The theme of this year’s 61st anniversary conference, “Family Health – Living Healthy at All Ages” is aptly chosen as we continue to position the conference as a medium for the distillation of ideas and solutions to the health priorities of the region. Health, as has been defined by the World Health Organization (WHO), by way of the Alma-Ata Declaration, is “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity; (it) is a fundamental human right and the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector” (1). Indeed, the conference this year focusses not only on diseases such as cancers, HIV/AIDS and the non-communicable diseases (NCDs) but on health promotion, family health, and social, economic and health issues, as well as environmental issues.

The Caribbean Public Health Agency (CARPHA) accepts its leadership role as the premier organization within the Caribbean for the synthesis of evidence-based data on public health, the facilitator of research on the health priority needs of the region, as well as a repository of public health advice for regional governments. Within this context, the CARPHA’s annual conference seeks to provide a forum for the teaching of research skills and ethics as an ancillary activity, as well as providing a platform for local, regional and international healthcare professionals to share their research findings. Together, these activities are geared toward increasing the research skill capacity of health professionals working in the region.

A supportive environment is required to allow Caribbean people to enjoy “Living Healthy at All Ages”. There are many components of such an environment including equitable access to healthcare, a built environment that facilitates increased physical activity, food security and proper dietary practices, good mental health, psychosocial stimulation and a high quality primary care health system (2–7).

Many countries in the region are grappling with the increasing burden of chronic NCDs, which, among other things, threatens the achievement of the United Nation’s Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all” (8). Chronic diseases by definition are disorders of long duration with typically no cure and generally of slow progression. They include cardiovascular diseases, cancer, chronic respiratory diseases and hypertension and diabetes, as well as neuro-psychiatric disorders, arthritis and – in the Caribbean – sickle cell disease. The economic impact of 3–5% of gross domestic product (GDP) is not sustainable, especially at a time when the region is struggling to attain 1% economic growth rates. Recent evidence has identified early life events as important factors that, together with genetics, lifestyle activities such as tobacco smoking, alcohol consumption, and environmental factors, are critical drivers of the NCD pandemic (9–13). Indeed, ageing exacerbates the complexity of the NCDs within individuals by increasing the probability of co-morbid events – defined as two or more diseases or conditions in the same individual that have similar risk factors and/or mechanism. Co-morbidities are associated with poor health outcomes, increased mortality and often require complex interventional solutions (14, 15). In fact, the Caribbean region has been reported to have the highest burden of NCDs in the Americas. Consequently, the Caribbean has led the world through advocacy to focus attention on the NCDs as a major threat to the well-being, health and economic development of low and middle-income countries in particular (13). However, an ongoing evaluation of the Port-of-Spain Declaration suggests much more needs to be done in and out of the health system to prevent and control the NCDs, given their complex multisectoral nature.

To tackle the burgeoning NCD problem, the data suggest that health systems that are based on primary healthcare deliver better health outcomes and greater public satisfaction at lower costs more equitably (16, 17). The Caribbean in general employs a primary care system model to deliver health solutions to its citizens and in particular to key groups such as children, women and older adults. Notwithstanding, a case can be made for further strengthening of the primary care cadre by the systematic training and deployment of additional family physicians.
and primary healthcare teams within the primary care services. Family physicians are specialist physicians who have received postgraduate training geared to meet, comprehensively, the needs of families and individuals. They provide a continuum of care through the life course, addressing the physical, psychological, social and cultural determinants of their client’s health needs. They provide accessible entry into the health system and because they are often based in the community, they provide the fulcrum in local partnerships to promote health. The broader primary healthcare team is essential to strengthen, to ensure follow up and to engage and empower patients and families in self-management.

Thus, this year’s conference is also a celebration of the work and activities of family physicians and other health workers in primary care who have been toiling assiduously to assist Caribbean people in living healthily.

REFERENCES