	-	++	+	-
Sub-regional quality management and accreditation framework for health services	+++	+	+++	++	+	-
Promote norms and standards for healthy settings, with the focus on schools work places and health facilities	+++	-	+++	+++	++	++
Climate Change	+++	+	-	++	+	+++
OTHER PRIORITIES						
Health and tourism (food safety, health systems, environmental health, surveillance/IHR and disaster preparedness)	+++	-	++	++	++	++
Health and urbanization (poverty and migration)	+++	+	-	++	++	++
Advocating for an expanded use of the Strategic Fund within PAHO/WHO to include drugs for NCDs, and other such mechanisms	++	-	-	+	+	-
Physical and mental disabilities: assess current situation at sub-regional level and advocate for defining policy and action.	+++	-	++	++	+	+

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Support the sub-regional effort in the implementation of the Caribbean Regional Strategic Plan for HIV/AIDS	+	-	-	++	++	++
Facilitate the development of standards and protocols for integrated management of priority diseases across health system.	+++	+	++	++	+	-
Develop a social marketing strategy regarding: • Regional guidelines to promote environmental health awareness (included in our role to support a communication strategy on health issues)	+++	++	-	+++	+++	-

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ANNEX 2

LEAD AND SUPPORTING ENTITIES IN DELIVERING PAHO/WHO SUB-REGIONAL FOCUS AREAS

Priority areas for Sub-regional Technical Cooperation **Priorities**	**Lead Entity**	**External Entities**	**PAHO/WHO Supporting Entities**
HIGH PRIORITIES			
Provision of evidence-based guidelines for Food safety and security	CFNI	FAO; IICA;	CAREC PANAFTOSA INCAP HSD FCH PED
Support capacity building and the provision of relevant services for the sustained implementation of the IHR in the sub-region	CAREC	PHAC; CDC; Health Canada; UK Government; CIRE	CPC IHR-Lyon/WHO HSD
Implementation of the sub-regional framework of the Early Warning System for disasters	CPC/PED	CDEMA; UN Clusters; EU; CIDA; DFID; USAID; US Government entities; Zone de Defense;	PED WHO CAREC HSD
Support the application of the Regional PHC initiative at sub-regional level, to take cognizance of the needs of children and populations across all stages of the life cycle.	CPC	UNICEF; UNFPA;	FCH HSS
Support the maintenance of regional standards for vaccine preventable diseases (including new vaccines such as HPV and Cervical cancer) at sub-regional level, and advocate for the continuation of the PAHO/WHO Revolving Fund.	CAREC/EPI	UNICEF;	FCH HSD
Advocate for and support the implementation of initiatives and programs contained in the Port of Spain Declaration on NCDs (nutrition standards and guidelines; support FCTC, physical activity)	CPC	Healthy Caribbean Coalition; Bloomberg Initiative; Inter-American Heart Foundation; Caribbean Diabetes Fed.; CDB; Reg. Tertiary Institutions; IDB; Cancer Registry of Martinique; CAIC;	HSD SDE FCH HSS WHO CAREC CFNI

Priority areas for Sub-regional Technical Cooperation **Priorities**	**Lead Entity**	**External Entities**	**PAHO/WHO Supporting Entities**
HIGH PRIORITIES (Cont'd)			
Support implementation of Caribbean HIV/AIDS plan for health services	PHCO	UNAIDS; PEPFAR; OECS; CARICOM	FCH CAREC CFNI HSS
Support the development of minimum data sets for priority areas on CCH 3 as well as the integration of Health info systems (to comply with international standards as well as for management).	CPC	CARICOM; ECLAC; CDB; CHRC;	HSD HSS CAREC CFNI WHO
Support the development of a network of centers of excellence for laboratory services in support of PH	CAREC	PHAC; CDC; EU; Institute Pasteur;	HSS HSD CPC PHCO
Advocate for and support the development and implementation of initiatives to build Leadership in PH at sub-regional level.	CPC	Faculty of Public Health, UK; APHA; CDC; CPHA;UWI CHILI; Consortium of Schools of Public Health in the Caribbean	HSS KMC CAREC
To develop and implement pharmaceutical policies and regulation (guidelines, sub-regional regulations and formulate options)	CPC	EU; CRDTL; CARICOM; CROSQ;	HSS WHO
Support the implementation of Strategies for HR development within the context of the CSME	CPC	UK Dept. of Health; PHAC; CIDA; CAAM HP; CAMC; RNB; ACTI; CKLN	HSS WHO
Determinants of health: collect and analyze data at sub-regional level. Advocacy and propose lines of action (for national level) and sub-regional level policy development.	CPC	UNDP; UNECLAC; UNIFEM; SALISES; World Bank; IDB;	SDE HSD CAREC CFNI WHO

Priority areas for Sub-regional Technical Cooperation	Lead Entity	External Entities	PAHO/WHO Supporting Entities
MODERATE PRIORITIES			
Review existing feasibility studies as well as current situation re: shared services in tertiary care in order to determine future sub-regional options.	CPC	CDB	HSS THS
Injuries and violence: facilitate and involve all stakeholders (social, education, transport, etc) for the development of a sub-regional framework (indicating roles and responsibilities of the different sectors).	CPC	UNICEF; CARICOM; Caribbean Association of Roads; UNECLAC; IDB;	CAREC HSD SDE FCH
Support the implementation of the Regional Mental Health Strategy as per the sub-regional policy framework (add specific areas like PHC training)	CPC	UWI; Mc Gill University; Queens University; Dalhousie University;	THS HSS WHO
Support the process to assess feasibility of developing a Sub-regional Health Insurance scheme and formulate options	CPC	CDB; Caribbean Institute of Health Economics;	HSS
Promote norms and standards for healthy settings, with the focus on schools work places and health facilities	CPC	UNICEF; CARICOM; UNFPA; ILO; UNESCO; USAID; CAIC	SDE PED WHO
Climate Change	CPC	5Cs; CEHI; UNDP; UNEP; UWI; DFID; EU; CDB; World Bank;	SDE
Sub-regional quality management and accreditation framework for health services	CPC	CROSQ;	HSS THS
Support the implementation of Strategies for HR development within the context of the CSME	CPC	UK Dept. of Health; PHAC; CIDA; CAAM HP; CAMC; RNB; ACTI;CKLN	HSS WHO

Priority areas for Sub-regional Technical Cooperation	Lead Entity	External Entities	PAHO/WHO Supporting Entities
OTHER PRIORITIES			
Health and tourism (food safety, health systems, environmental health, surveillance/IHR and disaster preparedness)	CPC	FAO; CTO; CEHI; Caribbean Cruise ship; CDEMA; CWWA; CDB;	HSS HSD SDE PED CAREC CFNI WHO
Health and urbanization (injury and violence, healthy settings) (poverty and migration)	CPC	UNICEF; CDB; UNDP; UNECLAC; IOM; Healthy Caribbean Coalition; IDB; World Bank; UNHCR	SDE HSD HSS CAREC CFNI WHO
Advocating for an expanded use of the Strategic Fund within PAHO/WHO to include drugs for NCDs, and other such mechanisms	CPC	PPS/OECS; CARICOM	HSS HSD
Physical and mental disabilities: assess current situation at sub-regional level and advocate for defining policy and action.	CPC	CARICOM; UWI	SDE WHO
Support the sub-regional effort in the implementation of the Caribbean Regional Strategic Plan for HIV/AIDS	PHCO	UNAIDS; CARICOM; OECS	FCH/ CPC CAREC CFNI
Facilitate the development of standards and protocols for integrated management of priority diseases across health system.	CPC	CHRC; UWI; CAMC; Professional Associations;	HSD SDE CAREC CFNI FCH HSS
Develop a social marketing strategy regarding regional guidelines to promote environmental health awareness (included in our role to support a communication strategy on health issues)	CPC	National Social Marketing Centre, UK; CBU;	KMC

Pan American Health Organization

Regional Office of the World Health Organization