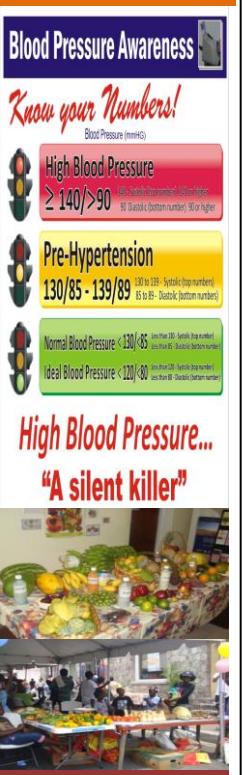
National Policy & Plan

for

Non-Communicable Diseases (NCDs)

Prevention and Control



St Kitts and Nevis

2013- 2017

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NON-COMMUNICABLE DISEASE PLAN OF ACTION

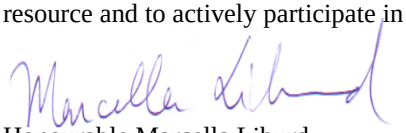
FOREWORD

The Ministry of Health believes that all of its citizens and residents have an unalienable right to good health. We are also cognizant of the inextricable link between health and development and continuously seek to address critical health issues to enable sustainable development. Chronic non communicable diseases and their risk factors are national priorities as they already contribute significantly to national levels of premature death and disability and are associated with escalating health care costs. The Ministry of Health affirms its unwavering dedication to the prevention and treatment of chronic non communicable diseases as a key strategy to protect our human capital and create the supportive environment that fosters productivity and innovation.

Many of the socioeconomic determinants that impact on health lie outside the purview of the ministerial profile. We will therefore continue our efforts to achieve an even greater level of coordination and harmonization with related sectors. It is in this context that I am proud to present this agreed national framework to respond to the growing impact of chronic diseases on the health of our citizens.

The framework is relevant to the local, regional and international agenda and was informed by existing plans and commitments such as the Port of Spain Declaration and United Nations High Level Meeting (UNHLM) on NCDs. It is structured to reflect a life course perspective as well as all the phases of a patient's journey – reducing risk, early detection of disease, managing acute care and long term care. Further it boldly threads the organizational values of equity, consumer orientation, quality service and accountability throughout its content.

I sincerely commend all the persons involved in the creation of this document. I strongly encourage all internal and external stakeholders to become familiar with this policy resource and to actively participate in its implementation.



Honourable Marcella Liburd
Minister of Health and Social Services

ACRONYMS

BMI	Body Mass Index
BOD	Burden of Disease
BP	Blood Pressure
CAIC	Caribbean Association of Industry and Commerce
CANDi	Caribbean Association of Nutrition and Dieticians
CARDI	Caribbean Agricultural Research Centre
CAREC	Caribbean Epidemiological Research Centre
CBE	Clinical Breast Examination
CCH	Caribbean Cooperation n Health Initiative
CCM	Chronic Care Model
CDB	Caribbean Development Bank
CFNI	Caribbean Food and Nutrition Institute
CHPSN	Caribbean Health Promoting Schools Network
CHRC	Caribbean Health Research Centre
CIC	Chamber of Industry and Commerce
CME	Continuing Medical Education
CMO	Chief Medical Officer
CNCD	Chronic Non-Communicable Diseases
COHSOD	Council for Human and Social Development
CROSQ	Caribbean Regional Organization for Standards and Quality
CSO	Civil Society Organization
CVD	Cardiovascular disease
CWD	Caribbean Wellness Day
CWW	Caribbean Wellness Week
DM	Diabetes Mellitus
DRE	Digital Rectal Examination
DPAS	Diet and Physical Activity Strategy
FAO	United Nations Food and Agricultural Organization
FBO	Faith –based Organization
FP	Focal Point
GDP	Gross Domestic Product
GSHS	Global School Health Survey
GYTS	Global Youth Tobacco Survey
HBP	High Blood Pressure
HCC	Healthy Caribbean Coalition
HFLE	Health and Family Life Education
HIS	Health Information Systems
HPV	Human Papilloma Virus
IDB	Inter-American Development Bank
LAC	Latin America and the Caribbean
MDG	United Nations Millennium Development Goal
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PA	Physical Activity
PAHO	Pan America Health Organization
PANAM	Pan American
PE	Physical Education
PHC	Primary Health Care
POS	Port -of-Spain
PTSA	Parent, Teachers, Students Associations
QI	Quality Improvement
QOC	Quality of Care
STEPS	WHO STEPwise Approach to NCD risk factor surveillance
UN	United Nations
UNHLM	United Nations High-level Meeting
UNICEF	United Nations Children's Fund
WB	World Bank
WHA	World Health Assembly

INTRODUCTION

Non-communicable diseases (NCDs) also referred to as "chronic diseases" or "chronic non-communicable diseases'' or CNCDs represent the major health burden in St. Kitts and Nevis. Mortality resulting from heart disease, stroke, cancer and complications of diabetes accounts for 96% of the total deaths occurring in the Federation[1]. CNCDs are lifestyle related and have far-reaching impact on development. Already, CNCD services consume half of total recurrent health expenditure. Additionally approximately 2% of GDP is currently diverted from growth and development activities to cover costs of acute and chronic medical treatment and rehabilitation. Consequently, this document makes the case for urgent action to tackle the growing public health burden imposed by chronic NCDs.

The document comprises two parts- a policy and a plan for action. The policy presents the intents and decisions of the government in relation to the prevention and control of CNCDs. The plan provides action lines necessary to address the priority issues of health protection, disease prevention, promotion of healthy lifestyles and appropriate disease management. It describes the specific role of the health sector in the context of a 'whole of government' response that is needed to address the underlying socioeconomic determinants.

The UN High Level meeting held in New York, September 2011 called for immediate action by all its member states to adopt a "*Whole-of-Government"* and "*Whole-of-Society"* approach to resolve the escalating burden due to NCDs. For the country to sustain development and show real progress, we must work across the sectors as the solution for prevention and control of NCDs lie mostly outside the health sector. Studies have shown for instance, that

- transportation and urban planning are crucial for improving physical activity;
- agricultural policies and preservation of the ecological systems are linked to food security and healthy diets and
- fair trade policies are significant for tobacco control and the harmful use of alcohol.

With endorsement from the highest political level, the Ministry of Health will have a sound policy and programme foundation to propel CNCD prevention and control services to a higher level of achievement. Additionally, The Federation will be better positioned to effectively advocate for supplementary programme resources through its inter-sectoral networking and participation in regional, hemispheric and global consultations.

[1] Ministry of Health, Health Situation 2006-2010

BACKGROUND

Chronic non-communicable diseases (CNCDs) constitute the leading causes of mortality and of avoidable health care costs in Latin America and the Caribbean (LAC) Region, with an estimated 4.45 million deaths in 2007[2]. They are caused by common risk factors namely, unhealthy diet, physical inactivity, obesity, tobacco use and exposure to second hand smoke and harmful use of alcohol. These are largely modifiable risk factors which can be controlled or managed with effective and sustained actions.

This National Policy and Plan for Non Communicable Diseases (NCDs) Prevention and Control presents a national framework of strategic actions for people to live healthy lifestyles and maintain wellness. The development of the document was guided by the regional strategic framework for CNCDs and risk factors (Annex D). It was refined through a series of national multi-sectoral consultation in 2011-2012. There are five priority lines of action for intervention, namely:-

- Promotion of health and wellness.
- Delivery of high quality integrated care, appropriate treatment options and patient self-management.
- Strengthening epidemiologic surveillance, research, and performance monitoring and evaluation.
- Development and implementation of evidence-informed policies, plans and programmes coupled with effective social marketing strategies.
- Strengthening of national capacity for programme management and coordination.

Overall, the policy and plan has a strategic purpose. It places emphasis on raising the level of attention to CNCDs in the development and economic agendas of the country; while applying the political declarations of the Regional High-Level Meetings and the "Best Buys"[3] recommended by the WHO (Annex C).

The following resolutions and agreements were used for guiding the process.

[2] PAHO. Non-communicable diseases basic indicators 2011: minimum, optimum, and optional data set for NCDs [cited 2012 Mar 7] Available from:http://new.paho.org/hq/index.php?option=com_content&task=view&id=1930&Itemid=1708&lang=en

[3] WHO and World Economic Forum. From Burden to "Best Buys": Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries. – prepared by the World Economic Forum (2011). Available from: http://www.who.int/nmh/publications/best_buys_summary.pdf

1. Declaration on Port-of-Spain: Uniting to stop the Epidemic of Chronic NCDs (2007)
2. Caribbean Civil Society Bridgetown Declaration for Tackling the Epidemic of Chronic Diseases (2008)
3. Caribbean Private Sector Pledge in support of "Declaration on Port-of-Spain: Uniting to stop the Epidemic of Chronic NCDs"
4. Resolution of the World Health Organization Assembly- Prevention and Control of Diabetes Mellitus. WHA42.36
5. Resolution of the Directing Council of PAHO. Diabetes in the Americas. CD39.R12
6. Resolution of the World Health Assembly. Global Strategy on diet, physical activity and health. WHA 57.17
7. Caribbean Charter for Health Promotion (1993)
8. Caribbean Cooperation in Health Initiatives II (1998) and III (2009)
9. Caribbean Health Research Council (CHRC)
10. Proceedings: First Caribbean Non—Communicable Disease Interim Task Force Meeting July 2001
11. International Framework Convention on Tobacco Control (FCTC)
12. Model Policy for the Prevention and Control of Diabetes in the Caribbean

BURDEN OF CHRONIC DISEASE (BOD)

According to the Pan American Health Organization (PAHO) the epidemic of chronic non-communicable diseases (CNCDs) in the Caribbean is the worse in the Region of the Americas[4], causing premature loss of life, lost productivity and spiraling health care costs. In 2008, CNCDs represented 60% of all deaths globally[5] and 75% of all deaths throughout the region[6]. CNCD-related health costs are as high as 8% of GDP in some CARICOM countries.

In St Kitts and Nevis, CNCDs have dominated the epidemiologic profile since the mid-1980. According to the 2010 analysis of the Federation's health situation, heart disease, stroke, cancer and complications of diabetes account for 66% of all deaths. A survey of risk factors (STEPS, MOH /WHO, 2008) found 75% of adults with excess weight (overweight plus obesity) and hypertension prevalence of 36% for the same group. The diabetic prevalence is estimated to be 15-20%, extrapolating from the public sector diabetic clinic register. The annual number of new cases of cancer increased from 47 in 2005 to 72 in 2010. Unhealthy lifestyles start in childhood and continue into adulthood. In children, obesity is 15 %[7], and the prevalence of tobacco smoking 10%[8]. The chronic NCD epidemic is also strongly influenced by negative changes in lifestyle and the social determinants of health, such as income, education, employment and working condition, ethnicity and gender.[9]

The estimated cost of treatment for an individual with cancer may exceed half a million East Caribbean Dollars – almost as much as the entire drug budget[10] to treat the 1,200 persons on clinic registers with hypertension. With only 5–10% of cancers being hereditary, the Ministry of Health places much of its emphasis on preventive measures. However, the level of uptake for screening, early interventions and accessing health information, lags behind the universal availability of free preventive services. For example, in 2007, attendance for Pap Smears in community health centers was 18.8% among women 25-64 years old. This alludes to the work needed to spur greater

[4] PAHO. Health Situation Analysis. Basic Indicators 2009 [Internet]. Washington (DC): PAHO;2009 [cited 2012 March 7] Available from http://new.paho.org/hq/index.php?option=com_content&task=view&id=1930&Itemid=1708&lang=en
[5] WHO 2008: Prevention and Control of non-communicable diseases: Implementation of the global strategy
[6] PAHO Non-communicable Diseases in the Americas, Basic Indicators 2011
[7] WHO/MOH, 2011. Global School Health Survey (Draft Report)
[8] WHO/MOH, 2011. Global Youth Tobacco Survey (Draft Report)
[9] WHO. Global Status Report on Non-communicable Diseases. Geneva: WHO; 2011
[10] Central Medical Stores, Ministry of Health. XCD$277,000 for Diabetes Mellitus and XCD$330,000XCD for Hypertension.

programme effectiveness and to protect persons from the emotional and financial fallout of the catastrophic impact of these conditions.

The CNCDs are largely preventable and the number of related deaths can be averted by reducing the risk factors and controlling the illnesses. Left unchecked, the rising rate of premature illnesses, disability and death will erode the pool of human capital necessary for a productive workforce. Dependency rates will also increase causing additional burden on the resources for social safety nets including Social Security.

VISION

A Federation that is not burdened by modifiable risk factors and the presence of chronic non-communicable diseases (NCDs), deaths and disabilities.

MISSION

To set the stage and chart the course of action that the Government of St Kitts and Nevis, in collaboration with partners, recommends to achieve health and wellness in the Federation over the period 2013-2017.

SCOPE

The policy and plan covers the risk factors, outcomes and impact of four CNCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. They constitute the largest burden of disease and a significant cost to health and development. The policy is underpinned and informed by the following themes:

1. Coordination, leadership and accountability
2. Adequate resource mobilization and allocation
3. Equity, social justice and quality of care
4. Community and family empowerment and participation
5. Multidisciplinary, multi-sectoral and inter-sectoral networking
6. Development of culturally sensitive strategies
7. Promotion of healthy lifestyles and adoption of life course approach
8. Screening of at risk groups and risk reduction
9. Robust surveillance, research and performance assessment
10. Evidence-based affordable interventions and preventive sustainable measures
11. Healthy public policies, consistent with other relevant government policies

NATIONAL POLICIES FOR NON-COMMUNICABLE DISEASES

As the Health Authority, the Ministry of Health will be responsible for providing policy direction and coordination including the development and implementation of needed legislation, programmes and protocols.

Since CNCD prevention and control exceeds the wherewithal of the health sector, the Ministry of Health will continually foster partnerships with and encourage support from a wide range of organizations locally, regionally and internationally. The network of health partnership includes but is not limited to:

- Other government sectors such as Education, Social and Community Services, Agriculture, Trade, Labour, Physical Planning and Urban Development, Finance and Sustainable Development
- Private sector health professionals
- Users of the health services and /or representative groups (e.g. Diabetes, Cancer Association)
- Non-governmental organizations – Industry and commercial sector, faith-based organizations, service organizations
- The media

POLICY GOAL

To reduce the burden due to chronic NCDs by promoting healthy lifestyles, reducing the prevalence of common risk factors and providing integrated evidenced-based treatment options to those diagnosed with NCDs in the most cost-effective way.

STRATEGIC OBJECTIVES

- CNCD-related mortality reduced by 2% annually over the next 5 years
- Hospital admissions for diabetes, cardiovascular diseases and asthma, reduced by 10% and complications from these conditions declined by 1% annually.
- Level of quality for chronic illness care improved in all health care facilities, as evidenced by patients' self-management and positive clinical outcomes.

- Proportion of persons using NCD-related health services (e.g. mammography, colonoscopy etc) for annual personal checkups increased by 15% by 2016
- Common risk factors for NCDs on clinic records for adults, reduced by 10% by 2017.
- Development/adaptation of healthy public policies and the creation of supportive environment.

POLICY STATEMENTS

1.0 ROLE OF THE MINISTRY

The Ministry of Health shall:

1.1 Identify and adapt a 'whole of society' approach to develop programs and services that meet the needs of the population.

1.2 Lobby for and provide legislative support that will facilitate the management of CNCDs.

1.3 Establish appropriate mechanisms to ensure compliance with relevant health regulations.

1.4 Actively mobilize resources locally, regionally and internationally to support the implementation of the CNCD policy and strategic plan.

1.5 Develop prevention and control programs based on research findings, and as determined by health needs and priorities.

1.6 Foster partnerships with and facilitate the work of non-governmental organizations (NGOs), faith-based organizations (FBOs) and civil society organizations (CSOs) that plan and implement activities for the benefit of persons with or at risk for specific CNCDs.

1.7 Advocate for and support policy development in other sectors, aimed at the prevention and control of CNCDs.

1.8 Improve information systems to facilitate the collection, analysis and reporting of data to inform decision-making. Establish monitoring and evaluation systems for CNCD programs.

1.9 Appoint a multi-sectoral steering committee to oversee the implementation, monitoring and evaluation of CNCD programme. The group will have written (TOR) Terms of Reference and a defined organizational structure, including its relationship with the Ministry of Health and the NCD Programme Coordinator.

1.10 Improve surveillance of CNCDs in the private sector by legislating mandatory reporting.

2.0 PRIMARY PREVENTION

With regard to primary prevention, the policy addresses issues related to modification of environmental and behavioral risk factors to encourage healthy lifestyle changes.

2.1 Programs shall address and provide information on all CNCDs with a focus on dispelling the myths surrounding CNCDs and discouraging discrimination against persons with these disorders.

2.2 Health education programs shall be planned, implemented and evaluated for various settings including but not limited to communities, schools, workplaces and churches, using existing facilities and seeking out new ones as far as resources permit.

2.3 The CNCDs program and activities shall encourage healthy lifestyle practices throughout an individual's lifecycle. The interventions shall as far as possible be integrated into ongoing and related existing programs.

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3.0 SCREENING SERVICES

Screening is the testing of apparently well people to identify those at an increased risk for a disease or disorder. Those identified are subsequently and promptly offered diagnostic tests or procedures, treatment or preventive measures. Protocols and guidelines for CNCDs shall be developed and implemented.

3.1 CERVICAL CANCER PREVENTION

The cervical cancer prevention policy addresses population-based screening and aims to screen 80% of the target population over 5 years. Guidelines relating to the frequency of pap smears, management of abnormal smears, referral mechanisms and priority target groups shall be developed and implemented.

3.1.1 Integrated Approach To Screening:

The policy promotes integration of screening into the existing primary care programs. Cervical cancer screening shall be provided not only at clinics that offer reproductive

health but integrated with other health services which provide for other health needs of women (e.g. diabetes and hypertension clinics, etc.)

3.1.2 Prevention Education:

Education on cervical cancer shall be provided with emphasis on the value of delaying the age at which sexual activity begins, limiting the number of sexual partners and practicing the use of barrier contraceptive, specifically, the condom.

3.1.3 Screening Tests and Intervals:

The Pap smear is the recommended screening test.

- *Women shall have a Pap smear test 3 years after they begin having sexual intercourse, or when they reach age 21 (whichever comes first).*

- *Following 2 initial satisfactory Pap smears 1 year apart, women shall be screened once every 3 years.*

Special circumstances shall include:

- *HIV-infected women:* *Screen when first identified as HIV Positive, then every 6-12 months*

- *Other immuno-compromised women: Annual screening*

3.1.4 Method of Screening*:*

- *Screening shall be done by trained health personnel in an environment that ensures privacy, comfort and confidentiality of information.*

- *All smears are to be appropriately labelled, packaged and transported to an approved cytology laboratory in a timely manner.*

3.1.5 Laboratory Services:

- *The cytology laboratory shall provide reports on all smears to the respective health care provider/health facility within a maximum of 2 weeks.*

- *The Bethesda (2001) System of Reporting shall be used for reporting smear results.*

3.1.6 Diagnostic & Treatment Services:

- *It is the obligation of the health care provider (health care facility) to inform the patient as expeditiously as possible of any abnormal findings from the Pap test within one (1) week of receiving the results.*

- *Qualified gynaecologists and / or gynae-oncologists shall do all procedures required because of Pap smear screening.*

3.2.0 BREAST CANCER PREVENTION

Breast cancer screening shall be made available to all women by health care providers on entering the services or as part of a baseline assessment.

All women shall be taught the technique of breast self-examination by qualified health care providers and be encouraged to carry out such examination on a monthly basis. Women shall be encouraged to report any changes to their health professional right away.

3.2.1 *Women age 40 and older shall be encouraged to have an annual breast examination by a qualified health care professional which shall include a baseline /initial screening mammogram. Women in this category shall be encouraged to have an annual mammogram.*

3.2.2 *Women in their 20s and 30s shall have a clinical breast examination (CBE) as part of a periodic health examination by healthcare providers.*

3.2.3 *Women under the age of 40, who are at high risk for breast cancer, should also be encouraged to have annual breast examinations by a qualified health care professional which should include an annual mammogram.*

3.2.4 *A diagnostic mammogram may show an abnormal lesion that has a high likelihood of being benign (not cancerous). In such cases, the woman shall be encouraged to return in 4-6 months for a recheck.*

3.2.5 *When the diagnostic work-up (inclusive of all breast screening methods) reveals the presence of a tumour, a biopsy shall be done to determine if the lesion is cancerous. Follow-up shall be as outlined in national, regional or international guidelines for breast cancer prevention.*

3.2.6 *A breast cancer registry shall be established and maintained, recording cases from both private and public health sectors.*

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3.3.0 PREVENTION and EARLY DETECTION OF PROSTATE CANCER

The exact cause of prostate cancer is not known, but death from cancer of the prostate might be prevented through early detection and some cases might be prevented through dietary modification.

3.3.1 *Health care professionals shall offer digital rectal examination (DRE) and prostate-specific antigen (PSA) blood test yearly to men at age of 40 with a 10-year life expectancy. Men at high risk shall begin testing before age 40 and as recommended by health care professionals.*

3.3.2 *Health care professionals shall discuss with men in their care, the benefits of testing regularly, as well as, the pros and cons of early detection and treatment of prostate cancer.*

3.3.3 *Education shall also emphasize the importance of dietary modification and lifestyle changes.*

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3.4.0 DIABETES AND CARDIOVASCULAR DISEASES (CVDs) PREVENTION

The commonality of many risk factors for diabetes and hypertension presents good reasoning for an integrated approach to their reduction and the prevention and control of both disorders. The aim of the health system is to educate the population about the risk factors and reduce them in all patients and the general population.

3.4.1 *All adults shall have baseline measurements done on entering the health system and on a regular basis as per* OPERATIONS MANUAL FOR DISTRICT HEALTH SYSTEM *and PROTOCOL FOR MANAGING DIABETES, HYPERTENSION AND OBESITY.*

3.4.2 *Those with a positive family history and known risk factors shall be made aware of the importance of reducing those risks, and education shall emphasize healthy lifestyles- regular physical exercise; 3-5 servings of fruits and vegetables daily; high fibre, low sugar, low salt; and to have regular health checks.*

3.4.3 *Screening tests for diabetes, hypertension and dyslipidemia shall be made available, not only at health care facilities, but also at various settings, inclusive of but not limited to communities, schools, workplaces and churches, using existing facilities and seeking out new ones, as far as resources permit.*

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TERTIARY CARE & REHABILITATION

Tertiary prevention aims at 'damage limitation' in those individuals with established disease(s) and includes treatment or rehabilitation to restore function.

4.1 Protocols and guidelines shall be developed /adopted /adapted for the provision of quality care. Relevant health personnel shall be trained in the use of these protocols and guidelines and clinical practices audited periodically.

4.2 Health Services

4.2.1 Medical treatment needs shall be assessed and determined on a continuous basis to ensure that commonly used treatments are available.

4.2.2 An updated formulary of approved drugs shall be compiled and disseminated by the Ministry of Health to all public and private pharmacies.

4.2.3 The Ministry of Health shall publish a list of recommended clinical, laboratory and radiology supplies, as well as, nutritional supplements to be used in the public sector.

4.2.4 Where resources do not permit the public sector to provide or establish such services in section 4.2.3, the Ministry of Health in collaboration with the Ministry of Social Development shall negotiate with Finance to provide tax relief on equipment and supplies for persons or organizations providing the services in the private sector. The private sector shall, in turn, provide

subsidized access for persons who normally access care in the public sector. Memorandum of understanding (MOU) with agreed terms for cases and number of persons shall be signed between relevant parties.

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5.0 HUMAN RESOURCE DEVELOPMENT

5.1 Training must be provided at least annually for professional health workers in relevant aspects of non-communicable diseases (NCDs) management.

5.2 The Ministry shall provide training and appropriately skilled personnel to support the provision of quality care for persons with non-communicable diseases (NCDs).

5.3 The Ministry shall implement monitoring and evaluation strategies to assess the impact of training.

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6.0 DIET AND PHYSICAL ACTIVITY

Food, nutrition and physical activity are cornerstones in the prevention, treatment and control of specific NCDs.

6.1 The Ministry shall provide national dietary guidelines which shall be disseminated throughout the Federation.

6.2 The national dietary guidelines shall be utilized in institutional settings such as school meals and hospital dietetics as well as restaurants and food vendors in order to promote balanced eating and restrict transfats.

6.3 The Ministry shall establish partnerships with non-health sector organizations to increase participation in physical activity in all domains and settings.

6.4 Health promotion programs shall be planned in collaboration with various health and non-health entities to promote appropriate diets and healthy lifestyles at all levels of the society e.g. schools, health institutions, restaurants and other eating establishments.

CONCLUSION

Globally CNCDs are public health problems of pandemic proportions. St Kitts and Nevis is similarly affected. A strategic approach to the prevention and control of these conditions is indispensable to the sustainable growth and development of the country. The Ministry of Health is therefore mandated

> *"to implement a coordinated, long-term health promotion program, with an integrated lifestyle approach to preventing the onset of chronic diseases*".

The course of action articulated in this policy will enable the Ministry to ensure access to high quality care for persons with or at risk for CNCDs. The spectrum of care provided will span prevention of a disorder where possible; early detection and appropriate treatment; prevention of complications in persons who already have a disorder; and provision of rehabilitative services for individuals with complications.

NEXT STEPS – PUTTING THE POLICY AND PLAN INTO EFFECT

The following are specific steps that will be followed to implement the policy and strategic plan for non-communicable disease prevention and control.

1. Endorsement by the Minister of Health and Cabinet.

2. Incremental approach to implementation of the Five-Year Strategic Plan, according to the flow of resources and capacity to implement programs.

3. Establishment of a National Inter-sectoral NCD Committee or analogous body with responsibility for guiding the implementation the policy and plan.

LOG FRAME OUTLINE OF NATIONAL PLAN OF ACTION

PRIORITY ACTION #1: RISK FACTOR REDUCTION AND HEALTH PROMOTION

Objective: *To develop and implement public policies and programmes, supported by adequate resources to implement prevention and risk factor reduction strategies and interventions.*

Expected Results: *Population-based strategies for risk factor reduction established to facilitate a health-promoting environment in which people practise healthy behaviours, including promotion of healthy diets and physical activity, no tobacco and no harmful use of alcohol.*

1. NO TOBACCO, NO HARMFUL USE OF ALCOHOL

POS Summit Declaration/ Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources for Verification	Partners
1.1) **POS #3. Framework Convention on Tobacco Control(FCTC)** ratified, compliant **legislation** passed and implemented	1.1.1) FCTC legislation passed and enforced by 2013 100% smoke free public spaces (enclosed spaces) by 2016 1.1.3) Smoking prevalence declines by 10% by 2015	1.1.1.1) Conduct workshop to produce legislation for submission to Cabinet 1.1.3.1) Adapt and adopt model public education programme. 1.1.3.2) Use information from Global Youth Tobacco Survey (GYTS) for national policy and programme development	Cabinet Papers Global School Health Survey(GSHS) Global Youth Tobacco Survey(GYTS) Results Tobacco Legislation	Ministries of Health, Finance, Trade, Education, Offices of Attorneys-General and Legal Affairs**,** Caribbean Regional Organization for Standards and Quality **(**CROSQ), PAHO **Private:** Tourism, Insurance Cos (Life and Health), Private Sector workers **Civil Society:** Health NGOs, Trade Unions, Universities/ Medical Schools

POS Summit Declaration/ Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources for Verification	Partners
1.2) **Harmful use of alcohol** reduced.	1.2.1) Reduction by 5% in the number of youths (<18years) consuming alcohol by 2014	1.2.1.1) Create awareness of and enforce legislation prohibiting the consumption and purchase of alcohol by minors.	Breath analyzer legislation	Ministries of Health, Education, Youth, Sport, Trade, Communication, National Security and Traffic Department,
	1.2.2) Reduction by 15% in motor vehicle and pedestrian fatalities associated with drunk driving by 2016	1.2.2.1) Regulate or ban alcohol advertising and promotion, especially ads aimed at youths	No visible ads seen in local media (print and electronic)	Mental Health Association,
		1.2.2.2) Establish and enforce blood alcohol level limits for drivers; zero tolerance for new drivers; random breath testing; sobriety check points.	Documented actions taken by police to enforce regulations e.g sobriety checks done	

2. HEALTHY EATING (INCLUDING REDUCTION OF SALT, FAT, SUGAR)

Objective: *To stimulate inter-sectoral action that promotes the availability, accessibility and consumption of safe, healthy, tasty foods available to the people of St Kitts and Nevis.*

POS Summit Declaration / Expected Results	Objectively Verifiable Process / Output Indicators	Activities	Sources for Verification	Partners
Policies 2.1) Legislation, regulations, multi-sectoral policies, incentives, plans, protocols and programmes developed and implemented to promote **food security and healthy eating**. For example: a) **POS #7**. FAO, CFNI, CARDI, the Min of Agricultural and Taiwanese Mission to **enhance food security.** b) Removal of **trans-fat** from the country's food supply. c) **Nutritional and quality criteria** for food industry (manufacturers and restaurateurs) d) **POS #9**. User-friendly **food labeling.**	2.1.1) The Federation has legislation and regulations, multi-sectoral policies, incentives, plans, protocols and programmes that aim to improve dietary and lifestyle behaviour by 2015 supported by Food and Agricultural agencies. 2.1.2) Country has incentives or disincentives to increase healthy eating by 2015 2.1.3) All imported foods have required nutritional labeling by 2015 and locally produced foods by 2017	2.1.1.1 Adapt, debate and enact recommended policy, legislation and regulations to improve dietary behaviour. 2.1.2.1) Design and implement incentives programmes (taxes and subsidies) for producers and buyers that subsidize low calorie nutritious foods, preferably local products or bi-products. 2.1.3.1) Policy dialogue with local food manufacturers to ensure their use of national dietary guidelines in product development	CFNI Reports Gazetted legislation Food Policy document Food analysis reports Published protocols Campaign materials Published Guidelines Product labels	PAHO Ministries of Health, Finance, Trade Offices of Attorneys- Gen and Legal Affairs Agriculture Dept FAO, CARDI, CFNI, Nutritionists and Dieticians, Caribbean Association of Nutritionists and Dieticians (CANDi)

POS Summit Declaration / Expected Results	Objectively Verifiable Process / Output Indicators	Activities	Sources for Verification	Partners
2.2) **Nutrition standards** and food-based dietary guidelines for school meals, food sold at workplaces and health institutions	2.2.1) Model nutritional standards for schools, workplaces and health institutions are developed by 2015.	2.2.1.1) Request technical assistance to develop nutritional standards for schools, workplace cafeterias and hospital diet. 2.2.1.2) Implement food-based nutritional dietary guidelines in schools, workplaces and institutions	CFNI Reports Nutrition guidelines and standards for specified settings Gazetted legislation Product labels	PAHO, Ministries of Health, Agriculture Dept. FAO, CARDI, CFNI, Nutritionists and Dieticians, Caribbean Association of Nutritionists and Dieticians (CANDi)
	2.2.2) National food-based dietary guidelines is adopted and implemented in at least 2 sectors by 2015.	2.2.2.1) Request technical assistance for implementation of institutional dietetic services		
2.3) **POS #12**. A comprehensive **public education campaign** to promote the balanced diet.	2.3.1) Comprehensive public education campaign to promote healthy eating conducted locally by 2013	2.3.1.1) Implement public education campaign about the benefits of having balanced meals (including foods from all the food groups)	Campaign materials Reports of public education sessions conducted	PAHO, CFNI, Ministries of Health, Nutritionists and Dieticians,

POS Summit Declaration / Expected Results	Objectively Verifiable Process / Output Indicators	Activities	Sources for Verification	Partners
3. SALT CONSUMPTION 3.1) **Salt content** of processed and prepared foods reduced.	3.1.1) At least 80% of large food manufacturers following the CAIC pledge to reduce salt and fat content of processed and prepared foods (including in schools, workplaces and fast-food outlets) by 2015	3.1.1.1) Advocate of local food manufacturers and importers to reduce the salt content of their products 3.1.1.2) Conduct education programme for local caterers and fast food businesses about the risk of salt to health and reducing salt in their products.	Food analysis reports Published protocols Campaign materials Published guidelines	PAHO **Private:** CIC, Food Manufacturers, Media, Caribbean Association of Industry & Commerce (CAIC) **Civil Society:**
3.2) **Salt consumption** of the population reduced.	3.2.1)) Country using baseline and ongoing spot urine sampling for tracking salt consumption in population by 2014. 3.2.2) Salt consumption declines by 10% in the Federation by 2015	3.2.1.1) Request support for tracking sodium consumption in population-based survey. 3.2.2.1) Design and mount a public education campaign about the risk of salt to health, not to add salt at the table, and healthy, tasty alternatives.	Risk factor surveys Reports on analysis of foods for salt and fat	Health NGOs, Trade Unions, Universities/ Medical Schools,

4. POPULATION-BASED PHYSICAL ACTIVITY

Objective: *To develop and maintain sustainable partnerships in support of physical activity promotion, opportunities and strategies.*

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
4.1) **Legislation, regulations**, multi-sectoral **policies**, incentives, **plans, protocols** and **programmes** developed and implemented to promote physical activity.	4.1.1) Federation has legislation, multi-sectoral policies and programmes to promote physical activity by 2013. 4.1.2) Physical activity level increase among adults by 5% in the country by 2015.	4.1.1.1) Draft legislation to ensure that new housing developments include safe spaces for walking and biking. 4.1.2.1) Advocate for and support Sustainable Planning in designing increased public spaces supportive of physical activity, walking trails and pedestrian friendly sidewalks.	Risk factor surveys Posts for PE teachers Media reports	**Ministries** of Education, Sports, Youth, Health, Sustainable Planning, Urban Developers, Housing, Transport, CARICOM COHSOD
4.2) **POS #10**. Increase in **adequate public facilitie**s to encourage mass-based physical activity in the entire population.	4.2.1) Country has ongoing mass-based low cost physical activity event by 2016 and 2 new safe recreational spaces by 2017.	4.2.1.1) Mobilize private/public/civil society partnerships to sponsor and promote safe recreational spaces with trained staff and music, to stimulate population physical activity.	Town and country plans.	**Private Sector:** Media, Sports-related Organizations & Companies, Workplace Wellness;

POS Summit Declaration / Expected Results	**Objectively Verifiable Process/Output Indicators**	**Activities**	**Sources of data for Verification**	**Partners**
4.3) **POS #15.** Second Saturday in September celebrated as **"Caribbean Wellness Day (CWD)"** in commemoration of the 2007 NCD Summit and **Caribbean Wellness Week (CWW)** in commemoration of UN High Level Meeting **(UNHLM)** on NCDS in 2011.	4.3.1) Multi-sectoral group planning and implementing activities for CWD by 2013 4.3.2) CWD/CWW celebrations organized in at least 4 separate locations in country by 2015 4.3.3) At least 3 sustained multi-sectoral physical activity programmes spawned by CWD by 2013	4.3) Mobilize a multi-sectoral committee (including media) to implement CWD activities in multiple settings and locations in the country	CWD toolkit Minutes of CWD planning committee	**Civil Society:** NGOs, Physical Activity NGOs, Sporting Personalities; Community Organizations, Universities

5. INTEGRATED PROGRAMMES ESPECIALLY IN SCHOOLS, WORKPLACES AND FAITH-BASED SETTINGS

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
5.1) **POS #10**. Healthy lifestyle and wellness **policies and programmes in special settings**, e.g. schools, workplaces, faith-based settings enhanced/ implemented.	5.1.1) Country has well established healthy school / worksite policies and programmes that include nutrition and physical activity by 2015	5.1.1.1) Request support for developing school, workplace and faith-based policies and programmes 5.1.1.2) Designate Focal Point in Ministry of Health to liaise with various settings (schools, workplaces, FBOs) 5.1.1.3) Conduct training to promote healthy eating and active living in various settings e.g. cafeterias, caterers and vendors.	Focal point named Workshop reports and drafted documents Workplace policies	**Ministries** of Health, Education, Youth, Community Development Health and Family Life Edu (HFLE) Sports Dept. **Private Sector:** Media, Health Insurance Companies

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
5.2) **POS #6**. Reinstating of **physical education** in schools, where necessary, provide incentives and resources to effect this policy, promote programmes aimed at providing **healthy school meals** and promoting healthy eating	5.1.2) At least 20% of workplaces have an integrated wellness programme including screening, and management of high risk by 2013 and 30% by 2015 5.2.1) At least 50% of schools in Federation have - a) healthy meal choices by 2013 b) physical ed. programmes by 2014	5.1.2.1) Conduct workshop with key stakeholders to adapt/adopt and plan workplace wellness programmes	Ministry of Education records	**Civil Society:** Trade Unions, Faith-based organizations, PTA's
5.3) **Health Promoting Schools** developed and the Federation becomes part of the **Caribbean Health Promoting School Network(CHPSN)**	5.3.1) Regional Health Promoting Schools core indicators reviewed and adopted in country by 2015 5.3.2) Country Focal point appointed for CHPSN by end of 2015	5.3.2.1) Identify and appoint Focal Points(FP) for training in Health Promoting schools 5.3.2.2) Focal points to convene workshops to train representatives from education in HPS components and practices.	Amended school curricular to accommodate health promoting school Focal Points named Training and workshop reports	Focal Points for Health Promoting Schools

PRIORITY ACTION #2: DISEASE MANAGEMENT

Objective: *To strengthen the capacity and competencies of the health system for the integrated management of chronic diseases and their risk factors*

6. SCALING UP EVIDENCED-BASED TREATMENT

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
6.1) **POS #5.** Country's capacity strengthened for effectively and efficiently delivering quality assured chronic disease and risk factor **screening and management, based on regional guidelines**. a)Effective management structure and reoriented Primary Health Care system based on the **Chronic Care Model (CCM)** implemented. b)**Universal access** to quality primary health care (PHC) improved.	6.1.1) Integrated, evidence-based guidelines and protocols for screening, chronic NCDs (including breast, colon, cervical and prostate cancers) reviewed and approved by Ministry of Health, in keeping with the regional guidelines (CHRC) or national policy by 2014. 6.1.2) At least 80% of adult population at risk for NCDs have had baseline screening by 2015 and evidenced based interventions implemented in public and private sectors	6.1.1.1) Workshop to adapt and adopt proposed NCD Pocket Guidelines 6.1.1.2) Request support for finalizing and implement national screening and treatment guidelines for NCDs (particularly cervical cancer, breast, prostate and colon cancers). 6.1.2.1) Conduct needs assessment to compare target population needs to country capacity for NCD screening and treatment.	CME records and Reports from training programs Documentation of guidelines Chronic disease registries CME training attendance register Minutes of meetings Evaluation reports Project report	**Ministry of Health** CARICOM COHSOD PAHO Regional Health Institutions **Civil Society:** Health NGOs Medical Associations Trade Unions CME Organizers and Certifiers **Private Sector:** Pharmaceutical cos

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
c)Access to **technologies** and safe, affordable and efficacious **essential medicines** for chronic disease prevention and control d) Improved **personal health skills** and self-management among people with chronic conditions and risk factors.	6.1.3) At least 80% of patients with high risk for CVD have improved access to Primary Care services by 2015 (e.g. at least 1 PHC visit each year) 6.1.4) Chronic Care model applied to services in 15% of health facilities (public) by 2013 and in 25% of health facilities by 2017 **a)** At least 1 CCM project implemented by 2013. **b)** 10% of patients attending clinics with abnormally high blood pressure and cholesterol at goal by 2015. **c)** 50% increase in number of women age 25-65years in country having Pap Smears by 2016. **d)** 10% reduction of childhood obesity in country by 2016	6.1.3.1) Conduct an audit to define, evaluate and identify gaps inequity of access to PHC services for CVD 6.1.3.2) Develop a strategy to implement targeted interventions designed to provide coverage for vulnerable groups. 6.1.4.1) Implement at least 1 NCD quality of care improvement project 6.1.4.2) Conduct audit of patient records to assess adherence to guidelines, prevalence of hypertensive and high cholesterol patients, in compliance with treatment goals.	Hospital and clinic records Health services records Chronic disease registries Project reports Health services records Audit report	Health Insurance cos Private Medical Practitioners

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
	6.1.5) Programmes for the prevention and control of cancers are integrated into routine Primary Health Care services by 2016	6.1.5.1) Build partnerships (NGOs, private sector, professional associations, academic, etc) for commitment to national screening and management of cancers.	Hospital and clinic records NCD screening project reports	**Ministry of Health** CARICOM COHSOD PAHO Regional Health Institutions
6.2) Competencies of local health work force strengthened to appropriately and effectively deliver and manage quality NCD programmes.	6.2.1) Training for Ministry of Health senior personnel, NCD programme managers and at least 50% of PHC professionals in NCD programme quality improvement, based on national guidelines	6.2.1.1) Conduct needs assessment with regard to competencies in NCD prevention and control	Records from training programs Needs assessment Report	**Civil Society:** Health NGOs Medical Associations Trade Unions CME Organizers and Certifiers
	6.2.2) Current and future needs for specialized needs for specialized staff for cancer screening and control defined by 2015	6.2.1.2) Develop training with an evaluation component, based on the needs assessment.		**Private Sector:** Pharmaceutical Cos Health Insurance com Private Medical Practitioners

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
6.3) Competencies in the health work-force strengthened to appropriately and effectively manage chronic disease prevention and control developed and improved.	6.3.1) Health workers receive training and other resources by illuminate or other electronic means.	6.3.1.1) Mobilize and circulate opportunities for training to the public and private sectors workers.	Training reports from health workers.	

PRIORITY ACTION #3: SURVEILLANCE

Objective: *To develop and strengthen national capacity for better surveillance & research of chronic diseases, their risk factors, determinants and consequences; as well as monitoring and evaluation of the impact of interventions.*

7. SURVEILLANCE, MONITORING AND EVALUATION

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources for Verification	Partners
7.1) **POS #13. Surveillance of the risk factors** for NCDs and burden of disease (BOD) conducted (using chronic disease surveillance systems, aligned with WHO STEPS and a strengthened National Health Information System (HIS), including Minimum Data Set.	7.1.1) Regional NCD Health information policy and plan adopted nationally in 2013 7.1.2) Country-data collected and reported annually on NCDs (risk factors, morbidity, mortality) using standardized methodologies by 2013 and on additional risk factors, determinants, health systems performance (including private sector data) by 2015 7.1.3) Reports of local assessment of NCD surveillance system and capacity available every 3 to 5 years starting 2013	7.1.1.1) Adopt and implement the Regional NCD Health Information Policy document to strengthen national HIS. 7.1.2.1) Identify and establish partnerships (private and public sectors) for strengthening surveillance and research. 7.1.3.1) Conduct in-country assessment of NCD surveillance system and capacity	Action plan & budget available for NCD surveillance, Mortality data, Risk factor surveys (STEPS), CAREC Reports Quality of care surveys Hospital admission data Annual country reports on NCDs and Minimum Data Set available	CAREC CHRC PAHO **Ministries** of Health, Community Development, Security **Private Sector:** Media **Civil Society**: Universities/ Medical schools

POS Summit Declaration / Expected Results	**Objectively Verifiable Process/Output Indicators**	**Activities**	**Sources of data for Verification**	**Partners**
7.2) **Research initiatives** implemented to assess disease burden, risk factors, determinants of chronic diseases	7.2.1) Research agenda for NCDs developed in collaboration with medical universities, CAREC and PAHO by 2015	7.2.1) Define, initiate and participate in research projects. Disseminate research information, including publications.	Minutes of meeting convened for developing research agenda for NCDs Research proposals.	
7.3) Strengthened capacity for the collection and analysis of health information for **monitoring and evaluation** of NCD Programme outcomes.	7.3.1) Standardized monitoring and evaluation systems developed for all aspects of NCDs by 2015	7.3.1) Conduct and publish analyses of data on surveillance and programme evaluation of annual work plans for monitoring and evaluation of NCD programme.	Quality of care surveys CARPHA CAREC	

PRIORITY ACTION #4:PUBLIC POLICY, ADVOCACY and SOCIAL COMMUNICATIONS

Objectives:

1. *To accelerate the development and implementation of evidence-based public policies to address risk factors and determinants and control of chronic disease.*

2. *To support the development and dissemination of communication strategies and Information for risk factor reduction to empower patients and their families.*

8. ADVOCACY AND HEALTHY PUBLIC POLICY

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
8.1) Effective and sustainable evidence-based **healthy public policies** developed and implemented	8.1.1) Progress reports of NCDs and the need for healthy public policies presented by Minister starting 2013	8.1.1.1) Adapt and adopt model healthy public policies and advocacy guidelines	NCD programme report Cabinet Submissions	**Ministries** of Health, Education, offices Attorneys General / Legal **Private Sectors**- media, employees
8.2) **Advocacy and sensitization of policy-makers** to the need for evidence-based, effective and sustainable health promoting public policy enhanced.	8.2.1) National Committee for NCDs and for monitoring the implementation of the plan established and functional by end of 2013.	8.2.1.1) Conduct consultations on and disseminate healthy public policy agenda/ drafted policies and guidelines to key stakeholders and organizations.	Consultation, Advocacy workshop/training reports	**Civil society** – trade unions Chamber of Industry and Commerce (CIC)

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
8.3) National capacity improved for **advocating for policies** for cancer prevention and control and for formulating and effecting policies, especially for cervical, breast, prostate and colon cancers	8.3.1) Capacity built for health professionals, NGOs and civil society in networking, information sharing and advocacy strategies by 2014.	8.3.1.1) Train civil society, private and public sector partners on healthy public policies that affect NCD prevention and control using strategies in the ***Caribbean Charter for Health Promotion***	Consultation, Advocacy workshop/training reports	
8.4) **Legislation enacted or** appropriately **amended** to support health promotion activities.	8.4.1) Key government ministries and agencies review their policies which are relevant to NCD risk factors by 2014.	8.4.1.1) Identify relevant government entities to address gaps in current NCD–related policies or legislation.	Drafted policy/ legislation, Cabinet Submissions	

9. MEDIA AND SOCIAL COMMUNICATIONS

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
9.1)**POS #12**. **Communication strategy and plan** in support of wellness, healthy lifestyle changes and improved self-management of NCDs developed, implemented and evaluated. 9.2) Special alliances established with media for **comprehensive social marketing plan**	9.1.1) Audience research, stakeholder analysis and media communication plan for NCD advocacy developed and implemented by 2014 9.2.1) Capacity building for media journalists and reporters to empower them to be more effective behaviour change and communication agents by 2013 9.2.2) Media packages produced for healthy eating, active living, tobacco use cessation, alcohol abuse, workplace wellness, treatment and self management promotion by mid-2014.	9.1.1.1) Request technical assistance for conducting social marketing research to inform communication strategies, message development and suitable media use. 9.2.1.1) Nurture and strengthen relations with local media, including having media awards for best reporting on health-related issues and NCDs 9.2.2.2) Implement mass programming to educate on wellness and self-management of NCDs	Report of social marketing studies/ research Print photographs, Videos/DVDs Comprehensive social marketing document and public education plan /programme Videos/DVDs Print messages, Photographs,	**Ministries** of Health and Social Services, Culture, Youth Empowerment, Social and Community Development **Civil Society:** Performing arts (Music, theatre, comedy, etc.), Faith-based Organizations, Dance schools and groups, **Private Sector**: Media Employers Internet Providers and Cable TV CANA CARIB VISION

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
9.3) **Increased awareness** among clients and other stakeholders (re screening, early diagnosis and treatment of pre-cancerous lesions to prevent cancer)	9.3.1) Social change communication strategies, public education and information for the prevention and self-management of diseases implemented by 2015. 9.3.2) BMI, tobacco use, exercise) including cervical, breast and colon cancers by 2014.	9.3.1.1) Utilize local, regional media and internet for communication of health messages and education	Documented copies of national media coverage Videos/DVDs Print material	
9.4**) Social communication** for NCDs and cancer control	9.4.1) Social change communication and participatory interventions and information dissemination to educate about the necessity for NCD screening (blood lipids, blood sugar, blood pressure, BMI, tobacco use, exercise) including cervical, breast and colon cancers by 2014	9.4.1.1) Build capacity to develop effective, sustainable information, education and communication (IEC) campaigns on advocacy, implementation and monitoring of NCD programmes.	Social marketing plan Documented copies of national plan and media coverage	

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data for Verification	Partners
9.5) Media and social communications **evaluation**	9.5.1) Evaluation of social communications programmes achieved /impact analysis by 2016	9.5.1.1) Request technical cooperation for research, including data-gathering, to inform strategic decisions for communication strategies. 9.5.1.2) Adapt, adopt, and implement an appropriate system for monitoring and evaluating the communication process	Reports of evaluation studies and impact analysis	

PRIORITY ACTION #5: PROGRAMME MANAGEMENT

Objective:

1. *Human, financial and organizational resources within the health sector developed to respond to the health needs of the people.*

2. *National capacity for inter-sectoral work strengthened.*

10. PROGRAMME MANAGEMENT: PARTNERSHIP AND COORDINATION

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data / for Verification	Partners
10.1) **POS # 1**. National **NCD Policy and Plan,** programme and priorities established based local needs, using the framework of the Regional NCD Plan	10.1.1) Drafted National NCD policy and plan authorized for implementation by January 2013	10.1.1.1) Review and formalize the drafted *Policy and Plan* 10.1.1.2) Print copies of Policy & Plan	Cabinet Submission Country reports. PAHO reports Endorsed copy of NCD Policy and Plan	Minister of Heath, PS Health, CMO NCD Programme Coordinator All ministries and Agencies of Government Civil Society Organizations
10.2) **POS #2.** National **Inter-sectoral NCD Commission** or analogous body established to guide NCD policies and programmes.	10.2.1) National Intersectoral NCD Commission or analogous body appointed and functioning by end of 2013	10.2.1.1) Adapt or develop TOR for NCD Commission 10.2.1.2) Minister of Health and Cabinet appoints and launch inter-sectoral NCD Commission or analogous body with TORs and necessary support.	Reports from training workshops and seminars. Membership and minutes of CNCD Commission meetings	

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data / for Verification	Partners
10.3) NCD Commission (or analogous body) and national NCD programmes coordinated and facilitated by **NCD Focal Point** in the Ministry of Health.	10.3.1) Required support for NCD Commission (administrative, technical and budgetary) provided by end of 2013 10.3.2) Relationship between National Commission and the public sector determined and established by end of 2013 10.3.3) Training in NCD prevention and control, partnerships, programme management and evaluation for Ministry of Health personnel, and members of the national NCD Commission by September 2014	10.3.1.1) Ministry approves for line item to operationalize the NCD Commission and Secretariat. 10.3.2.1) Determine and establish relationship between National Commission and the public sector. 10.3.3.1) Adapt or adopt and implement orientation package and training for the guidance of Commission members.	Budget approval for NCD Commission Reports of NCD Secretariat meetings. Progress reports on Strategic Plan. Evaluation Instrument used at national level. Report of evaluation of Plan.	Cabinet and Minister of Health Civil Society Organizations Private Sector

11. RESOURCE MOBILIZATION / HEALTH FINANCING

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data / for Verification	Partners
11.1) Resource allocation and mobilization strategies planned and implemented	11.1.1.) Fundable projects identified from the Plan presented to donors and funding secured for national programmes by 2014	11.1.1.1) Mobilize resources in collaboration with Regional partners, private sector and other actors based on NCD plan	Copies of project proposals. Report from donors.	**Ministries** of Health, Social Services and Community Development, Finance, **External Agencies**: Health Diplomacy & Technical International Cooperation **Private Sector**: Foundations Banks Insurance Social Security
11.2) Increased capacity at national levels for **securing additional revenue** streams.	11.2.1) Joint training for stakeholders (pubic, private, civil society) in resource mobilization and grant writing procedures/ application by 2014	11.1.2.1) Provide local support for training stakeholders (public, private, civil society) in resource mobilization and procedures for requesting grants.	Report of training workshops Country reports.	
	11.2.2) At least one project proposal to facilitate implementation of national NCD plans developed and submitted for funding each year between 2013 – 2017	11.2.2.1) Implement projects, conduct evaluation of intervention from the NCD *Plan*.		

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data / for Verification	Partners
11.3) Financial resources mobilized and/or redistributed so that **national health budget is sufficient** to address priority health needs.	11.3.1) National health expenditure budget is at least 6% of GDP and distributed to address priority health needs by 2016 11.3.2) Additional (new) resources identified for financing health promotion by 2014.	11.3.1.1) Cabinet approves national health expenditure budgets of at least 6% of GDP and distributes to address priority health needs. 11.3.1.2) Request assistance to conduct evaluation of financing of priority areas to assess whether expenditure meet or exceed planned levels, with expenditure aligned to priorities.	Financial accounting records	**Civil Society**: Institutes /Universities Associations /Clubs Women's Groups /Fundraisers Media
11.4) Evaluation of financial streams in the health sector and their **alignment to health priorities.**	11.4.1) Evaluation of financial of health priority conducted by 2017			

12. PHARMACEUTICALS AND LABORATORY SUPPORT

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data / for Verification	Partners
12.1) **Access to safe, affordable and efficacious NCD medicines** improved by strengthening regulation of medicines, including legislation and drug registration	12.1.1) Federation has essential (accessible, affordable and high quality) NCD medicine formularies, by 2015.	12.1.1.1) Finalize revision of Pharmacy Act and update the essential and necessary medicine formularies.	Legislation Country essential medication formulary exists National policy/plan for procurement exists.	Ministries of Health, Finance, Agriculture, Trade **Private Sector:** Pharmaceutical Companies, Laboratory companies and services
12.2) **Generic drugs** for NCD prevention and control- aspirin, beta blocker, statin, thiazide diuretics, ACE inhibitors, included on the Essential drug formularies.	12.2.1) Essential (accessible, affordable and high quality) generic drugs for NCD prevention and control *consistently* available in all public sector pharmacies by 2014.	12.2.1.1) Establish genetic drug policy based on Regional model.	Record of mass procurement	Health and Life Insurance companies **Civil Society**: Health NGOs

POS Summit Declaration / Expected Results	Objectively Verifiable Process/Output Indicators	Activities	Sources of data / for Verification	Partners
12.3) **Harmonized procurement** and supply management of quality drugs for NCD management.	12.3.1) Improved maintenance of relevant equipment done regularly by 2014	12.3.1.1) Develop and implement a revolving plan for bulk procurement and distribution of essential medication and supplies to all health facilities		
12.4) Vital laboratory services for screening and management of NCDs available	12.4.1) Pharmaceutical and lab information integrated into the health information systems in support of NCD prevention and control by 2014.	12.4.1.1) Develop and integrate pharmacy and lab data capture systems into Health Information System.		

PROPOSED PROJECT AREAS FOR TECHNICAL /INTERNATIONAL COOPERATION

CAPACITY-BUILDING

1. Capacity-building for inter-sectoral work in support of NCD prevention and Control

    A. Support for NCD national commission
    B. National Partners Forum
    C. Strengthening civil society networks in country

2. Building capacity for legislation

3. Curriculum development and training for health promoting schools

RISK FACTOR REDUCTION

4. Building capacity for implementing the FCTC –legislation, smoke free spaces, etc

5. Food policy revision

6. Reduce salt consumption educational campaign

7. Caribbean Wellness Day celebrations and ongoing, mass physical activity

8. Public policy, advocacy and communications

9. Healthy schools, workplaces, FBOS, interventions

10. Preventing obesity and NCDS in adolescents through behavioural intervention

DISEASE MANAGEMENT

11. Adoption of the enhanced surveillance system designed by IDB project
12. Integrated management of NCDs
13. National guidelines and protocols for cancer prevention and control.
14. National protocol /guidelines for kidney disease prevention and dialysis

SURVEILLANCE

15. In-country assessment of NCD surveillance system and capacity
16. Research initiatives to assess disease burden, risk factors, determinants of chronic diseases

ANNEX A:

ACKNOWLEDGEMENTS

The plan was reviewed and reformulated at a meeting of stakeholders from within and outside of the health sector on September 13-14, 2011. It was further reviewed and edited electronically over the following year.

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1. Eric Browne	Department of Agriculture, St Kitts
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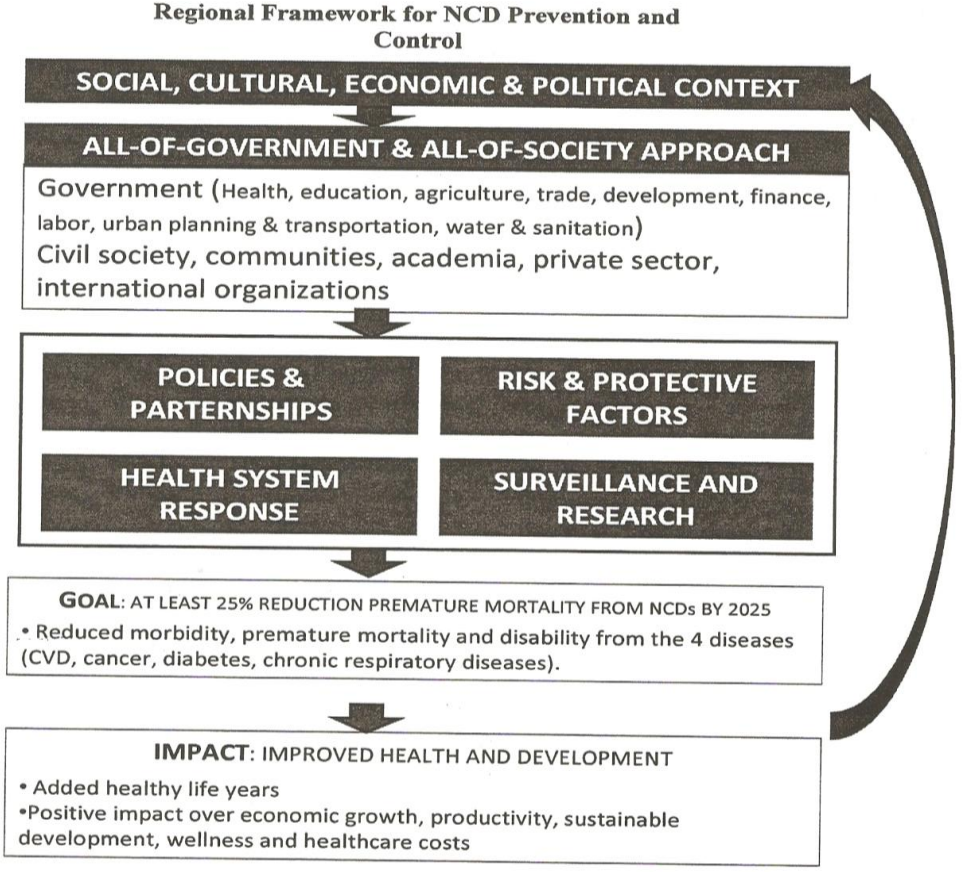
ANNEX B:
Progress Indicator Status by Country in Implementing NCD Summit Declaration - September 2010

POS NCD #	NCD Progress Indicators	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	±	√	±	√	±	X	√	√	√	X	√		±	√	±	±	√	
4	NCD budget	X	X	X	√	±	X	X	X	±	X	±	X	X		X	√	X	X	√	
2	NCD Summit convened	X	X	X	√	X	√	√	X	√	±	√	X	√		√	√	X		√	
2	Multi-sectoral NCD Commission appointed and functional	X	X	X	√	±	√	√	X	X	√	√	X	±		X	√	X	±	√	
12	NCD Communications plan	X	X	±	±	X	√	X	X	±	±	√	X	±		X	±	X	X	√	
TOBACCO																					
3	FCTC ratified	*	√	√	√	√	*	*	√	√	√	√	X	√	*	√	√	√	√	√	*
3	Tobacco taxes >50% sale price	X	X	X	√	X			±	X		√	X	√		±	X	X	√	X	
3	Smoke Free indoor public places	X	√	X	√	±	√	√	√		√	√	X	±		X	√	X	±	√	
3	Advertising, promotion & sponsorship bans	X	X	X	±	X	√	√	√		X	±	X	√		X	X	X	±	√	
NUTRITION																					
7	Multi-sector Food & Nutrition plan implemented	√	√	√	±	±	X	√	X	√	√	√	X	√	√	√	X	√	X	±	√
7	Trans fat free food supply					X			X					±		X		X	X	X		
7	Policy & standards which promote healthy eating in schools implemented		√		√	±	√	X	±			±		√		±		X	X	±	
8	Trade agreements utilized to meet national food security & health goals					±			X			±		X		±		X	X	√	
9	Mandatory labeling of packaged foods for nutrition content		X			X	±		±			±		X		X		X	±	X	
PHYSICAL ACTIVITY																					
6	Mandatory PA in all grades in schools				√	√	±		√			±		X		±		X	X	√	
10	Mandatory provision for PA in new housing developments				√	√			X			X		X				X	X		
10	Ongoing, mass Physical Activity or New public PA spaces	X	X	√	√	√	√	X	±		√	√		√		√	√	√	√	√	
HEALTH EDUCATION / PROMOTION																					
15	CWD multi-sectoral, multi-focal celebrations	√	√	√	√	√	√	√	√	√	√	√	X	√	√	√	√	√	√	√	√
10	≥50% of public and private institutions with PA & diet) programmes		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	
SURVEILLANCE																					
11, 13, 14	Surveillance: - STEPS or equivalent survey	X	X	√	√	√	±	√	X	√	±	±	X	√		√	±	X	±	±	
	- Minimum Data Set reporting	X	X	X	X	X	√	√	X	√	X	X	X	X	X	√	X	√	√	X	X
	- Global Youth Tobacco Survey	X	√	√	√	√	X	√	±	√	√	√	√	√		√	√	√	√	√	
	- Global School Health Survey	√	√	√	±	±		√	±		√	√	X	√		√	√	√	√	√	
TREATMENT																					
5	Chronic Care Model / NCD treatment protocols in ≥ 50% PHC facilities	X	√	√	±	±	±	X	±	X	±	±	X	√		√	√	X	X	√	
5	QOC CVD or diabetes demonstration project	±		√	√	±	±	±	√	X	√	√	±	√		±	√	X	√	√	
		ANG	ANT	BAH	BAR	BEL	BER	BVI	CAY	DOM	GRE	GUY	HAI	JAM	MON	SKN	STL	SVG	SUR	TRT	TCI

ANNEX C: SUMMARY OF WHO NCD "BEST BUYS" INTERVENTIONS

RISK FACTORS/DISEASES	INTERVENTIONS
Tobacco use	o Tax increases o Smoke-free indoor workplaces and public places o Health information and warnings o Bans on tobacco advertising, promotion and sponsorship
Harmful alcohol use	o Tax increases o Restricted access to retailed alcohol o Bans on alcohol advertising
Unhealthy diet and physical inactivity	o Reduced salt intake in food o Replacement of trans fat with polyunsaturated fat o Public awareness through mass media on diet and physical activity
Cardiovascular disease (CVD) and diabetes	o Counselling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD) o Treatment of heart attacks with aspirin
Cancer	o Hepatitis B immunization to prevent liver cancer (already scaled up) o Screening and treatment of pre-cancerous lesions to prevent cervical cancer

ANNEX D: REGIONAL FRAMEWORK FOR NCD PREVENTION AND CONTROL



Extracted from CSP 28/9. Rev1 (Eng) Annex D

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