

# From Port-of-Spain Summit to United Nations High Level Meeting CARICOM and the Global Non-communicable Disease Agenda

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## ABSTRACT

*The English-speaking Caribbean has the highest per capita burden of chronic non-communicable diseases (CNCDs) in the region of the Americas. Building on a long history of cooperation in health among the Caribbean Community (CARICOM) and past successes in eliminating/reducing communicable diseases through collective action, non-communicable diseases (NCDs) have now been targeted. CARICOM convened a "first-in-the-world" summit of Heads of Government to address NCDs, which generated the Port-of-Spain NCD Summit Declaration, "Uniting to Stop The Epidemic of Chronic Non-communicable Diseases". This 15-point declaration calls on all of government, civil society and the private sector to jointly tackle the common risk factors for the major chronic diseases, and improve the care of such diseases. Implementation of this declaration has been mixed, being most successful where there were regional supports, and in countries with populations > 250 000 reflecting country capacity. CARICOM has elevated this approach to the global level through successful advocacy for a United Nations High Level Meeting on NCDs to be convened in September 2011. Jamaica will be one of two co-facilitators of this meeting, a reflection of the role of CARICOM countries in advancing the NCD agenda at the global level.*

*CARICOM Heads of Government should attend this meeting, showcase the implementation of the NCD Summit Declaration in the Caribbean, commit to enhancing systems and resources, endorse and implement the commitments made and identify and support leadership for sustained action and accountability for these initiatives.*

**Keywords:** CARICOM, chronic non-communicable diseases, Heads of Government, Summit, United Nations

# Desde la Cumbre de Puerto España a la Reunión de Alto Nivel de las Naciones Unidas CARICOM y la Agenda Global de ENC

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## RESUMEN

*El Caribe anglófono tiene la carga per cápita más alta de enfermedades no comunicables crónicas (ENCs) en la región de las Américas. Como continuación de una larga historia de cooperación en materias de salud en la Comunidad caribeña (CARICOM) y éxitos pasados en la eliminación/reducción de las enfermedades comunicativas a través de acciones colectivas, las ENCs se han colocado ahora en el centro de la atención.*

*CARICOM convocó a la primera cumbre mundial de Jefes de Gobierno para abordar el problema de las ENCs, y en la cual se produjo la declaración de la Cumbre de Puerto Príncipe sobre ENC: "Unidos para detener la epidemia de las enfermedades no comunicables crónicas". Esta declaración de 15 puntos, hace un llamado a todos los gobiernos, la sociedad civil y el sector privado, a abordar el problema de los factores de riesgo comunes de las principales enfermedades crónicas. La implementación de esta declaración de lucha contra las ENCs ha tomado diversas formas, y ha tenido mayor*

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*éxito allí donde ha habido apoyo regional, y en los países con poblaciones > 250 000 reflejo de la capacidad del país.*

*CARICOM ha elevado este enfoque a nivel global abogando exitosamente por una Reunión de Alto Nivel de las Naciones Unidas sobre ENC's a celebrarse en septiembre de 2011. Jamaica ocupará una de las dos presidencias de esta reunión, lo cual refleja el papel de los países del CARICOM en el progreso de la agenda de ENC a nivel global.*

*Los Jefes de Gobierno de CARICOM deben asistir a esta reunión, mostrar la implementación de la Declaración de la Cumbre sobre ENC, comprometerse a mejorar los sistemas y recursos, refrendar e implementar los compromisos hechos, e identificar y apoyar el liderazgo a fin de lograr una acción sostenida y responsabilidad ante estas iniciativas.*

**Palabras claves:** CARICOM, enfermedades no comunicables crónicas, jefes de gobierno, cumbre, Naciones Unidas

West Indian Med J 2011; 60 (4): 388

## INTRODUCTION

### Burdens of modernization

Over the past 50 years, the Caribbean has made the developmental, demographic and epidemiological transition. High fertility, relatively high mortality, a predominance of communicable diseases and malnutrition have transitioned to relatively low mortality and fertility rates, an ageing population, sedentary lifestyles and rampant overweight and obesity in adults along with obesity emerging among children and adolescents (1). Communicable diseases like polio, measles and rubella have been eliminated (2), others have been controlled, and now, in these mostly upper-middle-income countries, the region faces a tsunami of non-communicable diseases (NCDs) [cardiovascular disease, diabetes, cancer and chronic respiratory diseases], their biological risk factors (increased blood pressure, glucose, cholesterol and obesity), their common risk factors (physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol) and the societal determinants [including poverty, unfair trade and globalization of the food supply] (3).

Among adults (15–69 years), two-thirds of preventable deaths are from NCDs (4), with associated suffering, lost productivity and spiralling healthcare costs (5, 6). The Caribbean has the highest NCD prevalence and mortality rates in the region of the Americas (7). The prevalence and mortality rate associated with diabetes-related lower extremity amputations in Barbados are among the highest recorded in the world (8). Compared to Canada, diabetes mortality in Trinidad and Tobago and in St Vincent and the Grenadines is 600% higher and stroke mortality in Suriname is more than 400% higher (9). Cervical cancer mortality rates are 3–12 times higher than in North America (10). Diabetes and hypertension are estimated to cost countries between 3–8% of GDP (6). Non-communicable disease risk factor surveys from Barbados, British Virgin Islands, Dominica, Jamaica, and St Kitts and Nevis all show a high prevalence of risk factors [Table 1] (11–15). Non-communicable diseases, including mental health, are responsible for half of the world's disabilities.

The NCD epidemic is a global problem with global drivers eg urbanization with less physical activity, globaliza-

Table 1: Selected Risk Factors for NCDs in CARICOM

Risk Factor	Females	Males
Obesity (body mass index $\geq 30$ )	33–52%	9–38%
< 5 fruits and/or vegetables/day	91–97%	91–97%
Daily tobacco use	1–4%	9–11%
Alcohol use $\geq 4$ days/week	1–2%	7–14%

tion of the food supply, transnational marketing of tobacco, alcohol and unhealthy foods, especially to children, and therefore requires a global response. Non-communicable diseases are a threat to human, social and economic development. Evidenced-based, proven cost-effective and cost-saving interventions are available, but because most of the risk factors lie outside the health sector and are driven by global factors, coordinated international, multisectoral and multi-level interventions to include education, finance, agriculture, trade and consumer affairs, urban planning and transport, private sector and civil society are required (16).

### Caribbean cooperation in health

Since the 1960s, the Caribbean Conference of Ministers of Health has been collectively addressing health challenges. The meeting in 1986 formalized the Caribbean Cooperation in Health (CCH), now in its third iteration (17). CARICOM Heads of Government Nassau Declaration of 2001, “the Health of the Region is the Wealth of Region” (18), acknowledged the contribution of health to economic development. The Caribbean Commission on Health and Development chaired by Sir George Alleyne was mandated to “propel health to the centre of development”. The Commission identified NCDs, HIV/AIDS and health sequelae of injuries/violence as the major health problems of the Region (19). Public health leadership and information systems were also identified as systemic weaknesses (ibid).

### CARICOM Heads of Government NCD Summit and Declaration

In response to the growing NCD burden in the Caribbean, and the advocacy to Heads and Cabinets by Sir George Alleyne and others, the “first-in-the-world” summit of Heads

of Government to address NCDs was convened in Trinidad and Tobago, in September 2007 and issued the CARICOM Port-of-Spain Declaration “Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases” (20). The declaration provides the basis for effective public policy by delivering high-level support for multisectoral policies to combat NCDs, and is in concert with the PAHO and WHO Strategic NCD Plans (16, 21).

The 15-point mandate of the CARICOM Heads NCD Summit Declaration includes 27 specific commitments (22). Fourteen of the 15 mandates address the need for an ‘all of society’ response to the multisectoral causes of the risk factors of this epidemic.

The other mandate, POS NCD Declaration item #5, states:

*That our Ministries of Health, in collaboration with other sectors, will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors so that by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines.*

This requires *inter alia* strengthening of primary healthcare systems, access to essential drugs and technologies and mechanisms for aligning care with the evidence.

National capacity assessment for chronic disease prevention and control in the Caribbean in 2005 and 2007 revealed that a substantial proportion of countries still have insufficient policies, plans or programmes to combat chronic diseases (23). A 2009 PAHO review of NCDs in CARICOM found that no country had a comprehensive set of legislation against NCDs, despite the high level political commitment (24). The greatest potential for saving lives is for patients living with NCDs already accessing the healthcare system, to have their management aligned with evidence-based guidelines (25). This also prevents expensive complications like renal failure, blindness and amputations.

### **Implementation of the POS Declaration**

Since 2008, a six-monthly monitoring exercise of the implementation of the POS declaration by countries has been conducted by one of the authors (TAS) on behalf of CARICOM (26). There is now a need for revision of some of the goals to include specific short and medium-term milestones and deliverables for health, non-health government agencies, civil society and the private sector.

Key meetings and milestones following the CARICOM Summit POS Declaration are shown in Box 1. Country success in implementing NCD Summit mandates is associated with two main factors – regional supports and country population size (27).

Caribbean Wellness Day, now the face of the NCD Summit Declaration, has been celebrated in 19/20 CARICOM countries, facilitated by regional supports and branding

(28). Ratification of the Framework Convention on Tobacco Control (FCTC) and surveillance (Global School Health, Global Youth Tobacco and STEPS NCD risk factor surveys) have been successfully implemented in countries of all sizes with PAHO/WHO, CARICOM and The University of the West Indies (UWI) providing regional level supports. The Healthy Caribbean Coalition (HCC), a regional NGO, was established in 2008 in direct response to the CARICOM NCD Summit Declaration and has been very successful with its website [www.healthycaribbean.org](http://www.healthycaribbean.org) and programme of regular advocacy and an innovative “get the message” cellphone texting campaign.

The other critical determinant is population size and country capacity. Countries with populations less than 250 000 have less capacity and have implemented fewer of the NCD summit mandates, but perform as well as the larger countries if regional supports are provided.

Progress has been poorest in addressing food security, labelling and elimination of trans-fats which require regional or global systems interventions. Inadequate funding has frustrated several resource-dependent interventions, *eg* “comprehensive public education programmes in support of wellness, healthy lifestyle changes, and improved self-management of NCDs” (POS 12). This is related to inadequate NCD funding globally (29). Alcohol is hardly addressed and it is a major contributor to NCDs and injuries and violence.

### **CONCLUSIONS AND THE WAY FORWARD**

To date, CARICOM has hosted the only Heads of Government Summit on NCDs, which has led to the UNHLM (Box 2). Despite weaknesses, CARICOM can showcase its implementation of the NCD Summit Declaration as evidence of the effectiveness of NCD Summitry in addressing this epidemic and enabled CARICOM advocacy for a global Heads of Government Summit on NCDs, moving this approach from this small group of countries to a global audience (30). Barbados and Trinidad and Tobago in particular, have played seminal roles in this process, with support from PAHO/WHO and the CARICOM Secretariat. In acknowledging the contribution of CARICOM, Jamaica is one of the two co-facilitators of the UNHLM.

CARICOM must continue to play a leadership role in the global NCD agenda. Prime Ministers and Presidents of the region should attend the Summit, showcase the implementation of the NCD Summit Declaration, commit to enhancing systems and resources, endorse and implement the commitments made and identify and support leadership for sustained action and accountability for these initiatives. In this way, the Summit has the potential to advance the NCD agenda in the region as we “Unite Against the Epidemic of Chronic NCDs”. Finally, the CARICOM Summit Declaration implementation and impact on health indices should be evaluated comprehensively by a combined international and regional team.

Box 1: CARICOM Heads of Government NCD Summit Declaration summary and status

<b>Risk Factor Reduction</b>	<b>Summary of Initiatives and Actions at End 2010</b>
<b>Tobacco:</b> <ul style="list-style-type: none"> <li>* Ratification and enacting legislation in compliance with the FCTC: taxes, packaging, 100% smoke-free public places, and some tax revenue dedicated for health promotion and disease prevention</li> </ul>	<ul style="list-style-type: none"> <li>* All countries except for St Kitts/Nevis and Haiti have ratified the FCTC</li> <li>* Barbados, Trinidad and Tobago and Belize have 100% smoke free public spaces</li> <li>* Most have imposed taxes, but few to the recommended 66% of sale price</li> <li>* Rotating graphic packaging being obstructed by one country</li> </ul>
<b>Alcohol and tobacco</b> <ul style="list-style-type: none"> <li>* Utilization of tax revenue to support NCD programmes</li> </ul>	<ul style="list-style-type: none"> <li>* Tax revenue for NCD programmes inadequate</li> <li>* Morbidity and mortality from alcohol abuse to be addressed; facilitated by recent WHO Resolution</li> </ul>
<b>Unhealthy diet:</b> <ul style="list-style-type: none"> <li>* Healthy school and workplace meals, elimination of trans fats, food labelling to indicate nutritional content, trade policies on food imports, agricultural policies to support food security</li> </ul>	<ul style="list-style-type: none"> <li>* Several countries have initiated reviews of school meal programmes to improve quality</li> <li>* Barbados has shared their School Nutrition Policy with the region</li> <li>* Little or unknown progress on elimination of trans fat, reduction of salt, sugar and fat</li> </ul>
<b>Physical activity:</b> <ul style="list-style-type: none"> <li>* Physical education in schools and workplaces, public facilities such as parks and other recreational spaces to encourage population-wide physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>* Weekly Sunday Family Fun Day blocked streets in Diego Martin in Trinidad and Tobago</li> <li>* Boardwalks in Barbados</li> <li>* Physical Activity Commission in Barbados</li> <li>* Weekly exercise sessions in health centres</li> <li>* Unknown impact on population-wide levels of physical activity in adults or children</li> </ul>
<b>Partnerships</b> <ul style="list-style-type: none"> <li>* Partnerships and policies supported by governments, private sector, NGOs and other social, regional and international partners</li> </ul>	<ul style="list-style-type: none"> <li>* Establishment of the Healthy Caribbean Coalition (HCC) a 35-member regional civil society coalition in response to the NCD Summit Declaration; see: <a href="http://www.healthycaribbean.org">www.healthycaribbean.org</a></li> <li>* CAIC Private Sector Pledge for combating NCDs, as their commitment to the multisectoral response to the Declaration of Port-of-Spain.</li> </ul>
<b>Regional health institutions:</b> <ul style="list-style-type: none"> <li>* Strengthening leadership for implementing the agreed strategies</li> </ul>	<ul style="list-style-type: none"> <li>* Establishment of CARPHA – Caribbean Public Health Agency – to merge regional health institutions; but unknown when this will be functional</li> </ul>
<b>Intersectoral actions</b> <ul style="list-style-type: none"> <li>* Public education programmes on wellness, healthy lifestyle changes, improved self-management of NCDs in collaboration with the media</li> </ul>	<ul style="list-style-type: none"> <li>* Increased, though not coordinated, media focus on NCDs and risk factors</li> <li>* Public education programmes fragmented and inadequate</li> </ul>
<ul style="list-style-type: none"> <li>* Establish national commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs</li> </ul>	<ul style="list-style-type: none"> <li>* Barbados NCD Commission pre-dates NCD Summit</li> <li>* Commissions established in half the countries since Summit</li> </ul>
<ul style="list-style-type: none"> <li>* Monitoring: surveillance of risk factors; monitoring of the actions agreed upon in Declaration (CARICOM Secretariat, CAREC, UWI &amp; PAHO/WHO)</li> </ul>	<ul style="list-style-type: none"> <li>* STEPS NCD Risk Factor Survey or equivalent in 7 countries with support of CAREC and PAHO</li> <li>* Global Youth Tobacco Survey in 14; and</li> <li>* Global School Healthy Survey in 11 countries</li> </ul>
<b>Health sector</b> <ul style="list-style-type: none"> <li>* NCD plan</li> <li>* Screening and management of NCDs to achieve 80% coverage by 2012; comprehensive health education</li> </ul>	<ul style="list-style-type: none"> <li>* Regional Plan completed</li> <li>* Some smaller countries do not yet have country NCD plans</li> <li>* Diabetes quality of care training,</li> <li>* Diabetes Pocket Guidelines</li> <li>* Total risk approach agreed for CVD risk</li> <li>* Jamaica, Trinidad and Tobago implement major programmes of free medications to patients with NCDs</li> </ul>
<b>Caribbean Wellness Day</b> <ul style="list-style-type: none"> <li>* Second Saturdays in September to commemorate the NCD Summit</li> </ul>	<ul style="list-style-type: none"> <li>* Celebrated in 19/20 CARICOM countries over 3 years</li> <li>* Now institutionalized in countries</li> <li>* Regional branding and supports</li> </ul>

## Box 2: From CARICOM Summit to the global UNHLM on NCD

- \* September 2007: CARICOM Heads of Government convene first ever Heads NCD summit in Port-of-Spain, Trinidad and Tobago.
- \* May 2008: Minister of Health of Guyana, Hon Dr Ramsammy, in his inaugural address as President of the World Health Assembly, called for the inclusion of NCDs in the monitoring and evaluation of the Millennium Development Goals, thus creating an MDG<sup>+</sup><sup>1</sup>.
- \* July 2009: 30<sup>th</sup> Conference of CARICOM Heads of Government in Guyana: agreed United Nations General Assembly Special Session on NCDs.
- \* April 2009: Summit of the Americas in Port-of-Spain, Trinidad and Tobago, including 14 CARICOM members, reaffirmed the WHO/PAHO and CARICOM proposals for NCD prevention and control.
- \* November 2009: Commonwealth Heads of Government Meeting (CHOGM) in Port-of-Spain, Trinidad and Tobago attended by 12 CARICOM members issued a declaration which emphasized the importance of NCD prevention and control, committed Commonwealth countries to raise the priority of NCDs, and echoed the call for a UN summit on NCDs.
- \* February 2010: UN briefing on NCDs by CARICOM, Brazil and WHO stimulated systematic lobbying by Caribbean diplomats to their fellow diplomats, in support of UN High Level Meeting.
- \* May 2010: UN General Assembly agreed to a UN High Level Meeting on NCDs in September 2011.
- \* September 2010: NCDs included in the UN MDG Summit.
- \* December 2010, the scope and modalities of the HLM were agreed – a two-day meeting from September 19–20, 2011, including plenary and roundtable sessions.
- \* World Economic Forum and PAHO/WHO embark on promoting “Be Well Week” Sept 17 – 21, 2011, inspired by the success of Caribbean Wellness Day.

<sup>1</sup> Ramsammy L. Address to the Sixty-first World Health Assembly. May 19, 2008.

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