A CIVIL SOCIETY REPORT ON

NATIONAL NCD COMMISSIONS IN THE CARIBBEAN

Towards a more Effective Multisectoral Response to NCDs

Part I

HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

The NCD Alliance
Putting non-communicable diseases on the global agenda

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September 2015

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1. MESSAGE FROM THE PATRON

This is a well-structured, well written Report which I welcome for several reasons beside those of its timeliness and technical content which of themselves are of inestimable value. It is a significant Report in terms of the agency or institution which initiated and supported its development. As it points out, the notion of a multisectoral response to the non-communicable diseases (NCDs) was bruited in Barbados and the Caribbean before it found favor, was endorsed and expanded upon at the global level in the United Nations. This is another example of the imaginative thinking about NCDs which has characterized activities in this field in the Caribbean. While it is important not to focus excessively on according pride of place to things Caribbean, reticence should not inhibit some modest pride in local achievements. In that vein it was good to hear the Secretary General of the United Nations in a recent speech before the Caribbean Heads of Government acknowledge the leadership pf the Caribbean in bringing NCDs to the global stage.

The genesis and sponsorship of the Report are also remarkable. It would be normal practice for the evaluation of a recommendation of the United Nations to fall within the purview of the technical cooperation of one of the intergovernmental organizations of the system. But here we have a civil society organization-the Healthy Caribbean Coalition assuming that role and seeking the partnerships needed to fulfil it. I am delighted to be able to recognize the role of the partners-the NCD Alliance and The Commonwealth Secretariat in the production of the Report. Partnerships are essential in all aspects of prevention and control of NCDs.

As Chancellor of the University of the West Indies, I am also pleased to note the contribution by faculty members of the University in the preparation of the Report. Academia is not always recognized as an important part of civil society. It is good to note continuation of the tradition of our University contributing in fields which may not technically be labelled research or public service.

The report is also significant because of the happy coincidence of having Sir Trevor Hassell participate and guide it both as President of the Healthy Caribbean Coalition and as Chair of the Barbados National NCD Commission. This dual function no doubt enables him to appreciate even more the value of national commissions and the potential of civil society being involved in what might at first blush appear to be an unusual traditional role. The role of civil society in the prevention and control of NCDs is usually played out through advocacy, facilitating accountability and in the case of the thematic NGOs, providing service. It is highly likely that the HCC will use this Report as a basis for advocating not directly for programmatic action for prevention and control of NCDs, but for strengthening these potentially powerful bodies.

The Report is finely balanced between being descriptive and being prescriptive. It describes in generous terms the state of the commissions and makes very pertinent recommendations, which could have salience beyond the Caribbean.

I must congratulate all those who prepared the Report, HCC and its very competent staff, the partners and our colleagues in the countries who would have supplied much of the information it collates and synthesizes so well.

Well done!

Sir George Alleyne
Patron, Healthy Caribbean Coalition

2. MESSAGE FROM THE PRESIDENT

It is a pleasure on behalf of the Directors of the Healthy Caribbean Coalition (HCC) to make this report, "A Civil Society report on National NCD Commissions in the Caribbean: Towards a more Effective Multisectoral Response to NCDs" available to policymakers, civil society and the private sector. The report follows a 2014 HCC report, "Civil Society Regional Status Report: Responses to NCDs in the Caribbean Community" in which gaps and challenges were identified in the functioning of National NCD Commissions and the need recognised for a more detailed assessment of them. The Port of Spain Declaration: Uniting to Stop the Epidemic of NCDs, issued by the Heads of Government of CARICOM in 2007 "strongly encouraged the establishment of National Commissions on NCDs, or analogous bodies, to plan and coordinate the comprehensive prevention and control of chronic NCDs". In doing so the Declaration supported a recommendation first mooted in the Non-Communicable Disease Prevention and Control Strategic Plan for the Caribbean Region 2003-2007, which recommended "the establishment of a National Inter-sectoral Committee to oversee the development or strengthening of national policies, plans and programmes".

The report is a contribution by civil society to the discussion about National NCD Commissions and the development of best practice mechanisms for multi–sectoral engagement in the prevention and control of NCDs at the national level. It posits, among others, the need for wider and more in-depth discussion and consideration of most suitable and best practice national mechanisms for holding states accountable for their UN NCD commitments of 25% reduction in premature mortality from NCDs by the year 2025.

The production of the report is supported by the NCD Alliance/ Medtronic Philanthropy programme as one of the outputs of an initiative aimed at "Strengthening Health Systems, Supporting NCD Action" in Brazil, South Africa and key Caribbean Community (CARICOM) Countries, and the Commonwealth Secretariat has made its wide availability possible. Civil society engineered and directed reports, such as the present report, assist in holding governments to account, contribute to the translation and interpretation of policies and serve as advocacy tools. These are important contributions of civil society to the Multisectoral response to NCDs. The report provides a context for the development of a Framework for Implementing the Set of Recommendations on the Establishment of National NCD Commissions, of the Port of Spain Declaration, 2007, contributes to the strengthening of policy frameworks to reduce premature death toll from NCDs in the Caribbean and provides a platform on which CARICOM countries might build in the necessary partnering process to meet the post 2015 Sustainable Development Goals.

Several individuals contributed to the report, including consultants, civil society stakeholders, regional thought leaders and many others; however production of the report would not have been possible without the significant contribution and leadership of Mrs. Maisha Hutton, Executive Director of the Healthy Caribbean Coalition.

Sir Trevor Hassell
President, Healthy Caribbean Coalition

3. ACKNOWLEDGEMENTS

The Healthy Caribbean Coalition acknowledges the significant contributions made in the production of this publication by several persons including: Dr T. Alafia Samuels, Senior Lecturer University of the West Indies, Cave Hill Campus, and a member of the Barbados National NCD Commission; Professor Rosemarie Wright-Pascoe, Former Chairperson of the Jamaica National Committee on the NCDs, Past President of the Caribbean Endocrine Society; Dr. Lynda Williams, HCC NCD Specialist Physician; Professor Sir Trevor Hassell, HCC President; Mrs. Maisha Hutton, HCC Executive Director; and a selection of Caribbean NCD thought leaders who provided inputs and commentary. The HCC wishes to acknowledge the role played by senior staff both at the regional level and at PAHO/WHO headquarters in contributing in one way or another to the execution of this report.

Special thanks is extended to the leadership of the National NCD Commissions or equivalents throughout the region, without whose varied contributions, this report would not have been possible.

Funding for the production of this report on National NCD Commissions in the Caribbean was provided by the NCD Alliance as part of the Expanding Access to Care, Supporting Global, regional and Country level NCD Action Programme in partnership with Medtronic Philanthropy; as one of the outputs of an initiative aimed at "Strengthening Health Systems, Supporting NCD Action" in Brazil, South Africa and key Caribbean Community (CARICOM) Countries. Support for the production and distribution of the report was also provided by Commonwealth Secretariat as part of their joint project with the HCC: The NCD Commissions Strengthening Project (NCDCSP).

4. GLOSSARY OF ABBREVIATIONS

BNR	Barbados National Registry
BVI	British Virgin Islands
CAREC	Caribbean Epidemiology Centre (now absorbed into CARPHA)
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CDAP	Chronic Disease Assistance Programme
CMO	Chief Medical Officer
COHSOD	Council for Human and Social Development (CARICOM)
CSO	Civil Society Organization
CVSS	Council for Voluntary Social Services
EDF	European Development Fund
FCTC	Framework Convention on Tobacco Control
HAART	Highly Active Antiretroviral Therapy
HCC	Healthy Caribbean Coalition
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HotN	Health of the Nation Study
JADEP	Jamaica Drug For the Elderly Programme
LMIC	Low and Middle Income Countries
M & E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCD	Non-communicable diseases
NNCDCs	National NCD Commissions
NCDA	NCD Alliance
NGO	Non Governmental Organization
NHF	National Health Fund
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PLWHA	People Living with HIV and AIDS
POS	Port of Spain
TOR	Terms of Reference
UNHLM	United Nations High Level Meeting
UWI	University of the West Indies
WHO	World Health Organization

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6. EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

The recommendation for the establishment of a National Multisectoral Committee to oversee the development or strengthening of national policies, plans and programme was first mooted in the Non-Communicable Disease Prevention and Control Strategic Plan for the Caribbean Region 2003-2007.

Endorsement of the multisectoral response to prevention and control of NCDs was subsequently expressed in 2007 in the Heads of Government of CARICOM historic Port of Spain Declaration ***"Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases"***, and National NCD Commissions or analogous bodies were determined to be the mechanism or instrument for implementation of the multisectoral response:

…*"strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs"*.

The multisectoral approach to NCDs was supported and subsequently echoed in the Political Declaration following the 2011 United Nations High Level Meeting (UNHLM) on NCDs, and at the 67th General Assembly of the WHA in a "Note by the Secretary-General transmitting the report of the Director- General of the WHO on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership".

At the United Nations NCD Review meeting in 2014, a multisectoral approach was explicitly recommended and the creation of NCD commissions endorsed. The resulting statement defined an NCD commission as:

"…a high-level commission, agency or task force for engagement, policy coherence and mutual accountability … to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants".

Following the Port-of-Spain Declaration, many governments in the Caribbean that had not already done so, established National NCD Commissions as vehicles for multisectorality in the national response to NCDs. These commissions are expected to lead the coordination of strategies to combat NCDs and to provide a mechanism that realizes commitments of Governments to engage with the private sector and civil society for the prevention and control of NCDs – the whole of society response.

The "whole of Government" response requires a parallel process, with the formation of an Inter-Ministerial NCD Task Force or equivalent. The role of the NCD Commission in this regard should be to identify, present and evaluate issues to be addressed by the "whole of Government" Inter Ministerial Task Force.

This report provides a detailed assessment and analysis of the status of CARICOM National NCD Commissions and makes recommendations for their future structure and roles as key instruments of national coordinated multisectoral action, based on varying country contexts and realities. The report represents civil society's contribution to strengthening the multisectoral approach and will be used by the HCC to advocate for, and support National NCD Commissions in CARICOM and beyond.

This report is Part I of a 2-part series. Part II: 'A Framework for the Establishment and Strengthening of National NCD Commissions', provides a roadmap for the operationalisation of National NCD Commissions in the Caribbean based on the findings and recommendations found within this report.

MAIN REPORT FINDINGS

Overall there has been a variable response among countries to the call from Heads of Government of CARICOM to establish NCD Commissions as mechanisms for multisectoral prevention and control of NCDs at the national level. Countries with larger populations have generally made greater progress in establishing commissions than those with smaller populations; nevertheless in all countries there has been increased multisectoral activity whether or not led by NCD Commissions. All commissions were noted to be multisectoral

in composition, and included the private sector with however little evidence of mechanisms considered and applied to address conflict of interest issues. Commissions reported inadequate human and financial resources for effective functioning. They often lack the necessary resources to determine mandates and to develop and implement strategic action plans to achieve their objectives. Few countries have devised a method of appointment of National NCD Commissions that avoided significant interruptions of functioning of its Commission with changing political circumstance. It was also noted that no mechanism exists for Commissions to interact with each other to mutual advantage.

The challenges of National NCD Commissions in the Caribbean include:

- Inadequate resources.
- Insufficient technical assistance.
- Lack of clear direction.
- Weak methods of appointments.

Barriers to the implementation of the multi-sector, 'whole of society' approach have arisen due to the lack of appreciation of respective roles and functions of the membership. Further, although these Commissions were meant to serve as platforms for the realisation of truly 'Whole of Society response to the NCD epidemic, it is now evident that there needs to be an Inter Ministerial Task Force or equivalent in which all sectors of government are truly engaged thus creating a fertile environment for health in all policies in a whole of government response. However this has not been achieved to any significant extent with exception of a few territories. Defining relationships between National NCD Commissions and Ministries of Health has been complex and sometimes cumbersome often raising questions of roles and responsibilities and highlighting the lack of autonomy and implementation 'clout' of these bodies. There have been challenges in monitoring and evaluating, and sharing information both within and among sectors, and consequently little evidence of translation of knowledge and policies into behaviour change.

"We do well in developing policies and strategic plans, but we are very unimpressive in migrating from plan to programme… more attention needs to be paid to a kind of implementation science – a way of breaking down why these things never get translated into evaluable programmes."
- Dr. Omowale Amuleru-Marshall, Chair, NCD Commission, Grenada.

Since the Port of Spain Heads of Government of CARICOM Summit on NCDs there have been many successes in the implementation of programmes and policies aimed at tackling NCDs attributed wholly or in part to National NCD Commissions. Regionally, these bodies have supported ratification of the Framework Convention on Tobacco Control (FCTC) in 14/15 countries with full CARICOM membership. The National NCD Commission in Barbados led a national nutrition improvement and population salt reduction campaign. 'Well Bermuda', a National NCD Commission equivalent, has successfully engaged multiple sectors using health promotion strategies, with several memoranda of understanding (MOUs) signed between the Ministry of Health and lead agencies and 15/18 action plans implemented. The British Virgin Islands (BVI) has signed an MOU between the Ministry of Health & Social Development and the Ministry of Education & Culture, and has launched an ongoing national 'Run/Walk' programme. There is a general sense that National NCD Commissions have contributed within countries to greater awareness of NCDs, and to a multisectoral response to them. NCD Commissions have the potential to be powerful mechanisms of multisectoral action, fostering multistakeholder partnerships, which inform and support effective evidence informed NCD policies and programmes. However there is overwhelming consensus on the need to provide guidance for the successful establishment and operationalisation of these Commissions, coupled with dedicated technical support and strong political leadership both at the country and regional levels.

RECOMMENDATIONS FOR ACTION

Based on the foregoing it is recommended that the following actions be taken nationally and regionally where appropriate:

Governance & Management

- The governance, structure, role and functioning of National NCD Commissions should be outlined in their terms of

reference and reflect their overarching purpose which is that of a mechanism for effective multisectoral action in prevention and control of NCDs at the national level.

- The recommended form of appointment of National NCD Commissions is that in which the National NCD Commission is legislated by Government, the length of appointment is unrelated to local political cycle or party, terms of reference are clear and the Commission is provided with a secretariat and appropriate funding commensurate with the mandate of the Commission.
- NCD Units should be established in Ministries of Health to support the work of NCD Commissions.
- The issue of conflict of interest between sectors of NCD Commissions should be addressed in a transparent manner informed by the recognised and established international norms and practices.
- The tobacco, alcohol and firearms industries must not be represented on National NCD Commissions in keeping with the position taken by the international public health community and governments.
- In countries with small populations, consideration should be given to inclusion of representatives of HIV/AIDS, Mental Health and possibly other NCD-related programmes and entities in a broader based National Health & Wellness Commission or National Alliance For Health Action.
- Countries of the Organisation of Eastern Caribbean States (OECS) should consider the possibility of establishing an OECS NCD Commission with NCD Sub-Committees of the Commission established at country level.
- A Regional Secretariat for NCD Commissions, comprising members of the Pan-American Health Organisation (PAHO), CARICOM Secretariat, the Caribbean Public Health Agency (CARPHA), the University of the West Indies (UWI) and the Healthy Caribbean Coalition (HCC) should be established to provide technical assistance and support to National NCD Commissions.
- National NCD Commission chairpersons should be independently minded and functioning and recognized national figures with the professional background and experience needed to interact effectively at the highest level with all sectors of society.
- Recognising the need for not only an effective multisectoral response to NCDs but also one in which there is a 'health in all policies' approach, it is recommended that, where feasible, countries should establish NCD inter-ministerial commissions or equivalents (with defined terms of reference, and independent processes for accountability and reporting), to complement the work of National NCD Commissions.
- National NCD Commissions of CARICOM should network among themselves; share best practice and seek representation at national, regional and international conferences for NCD prevention and control.
- National NCD Commissions should have linkages with and access to research facilities that can assist in informing actions and contribute to the assessment of outcomes of actions taken by the National NCD Commission.

Membership & Personnel

- The appointment of members of National NCD Commissions should be undertaken in a transparent manner and reflect multisectoral interests. The commissions should have wide and strong representation of non-health government ministries, civil society and the private sector.
- The requirements of membership of the National NCD Commission should be determined and made known at the time of appointment of commissioners so as to indicate level of responsibility required.
- The Commission should be provided with a secretariat and appropriate funding commensurate with the mandate of the Commission.
- The professional and technical staff of the Ministry of Health should be ex officio members of the Commission.
- Dedicated technical and professional staff should be provided to facilitate functioning of the Commission.

Functions, Operations & Interventions

- The specific functions of National NCD Commissions should reflect their overall role, which is to drive the multisectoral response in the prevention and control of NCDs at the national level.
- A National NCD Strategic Plan should guide the functions of the commission along with a National Action Plan produced by the commission together with the Ministry of Health.
- The functions of the National NCD Commissions should:
    - Contribute to, and lead as needed, in the production

of National NCD Strategic Plans and the implementation of their action plans.

- Assist government in realising its commitments to engagement with all segments of civil society, non-health ministries, and with the private sector, including conflict of interest challenges, to prevent and control NCDs.
- Aim to assist in building capacity in the response to NCDs among the sectors of society but especially among private sector and civil society
- Identify and advocate for implementation of Government policies that result in reduced NCD risk e.g. subsidies for unhealthy food and drink, recognise the critical role of improved prevention, control and management of NCDs, screening and access to, and delivery of quality care. They should not restrict themselves to risk factor reduction but should also seek to advocate for and promote the chronic care model to address the needs of those living with NCDs.
- Consider advocating for chronic care for all chronic diseases – non-communicable and infectious e.g. HIV/AIDS, tuberculosis.
- Recommend advocacy for strengthened regional cooperation and institutions to support countries.

- In the instance where the NNCDC is not responsible for development of the National NCD Plan, the National NCD Commissions should evaluate the National NCD plans with a view to contributing to implementation.
- The operations for NNCDCs as contained within the Terms of Reference should include:
  - Meetings of National NCD Commissions should be held regularly at pre-arranged and agreed frequency and times.
  - Records and confirmed minutes of meetings should be provided to the Minister of Health routinely following each meeting within an agreed period of time.
  - The National NCD Commission recommendations should be transmitted to the Minister of Health and/or Head of Government with clear recommendations and deliverables expected from non-Health Ministries and agencies, with budget and accountability features.
  - A formal mechanism should be implemented to allow for routine interaction between the Minister of Health and the members of the NCD Commission.
  - The Chair of the Commission should have direct access to the Minister of Health.

Funding

1. Governments need to provide funding for National NCD Commissions.
2. As recommended in the mandate of the Port of Spain Declaration, revenue from the increased taxation of tobacco and alcohol products should be used to support National NCD Commissions.

The establishment, resourcing, careful management and strong leadership of national multi-sectoral mechanisms is a critical need in the 'whole of society" effort to prevent and control NCDs.

7. INTRODUCTION

This report on National Non communicable Diseases Commissions (NNCDC) in the Caribbean is one of the key outputs of the NCD Alliance / Medtronic Philanthropy programme "Strengthening Health Systems, Supporting NCD Action". The initiative is aimed at strengthening national and regional civil society Non communicable Diseases (NCD) advocacy in Brazil, South Africa and key Caribbean Community (CARICOM) Countries, to raise demand and advocate to governments for strengthening of health systems through an integrated approach to action on NCDs. The Commonwealth Secretariat also supported the production and distribution of this report.

This report is Part I of a 2-part series. Part II: 'A Framework for the Establishment and Strengthening of National NCD Commissions' provides a roadmap for the operationalisation of National NCD Commissions in the Caribbean. This NNCDC implementation framework was funded through the Commonwealth Secretariat.

The Healthy Caribbean Coalition (HCC) was formed in 2008, in response to the 2007 Port of Spain Declaration of Heads of Government of CARICOM "Uniting to Stop the Epidemic of Chronic Non communicable Diseases".[1] The HCC is a regional alliance of Caribbean health Non governmental organizations (NGOs) and civil society organizations (CSOs) with the remit to address NCDs and is registered as a not-for-profit company. The HCC 2012-2016 Strategic Plan identifies strategic areas of Advocacy; Enhancing Communication; Capacity Building; and Promoting mHealth and eHealth. The HCC works closely with regional and international leaders in NCD prevention to strengthen and support its membership and to leverage the power of civil society in the implementation of NCD prevention and control programmes to reduce NCD incidence, morbidity and mortality.

One of the key outputs of the programme "Strengthening Health Systems, Supporting NCD Action", was 'A Civil Society Regional Status Report: Responses to NCDs in the Caribbean Community[2]' which assessed the Caribbean response to NCDs, from a civil society perspective. As part of this exercise, a rapid assessment of National NCD Commissions in CARICOM was undertaken. The National NCD Commissions (including "analogous bodies") were established as national multisectoral mechanisms and they should have specific terms of reference (TORs) to provide guidance at the highest levels of government for NCD policy and programming in addition to driving, supporting and coordinating national NCD actions. To date these bodies have achieved varying levels of success. NNCDs, have the potential to play significant roles in the NCD response at country level. One of the main findings of the Civil Society Regional Status Report was that Governments of the Region have accepted that in order to effectively tackle NCDs, all sectors of the society and all departments of government need to be involved and play their respective roles. Further, opportunities must be sought for a multistakeholder approach to the response to NCDs by engaging major groups of the society such as faith-based organisations, groups of retired persons, women's groups, the private sector and workers representatives.

The purpose of this report is to provide a detailed assessment of the status of CARICOM National NCD Commissions, and make recommendations for the future structure and roles of National NCD Commissions as key instruments of national coordinated multisectoral action on NCDs based on varying country contexts and realities. It is hoped that this report will be of value to the Caribbean but also be useful to other regions seeking to determine mechanisms for effective multisectoral approaches to prevention and control of NCDs.

8. BACKGROUND

8.1. THE HEALTH AND ECONOMIC BURDEN OF NCDS

NCDS are recognised to be the leading cause of morbidity and mortality globally, resulting in significant illness, premature death and high individual and societal economic and productivity losses.

While the burden of premature mortality from NCDs (deaths among those 30-70 years) is declining in high-income developed countries, it is increasing in low and middle-income developing countries (LMICs). The health sector response in LMICs has been sub-optimal and there is an inadequate regulatory framework to control NCD risks.

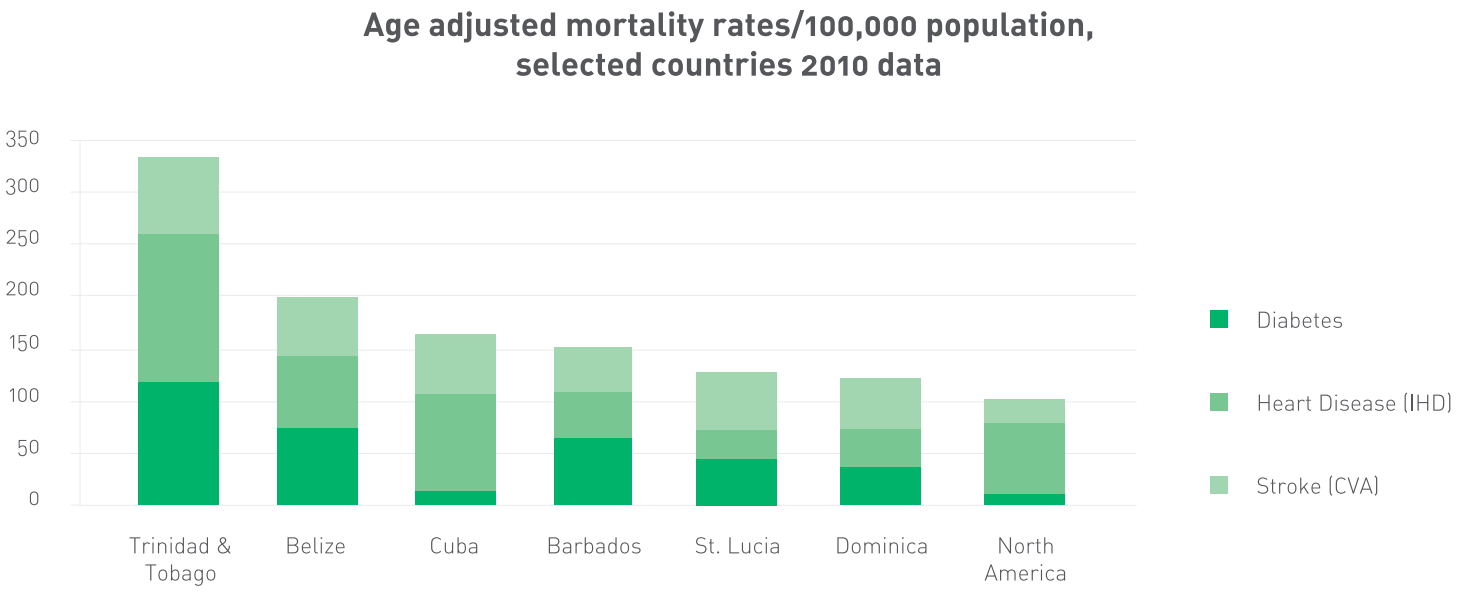
NCDs result from and are driven by population ageing and social determinants (modernization, urbanization, globalization, poverty). These factors create environments that facilitate an increase in the four main "behavioural" risk factors (physical inactivity, unhealthy diets, tobacco use and harmful use of alcohol) and the resultant high rates of biological risk factors (high blood pressure, high blood glucose and cholesterol, and obesity).[3-5] The behavioural risk factors occur as a result of unhealthy living and require a multisectoral approach for correction [5, 6].

Amid the global NCD epidemic, the Caribbean Community (CARICOM) has the highest prevalence of NCDs in the regions of the Americas[7] (Figure 1). The high mortality from these diseases is due to both higher incidence and higher case fatality rates.

The heavy and increasing burden of NCDs has significant impact at the household level from loss of income and additional out of pocket expenses, which push families further into poverty. It also has a disproportionate impact at the national level with loss of skilled labour and productivity,

Figure 1: Age Adjusted Mortality from select NCDs in select countries 2010

Source: PAHO Basic Indicators 2012 (2010 data)



lower competitiveness and higher government and social health expenditures[8].

Hypertension and diabetes were estimated to cost 1-8% of GDP in analyses in 4 Caribbean countries[9] and are known to increase household poverty.

In the six Organization of Eastern Caribbean States (OECS) countries, annual public health expenditure for diabetic patients ranged from 326 USD in St Vincent to 776 USD per person in Antigua and Barbuda, costing the Government a net of 1.8 million USD in St Vincent and 2.4 million USD in Antigua per annum. It is estimated that total average private economic burden of NCDs is 1,320 USD in St Lucia representing 25% of per capita GDP [10].

In Jamaica, individuals with NCDs spend 33% of household per capita income on health services and medication. The poorest, the elderly and hypertensives were most affected by out-of-pocket costs. National aggregate out of pocket expenditure was 3% of Jamaica's GDP. During 1990 - 2007 utilization of health care services in Jamaica was stable except for patients with NCDs where it increased by 20% [10].

The link between NCDs, sickness, death and high economic cost triggered a former Caribbean leader to express the view:

"If left to chance, all the gains achieved in the Caribbean during the march from poverty to relative affluence since Independence can be wiped out by NCDs", (Hon. David Thompson, Prime Minister of Barbados at the Opening of the Healthy Caribbean 2008 Chronic Disease Conference),

and caused another to state:

"The Caribbean is the Region of the Americas worst affected by the epidemic of chronic disease. The human and economic cost burden of these conditions is not sustainable and could undermine the development of these small, fragile countries" (The Hon. Tillman Thomas, Former Chair of CARICOM and Prime Minister of Grenada).

8.2. THE GLOBAL CALL FOR A MULTISECTORAL RESPONSE TO NCDS

Since the United Nations High Level Meeting (UNHLM) in September 2011, there has been increased global focus on the importance of mechanisms and frameworks to support national coordinated efforts around NCD prevention and control. Based in large part on the leadership and advocacy of CARICOM Heads of Government since 2007, and following preparatory meetings and submissions both regionally and internationally, the United Nations held a High Level Meeting (UNHLM) on NCDs in 2011[11, 12]. The Political Declaration emerging from the UNHLM, indicated on 15 occasions the need for a multisectoral approach to NCDs; and though not specifically calling for the establishment of NCD Commissions, implied the need for such a mechanism to coordinate a multisectoral approach [13].

The World Health Organization (WHO) in two Discussion Papers of 2012[14, 15] recommended, 'Effective Approaches for Strengthening Multisectoral Actions for NCDs" and shares "Lessons Learned from Existing Multisectoral Partnerships that may Inform the Global Response to NCDs". At the 67th General Assembly of the WHA in a "Note by the Secretary-General transmitting the report of the Director- General of the WHO on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership".

The multisectoral approach to responding to NCDs was further recommended in the declaration issued at the end of the 2014 UN NCD Review meeting and there was a clear statement ¬in support of a mechanism identified to lead, execute and foster the multisectoral approach[16]. This declaration recommended that countries should:

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policymaking that have a bearing on non-communicable

diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants.

The NCD Alliance recommends that by 2015, all National NCD Commissions should be high-level, functioning multisectoral commissions or analogous bodies that are involved in engagement, policy coherence and accountability of sectors outside of health.[17]

Beaglehole, Bonita, and Horton in their 2013 Lancet piece[18], noted that 'within countries, accountability begins with the responsibility of governments to provide leadership to promote the health of its people…through the creation of a national multisectoral group beginning with a few key sectors to stimulate and coordinate action and reporting…and [to] remedy areas that need increased attention.' They identified this multisectoral group as a National NCD Commission or equivalent, with proposed interaction and accountability pathways within national and global contexts.

In the Lancet Obesity 2015 Series, Bonita et al[19] called for multisectoral actions, led by heads of state, to achieve the UN target of 25% reduction of premature NCD death by 2025. Independent National NCD Commissions are proposed as an ideal vehicle to mobilize "whole of society" for the multi-dimensional response that is required, and to ensure that states are held accountable to their United Nations NCD commitments. Additional valuable perspectives on multisectorality are identified in the chapter titled Sectoral Cooperation for the Prevention and Control of Non-communicable Diseases by Alleyne and Nishtar, in the book Addressing the Gaps in Global Policy and Research for Non-Communicable Diseases[28].

Globally, there are lessons to be learnt from existing multisectoral bodies. In the Western Pacific Region, Cambodia, Fiji, Malaysia, Mongolia and the Philippines have all established multisectoral, NCD coordination committees. Most include membership from among NGOs (86%) and the private sector (71%). However the roles, responsibilities, decision-making powers, resources, and the legitimacy of the decision-making of these committees are unclear. Committees in several of the countries seemed to be dormant or in abeyance. The effectiveness and functionality of these committees are limited, and mechanisms to deal with non-traditional stakeholders such as the food managers are not well established.[20]

There have been successes achieved by other National NCD Commissions. In Mexico, the National NCD Commission was established by a presidential decree and has been successful in forming strong links with ministries, such as finance, agriculture, education, and trade[19]. The National NCD Commission in Kerala, India, succeeded in getting resources and commitments for the fight against the NCDs through senior members of government and major industries.[19]

8.3. THE CALL FOR A MULTISECTORAL RESPONSE TO NCDS IN CARICOM

The recommendation for the establishment of a National Multisectoral Committee to oversee the development or strengthening of national policies, plans and programme was first mooted in the Non-Communicable Disease Prevention and Control Strategic Plan for the Caribbean Region 2003-2007 [21]. During this period several countries in the Caribbean Region took steps to establish national health and chronic disease commissions of one kind or another.

In 2007 the need for a multisectoral response to NCDs was further endorsed in the historic Port of Spain Declaration "Uniting to Stop the Epidemic of Chronic Non-Communicable diseases" issued at the conclusion of the seminal and first of its kind, Heads of Government NCD Summit, convened by CARICOM and held in Port of Spain Trinidad[1].

The Declaration stated:

… [that] the burden of NCDS can be reduced by a comprehensive and integrated preventive and control strategy of "individuals, family, community, nation and regional levels through collaborative programmes, partnerships and policies

supported by governments, private sectors, NGO'S, and social, regional and international partners" and "strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs".

Since the 2007 Port of Spain Declaration[1], several countries in the Caribbean have sought to establish National NCD Commissions to provide the vehicle for a multisectoral national response to NCDs, through agitation, education, communication and cooperation. In efforts to develop these commissions, collaboration and sharing of experiences was undertaken with technical assistance from PAHO and the leadership of the Barbados NCD Commission.

The HCC supports the call of the CARICOM Heads of Government for multisectoral mechanisms in the form of National NCD Commissions, to be established at country level to lead the national NCD effort in CARICOM countries.

8.4. STRENGTHENING OF NCD COMMISSIONS

The Strategic Plan of Action for the Prevention and Control of Non-Communicable Diseases for countries of the Caribbean Community 2011 – 2015 includes Guidelines and Model Terms of Reference for establishing NCD Commissions[22]. In addition, PAHO/WHO conducted a series of consultations, provided technical assistance, and shared the experience of established NCD Commissions in three Caribbean countries: The Commonwealth of Dominica; St. Vincent and the Grenadines; and St. Kitts and Nevis. Technical assistance was also provided to these countries at this time in support of the production of National NCD Strategic Plans. Two regional Multisectoral NCD Consultations held in 2010 and 2011[23] included agenda items and discussions on the structure and functioning of the NCD Commissions.

8.5. PRIOR EVALUATION OF NCD COMMISSION-LED INITIATIVES

There has been very limited monitoring and evaluation of contribution of NCD Commissions to realizing the goals of the Port of Spain Declaration in any country. However with the support of the CARICOM Secretariat, national NCD Focal points annually complete a color-coded grid updating their countries progress in implementing the mandates of the POS NCD Summit Declaration (Table 1). Several publications have used this panel data to assess compliance of countries with the Port of Spain Declaration[24-26]. A review of the grid shows that Bahamas, Barbados, Trinidad and Tobago, Cayman Islands and Jamaica lead among Caribbean countries in the implementation of the mandates of the Port of Spain Declaration. However mandates not realised by any country of the Region include utilisation of trade agreements to meet national food security and health goals, mandatory labelling of package foods for nutrition content or trans-fat free food supply.

Most recently an assessment of NCD Commissions was included in the HCC's Civil Society Regional Status Report, 'Responses to NCDs in the Caribbean Community[2]'.

8.6. EVALUATION OF NCD COMMISSION-LED POLICY INITIATIVES IN BARBADOS

A 2013 PAHO commissioned report titled *"Chronic Disease Policy in Barbados – Analysis and Evaluation of Policy Initiatives"* 27, examined the context in which the Barbados NCD Commission was conceived, initiated and operates. The report concluded that in Barbados:

'NCD policy formulation and implementation has been achieved through a systematic process of documented strategic planning and commitment, starting in 2002. Significant NCD policy has taken place in a coordinated way driven by the MOH. These policies and activities cover risk factor reduction, NCD treatment and surveillance. However it was

noted that several non-MOH key informants were unaware of the process and of many policy initiatives.'

One of the key lessons learned from Barbados is the need to engage and involve multiple stakeholders in the NCD policy making process in an effort to get greater buy-in and action. Moreover, a continued effort towards monitoring and evaluation would support the communication of policy activities.

Funding is an ongoing challenge for NNCDCs throughout the region where the current model of funding is largely public. The Barbados report concluded that:

'…the Government of Barbados has provided most of the funding for NCD policy formulation and implementation.'

The importance of highly valuable support from extra-national sources such as that provided by the European Development Fund (EDF) and PAHO at key moments in aspects of the effective functioning of NNCDCs was recognised. This was reflected for example in funding support for the establishment of the Barbados National Registry for Chronic Noncommunicable diseases (BNR), which serves as an important research resource for the Barbados National NCD Commission.

The report identified two specific policy issues as particular challenges. Firstly, the delay of an alcohol policy is seen as related to both the economic and social role that alcohol production and consumption plays within the country, and indeed the wider Caribbean. Secondly, there is a need to improve the integrated management of NCDs by promoting the use of evidence-based clinical guidelines, improve educational outreach for health carers and monitor and obtain feedback on clinical process and outcome measures.

Future efforts should aim to address the challenge of competing political priorities in sectors identified as essential for future activities, to combat the overemphasis of NCDs as a 'health-only issue' and to create the necessary "health promoting environments" necessary to facilitate personal responsibility for reducing risk factors.

Finally, the very effective roles played by 'local champions' or 'policy entrepreneurs' in the successes in formulating and implementing the NCD agenda were highlighted. However this was also seen as a potential weakness and threat to sustainability in the apparent absence of succession planning beyond the influence of these 'champions'.

National NCD Commissions are proposed as an ideal vehicle to mobilize "whole of society" for the multi-dimensional response that is required, and to ensure that states are held accountable to their United Nations NCD commitments.

Table 1: POS NCD Declaration Compliance Grid

Updated September 2012; September 2013; September 2014

POS NCD #	NCD Progress Indicator	ANG	ANT	BAH	BAR	BEL	BER	BVI	CAY	DOM	GRE	GUY	HAI	JAM	MON	SKN	STL	SVG	SUR	TRT	TCI
	COMMITMENT																				
1,14	NCD Plan	±	±	✓	✓	±	✓	✓	✓	✓	✓	✓	X	✓	±	✓	✓	±	✓	✓	X
4	NCD budget	X	±	✓	✓	X	X	X	✓	±	✓	✓	X	X	X	X	✓	X	✓	✓	X
2	NCD Summit convened	X	✓	✓	✓	X	✓	✓	X	✓	✓	✓	X	✓	✓	✓	✓	±	✓	✓	X
2	Multi-sectoral NCD Commission appointed and functional	±	X	✓	✓	±	✓	✓	X	±	✓	✓	X	✓	X	±	✓	±	±	✓	X
	TOBACCO																				
3	FCTC ratified	*	✓	✓	✓	✓	*	*	✓	✓	✓	✓	X	✓	*	✓	✓	✓	✓	✓	*
3	Tobacco taxes >50% sale price	✓	X	±	✓	X	*	X	✓	X	✓	✓	X	✓	X	±	✓	X	✓	X	±
3	Smoke Free indoor public places	X	✓	±	✓	±	✓	✓	✓	±	✓	✓	X	✓	X	±	✓	X	✓	✓	±
3	Advertising, promotion & sponsorship bans	X	X	±	X	X	✓	✓	✓	X	X	±	X	✓	X	X	X	X	✓	✓	±
	NUTRITION																				
7	Multi-sector Food & Nutrition plan implemented	✓	✓	✓	✓	±		✓	X	✓	✓	✓	X	✓	✓	✓	±	✓	X	±	±
7	Trans fat free food supply	X	X	X	X	X	±	X	X	X	X			±	X	X	X	X	X	±	X
7	Policy & standards promoting healthy eating in schools implemented	±	✓	✓	✓	±	✓	+ −	✓	±	X	±		✓	±	±	±	±	X	±	X
8	Trade agreements utilized to meet national food security & health goals	X	X	X	X	X	X	X	X	X	X	±		X	X	±	X	X	X	✓	X
9	Mandatory labeling of packaged foods for nutrition content	X	X	X	±	X	±	X	±	±	X	±		±	X	X	X	X	±	X	X
	PHYSICAL ACTIVITY																				
6	Mandatory PA in all grades in schools	✓	✓	✓	✓	✓	±	±	✓	✓	X	±		±	X	*	±	X	X	✓	✓
10	Mandatory provision for PA in new housing developments	X	*	✓	✓	✓	*	*	X	X	X	X		X	±	*	X	X	X	X	X
10	Ongoing, mass Physical Activity or New public PA spaces	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓		✓	±	✓	✓	✓	✓	✓	X

✓ In place ± In process/partial X Not in place * Not applicable No information Recent update

Updated September 2012; September 2013; September 2014

POS NCD #	NCD Progress Indicator	ANG	ANT	BAH	BAR	BEL	BER	BVI	CAY	DOM	GRE	GUY	HAI	JAM	MON	SKN	STL	SVG	SUR	TRT	TCI
	EDUCATION / PROMOTION																				
12	NCD Communications plan	X	X	±	✓	X	✓	±	✓	±	±	✓	X	±	X	±	X	±	±	✓	X
15	CWD multi-sectoral, multi-focal celebrations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	±	✓	✓	✓	✓	✓	✓
10	≥50% of public and private institutions with physical activity and healthy eating programmes	X	X	X	X	X	±	X	±	X	*	±		*	±	X	±	±	X	±	X
12	≥30 days media broadcasts on NCD control/yr (risk factors and treatment)	X	✓	X	✓	X	✓	X	✓	±	*	✓		✓	X	±	±	±	✓	✓	X
	SURVEILLANCE																				
11, 13, 14	Surveillance: - STEPS or equivalent survey	X	X	✓	✓	✓	✓	✓	✓	✓	✓	±	X	✓	±	✓	✓	±	✓	✓	±
	- Minimum Data Set reporting	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	±	X	✓	±	±	✓	✓	✓	✓	X
	- Global Youth Tobacco Survey	X	✓	✓	✓	✓	±	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X
	- Global School Health Survey	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	±	✓	✓	✓	✓	✓	X
	TREATMENT																				
5	Chronic Care Model / NCD treatment protocols in ≥ 50% PHC facilities	X	✓	✓	±	±	±	±	±	X	✓	±	X	✓	±	±	✓	±	±	✓	X
5	QOC CVD or diabetes demonstration project	±	✓	✓	✓	±	±	±	✓	X	✓	✓	±	✓	X	X	✓	±	✓	✓	X

✓ In place ± In process/partial X Not in place * Not applicable No information Recent update

9. METHODS

Multiple methods and approaches for data collection were used in the production of the report with the objective of capturing as widely as possible the views, experiences, suggestions and recommendations of key players in the regional NCD prevention and control landscape.

A detailed questionnaire was completed by current or former Chairpersons of five (5) established National NCD Commissions - Barbados, Belize, Grenada, Jamaica, and Trinidad & Tobago, as part of the research for the Civil Society Regional Status Report, titled, "Responses to NCDs in the Caribbean Community"[2]. Current or former chairpersons of a further five National NCD Commissions, Bahamas, Bermuda, British Virgin Islands, Dominica and St. Lucia, completed the same questionnaire in the preparation of the current report, and reports produced at the time of the launch of the Guyana NCD Commission, September 2014, were reviewed. Status updates were elicited from 6/9 remaining countries without a National NCD Commission: Antigua & Barbuda, Cayman Islands, St Kitts & Nevis, St. Vincent & Grenadines, Suriname and Turks & Caicos Islands. We were unable to contact Haiti, Anguilla and Montserrat. NCD Commission Chairs validated the information abstracted.

In addition, key Informant interviews were conducted with National NCD Commission members, Ministry of Health Permanent Secretaries, Chief Medical Officers and NCD Focal Points.

A review was undertaken of relevant documents, including Terms of Reference of Commissions (when available); concept notes related to establishment of NNCDCs; Guidelines and Model Terms of References for establishing commissions, published in the CARICOM Regional NCD Plan 2011-2015[22]; the HCC Civil Society Regional Status Report: 'Responses to NCDs in the Caribbean Community'[2], the report "Chronic Disease Policy in Barbados: analysis and evaluation of policy initiatives"[27] and WHO 2012 Discussion Papers on Multisectoral Actions and Partnerships[14, 15].

Related presentations made by regional thought leaders at meetings both regionally and extra-regionally were also reviewed. Key informants also reviewed and edited the report. A limited search was undertaken of extra-regional reports and publications.

There appears to be a correlation between successful NNCDCs and country population size. With the exception of Haiti, 6/7 (85%) countries with populations ↑250,000 have established NCD Commissions, compared to 6/12 (50%) among the smaller countries with ↓250,000 population. Among these smaller countries 4/12 have or are establishing inter-sectoral "Health and Wellness" commissions to oversee prevention and control of both NCDs and communicable diseases and to promote wellness.

10. KEY FINDINGS

10.1. OVERVIEW OF KEY FINDINGS

Twelve (12) out of 20 countries in CARICOM (60%) had formed NCD Commissions or analogous bodies as of end of November 2014, with 9 currently active. Seven (7) of these were launched in 2011 or sometime thereafter, likely in response to the UNHLM on NCDs. Table 2 provides a snapshot of currently and recently active NNCDCs. Individual profiles of NCD Commissions are at Appendix 2.

There were several early regional efforts at establishing NCD Commissions. The first countries known to have established NCD Commissions were Grenada, Bermuda and Barbados which pre-dated the 2007 CARICOM Heads of Government NCD Summit and indeed, these three commissions remain the most active in the region.

The National Advisory Committee on Chronic Non-Communicable Disease Prevention and Control in Grenada was started around 2000 and was chaired in the early years by officers of the Ministry of Health. Membership included:

- Government: Ministries of Agriculture; Social Development; Sports and Community Development; Ministry of Carriacou and Petite Martinique Affairs; National Youth Council; National Disaster Management Agency; Royal Grenada Police Force; Grenada Solid Waste Management Authority; Marketing and National Importing Board; Grenada Food and Nutrition Council.
- Civil Society: Grenada Sports Medicine Association; Lupus Association; Sickle Cell association of Grenada; Grenada Heart and Lung Association; Grenada Medical Association; Adventist Health Professionals Association; St. George's University, Grenada Trade Union Council; Grenada Employees Association; Grenada cancer Society; Conference of Churches in Grenada; Grenada save the Children Fund; Grenada National Organization of Women.
- Private Sector: Chamber of Industry and Commerce.

In 2008, the first Chair (who was not directly affiliated with the Ministry of Health) was appointed and the Committee continued to meet at St. George's University. In 2010, the Committee was re-structured into the current National Commission.

In 2004 the Bermuda Department of Health convened twenty community and government organizations to review Bermuda's health profile and determine national health priorities. Through a collective process, the priority health issues were ranked and a common agenda for health across all sectors was agreed. Thus a unifying vision and a shared agenda with common goals and objectives, was adopted to improve the health of Bermuda. The motto was: "Healthy People in Healthy Communities"[29]. The first official meeting of "Well Bermuda" the National Multisectoral Health Commission, was held in November 2005.

In 2004, the Barbados Ministry of Health outlined their "Strategy for the Prevention and Control of Chronic Non-Communicable Diseases", which included the establishment of a National NCD Commission. This commission was based in the Ministry of Health and supported technically by the staff of the newly created posts for a Health Promotion Unit and a Senior Medical Officer of Health (NCDs). The Terms of Reference included provision of advice to the Minister of Health on NCD issues.

Support for the establishment of a National Commission for NCDs in Barbados was expressed at an International Consultation on a Strategy for the Prevention and Control of Non-Communicable Diseases (NCDs) for Barbados held 4-6 April 2005, under the auspices of the Ministry of Health, Pan American Health Organization, University of the West Indies and the School of Clinical Medicine and Research.

10.2. CHARACTERISTICS OF NATIONAL NCD COMMISSIONS IN CARICOM

There appears to be a correlation between successful NNCDCs and country population size[24, 25]. With the exception of Haiti, 6/7 (85%) countries with populations >250,000 have established NCD Commissions, compared to 6/12 (50%) among the smaller countries with <250,000 population. Among these smaller countries 4/12 have or are establishing inter-sectoral "Health and Wellness" commissions to oversee prevention and control of both NCDs and communicable diseases and to promote wellness (Table 3).

10. KEY FINDINGS

Table 2: Characteristics of CARICOM National NCD Commissions

	BAR	BER	BAH	BEL	BVI	#DOM
First meeting	March 2007	Nov 2005	April 2013	2009	Jan 2013	2008
Meetings in last 12 months	10	4	2	3	5	Not Active
MANDATES						
Advocacy	Yes	Yes	Yes	Yes	Implied	Yes
Advise programmes	Yes	Yes	Yes	Yes	Yes	Yes
Advise policy/ legislation	Yes	Yes	Yes	Implied	Yes	Yes
Implementation	Yes	Yes	Yes	Implied		Yes
Resource mobilization	Yes	Yes	Implied	No	Implied	Yes
M&E	Yes	Yes	No	Implied	Yes	Yes
Hospital review	Implied		No	Implied		No
Research	Yes	No	No	No	Implied	
Strategic plan	Yes	Yes	No	In process	No	No
Relationship with HIV	No	Yes	No	Partial	Yes	
Relationship with Mental Health	No	Yes	No	No	Yes	
MOH budget	Yes	No	No	No	Yes	
Other funds	Yes	No	Yes		Yes	
Prof MOH staff	Yes	Yes	Yes	Partial	Yes	
Own staff	Yes	Yes	No	No	Yes	
Annual report	Yes	Yes	No	No	Yes	
Membership						
EX-OFFICIO						
Health Promotion officer	Yes	Yes	Yes	Yes		
NCD focal point	Yes	Yes	Yes	Yes	Yes	Yes
Chief Medical Officer	Yes	Yes	Yes	Yes	Yes	
GOVERNMENT						
Bureau of Standards	Yes			Yes		
Town Planners					Yes	
Min of Transport		Yes	Yes		Yes	
Ministry of Local Govt. (Mayors)					Yes	
Min of Consumer Affairs						
Ministry of Trade					Yes	Yes
Ministry of Agriculture	Yes		Yes		Yes	Yes
Ministry of Education	Yes	Yes	Yes	Yes	Yes	Yes
CIVIL SOCIETY						
University	Yes		Yes		Yes	
Women's' groups				Yes		Yes
Sports Groups	Yes				Yes	Yes
Youth groups						
Faith based organizations	Yes		Yes			
Health NGO	Yes	Yes	Yes	Yes	Yes	Yes
Trade Union	Yes		Yes	Yes		
PRIVATE SECTOR						
Media	Yes				Yes	
Food retailers	Yes				Yes	Yes
Manufacturers	Yes					Yes
Private health sector			Yes	Yes	Yes	
Health insurance	Yes	Yes			Yes	

Dominica, Jamaica and Trinidad & Tobago Commissions currently in abeyance
** St. Lucia National NCD Commission established 2007 – 2011, then re-constituted 2013

GRE	GUY	#JAM	SLU	SKN	#T&T	SUMMARY		
June 2010	Sept 2014	Dec 2011	Dec 2013**	May 2014	Sept 2011			
12	< 1 year old	Not Active	3	6	Not Active			
						Yes	No	Implied
Yes	Yes	Yes	Yes	Yes	Yes	11	0	1
Yes	Yes	Yes	Yes	Yes	Yes	12	0	0
Yes	Yes	Yes	Yes	Yes	Yes	11	0	1
Under discussion	Yes	Implied	No	Yes	Yes	7	1	2
Implied	Yes	Implied	Yes	Yes	Implied	6	1	5
Implied	Yes	Implied	Yes	Yes	Yes	8	1	3
Implied		No			No	0	3	4
No	Yes	Implied	Implied		Implied	2	3	4
						Yes	No	In process
No		Yes	In process	No	Yes	4	5	2
No		Partial	No		Partial	2	4	3
No		Yes	Yes	Yes	Partial	5	4	1
No		No	No	Yes	Yes	4	4	
No		No	No	No	Yes	4	5	
No		Partial	Yes	Yes	Yes	7	1	2
No		No	Yes	No	Yes	5	5	
Yes, Biannual		Yes, Bi-annual	No	No	Yes	6	4	
		Yes	Yes	Yes	Yes	8		
Yes	Yes		Yes	Yes	Yes	11		
Yes	Yes	Yes	Yes	Yes		10		
	Yes					3		
						1		
	Yes	Yes				5		
	Yes	Yes	Yes			4		
		Yes			Yes	2		
		Yes			Yes	4		
Yes	Yes	Yes	Yes		Yes	9		
Yes	Yes	Yes	Yes		Yes	11		
Yes	Yes	Yes			Yes	7		
Yes					Yes	4		
Yes		Yes		Yes		6		
			Yes	Yes		2		
Yes	Yes	Yes			Yes	6		
	Yes	Yes	Yes	Yes	Yes	11		
Yes	Yes				Yes	6		
Yes	Yes	Yes				5		
		Yes				4		
Yes		Yes				4		
Yes			Yes	Yes	Yes	7		
			Yes		Yes	5		

10. KEY FINDINGS

Table 3: Population size and Establishment of National NCD Commissions in CARICOM

	Population ['000]	Population category	National NCD Commission status	Year Established
Haiti	10,300	>5mill	No	NA
Jamaica	2,741	1-5 mil	Yes	2011
Trinidad & Tobago	1,341		Yes	2011
Guyana	754		Yes	2014
Suriname	525	250-999,000	In process	TORs for NCD Commission submitted to Cabinet
Bahamas	343		Yes	2013
Belize	312		Yes	2009
Barbados	286		Yes	2007
Saint Lucia	161		Yes	2007–2011, then re-constituted 2013
Grenada	108		Yes	2010
Saint Vincent & Grenadines	104		In process	Will establish National Health & Wellness Commission
Antigua & Barbuda	87	<250,000	No	
Dominica	73		In process	To re-establish with new Chair
Bermuda	64		Yes	"Well Bermuda" 2005
*Cayman Isles	50		No	
Saint Kitts & Nevis	50		Yes	The Alliance For Health Actions 2014
*Turks & Caicos Islands	43		No	
*British Virgin Islands	25		Yes	2013 - BVI Health & Wellness Advisory Council
*Anguilla	15		N/A	Not available
*Montserrat	5		N/A	Not available
TOTAL	17,084			

10.3. GOVERNANCE AND MANAGEMENT

To date, virtually all NNCDCs are based in Ministries of Health to advise the Minister of Health. Both the terms of appointment of Commissions and the appointment of members are approved by the Cabinet of Government of the country on the recommendation of the Minister of Health. The length of appointment is for a pre-determined period of time, at the end of which the process is repeated.

10.3.1. CHALLENGES TO CONTINUITY

A consistent finding across many NNCDCs was that a considerable hiatus occurred in reconstituting the Commissions leading to extended periods of non-functioning NNCDCs. The gap varied from 3-6 months to 1-2 years resulting in a loss of continuity and a significant reduction in the Multisectoral effort led by the Commission. Three countries have had appreciable interruptions in the life of their Commissions, or equivalents (Jamaica, St. Lucia and Trinidad & Tobago).

In Jamaica, the term of the NCD Committee expired in December 2013 and its last meeting was in May 2014. Staffing in the NCD Unit and competing priorities from Ebola and Chick V responses delayed restarting the new term of appointment. The recent Cabinet proposal is for the Committee to be upgraded to a Commission, and to appoint its membership, so the gap will be approximately 15 months.

In Trinidad the NCD Partners Forum[3] last met in 2013 when its term came to an end. There has been a delay in reconstituting the Forum, although a Cabinet note including recommended membership has been submitted. It has been proposed that in the future, the appointed members of the Forum continue in office until new members are appointed; but the suggestion has not been accepted. Recently discussions began for the formation of a formal NCD Commission, supported by an IADB loan. The proposal is that the current Partners Forum would be dissolved and then possibly converted to an NCD Alliance of sorts.

The Commission in Dominica has not met since 2010 due to inability to identify a Chairman, in part due to the requirement that all Commission chairs need to declare their assets.

10.4. MEMBERSHIP AND PERSONNEL

There was little evidence that the membership selection process considered potential internal or external conflicts of interest in the engagement with the private sector. Of central importance is the fact that none of the Commissions were provided with legal authority or instruments to implement policy.

"Commissions should be legal entities with budgets and dedicated staff from the outset."

"There is no dedicated staff; essentially all are volunteers with competing priorities. Administrative support and technical support are challenges as there is no budget to cover these costs. Technical assistance is needed to support advocacy (preparation of documents for the Cabinet etc.) particularly in the areas of legislation related to tobacco and trans-fats." – NCD Chair, HCC 2013 Multistakeholder Meeting.

10.4.1. MEMBERSHIP

An assessment of the basis on which members of NCD Commissions are appointed revealed considerable variation among countries in the region. NNCDC members in the Caribbean are selected and approved by the Minister of Health in a manner that is not always readily apparent in each country. The commissions are led by Chairpersons, appointed by the Ministers of Health, selected from academia, MOH staff, and members of the medical profession, among others. The Guyana NCD Commission, launched in September 2014, is unique in that the President of Guyana is the overall Chair.

The established National NCD Commissions in CARICOM all have Multisectoral, voluntary membership. Membership of the 12 National NCD Commissions that have been established included Ministry of Health ex-officio officers, representatives from other government ministries and agencies, civil society and private sector representatives – the "whole of society". All 12 included the Chief

[3] Note the word "Commission" is not appropriate in Trinidad and Tobago since it is often associated with a "Commission of Enquiry" into some wrongdoing.

Medical Officer and / or an NCD focal designate. The Ministries of Education, Agriculture and Transport are represented respectively on 11 (92%), 9 (75%) and 5 (42%) of NNCDCs; 4 (33%) have representatives from Ministries of Trade and from Ministry of Local Government, while 3 (25%) have representatives from the Bureau of Standards; 2 (17%) have a representative of the Ministry of Consumer Affairs, and only a single NNCDC has Town Planning representation. Civil society is well represented. 11 (92%) include Health NGOs;[7] (58%) include Universities; 6 (50%) include trade unions, faith-based organizations or Sports groups; and 4 (33%) include women's groups.

"There is need for greater stakeholder representation by women's groups, trade unions, environmental and consumer groups on NCD Commissions. This would create more outreach programmes on a regional and national level. These groups have valuable constituencies and community reach." – NCD Chair, HCC 2013 Multistakeholder Meeting.

The private sector representation includes 9 (75%) with private health sector or health insurance; the media are represented on 5 (42%) of the National NCD Commissions, and 5 (42%) have included food manufacturers and / or food retailers. The tobacco, alcohol or firearms industries are not represented on any NNCDC.
Mental Health and Communicable diseases including HIV/AIDS are traditionally not represented on National NCD Commissions. In countries with HIV/AIDS and/or Mental Commissions, there is no functioning relationship with NCD Commissions. However, in Jamaica and several of the smaller countries (Bermuda, BVI, St. Kitts & Nevis, St Vincent & Grenadines), the 'Commissions' or Multisectoral mechanisms broadly address "Health and Wellness" In this case, the single 'Commission' addresses all priority risk factors and diseases. The Jamaica National Committee on NCDs had a technical subcommittee dedicated to mental health.

10.4.2. PERSONNEL

The level of support and involvement of technical staff of the Ministry of Health to NCD Commissions varies widely with such support being provided when possible and available.
Half the Commissions have no dedicated technical staff. Even when technical staff is assigned, they report to both the Ministry of Health and the NCD Commission, with their functions in the NCD Commission not well defined. Indeed, in several instances, the Commissions seem unclear about their own roles, relationships and function.

"NCD Commissions are seen in small territories as being "yet another committee" which results in further often overlapping commitments for a small group of persons". – NCD Chair, HCC 2013 Multistakeholder Meeting

10.5. FUNCTIONS, OPERATIONS & INTERVENTIONS

Four of the twelve (33%) National NCD Commissions have a strategic plan to guide the operations of the commission. Many neither meets regularly, nor provides timely minutes of meetings.
All 12 National NCD Commissions advised on programmes and eleven (92%) advised on policy/legislation and carried out advocacy activities. Over half (67%) of NNCDCs engage in resource mobilization and monitoring and evaluation of NCD programmes; and 7 (58%) implement programmes. No NNCDCs have explicitly assessed the quality of primary or secondary care for those living with NCDs.

"We do well in developing policies and strategic plans, but we are very unimpressive in migrating from plan to programme: more attention needs to be paid to a kind of implementation science – a way of breaking down why these things never get translated into evaluable programmes." – NCD Chair, HCC 2013 Multistakeholder Meeting

"Lessons learned from HIV and AIDS experience must be translated to NCDs. The HIV community made a deliberate and successful effort to "sell" the challenges and HIV and AIDS messages to the media before they "sold" them to the public". – NCD Chair, HCC 2013 Multistakeholder Meeting.

10.5.1. THE CASE FOR CLOSER COLLABORATION WITH HIV/AIDS PROGRAMMES

The Caribbean has the second highest burden from HIV/AIDS in the world, and over the last few years, a vertical programme for HIV has developed, including in many countries HIV Commissions based in the office of the Head of Government[30]. HIV/AIDS has now transitioned from being an acute, and fatal disease to being a chronic communicable disease due to the success of highly active antiretroviral therapy (HAART). It is estimated that by 2015, more than 50% of patients living with HIV will be ≥50 years old[31]. Thus aging of the HIV cohort plus the atherogenic effects of HAART is increasing the prevalence of NCDs[32] and their risk factors among PLWHA.

In 2011, the Caucus of CARICOM Ministers of Health adopted the Strategic Plan for NCD Prevention and Control[22] and the Chronic Care Policy and Model of Care for the Caribbean Community[33](CARICOM) which recognized the need to reorient the health care systems from an acute to chronic care model .

Justification for Integrated (HIV/AIDS/NCDs) Chronic Care in the Caribbean

1. Many HIV patients also have non-communicable diseases, and deserve integrated care.
2. Most chronic care systems of prevention and control are applicable to both HIV and NCDs[34].
3. Parallel systems for HIV and other programmes have distorted the health system in the region.
4. WHO, CDC and others have called for integration of the programmes 35. As HIV /AIDS funding is reduced, there will have to be more reliance on the non-HIV health infrastructure.
5. The integration of HIV and AIDS care reduces HIV/AIDS related stigma and discrimination by removing the stigma associated with stand-alone, dedicated HIV clinics which are inherently stigmatising in nature, especially in small countries, as they facilitate the open identification of individuals living with or affected by HIV and AIDS.

Proposals

1. Start at the top. Heads of Government in the region should appoint Chronic Care commissions, with integration of current NCD commissions and HIV commissions.
2. Start at the bottom. NNCDCs should promote rebranding of single purpose HIV treatment centres to Chronic Care Centres and provide care for all patients with chronic diseases, HIV, NCDs and those with both HIV and NCDs coexisting.
3. HIV and NCD funding should be used jointly to build and implement the chronic care model.

10.6. FUNDING

Three Commissions are provided with a budget from the Ministry of Health to support operations. Half (50%) of NNCDCs receive indirect budget support for NNCDC related activities through Ministry of Health staff support or via MOH funds allocated to undertake specified NCD related activities.

One NNCDC is provided funds from non-MOH sources. Other public revenue sources for NCD Commissions have been explored namely the earmarking of funds from tobacco, alcohol and soft drink taxes, for NCD programmes. This was a specific recommendation of the POS NCD Summit mandate #4: …that public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions.

Jamaica was the country that came closest to effectively responding to the mandate # 4. Since 1996, tobacco tax income has been earmarked for the National Health Fund, and allocated to NCD risk reduction initiatives, including those of the Jamaica National NCD Committee, and the Jamaica Drug For the Elderly Programme (JADEP)36 for the provision of subsidized NCD drugs.

Despite these funding challenges, some National NCD Commissions have functioned effectively, making policy recommendations, advocating for programmes, and using ad hoc funding to implement specific initiatives.

"We have no dedicated budget; no consistent secretariat to support the activities; no clear role of the commission in relation to the MOH; limited autonomy resulting in challenges with implementation of activities (delays awaiting MOH approval for CWD plans); and the mandate changes with changing leadership (CMO). These factors all result in lack of confidence in the Commission." – NCD Chair, HCC 2013 Multistakeholder Meeting.

11. CASE STUDIES

Case studies from four countries below illustrate the inter-play between size, capacity and leadership. Dominica and Grenada are both upper-middle income countries with small populations of 73,000 and 108,000 respectively. Yet Grenada's NCD Commission is functional, and Dominica's Commission has experienced significant sustainability issues and has not met since 2010. Both Barbados and Trinidad & Tobago are high-income countries; Barbados has one-fifth the population of Trinidad & Tobago's population of 1.4 million, yet Barbados has arguably the highest level functioning NCD Commission in the Caribbean, while the Partners Forum in Trinidad & Tobago, then analogous body to an NNCDC in Trinidad and Tobago, is also currently non-functional.

DOMINICA

The Dominica National Commission on NCDs met from 2008 – 2010 and has not since met, due to lack of a Chairperson. Although the Commission had a mandate and Terms of Reference from the Minister of Health, with Multisectoral membership including government, civil society and the private sector, the Commission had no strategic plan. In terms of funding, there was budgetary support and PAHO funding and technical support.

However, Dominica has experienced increased participation of civil society and the non-health government sectors in the celebration of Caribbean Wellness Day. Participants include Faith Based Organizations, financial institutions, insurance organizations, the private sector, alternate health organizations, non-health sectors, health NGOs, the Ministry of Education, Youth, Healthy Community, association of retired persons, academia, the music industry and health districts. Stakeholders are eager to partner with the MOH and implement and finance their plans. During the last 3 years the MOH has been a catalyst building the building of partnerships among stakeholders for NCDs, and encouraging stakeholders to collaborate. This strategy has proven successful, resulting in an entire month of 'Caribbean Wellness Day' activities over the past 4 years.

These successes have occurred despite inadequate financial resources for information, education and communication, late receipt of promotional material from CARICOM and insufficient buy-in from critical policy makers and senior technical officers in Health.

GRENADA

The current iteration of the Grenada NCD commission meets monthly but has no support from professional technical staff from the Ministry of Health, no dedicated technical or professional staff, no Strategic Plan, no budget and little access to Cabinet. Despite these deficiencies, this NCD commission is extremely productive. St. George's University provides a well-resourced meeting venue and administrative support. The critical importance of strong leadership is evident in the success of this Commission, whose Chair has demonstrated unwavering commitment despite significant competing priorities.

There have been smooth transitions from one political administration to another. The Commission has easy access to the highest levels of decision-making in the Ministry of Health and produces and submits two bi-annual reports.

This Commission has catalyzed the trade unions, churches, media, and public and private employers to celebrate Caribbean Wellness Day. Public education was provided, as a build-up to the UN High Level Meeting in 2011, through a lengthy series of twice weekly public consultations.

BARBADOS

The Barbados NCD Commission is the oldest NCD specific commission in the region, having held its first meeting in early 2007, pre-dating the Port of Spain NCD Summit and Declaration. Since its inception, there has been consistency of leadership in that its Chair has remain unchanged, despite changes in governing political parties and Ministers of Health. The strategic plan of the Barbados NCD Commission and the Barbados Strategic Plan for the Prevention and Control of Non-communicable Diseases are one and the same. It is produced in collaboration with the Health Promotion Unit and the Senior Medical Officer (NCDs). The Senior Health Promotion Officer is the secretary of the NCD Commission. The Government of Barbados has shown strong and consistent commitment to NCDs through the funding of: two national risk factor surveys in 2007 and 2013; The Barbados National Registry (the regions only active surveillance registry for heart attack, stroke and cancer); and a staff member dedicated to the NCD Commission.

The Barbados NCD Commission has had many successes, including: influencing product reformulation by a leading local bread manufacturer such that the resulting salt content is lower than international targets[4] ; contributing to enactment of legislation banning smoking in public places, and prohibition of sale of tobacco products to minors. The NCD Commission was also instrumental in securing inclusion, as a major national development issue, of prevention and control of NCDs in Protocol V1 of the Social Partnership which is a mechanism established at the highest level between government, private sector and the trade union movement to determine and act on areas of major developmental concern in a collaborative and consensual manner.

TRINIDAD & TOBAGO

The Partners Forum for NCDs (analogous body to NCD Commission) received personnel and budgetary support from the Ministry of Health and has its own strategic plan. Trinidad & Tobago is a relatively large (1.2 million) high-income country yet their Partners Forum has had several challenges in seeking to become established as a sustainable mechanism for effecting multisectoral action. Several sub-committees have been established to report to the Partners Forum and the view has been expressed that these sub-committees are not sufficiently action oriented, are possibly 'trying to do too much for too many' and need to have greater focus and direction. Recent reports indicate that the Forum has not been officially constituted for the past 2 years but many of the issues prioritised by the Forum when it was officially functioning are nevertheless being carried out.

Despite the absence of an officially functioning Forum (analogous body to NCD Commission), two activities aimed at promoting healthy lifestyles have been recognised: Caribbean Wellness Day and Ciclovia/Streets for Wellness.

There is a high level of involvement with celebrations of Caribbean Wellness Day carried out annually in Trinidad & Tobago. Insurance companies, banks and the oil and gas industry also organize celebrations. Funding is provided by the Ministry of Health and supplemented by private corporations.

From 2008 to present, a private Sports Goods retailer has led a community-based initiative every Sunday from 6am to 9am, blocking streets to facilitate physical activity. It is a truly multisectoral initiative: led by private sector champions; sponsored by private health insurance company; provided with logistics by the Police and ambulance services; and generally supported by Ministry of Sports and the Ministry of Health.

[4]PAHO SaltSmart Consortium Reformulation Targets 2014.

11. CASE STUDIES

Two kilometres of the Diego Martin Highway are blocked to vehicular traffic each Sunday morning, to allow the community to use the highway to walk, ride, skate, and includes a Physical Activity class. Research has shown that knowledge of the Ciclovia and having ever participated was positively associated with achieving the recommended amount of physical activity per week. Community members give favourable account of the resulting community cohesion, and its positive impact on their own physical fitness and mental health.

12. DISCUSSION

NCD risk factors of physical inactivity, unhealthy diets, exposure to tobacco smoke, and abuse of alcohol, are behavioural, environmental, social, and economic; many of which are outside of the health sector, e.g. manufacture and sale of tobacco products; marketing and sale of alcohol to the youth; marketing by the food industry of foods high in saturated and trans fats, salt, and sugars and unfair trade practices which affect the pricing and availability of healthy foods; the built environment with rapid and unplanned urbanization facilitates a sedentary lifestyle; air pollution from vehicle emissions contribute to respiratory diseases; and poverty and inequality expose individuals to NCD-related risk factors. The cost of medical treatment and care can further drain household incomes and further exacerbate poverty associated with NCDs5.

Effective regulation of, and influence over, the life-style and other environmental determinants of NCDs, and the creating of an enabling healthy environment require interventions and actions across multiple sectors and involves multiple stakeholders thus the need for a Multisectoral response to NCDs and Multisectoral coordination of NCD actions.

NNCDCs have been proposed as an ideal vehicle to monitor states achievements of their United Nations NCD commitments, a 25% reduction of premature NCD death by 2025. The view has been expressed that NNCDCs must be independent of government yet strong political leadership will be needed to achieve their goals. Their plans must go beyond the health system since addressing NCDs will require policies and programmes on risk factors as well as social determinants. The plans must be simple, must be phased and must be national in their reach19. The recommendations from the NCD Alliance are that by 2015 all NNCDCs should be high-level, functioning, national Multisectoral NCD Commissions or analogous bodies involved in engagement, policy coherence and accountability of sectors outside of health 37.

In 2007 at the Heads of Government of CARICOM Summit on NCDs, and prior to this date, NNCDCs were promoted in the Caribbean as the mechanism to lead the Multisectoral approach in NCD prevention and control. Clear guidance or direction as to governance and management, membership and personnel; functions, operations and interventions or funding of NNCDCs was not provided at the Heads of Government of CARICOM Summit or in their Declaration of Port of Spain; Uniting to Stop the Epidemic of NCDs, and consequently individual Caribbean countries have developed and put in place to varying degrees NNCDCs guided and informed by the Non-Communicable Disease Prevention and

A strong civil society presence on NNCDCs is critical to influence the national multisectoral dialogue however many NNCDCs have cited the identification and engagement of CSO representatives on the NNCDCs as a challenge. The establishment of National NCD Alliances could facilitate and allow for the transparent representation of 'civil society' as a 'whole' on the national commissions without running the risk of preferentially engaging selected CSOs at the exclusion of others.

12. DISCUSSION

Control Strategic Plan for the Caribbean Region 2003-2007, and by information shared among countries of the region, and informed by local circumstance.

This report assesses NNCDCs in the Region and makes recommendations as to how they may be more effective. It does not address the much broader issue of whether or not NNCDCs as they have evolved in the Caribbean are the most suited and appropriate for achieving the multi-sector approach. A further issue that merits discussion is that of whether or not NNCDCs in the Caribbean would be more effective in prevention and control of NCDs if their primary purpose were holding the state accountable as opposed to having as primary role the advancement of the Multisectoral effort. It would seem that the Multisectoral role is the more critical, given that as organs of the state, it would be difficult to hold the state accountable. The accountability role should likely be played by civil society. These are important issues, which countries with more developed and mature NNCDCs should consider and about which further discussion should be encouraged by relevant regional organisations.

A strong civil society presence on NNCDCs is critical to influence the national Multisectoral dialogue however many NNCDCs have cited the identification and engagement of CSO representatives on the NNCDCs as a challenge. The establishment of National NCD Alliances could facilitate and allow for the transparent representation of 'civil society' as a 'whole' on the national commissions without running the risk of preferentially engaging selected CSOs at the exclusion of others.

Civil society, as one of the three sectors of the state, has an important role to play as part of the "whole of society" response, participating actively in the NNCDC and should advocate for ongoing discussion to determine ways in which NNCDCs might be more effective. They have an independent role in their own right, and should assume the main mantle of "watch-dog". There is need to strengthen the capacity of this sector, including non-health NGO groups to empower them to more effectively perform this vital watch-dog role. NCD Alliances described above, could provide a platform from which all civil society could coalesce around NCDs addressing common issues and presenting a unified voice in particular in the area of accountability. The Council for Voluntary Social Services (CVSS) in Jamaica and the Chronic Disease Prevention Alliance of Canada are models of such networks.

Similarly, while Government Ministries and agencies should participate actively in the "whole of society" response through their membership in the NNCDC, the NNCDC cannot be the primary vehicle for the "whole of Government" response. This needs to be accomplished through an "Inter Ministerial Task Force on NCDs" (Figure 2) or equivalent, chaired by the Minister of Health, as has been established in Barbados. Supported by their technocrats, the Ministers need to consider proposals presented by the NNCDC to elevate NCD prevention and control responses to become national priority and a matter of State. They need to enact national policy to affect the determinants of health, through "health in all policies". The Prime Minister could directly participate in the Task Force to give the authority and commitment of the Head of Government to this response.

Should NNCDCs be Implementers?

There are some differences in these recommendations, with the UN seeming to propose an implementation role while the NCDA speaks to the "watch-dog" accountability role and POS speaks to planning and coordinating.

The UN 2014 review recommends:

Consider establishing … a national Multisectoral mechanism, such as a high-level commission, agency or task force for engagement, ... in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, …

The NCD Alliance recommends:

…National NCD Commissions should be … involved in engagement, policy coherence and accountability of sectors outside of health.

While the POS Declaration states:

…National Commissions on NCDs … to plan and coordinate the comprehensive prevention and control of chronic NCDs.

The role of the NNCDC will vary by context but should always be closely aligned, with the Ministry of Health. In Barbados, the

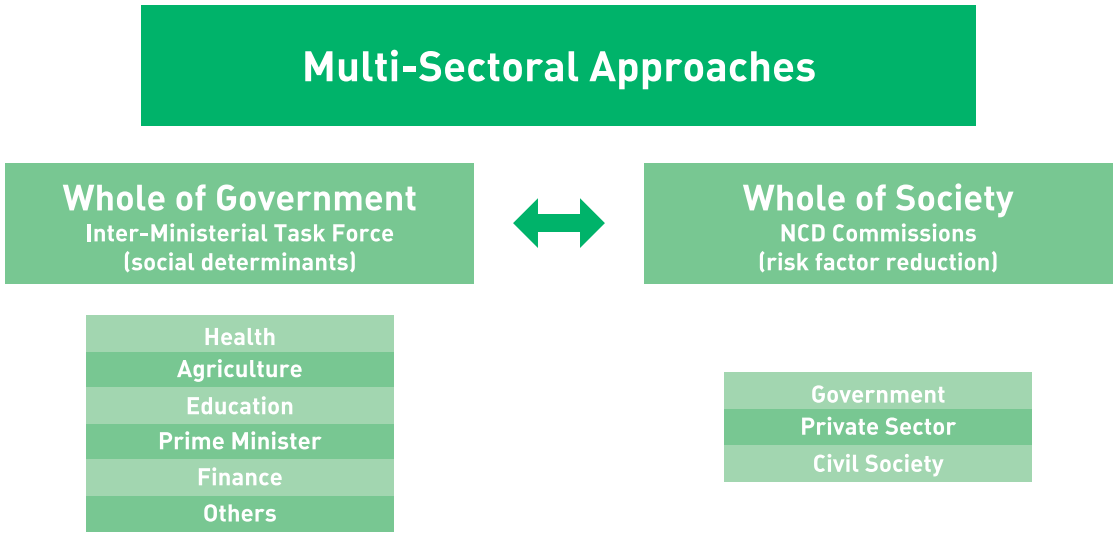
NNCDC has implemented projects, through the Health Promotion Unit of the Ministry of Health (e.g. Salt Reduction Campaign; Edu-drama in Schools – sponsored by a Health Insurance company whose CEO sits on the Commission). However, the primary role of the NNCDC is to advise the Government and create networks for communication between the 3 sectors – public, private and civil society and to communicate with and educate the public.

Many issues that act against effective functioning and successful outcomes of NNCDCs have been brought to the surface and highlighted in the report. Methods of appointment of NNCDCs and of members of NNCDCs vary across the Caribbean; priority given to NNCDCs varies widely across the region; CARICOM countries with small populations seem to be more challenged in establishing and maintaining NNCDCs than those with larger populations; the question of whether or not to consolidate the remit of these Multisectoral commissions to include not only NCDs but mental health and other conditions such as communicable diseases including HIV and AIDS; insufficient documented translation of experiences of the region's national HIV and AIDS commissions to the NNCDCs; the role of NNCDCs as an advisory body and in some respects a driver of change has been in some instances conflicting; relationships between NNCDCs and the public sector have often been challenging; adequate financial and human resources not made available to NNCDCs to allow them to carry out their mandates; and no attempt to address potential conflict of interest. Many of these constraints to effective functioning have occurred as a result of insufficient clarity of purpose of NNCDCs; requirements to achieve these purposes are not sufficiently clearly recognised and articulated; and varying levels of commitment to the NNCDCs as major instruments for change within national development policy agendas and frameworks.

Despite several challenges and shortcomings the establishment of NNCDCs has contributed substantially to the development of the Multisectoral approach to NCDs and to their prevention and control in the Caribbean. NNCDCs have heightened the awareness of NCDs as barriers to national development as a result of the associated high levels of morbidity and mortality contributing to significant socioeconomic burden across countries of the region.
In some countries NNCDCs have led and contributed significantly to the creation of national NCD plans; assisted in bringing often

Figure 2: Multisectoral Approaches to NCD prevention and Control

(Adapted from Sir George Alleyne)



12. DISCUSSION

competing NCDs agendas to rally around a common cause; and contributed to enactment of legislation in key areas especially such as those related to provisions of the FCTC. One of the interesting findings of this report is that Caribbean Wellness Day, one of the mandates of the Port of Spain Declaration, has been highly effective in bringing about Multisectoral action and collaboration around an annual event, driven for the most part, by community effort, and facilitated by regional supports (branding, promotional materials, organizational supports). This has occurred even in countries where an effective NNCDC does not exist. This finding highlights the value of further exploring and building upon such "bottom-up approaches" as we seek to enhance the Multisectoral effort.

When viewed through the lens of the international community, perhaps one of the most fundamental challenges posed by Caribbean NNCDCs is the inclusion of private sector representation on NNCDCs, which in CARICOM countries advise the Minister of Health on NCD policy. Direction on this issue is likely to be provided on the conclusion of the deliberations that are presently taking place with WHO and its stakeholders aimed at determining guidance on best practice interaction between states and the private sector in NCD prevention and control.

The findings of the report suggest that there is a need to continue to identify mechanisms (including technical assistance) to strengthen the Multisectoral response to NCDs, and to monitor country achievement of UN NCD commitments to reduce premature death from NCDs by 25% by the year 2025. The Caribbean in an effort to achieve the first of these objectives has established NNCDCs with variable levels of success. NNCDCs to some extent can also play a role in the second of these objectives which is to "hold to account"; but by the very nature of their appointments as instruments of Government, NNCDCs are unable to truly fulfil such a role. For these and other reasons some countries in the region have begun to explore the establishment of NNCDCs with a much looser relationship to Government. As earlier identified in some countries, the success of Caribbean Wellness Day appears to suggest that a more focussed and expanded "bottom up" approach may be successfully applied in some countries to achieve the objectives of Multisectorality. Despite these and other advances in the Multisectoral response to NCDs more needs to be done as we continue to build on the strengths, gains and achievements of NNCDCs.

Despite several challenges and shortcomings the establishment of NNCDCs has contributed substantially to the development of the multisectoral approach to NCDs and to their prevention and control in the Caribbean. NNCDCs have heightened the awareness of NCDs as barriers to national development as a result of the associated high levels of morbidity and mortality contributing to significant socioeconomic burden across countries of the region.

13. KEY SUCCESSES, CHALLENGES AND LESSONS LEARNED

Table 4: Key Successes, Challenges and Lessons Learned

Area	Successes	Challenges	Lessons Learned
Governance & Management			
Scope of Commission	Many of the smaller countries already have or plan to implement broader commissions addressing "Wellness" or "Health". e.g. The Well Bermuda Partnership includes HIV/AIDS and Mental Health	In some smaller countries there is inadequate capacity to sustain sector specific (NCD) Commissions	Models need to be context specific.
Location of Commission	Guyana has appointed the Head of State to Chair the Commission which launched in 2014	All commissions are instruments of government thereby raising questions around the capacity of the NNCDC to effectively advocate for policies and act as a watchdog. Almost all commissions are located in the Ministry of Health, thus reinforcing NCDs as a "health problem"	If the NNCDC in St. Vincent & the Grenadines is established outside of government; assessments should be undertaken to assess the strengths and weaknesses of this model. An assessment of the Guyanese NNCDC should be undertaken to determine whether locating in the Office of the President enhances Multisectorality.
Leadership	The Chairs of Bermuda and Barbados lead long-standing, successful Commissions.	Some NCD Commissions have appointed Ministry of Health officials as Chairs, which re-enforces the view that NCDs are a "health problem".	The NCD Chair must be seen to have a wider reach than the Ministry of Heath to have the credibility to lead a truly Multisectoral response.
Sustainability and Continuity	Grenada (2000), Bermuda (2005) and Barbados (2007) have long-standing functional Wellness and NCD Commissions	St. Lucia Commission had a 2-year hiatus following a change in political administration. Dominica is seeking a New Chairperson. Last met in 2010.	NNCDC should be enshrined in legislation. Appointment of NCD Commissions should be for a fixed term, unrelated to changes in political administration.

13. KEY SUCCESSES, CHALLENGES AND LESSONS LEARNED

Area	Successes	Challenges	Lessons Learned
Whole of Society and Whole of Government Responses			
Multisectoral Actions (Whole of Society)	Bermuda and BVI Commissions have signed an MOU between the Ministry of Health & other Ministries of Government. Barbados and Jamaica have engaged with faith-based organizations from all religions.	There is a need to better define and operationalize the needed "whole of society" response, as distinct from the government policy response and the civil society watchdog role. Engaging with the community to translate knowledge into behaviour change remains a challenge.	NCDs are still perceived as a "health problem". Many in the health sector perceive NCD risk as a matter of personal will power. The role of the environment in promoting healthy behaviours needs to be communicated more effectively.
Multisectoral Actions (Whole of Govt)	Barbados has instituted an "Inter-Ministerial Task Force on NCDs" chaired by the Minister, supported by their technocrats	Getting political support for a "whole of Government" – "health in all policies" response to the NCD epidemic.	NNCDC cannot play the lead role in the "whole-of-Government" response. Its role is to identify, present and evaluate issues related to the determinants of health to the "Inter Ministerial Task Force on NCDs" where government policy is made.
Other Mechanisms for Multisectorality	Even in countries without a currently active NCD Commission, Multisectorality has primarily occurred in the organisation and celebrations of Caribbean Wellness Day. "Wellness" in Jamaica has been co-opted by the private sector, with "The 5K as preferred fundraiser instead of the Barbeque"	Sustaining these relationships outside of specific "projects"	With strategic planning and actions, the private sector and civil society can "buy-in" to wellness.
Membership & Personnel			
Composition	Government 11/12 have Ministry of Education; 9/12 have Ministry of Agriculture.	Government 1 has the Town Planner, 2 have Consumer Affairs, 3 have Trade, Bureau of Standards	Many commissions do not have true Multisectoral membership. Critical players are often

Area	Successes	Challenges	Lessons Learned
	Civil Society Health NGOs, Universities, Trade Unions well represented Private Sector Half with media, private health sector, health insurance	Civil Society Half with faith based, 3 with Women, 1 with Youth Private Sector 3 only with food retailers, manufacturers	missing, e.g., Town Planner for built environment.
Resources: Human and Organizational	7/12 commissions have either their own staff or support from MOH staff	Inadequate resources were identified by all National NCD Commissions as a challenge	NCD Commissions cannot function effectively without human and organizational resources.
Functions, Operations & Interventions			
Development of Strategic Plans	4 Commissions have strategic plans. The Barbados NCD Commission plan is the Ministry of Health's NCD Plan	5 Commissions do not have a strategic plan.	Strategic plans are need to guide the operations and activities (implementation/ monitoring & evaluation) of NNCDCS; however technical assistance must be provided to develop these plans and they must be developed within the context of the financial and human resource capacity of the NNCDC.
Implementation of Strategic Plans	Well Bermuda has implemented 15 out of 18 action plans.	How to translate inputs into action given that the NCCDCs were not an official part of the civil service system. Some successes reported were process measures without any obviously measureable impact on population health status, e.g. workshops, smooth establishment of NNCDCs with easy access to Ministry of Health Executives.	One Commission felt that they were 'trying to do too much for too many', but most felt that they were not sufficiently action oriented, with an inability to guarantee implementation of recommendations.
Interventions			
Surveillance	CAREC/CARPHA has offered valuable support to countries in building capacity for surveillance.	Many smaller countries have been unable to complete population-based risk factor surveys (Antigua, Anguilla,	Government funding in critical in building capacity for surveillance.

13. KEY SUCCESSES, CHALLENGES AND LESSONS LEARNED

Area	Successes	Challenges	Lessons Learned
	13 countries have conducted at least one NCD risk factor survey Barbados National Registry (Stroke, Myocardial Infarction and Cancer) is the only active surveillance registry in the region	Montserrat). Guyana has large geographic spread, which may be a contributing factor. Haiti has not completed NCD risk factor survey either.	
Tobacco	Legislation banning smoking in public places enacted in 4 Caribbean countries – Barbados, Jamaica, Suriname and Trinidad & Tobago.	Long delays in implementing graphic warning labels on tobacco products	Although tobacco control is very important, in the Caribbean the burden of alcohol abuse is heavier, yet the FCTC roadmap has encouraged focus on tobacco control, while alcohol has been neglected
Alcohol	Trinidad & Tobago have recently introduced breathalyser screening.	The role of alcohol in the economic and social life of the Caribbean and extensive, pervasive marketing of alcohol has fuelled alcohol consumption in the Caribbean.	There is need for a sustained evidenced-based programme to combat alcohol abuse
Nutrition/ Diet	Trinidad & Tobago has had the Ministry of Trade adopt labelling guidelines.	The penetration of global fast food chains in the Caribbean and trade policies that facilitate the import of unhealthy foods.	Regional approaches are necessary to address the trade. There has been much talk and little action in this regard.
Physical Activity	Many countries have launched programmes e.g. BVI has launched an ongoing Run/Walk programme. Bahamas has initiated its Cyclovia (Blocked Streets for certain hours to facilitate physical activity)	The built environment – sidewalks, bicycle lanes, blocked roads, is not conducive to physical activity.	There is need to engage Town Planners
Treatment	The Global Standardised Hypertension Treatment Project, including physician and patient pocket guidelines is being piloted in Barbados and	Estimates of target populations for elevated blood pressure, cholesterol and diabetes need to be established as well as a unique Identifier for clients are	Too many patients who keep their appointments and take their medications, are not being treated to target Guidelines alone do not

Area	Successes	Challenges	Lessons Learned
	will be rolled out across the region.	needed in order to measure coverage.	work. Physician incentives have been shown to work, and need to be developed and implemented in the Caribbean
Interventions			
Financial	Although no NCD Commission has all the resources they would like, 5/12 have either Ministry of Health budget or other funds.	No country has implemented the Heads of Government mandate to tax tobacco and alcohol to support the work of the NCD Commissions	It is necessary to implement the POS Summit mandate #4 – tobacco and alcohol taxes to support the work of the NCD Commissions.

14. RECOMMENDATIONS FOR GOVERNANCE & MANAGEMENT

14.1. THE PRIMARY OBJECTIVE OF NATIONAL NCD COMMISSIONS

The objective of National NCD Commissions is to reorient and strengthen the national NCD response, especially with regard to risk factors, to a more effective Multisectoral response to prevention and control of NCDs. The challenge that commissions face is to articulate and promote the concept of a "whole-of-Government" and "a whole-of-society" response to a national societal issue, mostly perceived to be exclusively a health problem.

The first task in the establishment of National NCD Commissions is to ensure they reflect a 'sustainable national development' approach to the prevention and control of NCDs. The structure, role and functions of National NCD Commissions should be designed to recognize this principle.

The several roles of National NCD Commissions may include: an advisory role in which the commission meets, reflects on current health and risk factor status and recommends policy and programmes; an accountability role, in which the Commission holds government accountable for policies and legislative actions; and programme and project implementation. The emphasis and extent to which a commission includes one or more of these roles in its TORs should be determined by the specific needs of the country.

It is recommended that in collaboration with the Ministry of Health, the National NCD Commission should be primarily focused on promoting, prevention and control of NCDs, and risk factor reduction in health and non-health Ministries, agencies of Government, the private sector and civil society, in order to lead a "whole-of society" response.

It should advise and collaborate with an Inter-Ministerial Task Force to promote a "whole-of Government" response.

14.2. APPOINTMENT OF AND AUTHORITY FOR THE NATIONAL NCD COMMISSIONS

1. National NCD Commissions should be entities enshrined in legislation, with standing to influence and effectively collaborate with senior decision makers in government, civil society and the private sector.
2. The functions of the commission should be integrated with those of the Ministry of Health, given the Ministry of Health's primary responsibility for the health status of the country.
3. The viability and success of NNCDCs is dependent upon their placement and support within the structure of government. NNCDCs are instruments of government, created inter alia to advise on NCD policy, assist in implementation, engage in public education, and develop networks. They lack authority to act independently of the Ministry of Health and are only capable of executing a mandate conferred by the Cabinet defined in their Terms of Reference. There is need for ongoing consideration to be given to the type of mechanism and supportive structures that are required to enable NNCDCs to work in the most effective manner to ensure their sustainability in the political context in which they operate and in the current economic environment.

National NCD Commissions should be entities enshrined in legislation, with standing to influence and effectively collaborate with senior decision makers in government, civil society and the private sector.

14.3. NATIONAL NCD COMMISSIONS IN COUNTRIES WITH LIMITED HUMAN RESOURCES/CAPACITY

The experience in CARICOM countries suggests that countries with populations <250,000 will be challenged to find the capacity to create and maintain a national commission that is restricted to addressing NCDs. In these countries, a national "health" commission that includes NCDs and other health conditions is recommended.

A further recommendation is that Organisation of Eastern Caribbean States (OECS) should consider the establishment of an OECS NCD Commission with sub-committees of that commission established at country level with less rigorous and demanding requirements and functions than a National NCD Commission. Consideration should be given to using governance mechanisms and administrative arrangements presently in place within the existing OECS political framework.

14.4. MECHANISMS TO COMPLEMENT NATIONAL NCD COMMISSIONS

1. It is recommended that countries should establish an Inter-ministerial Task Force to complement and support National NCD Commissions to lead the "whole of Government" response and foster an inter-sectoral, 'health in all policies' approach to NCDs by non-health ministries of government.
2. National NCD Commissions should have linkages with and access to research facilities that can assist in informing its actions and contribute to the assessment of outcomes its actions.
3. National NCD Commissions of CARICOM should network among themselves; share best practice and seek representation at national, regional and international conferences for NCD prevention and control.

14.5. SUPPORTING NATIONAL, CO-ORDINATED Multisectoral ACTION ON NCDS

NCD prevention and control must be seen as a national development priority. National NCD Commissions need to effectively make the case that investments in health have positive economic returns, and are a pre-requisite for achieving sustainable development, national prosperity, social and financial protection and national security.

The tobacco, alcohol and firearms industries must not be represented on National NCD Commissions in keeping with the position taken by the international public health community and governments.

14.5.1. RELATIONSHIPS WITH NON-HEALTH GOVERNMENT MINISTRIES AND AGENCIES TO FOSTER THE "WHOLE-OF-GOVERNMENT" RESPONSE

- The National NCD Commission should advocate that governments seek to establish NCD Inter-ministerial Committees to complement and support the National NCD Commissions.
- Acting on the authority of the head of Government, the National NCD Commission Chair and Executive should have regular (quarterly or biannual) meetings with the Inter Ministerial Task Force Cabinet Ministers and technical heads to plan, execute and monitor programmes in those Ministries proven to reduce NCDs and their associated risk factors.
- Where the National NCD Commission has given policy advice to the Minister of Health and/or Cabinet Ministers, a mechanism for monitoring the process of consideration and implementation should be developed.
- The National NCD Commission may need to recommend legislation to assist with NCD control and in some settings, provide examples of model legislation and/or legislative supports to the Government.

- The National NCD Commission should advocate that governments include NCD prevention and control in their national development plans (this also increases the likelihood of accessing external development aid).

14.5.2. RELATIONSHIPS WITH CIVIL SOCIETY AND THE PRIVATE SECTOR TO FOSTER THE "WHOLE-OF-SOCIETY" RESPONSE

There are two main groups in civil society, health non-governmental organisations and non-health community service organisations. The National NCD Commission may have different strategies for these two groups.

14.5.2.1. HEALTH NGOS

In many Caribbean countries, health NGOs have multiple functions, including advocacy and service delivery. Often, however, there is inadequate capacity for delivering and monitoring programmes and little history of collaboration between health NGOs as they compete for the attention and support of the society.

National NCD Commissions should:

1. Facilitate capacity building among health NGOs in advocacy, programme development, implementation and evaluation.
2. In an effort to create a response to NCDs, which becomes part of the national development agenda, consideration should be given to National NCD Commissions promoting and facilitating NCD partnerships and collaborations at a country level. e.g. Council for Voluntary Social Services CVSS in Jamaica.

The experience of global NCD Alliances should be considered for replication at the national level in order to garner the advantages of collaboration, and to reduce competition. To date, twenty-eight countries in other regions, have created national NCD Alliances but this has not yet been established in any CARICOM country (http://www.ncdalliance.org/nationalalliances). These alliances mirror the work of the NCD Alliance at global level and that of the HCC at a regional level; and are critical in advancing the NCD agenda. This could be a joint initiative of the NCD Alliance, the HCC and the local NCD Commissions.

14.5.2.2. NON-HEALTH NGOS

Many non-health NGOs can be mobilized to support risk factor reduction and to act as "watch-dogs".

National NCD Commissions should:

1. Establish a comprehensive inventory of functional non-health NGOs in country, updating contact information and mandates, collecting annual reports and scanning the media.
2. Develop and implement a developmental programme for non-health NGOs to educate them and their membership about NCD prevention and control, and the role they can and should play.
3. Assist non-health NGOs in collaborative planning for NCD prevention and control within their own organization and in concert with the other non-health NGOs.
4. Involve non-health NGOs in planning, implementation, and monitoring and evaluating the national NCD response.

14.5.2.3. RELATIONSHIP WITH THE PRIVATE SECTOR

There are several natural allies in the private sector with whom full relationships should be built for mutual benefit such as health and life insurance companies, the media and communications, fitness and sport businesses. However the relationship has to be nuanced among other sectors such as the food and beverage sector including manufacturers of sugar-sweetened non-alcoholic beverages and fast food businesses, National NCD Commissions should seek to engage with these private sector groups but need to be cognizant of potential conflicts of interest and should therefore be guided by international best practice guidelines and approaches for interacting with the private sector.

National NCD Commissions should:

1. Establish a directory of relevant private sector organisations in country.
2. Undertake a survey of actions taken by private sector businesses

to reduce the impact of NCDs within their workforces and among the communities they serve.

3. Promote and support where possible the implementation of workplace wellness initiatives.
4. Support the design and implementation of company and industry specific NCD prevention and control programmes, e.g. product re-formulation.
5. Assist the private sector in collaborative planning for NCD prevention and control within their own organization / sector and in concert with other private sector organizations.

14.5.2.4. RELATIONSHIP WITH THE MEDIA: COMMUNICATING THE NCD MESSAGE

Most of the general population and the many stakeholders in several Caribbean countries do not as yet grasp the significant adverse health and financial impact of the NCD epidemic. An evidence-informed, coordinated and sustained, social marketing and communications programme aimed at raising public awareness of NCDs has not yet been implemented in any CARICOM country.

National NCD Commissions must engage with the media, cultivate media champions, and generally do a better job of "selling" the NCD issue to the media to create a sense of ownership and enhance the media's ability to be effective NCD advocates. Sustained emphasis needs to be placed on building industry awareness, and strengthening the relationships between the NCD "community" and the media.

NCD Commissions should:

1. Advocate for formal training for key members of the media.
2. Ensure that communication specialists are among the membership of the NCD Commissions.

National NCD Commissions of CARICOM should network among themselves; share best practice and seek representation at national, regional and international conferences for NCD prevention and control.

15. RECOMMENDATIONS FOR MEMBERSHIP & PERSONNEL

15.1. CHARACTERISTICS OF SUCCESSFUL NATIONAL NCD COMMISSION CHAIRS

The chairpersons of NNCDCs should be influential, dedicated and knowledgeable individuals with:

1. High national standing thus allowing for leadership of the national NCD agenda. The Chair, for example, should be able, to attend a Cabinet meeting, make recommendations, and be held in such high regard that the probability of convincing non-health Ministers to address NCD risk factors is increased.
2. A full understanding of effective, population-based strategies for the prevention and control of NCDs and their risk factors.
3. Good leadership and management skills.
4. The ability to work harmoniously with an appointed Deputy Chair and a small Executive Committee to exercise collective leadership and to facilitate succession planning.
5. Direct access to the Minister of Health and Head of Government.
6. The Chief Medical Officer should not be the Chair of the NNCDC, but rather an ex-officio member.

15.2. CHARACTERISTICS OF NATIONAL NCD COMMISSION MEMBERS

National NCD Commission members should be:

1. High level, influential and respected decision makers and thought leaders both within their respective sectors and nationally.
2. Representative of key sectors of Government, the private sector and civil society organisations.
3. Dedicated and committed to actions outside the health sector to prevent and control NCDs.
4. Have or have developed a full understanding of effective, population-based strategies for the prevention and control of NCDs and their risk factors.
5. Willing and able to work across sectors, using innovative programmes.

15.3. APPOINTMENT OF MEMBERSHIP

The following should be considered when appointing membership of NNCDCs:

1. The appointment of membership of National NCD Commissions should be undertaken in a transparent manner and should reflect Multisectoral interests. The commissions should therefore have broad and strong representation of non-health government ministries, civil society and the private sector.
2. The requirements of membership of the National NCD Commission should be determined and made known at the time of appointment of commissioners so as to indicate level of responsibility required.

15.4. RESOURCES FOR PERSONNEL

1. The Commission should be provided with a secretariat and appropriate funding commensurate with the mandate of the Commission.
2. The professional and technical staff of the Ministry of Health should be ex officio members of the Commission.
3. Dedicated technical and professional staff should be provided to facilitate functioning of the Commission. For example, a Secretariat for logistical supports – minutes, notices, documentation; professional staff should include the NCD Focal Point, Health Promotion specialists, and project management.

15.5. CAPACITY BUILDING OF THE NCD COMMISSIONERS

Chairpersons and commission members may need to be trained in NCD prevention and control. There should be a structured programme to build capacity of, and provide technical assistance to National NCD Commissioners allowing them to:

1. Appropriately define their roles and functions
2. Appreciate the multi-factoral determinants of NCD risk and burden.
3. Generate effective policy and programmes to impact health status of their populations.
4. Work effectively as a Multisectoral, multidisciplinary team.

This could be facilitated at the local level and also through a Summit of NCD Commissioners in the region for cross training and sharing.

There should be a structured programme to build capacity of, and provide technical assistance to National NCD Commissioners.

16. RECOMMENDATIONS FOR FUNCTIONS, OPERATIONS & INTERVENTIONS

The specific functions of National NCD Commissions should reflect their overall role, which is to drive the Multisectoral response in the prevention and control of NCDs at the national level.

16.1. NNCDC PLANS

The work of the National NCD Commission should be guided and specified in a written strategic plan of action with periodic formal evaluations of its implementation.

Options for National NCD Commissions action plan include being:

1. Part of the Ministry of Health's overall plan and programme.
2. A stand-alone plan to support the Ministry of Health's NCD plan, depending on the role / function of the National NCD Commission.
3. A national NCD Strategic plan written by and including "whole of Government" and "whole of society" with concrete actions and indicators of interventions in the various sectors to reduce NCD risk factors.
    a. The National NCD Strategic Plan should govern the functions of the commission along with a National Action Plan produced by the commission together with the Ministry of Health, and approved and supported by the national Government.
    b. National NCD Commissions should contribute to, and lead as needed, in the production of National NCD Strategic Plans and action plans.

In addition, the NNCDC plan should be:

1. Supported by a line item earmarked budget.
2. Included in national development plans, and identified as a priority for overseas development aid.

16.2. OPERATIONS

The operations of NCD Commissions should be guided by the following:

1. Meetings of National NCD Commissions should be held regularly at pre-arranged and agreed frequency and times.
2. Clear outcomes, deliverables and activities arising out of NCD Meetings should be articulated.
3. Records and confirmed minutes of meetings should be kept and provided to the Minister of Health regularly.
4. National NCD Commission recommendations should be transmitted to the Minister of Health, the Inter-Ministerial Task Force on NCDs and ultimately the Head of Government with clear recommendations and deliverables expected from non-Health Ministries and agencies, with budget and accountability features.
5. A formal mechanism should be implemented to allow for routine interaction between the Minister of Health and the members of the NCD Commission.
6. The Chair of the Commission should have direct access to the Minister of Health.
7. National NCD Commissions should monitor and evaluate country level National NCD plans.

16.3. INTERVENTIONS

National NCD Commissions should:

Plan

1. Produce a national strategic NCD plan, in collaboration with the whole of society.
2. Advise and collaborate with the Inter-Ministerial Task Force as it plans and implements the "whole of Government" response.
3. In the instance where the NNCDC is not responsible for development of the National NCD Plan, the National NCD Commissions should evaluate the National NCD plans with a view to collaboration.

Prioritise

4. Create an explicit priority listing of NCD targets and advocate for programmes aligned with national priorities based on local evidence and burden, and taking into consideration globally agreed targets.
5. Prioritise and generate proposals for policy, legislation, regulation and taxation regimes to reduce the risk factors for NCDs e.g. taxation of unhealthy foods, subsidise healthy foods, enactment and enforcement of tobacco control legislation, implementation of policies to control alcohol abuse.

Engage

6. Assist government in realising its commitments to engagement with civil society, beyond health NGOs, and with the private sector to prevent and control NCDs (including conflict of interest challenges).
7. Aim to assist in building capacity in the response to NCDs among the sectors of society but especially among private sector and civil society.
8. Convene meetings within sectors to raise awareness and enhance networking, e.g. meetings of school principals, faith-based organisations, food manufacturers or fast food retailers.
9. Implement a comprehensive and sustained educational public health NCD outreach programme.
10. Establish and maintain a directory of all potential partners among civil society organisations, private sector businesses and organisations and government agencies.
11. Establish effective communication with partners to enhance collaboration
12. Coordinate and promote "Wellness Week" activities in multiple sectors.

Advocate

13. Identify and advocate around Government policies that result in increased NCD risk (e.g. subsidies for unhealthy food and drink) and aim to have such situations reversed/corrected.
14. Advocate for strengthened regional cooperation and institutions to support countries in their response to NCDs.
15. Recognise the critical role of improved control and management of NCDs (e.g. screening and access to, and delivery of quality care). Commissions should not restrict themselves to risk factor reduction but should also have an active role in the arena of care for those living with NCDs.
16. Consider advocating for chronic care for all chronic diseases including non-communicable and communicable diseases (e.g. HIV/AIDS, tuberculosis).
17. Create a Health Impact Assessment tool and develop capacity to promote its use.

Communicate

18. Develop NCD Policy Briefs to build a case for action across all sectors targeting high-level policymakers across all relevant sectors.
19. Create model tool-kits for partners to support NCD action across various sectors, e.g. wellness programmes for faith-based organisations, workplaces, schools and community organizations.
20. Identify and develop NCD champions from popular culture utilising persons such as athletes, entertainers or other nationally recognised persons.

Educate

21. Develop a core-training programme with videos, graphics and summary sheets for partners that target NCD burden and effective prevention and control.
22. Produce an annual report and evaluation of the work of the National NCD Commission.

Be Independent

23. Function independently of Government, to the extent that this is possible, and in particular aim to avoid political party affiliations, interests, and agendas, and act as the national NCD 'watchdog' to determine if 'stated policy' becomes 'implemented policy'.

Monitor and Evaluate

24. Document targets and goals for NCD risk factor reduction; advocate for their adoption and monitor their implementation for and with non-health Ministries and Government agencies, private sector and civil society.
25. Establish research priorities in collaboration with a multi-faculty consortium at universities and colleges and facilitate annual reporting of relevant research to stakeholders.
26. Advocate for and support the development of national NCD registries.

17. RECOMMENDATIONS FOR FUNDING

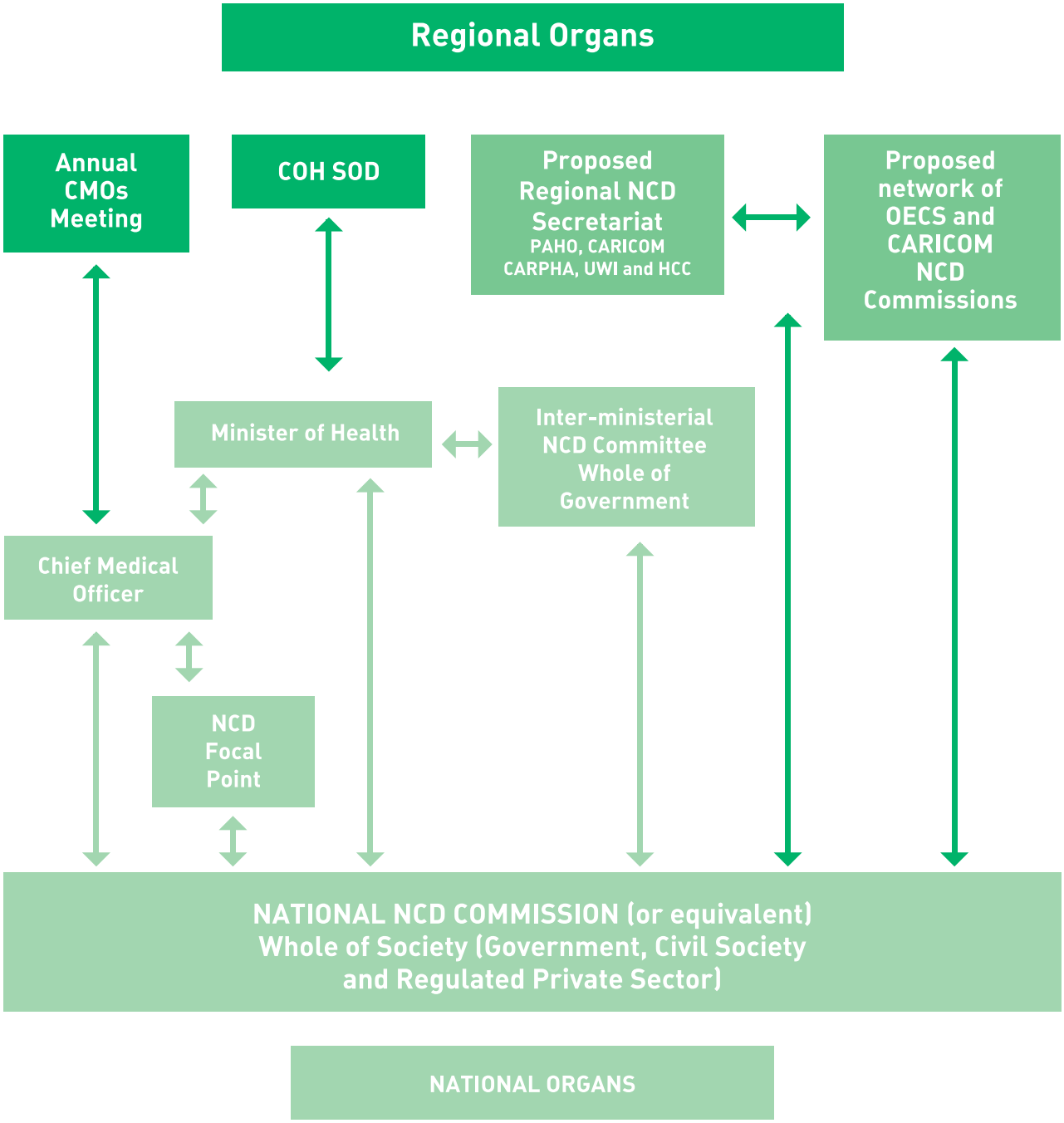
Financial and human resources are ongoing challenges for NCD Commissions. National NCD Commissions are executing bodies, of one kind or another, with associated staff needs and costs and activity implementation costs.

1. There should be an earmarked line item budget to support the functioning of the National NCD Commission.
2. NCD Commissions should advocate for the allocation of tobacco and alcohol tax revenue towards the functioning of NCD Commissions.

Financial and human resources are ongoing challenges for NCD Commissions. National NCD Commissions are executing bodies, of one kind or another, with associated staff needs and costs and activity implementation costs.

18. PROPOSED ORGANOGRAM

Figure 3: Proposed Management Organogram for National NCD Commissions
[Adapted from the Strategic Plan of Action for the Prevention and Control of Chronic Non-Communicable Diseases (NCDs) for Countries of the Caribbean Community 2011 – 2015]



18. APPENDICES

18.1. APPENDIX 1: POS NCD SUMMIT DECLARATION

Declaration Of Port-Of -Spain: Uniting To Stop The Epidemic Of Chronic Ncds

We, the Heads of Government of the Caribbean Community (CARICOM), meeting at the Crowne Plaza Hotel, Port-of-Spain, Trinidad and Tobago on 15 September 2007 on the occasion of a special Regional Summit on Chronic Non-Communicable Diseases (NCDs);

Conscious of the collective actions which have in the past fuelled regional integration, the goal of which is to enhance the well-being of the citizens of our countries; Recalling the Nassau Declaration (2001), that "the health of the Region is the wealth of Region", which underscored the importance of health to development;

Inspired by the successes of our joint and several efforts that resulted in the Caribbean being the first Region in the world to eradicate poliomyelitis and measles;

Affirming the main recommendations of the Caribbean Commission on Health and Development which included strategies to prevent and control heart disease, stroke, diabetes, hypertension, obesity and cancer in the Region by addressing their causal risk factors of unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening our health services;

Impelled by a determination to reduce the suffering and burdens caused by NCDs on the citizens of our Region which is the one worst affected in the Americas;

Fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, private sectors, NGOs and our other social, regional and international partners;

Declare -

- Our full support for the initiatives and mechanisms aimed at strengthening regional health institutions, to provide critical leadership required for implementing our agreed strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) and other relevant partners;
- That we strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs;
- Our commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control; urge its immediate ratification in all States which have not already done so and support the immediate enactment of legislation to limit or eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, insist on effective warning labels and introduce such fiscal measures as will reduce accessibility of tobacco;
- That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions;
- 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;
- That we will mandate the re-introduction of physical education in our schools where necessary, provide incentives and resources to effect this policy and ensure that our education sectors promote programmes aimed at providing healthy school meals and promoting healthy eating;
- Our endorsement of the efforts of the Caribbean Food and Nutrition Institute (CFNI), Caribbean Agricultural Research and Development Institute (CARDI) and the regional inter-governmental agencies to enhance food security and our strong support for the elimination of trans-fats from the diet of our citizens, using the CFNI as a focal point for providing guidance and public education designed toward this end;
- Our support for the efforts of the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies

in all international trade negotiations thereby promoting greater use of indigenous agricultural products and foods by our populations and reducing the negative effects of globalisation on our food supply;

- Our support for mandating the labelling of foods or such measures as are necessary to indicate their nutritional content through the establishment of the appropriate regional capability;
- That we will promote policies and actions aimed at increasing physical activity in the entire population, e.g. at work sites, through sport, especially mass activities, as vehicles for improving the health of the population and conflict resolution and in this context we commit to increasing adequate public facilities such as parks and other recreational spaces to encourage physical activity by the widest cross-section of our citizens;
- Our commitment to take account of the gender dimension in all our programmes aimed at the prevention and control of NCDs;
- That we will provide incentives for comprehensive public education programmes in support of wellness, healthy life-style changes, improved self-management of NCDs and embrace the role of the media as a responsible partner in all our efforts to prevent and control NCDs;
- That we will establish, as a matter of urgency, the programmes necessary for research and surveillance of the risk factors for NCDs with the support of our Universities and the Caribbean Epidemiology Centre/Pan American Health Organisation (CAREC/PAHO);
- Our continuing support for CARICOM and PAHO as the joint Secretariat for the Caribbean Cooperation in Health (CCH) Initiative to be the entity responsible for revision of the regional plan for the prevention and control of NCDs, and the monitoring and evaluation of this Declaration.
- We hereby declare the second Saturday in September "Caribbean Wellness Day," in commemoration of this landmark Summit.

18. APPENDICES

18.2. APPENDIX 2:
PROFILES OF CARIBBEAN NATIONAL NCD COMMISSIONS

18.2.1. BAHAMAS

Name	NCD Commission
Date of First Meeting	April 2013
Chair	Dr. Delon Brennan (acting).
Membership	3 ex-officio and 10 members
Ex-Officio	Chief Medical Officer, NCD Focal Point Health Promotion Officer
Government	Ministries of Education, Transport, Works, Social Services, Urban Renewal, Youth and Sports & Culture.
Civil Society	Trade Unions and Health NGOs.
Private Sector	Private Health sector and Fitness clubs.
Meeting Periodicity	Meetings are held every 6-12 months.
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes; Implied mandate for resource mobilization. No explicit mandate for hospital services review, monitoring and evaluation or research.
Resources	The Commission receives professional and administrative support from the Ministry of Health, but has no dedicated staff of its own. The Commission does not have a Strategic Plan and it has no budget. It has no relationship with Mental Health or HIV/AIDS.
Reporting	There is no annual report.
Successes	• Cyclovia initiation. • Production of video to bring awareness to NCDs. • "Annual" NCD Symposium.
Challenges	• Securing continued support from Government Agencies. • Lack of funding. • Competing national priorities.

18.2.2. BARBADOS

Name	National Commission for CNCDs
Date of First Meeting	March 2007
Chair	Sir Trevor Hassell
Membership	14 members and 4 ex-officio members
Ex-Officio	Chief Medical Officer, NCD Focal Point Health Promotion Officer, and Project Manager.
Government	Ministries of Agriculture, Education, and Bureau of Standards.
Civil Society	University of the West Indies, Faith-based organizations, Trade Union, Health NGOs, Sports groups and Retired Persons groups.
Private Sector	Health insurance, Manufacturers, Food Retailers, Advertising and the Media.
Meeting Periodicity	Meetings are held monthly and members are paid a stipend.
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, resource mobilization, monitoring and evaluation or research. There is no explicit mandate for hospital services review.
Resources	Professional, staff of the Health Promotion Unit provides administrative and secretarial support. The NNCDC now has a secretariat, a project manager and budgetary support. The NCD Commission plan is the National NCD Plan of Action being implemented in conjunction with the Ministry of Health.
Reporting	Annual reports exist with the last being produced 2 years ago. However confirmed minutes of meetings of the commission held monthly are submitted to Minister of Health.
Successes	There is no annual report. • Contribution to passage of no smoking legislation. • Public education programmes on NCDs, in particular salt campaign • Faith-based workshop on NCDS including the Declaration of Bridgetown gaining the commitment of over 25 Faiths to prioritise NCDs in their communities.

Successes	• Edu-drama project in schools around NCD Risk Reduction in children, using "a play in a day", supported by Sagicor Insurance. • Contribution to the establishment and subsequent funding of the Barbados National Registry. • Successfully advocating for the establishment of an Inter-Ministerial Commission for Health, which is supported by a budget; chaired by the Minister of Health and supported by meetings of the Permanent Secretaries and Chief Technical Officers of several ministries. • Support for Caribbean Wellness Day.
Challenges	• Monitoring curative services for NCDs. • Communicating with stakeholders. • Moving NCD prevention and control from knowledge to action.

18.2.3. BELIZE

Name	Belize NCD Commission
Date of First Meeting	2009
Chair	Dr. Michael Pitts
Membership	3 ex-officio and 6 members
Ex-Officio	Chief Medical Officer, NCD Focal Point, and Health Promotion Officer.
Government	Ministry of Education and the Bureau of Standards
Civil Society	Trade Union, Health NGOs and Women's groups
Private Sector	Private Health Sector
Meeting Periodicity	Meetings are held 3 times per year
Mandate	Advocacy, advise on programmes; Implied mandates for advice on policy or legislation, implementation of programmes, monitoring and evaluation or hospital services review. No explicit mandate for research or resource mobilization
Resources	• The Commission gets support from professional technical staff of the Ministry of Health from time to time. It has no dedicated technical or professional staff and no budget. • The Commissions' strategic plan is being developed. • The HIV focal point also carries out the functions of the NCD focal point, but there is no

	connection with Mental Health. • The ministry of health has completed a NCD plan that goes up to the year 2023, it is to be made operational this year.
Reporting	There is no annual report
Successes	• Draft strategic plan. • Ministry of Health is starting to actively play a more active role. • A wider response in the private sector is gradually increasing.
Challenges	• Stakeholder involvement. • Budgetary constraints. • Lack of interest for those outside of the health sector.

18.2.4. BERMUDA

Name	Well Bermuda Partnership
Date of First Meeting	November 2005
Chair	Dr. Virloy Lewin
Membership	4 ex-officio and 46 members
Ex-Officio	Chief Medical Officer, NCD Focal Point, Health Promotion Officer, and Director of Health
Government	Ministries of Education, Transport
Civil Society	Health NGOs
Private Sector	Health Insurance
Meeting Periodicity	The Commission meets annually. Action groups for each goal below, meet quarterly • Goal 1: Maintain Healthy Weight – Health Promotion Office, Dept of Health (GOVT) • Goal 2: Improve Heart health – Bermuda Heart Foundation (NGO) • Goal 3: Reduce diabetes prevalence – Bermuda Diabetes Association (NGO)

	• Goal 4: Cancer prevention awareness – Bermuda Cancer & Health Centre (NGO) • Goal 5: Chronic kidney disease awareness – Bermuda Hospitals Board (QUANGO) and Department of Health • Goal 6: Improve safer sex practices – Communicable Disease Clinic, Dept of Health (GOVT) • Goal 7: Asthma prevention and control – Open Airways (NGO) • Goal 8: Promote emotional and mental well-being – Mid-Atlantic Wellness Institute (QUANGO)
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, resource mobilization, monitoring and evaluation No explicit mandate for hospital services review or research.
Resources	• Well Bermuda gets professional and technical support from Ministry of Health staff. • It also has its own dedicated full technical/professional staff. • It has an earmarked budget included in another line item. The Health Promotion Office of the Department of Health has the principal responsibility for monitoring and reporting on progress on the National Health Promotion Strategy objectives. However, collaboration and partnership with and between all stakeholders are the backbone of the strategy and the guiding principle for development and implementation of action plans. • Well Bermuda Partnership has a strategic plan. • Well Bermuda: A National Health Promotion Strategy provides a shared vision of a healthier Bermuda. It has been organised around three themes: healthy people, healthy families and healthy communities. Each theme has identified goals, objectives and benchmarks. Goal #6 Improve safe sex practices and Goal #8 Promote emotional and mental well-being. Representatives from HIV/AIDS and Mental Health programmes are members of the Well Bermuda Partnership.
Reporting	Well Bermuda produces an annual report, the last being 2 years ago.
Successes	• In 2014, Well Bermuda partnered with a local TV/Radio station, Bermuda Broadcasting Co. Ltd., to host Celebrating Wellness (renamed Caribbean Wellness Day, Celebrating Wellness) • Completion of a Framework for Action • Completion and implementation of 15 out of 18 action plans • MOU signed between Ministry of Health and lead agencies
Challenges	• Human resources - getting agencies on board • Financial resources • Reporting - documenting work being done towards objectives

18.2.5. BRITISH VIRGIN ISLANDS

Name	BVI Health and Wellness Advisory Council
Date of First Meeting	January 2013
Chair	Mrs. Lorna Smith
Membership	13 ex-officio and 10 members
Ex-Officio	Chief Medical Officer, Director of MedicaServices, BVI Health Services Authority and (NCD Focal Point Secretary)
Government	Ministries of Agriculture, Education, Trade, Transport, Town Planner, City Manager and Finance and Planning.
Civil Society	Trade Union, Health NGOs, Sports groups, University, Community Activist, Politician and Community Council.
Private Sector	Private health sector, Health insurance, Food retailers, Media
Meeting Periodicity	The Working Group meets every 2 months.
Mandate	Advise on policy / legislation / programmes, monitoring and evaluation; Implied mandate for advocacy, research and resource mobilization.
Resources	• The Advisory Council gets professional and technical support from Ministry of Health staff. It also has its own dedicated full technical/professional staff as needed. • It has an earmarked budget included in another line item. • The Advisory Council does not have a strategic plan. • HIV/AIDS and Mental Health are being addressed through a subcommittee called the chronic Care Advisory Committee, which includes representatives from those programmes.
Reporting	The Advisory Council will produce its first annual report in 2014.
Successes	• Development of the framework for the implementation of the ten-year Strategy for the Prevention of NCDs. • The launch of the Virgin Islands Run/Walk programme. • Signing of the MOU between the Ministry of Education and Culture and the Ministry of Health and Social Development.
Challenges	• Implementation of the framework for the prevention of NCDs.

	• Getting stakeholders to understand the concepts of social determinants of health and population-based programmes. • Mobilizing active community participation.

18.2.6. DOMINICA

Name	Dominica National Commission on CNCDs
Date of First Meeting	2008
Chair	None at present.
Membership	None at present.
Ex-Officio	NCD Focal Point and National Epidemiologist
Government	Ministries of Education, Agriculture, Trade, and Foreign Affairs
Civil Society	Health NGO, Sport groups and Women's groups.
Private Sector	Private health sector, Health insurance, Food retailers, Media
Mandate	Advocacy, advise on policy / legislation / programmes, Implementation of programmes, Resource mobilization, monitoring and evaluation, and Educate the public.
Resources	The Commission did not have a Strategic Plan, and its budget was included in another line item. PAHO also supported the work of the Commission. The staff of the Health Promotion Unit is ready to assist if the commission is functional.
Reporting	N/A
Successes	• Being able to conduct a whole month of activities for Caribbean Wellness Day over the past 4 years with an increase in participation of civil society and the Non Health government sectors. • Strengthening collaboration with partners and getting them to take responsibility for planned activities. • Being a catalyst to build partnerships among stakeholders for NCDs.
Challenges	• The long delay in identifying a new Chair for the Commission, may be in part due to the requirement that all Commission chairs need to declare their assets. • Financial resources for IEC during CWD insufficient. • Late receipt of promotional material from CARICOM. • Insufficient buy-in from some critical policy makers and senior technical officers in Health.

18.2.7. GRENADA

Name	National Chronic Non-Communicable Disease Commission of Grenada
Date of First Meeting	June 2010 (This was the first meeting of the 'Commission', following more than 10 years as a precursor 'National Advisory Committee on Chronic Non-Communicable Disease'.)
Chair	Dr. Omowale Amuleru-Marshall[5]
Membership	6 ex-officio and 17 members
Ex-Officio	Chief Medical Officer, Chief Health Planner, Chie Pharmacist, Epidemiologist, Primary Health Care Director and Chief Nursing Officer.
Government	Ministries of Agriculture, Education, Grenada Food and Nutrition Council and Government Information Service.
Civil Society	Trade Unions, Health NGOs, Faith based organizations, Sports groups, Women's groups, College and Universities.
Private Sector	Private health sector and Grenada Chamber of Industry and Commerce. Professional: Grenada Nurses Association and Grenada Medical Association.
Meeting Periodicity	The Commission meets monthly.
Mandate	Advocacy, advise on policy / legislation / programmes, Implied resource mobilization, monitoring and evaluation and hospital services review.
Resources	• Their Commission does not have a Strategic Plan. There is no formal relationship with HIV/AIDS or with Mental Health. • The Commission has no support from professional technical staff from the Ministry of Health, no dedicated technical or professional staff and no budget. St. George's University provides a well-resourced meeting venue and administrative support.
Reporting	The Commission produces 2 Bi-Annual Reports each year.
Successes	• Catalyzed the trade unions, churches, media, public and private employers to celebrate Caribbean Wellness Day. • Hosted a series of twice weekly radio programs on CNCDs. • Hosted three public consultancies. • Consistently holds and conducts meetings with good participation and attendance. Smooth transitions from one political administration to another. • Easy access to the highest levels of decision-making in the Ministry of Health.

[5] The first chair appointed in 2008 was Mrs. Betty Finlay an iconic nutritionist and public health champion in Grenada and the region.

Challenges	• No dedicated technical staff or budget, resulting in an inability to guarantee implementation of recommendations with fidelity, or even to draft policies or propose legislation. • No access to Cabinet or to the Policy Committee of the MoH.

18.2.8. GUYANA

Name	National Commission for the Prevention and Control of Non-Communicable Diseases in Guyana
Date of First Meeting	September 2014 launch
Chair	The President of Guyana, His Excellency, Donald Ramotar was appointed the Chair when the NNCDC was launched. He held this post until May 2015
Membership	3 Ex-Officio and 23 members.
Ex-Officio	Chief Medical Officer, NCD Coordinator and Chief Nursing Officer
Government	Ministries of Education, Youth Sports & Culture, Labour, human Services & Social Security, Local Government, Tourism, Industry & Commerce, Agriculture, Finance, and a representative from the Georgetown Public Hospital Corporation.
Civil Society	Trade Union, Consumer Protection Organizations, Professional Health Organisations, Health NGOs, University of Guyana, Canada-Guyana Medical Coalition, Guyana Faith-based Coalition. On rotation: Community-based organizations and Service Organizations
Private Sector	Guyana Media Association.
International organizations	PAHO/WHO, UNICEF (United Nations Children's Fund) and UNFPA (United Nations Population Fund).
Meeting Periodicity	The Commission plans to meet quarterly.
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, resource mobilization, monitoring and evaluation and research.
Resources	• A secretariat will be established to support the work of the NCD Commission. It will be based at the Ministry of Health and be responsible for the planning, implementation and reporting on the Commission's Program of Work. It will prepare an annual budget and work program for the Commission's approval and funding, through the Agency Budget of Health. The secretariat will employ the necessary staff, on approval of the Commission, through the Public Services Contractual programme. • There will be sub-committees on different topics which can engage external experts if necessary.

Successes	N/A
Challenges	N/A

18.2.9. JAMAICA

Name	National Committee on the Non-Communicable Diseases
Date of First Meeting	December 2011
Last Meeting	May 2014. The NCDC had completed its term and is awaiting re-appointment
Chair	None at present.
Membership	9 ex-officio and 33 members
Ex-Officio	Chief Medical Officer, NCD Focal Point, Health Promotion Officer
Government	Ministries of Agriculture and Education, Trade, Consumer Affairs, Transport, Local government, Food and Nutrition
Civil Society	University of the West Indies, Health NGO, Sports groups and Faith-based organisations
Private Sector	Manufacturers, Food retailers, Advertising and Media.
Committees	It has 9 Sub-Technical Committees whose Chairs or Co-Chairs are members of the National Committee. Sub-Technical Committees: 1. Surveillance, Monitoring, Evaluation and Research 2. Tobacco and Alcohol Control 3. Physical Activity 4. Health, Diet/Nutrition 5. Health Promotion, Education, Communication, and Social Marketing and Special Sitting 6. Screening and Integrated Disease Management 7. Violence and Injuries Prevention 8. Policy 9. Mental Health

Mandate	Advocacy, advise on policy/legislation/programmes. No explicit mandate for implementation of programmes, resource mobilization, monitoring and evaluation or research. No mandate for hospital services review
Resources	• The Commission obtains professional, administrative and secretarial support from the staff of the NCD Focal Point in the Ministry of Health (MOH). There is however no secretariat, secretary or budgetary support. • The Commission has produced a strategic plan. Mental health is considered an integral part of the work of the Commission and in addition the Commission liaises with the HIV/AIDS programme to share successes and methodologies.
Reporting	Occurs every 2 years
Successes	• Participation in the formulation of the National Strategy and Action Plan for the Prevention and Control of Non-Communicable Diseases in Jamaica 2013-2017. • Implementation of the Public Health Tobacco Control Regulation 2013. • Education of stakeholders, the Mayors of Kingston and St Andrew, the Capital of Jamaica and her counsellors, and the Mayor of Portland and his counsellors, on the economic consequences of NCDs. • Media sensitisation/ education on the NCDs.
Challenges	• Lack of budgetary support and lack of dedicated secretarial support to implement many of its functions. • Lack of authority to implement policies or to audit results of the NCDs plan. • Lack of clarity about their independence from the Ministry of Health.

18.2.10. ST.LUCIA

Name	National Commission on Chronic Non- Communicable Diseases
Date of First Meeting	December 2013
Chair	Mrs. Anne Margaret Henry
Membership	1 ex-officio and 14 members
Ex-Officio	Chief Medical Officer
Government	Ministries of Local Government and Agriculture and Education
Civil Society	Health NGOs and Youth groups
Private Sector	Private Health sector and Health Insurance

Meeting Periodicity	Meetings are held 3 times per annum.
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, resource mobilization, monitoring and evaluation Implied mandate for or research. No explicit mandate for implementation of programmes or hospital services review.
Resources	• The Commission gets support from professional technical staff of the Ministry of Health. It has technical or professional staff as needed, but has no budget. • The Commissions Strategic Plan is being developed. • Mental Health is included in CNCDs, but there is no relationship with HIV/AIDS.
Reporting	There is no Annual Report.
Successes	• It developed a Healthcare Passport, which had questions, which patients could ask of their health care providers. • Collaboration with both public/private sectors, NGOs, Civil Society. • National awareness of Health Lifestyle Practices through media.
Challenges	• Lack of political will to push through the recommended plans for NCDs. • Inadequate human and other resources for the management of NCDs with poor communication and cooperation within and between the primary and secondary care. • No secretariat. • Inadequate funding and sponsorship.

18.2.11. ST. KITTS & NEVIS

Name	The Alliance for Health Actions (AHA)
Date of First Meeting	May 29, 2014
Chair	Ms. Chereca Weaver
Membership	4 ex-officio, 9 members; Appointed for a period of 2 years
Ex-Officio	Chief Medical Officer; NCD Coordinator (St. Kitts); Disease Prevention and Health Education Officer (Nevis); Nutritionist (St Kitts).
Government	St. Kitts and Nevis Information Service, Ministry for Security, and Department for Youth Empowerment
Civil Society	Health NGOs, Youth groups and Fitness Groups.

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Private Sector	Private Health sector
Meeting Periodicity	Meetings were held twice each quarter in 2014 and quarterly from January 2015 onwards
Mandate	• To facilitate and monitor the implementation of the NCD Policy and Plan across sectors, in communities and civil society. • To provide a multi-sectorial mechanism for collaboration, dialogue and networking, resource mobilization, performance monitoring and evaluation and health communication. • To position NCDs high on the National agenda by increasing the level of awareness amongst decision makers and the general public, mobilizing and scaling up the efforts that civil society undertake individually and collectively to prevent NCDs. • To make recommendations to the Ministers of Health and civil society on policy options and advocate for policy issues related to lifestyle behaviour modification for the prevention and control of NCDs. • •To identify and promote the use of evidence-based strategies and support and expand health initiatives for NCD related issues. • To advocate and engage stakeholders to conduct relevant research and submit project proposals.
Resources	• The Ministry of Health presented a budget to cabinet for the AHA covering basic expenses such as office supplies, communication costs and an honorarium. • There are opportunities to seek human resources from local entities but at this time our human resources are predominantly centred on the membership of AHA, including Ex-officio members.
Reporting	• The AHA has Terms of Reference. • There is no Annual Report. However the AHA submits activity reports to the Minister of Health.
Successes	• The securing of technical support and resources to host the August 2014 Symposium with the expressed aim of training members of the Alliance and in reviewing the Terms of Reference. • The preparation and submission of a Research Concept Paper and Program Plan entitled "Youth With Healthy Minds and Bodies," to regional and international bodies, in collaboration with the Department of Youth Empowerment. • Working closely with the Ministry of Health and its collaboration with the Healthy Caribbean Coalition in the execution of the National Faith Based Organization Conference in October 2014.
Challenges	• The need for clarity and further training for the AHA Membership; training in the responsibilities of the body, daily running's and execution techniques of a country coordinating mechanism. • Clarifying for all members what an Action Plan is and how it informs our work, in addition to the scope of our work and what is beyond our scope. • Guidelines for the development and oversight of necessary documents; and editing of existing documents to ensure that they meet the required standards locally and regionally.

	• Attendance and commitment of all AHA Members. • Filling of the vacant positions on the team (Executive Assistant and migrated member).

18.2.12. TRINIDAD & TOBAGO

Name	Partners Forum for Chronic NonCommunicable Diseases (PAFCNCD)
Date of First Meeting	September 2011
Last Meeting	May 2013; The Partners Forum completed its term and a new PF has not yet been appointed 9 ex-officio and 33 members
Chair	None at present
Membership	2 ex-officio and 20 members
Ex-Officio	NCD Focal Point and the Health Promotion Officer.
Government	Bureau of Standards, Ministries of Consumer Affairs, Trade, Agriculture and Education.
Civil Society	University of the West Indies, Women's groups, Sports groups, Faith-based organizations, Trade Union, Health NGOs.
Private Sector	Private health sector, Health insurance, Employers Consultative Assoc.
Meeting Periodicity	Meetings are held monthly. Members are not paid a stipend.
Mandate	Advocacy, advise on policy / legislation / programmes, implementation of programmes, monitoring and evaluation. There is no explicit mandate for research or resource mobilization or for review of quality of hospital NCD services.
Resources	• The PAFNCD receives professional and administrative support from the Ministry of Health and budgetary support through a Ministry of Health earmarked line item. • The Partners Forum for NCDs has its own strategic plan. It has indirect relations with mental health and HIV/AIDS through the Ministry of Health
Reporting	The PAFNCD has produced an annual report and sub-committees report quarterly
Successes	• High level of involvement with celebrations of Caribbean Wellness Day. Insurance companies, banks and oil and gas industry also organized celebrations. Funding provided by the Ministry of Health, supplemented by private corporations. • Getting the Ministry of Trade to adopt labelling guidelines. • Successful national workshop with food and beverage manufacturers

	• Completion and publication of the STEPS Non-communicable Diseases Risk Factor Survey
Challenges	Challenges: • 'Trying to do too much for too many'. Some of the sub committees not very action oriented. • racking of NCD activities by other agencies.

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