Editorial

Policy Implementation for Better Health Outcomes: Grabbing the Low Hanging Fruits

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The 2013 annual scientific meeting of the Caribbean Public Health Agency (CARPHA) provided a fertile environment for the genesis of regional action on childhood obesity. At this meeting, stakeholders engaged in research to policy dialogue on *'Combatting the childhood obesity epidemic'*. Building on this was the appointment of a CARPHA Public Health Nutrition Advisory Committee and the development of a draft *'Plan of action for the prevention and control of childhood obesity'*. Added to this was a recent policy dialogue on the *'Prevention and control of childhood obesity in the Caribbean: a call to action'*, the outcome of which was subsequently presented at the 2014 non-communicable disease (NCD) Child International Conference in Port-of-Spain. These are critical initiatives geared toward the collective strengthening of evidence-based policies and programmes to tackle childhood obesity in the Caribbean. Indeed, many CARICOM countries are engaged to varying extents in the formulation of relevant policies; however, to make this effort efficient with maximum impact, there is need to collectively strengthen and optimize the implementation of regional health policies.

At the regional (CARICOM) level, several policy frameworks have been developed, including a Regional Food and Nutrition Security Policy and Action Plan, a Strategic Plan of Action for the Prevention and Control of Non-communicable Diseases and the Caribbean Cooperation in Health (CCHIII). Successful implementation of these policies by member countries has been varied and limited; herein lies the challenge for achieving better health outcomes in CARICOM States. Among the possible explanations that would account for the current challenges to successful health policy implementation in the Caribbean are: lack of resources, unrealistic policies, poor implementation strategy, poor communication and engagement of implementers, lack of multi-sectoral collaboration and lack of political will. It should be noted that many countries, both developing and developed, share these common constraints in health policy implementation. In the CARICOM region, it is important to navigate these constraints by mobilizing and pooling resources, while attracting political support.

Health policy formulation should be based on credible evidence and there have been two notable attempts in the Region to strengthen the links between research and policy. A World Health Organization/Pan American Health Organization (WHO/PAHO) Evidence Informed Policy Network was launched in Trinidad and Tobago in October 2009, and in June 2013 the US Cochrane Centre officially launched its Caribbean Branch at The University of the West Indies, Jamaica. Added to these evidence repositories are the regular research outputs that are featured at scientific meetings such as the annual CARPHA Health Research Conference. The inevitable question that arises is, how well are we using the available evidence, both local and global, for formulation and implementation of health policy? Within the answer to this question is the recognition that available evidence may require adaptation to local needs and may not always be relevant and timely. However, given the stark reality of the prevailing NCD burden in the Caribbean, failure to formulate and implement policies that promote healthy populations should not be an option.

It is very likely that a crippling hurdle to effective policy implementation is the absence of adequate stakeholder engagement. Grand Challenges Canada has coined the term *Integrated Innovation*™ to capture the coordinated application of scientific, technological, social and business innovation to the development of solutions to complex challenges. It is reasoned that this integrated multidisciplinary approach provides the platform and opportunity to explore innovative solutions to solving emerging problems. For example, given the ubiquitous usage of mobile phones in the Caribbean, can the existing telecommunications network be optimized as a tool in implementing NCD-related health policies? The answer lies in active engagement of the key players in the telecommunications industry, in communities affected by policies and the workers tasked with the challenge of delivering healthcare, among others. Such a discourse would likely identify the requirements as well as barriers and facilitators for implementing a given policy.

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Political will is an imperative for policy implementation and is perhaps the primary facilitator for effective policy implementation. It may be argued that if there was strong political will to effectively battle the current NCD burden in the Caribbean, one would have seen the implementation of modest policies that could bring about increased population awareness for healthy lifestyles. Rather, the current approach is stuck in the disease management paradigm. Consider the following health policies that could be implemented with potential for major impact, with the only component lacking being political will. Of course, these potentially revolutionary actions may not be politically attractive; unlike the glamour associated with launching a new dialysis unit or chemotherapy suite or a kidney transplant centre. Regardless, there should be a concerted effort to build awareness for implementation of the following policies:

Promotion of healthy lifestyles among school children

Build self-awareness among children: Many countries are routinely collecting data on school children's body mass index, waist circumference and blood pressure, to which could be added finger-prick fasting blood glucose. Children should be given these results biennially and a School Health Certificate at the end of primary and secondary school. This will empower children to become aware of their health status and have the opportunity to become involved in their health. This could eventually inculcate a culture of ownership and self-management of health.

Build a supportive environment for healthy lifestyle among school children: Enact *Healthy Food for Healthy Child* legislation to prohibit the adventitious sale of foods high in fat, sodium and sugar within the school environment. This should also include the phasing out of junk food advertising on school grounds. This is a small step in trying to empower children to make informed dietary choices. There is precedent for such legislation in Canada and the United Kingdom (UK); it requires quick action and engagement of the food providers including the beverage industry and school feeding programmes. In the UK, this approach resulted in a 25% reduction of sodium intake between 2000 and 2011, and prevention of approximately 9000 stroke-related deaths.

Nutrition labelling legislation

All advertisement of foods must be required to include the total calorie content of the serving shown along with the calories from fat, and sugar and sodium content. Such disclosure is required to counteract the overwhelming presence of fast food advertisements, and will assist consumers to discern the quality of the advertised food and hopefully make healthy choices. Similar legislations are already in place in many North American cities and target any food establishment that employs more than 20 persons.

Regional investment in a media blitz to increase consumption of fruits and vegetables

A regional policy decision is urgently required to allocate funds for the promotion of fruit and vegetable consumption, and reduction of fried foods. It has been repeatedly documented that about 90% of persons in the Caribbean do not meet the daily intake of five servings of fruits and vegetables. In fact, available evidence shows that most persons are in the pre-contemplative stage of readiness for change; many are not even aware of the health benefit of fruits and vegetables. Further, there is huge economic potential to the local agriculture industry, food importers and producers to ensure the regular availability of sufficient and varied fruits and vegetables.

NCD (diabetes, hypertension, coronary heart disease) health visit checklist

Despite the input of huge resources into NCD management, optimal blood lipids, blood pressure and glycaemic control are notoriously difficult to achieve. This may be partially attributed to poor self-management among persons affected by NCDs, largely due to scant knowledge of their disease, its aetiology and management. Implementation of a checklist to persons affected by NCDs could help them to prepare for visits to their healthcare provider, and be better informed about what to expect at those visits. This would empower persons affected by NCDs to participate in their self-management.

The suggested health policies outlined above are obviously not exhaustive, but their quick and successful implementation would sound the battle cry for an enduring fight against NCDs. Urgent action is needed to counteract the raising threat by NCDs to regional development; failure to do so will commit our children to a legacy of high fat, high sugar diets and set them on a path of increased morbidity and reduced life expectancy.