BARBADOS STRATEGIC PLAN

FOR THE

PREVENTION AND CONTROL

OF

NON-COMMUNICABLE DISEASES

2015 - 2019

National NCD Commission - Barbados

Ministry of Health

DECEMBER 2014

Barbados Strategic Plan for the Prevention and Control
of Non-Communicable Diseases 2015-2019

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BAMP	Barbados Association of Medical Practitioners
BARP	Barbados Association of Retired Persons
BCCI	Barbados Chamber of Commerce & Industry
BEC	Barbados Employers Confederation
BMA	Barbados Manufacturers Association
BMI	Body Mass Index
BNA	Barbados Nurses Association
BNR	Barbados National Registry
BNSI	Barbados National Standards Institute
BOD	Burden of Disease
BP	Blood Pressure
CAREC	Caribbean Epidemiological Research Centre
CARICOM	Caribbean Community
CARPHA	Caribbean Regional Public Health Authority
CDRC	Chronic Disease Research Centre
CEHI	Caribbean Environmental Health Institute
CFNI	Caribbean Food and Nutrition Institute
CHRC	Caribbean Health Research Council
CME	Continuing Medical Education
CMO	Chief Medical Officer
COHSOD	Council for Human and Social Development
COTED	Council for Trade and Economic Development
CRDTL	Caribbean Regional Drug Testing Laboratory
CVD	Cardiovascular disease
CWD	Caribbean Wellness Day
DM	Diabetes Mellitus
EPI	Expanded Programme of Immunization
FBO	Faith-Based Organizations
FCTC	Framework Convention on Tobacco Control
FP	Focal Point
GSHS	Global School Health Survey

GYTS	Global Youth Tobacco Survey
HBP	High Blood Pressure
HCC	Healthy Caribbean Coalition
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
HoTN	Health of The Nation Survey
MDG	Millennium Development Goal
MOH	Ministry of Health
NCD	Non-communicable Disease
NGO	Non-governmental organization
PA	Physical Activity
PAHO	Pan American Health Organization
PHC	Primary Health Care
POS	Port-of-Spain Declaration
QEH	Queen Elizabeth Hospital
QI	Quality Improvement
SBA	Small Business Association
SMOH NCDs	Senior Medical Officer of Health NCDs
STEPS	WHO STEPwise approach to risk factor surveillance
TOR	Terms of Reference
UN	United Nations
UNHLM	United Nations High Level Meeting
WHA	World Health Assembly
WHO	World Health Organization

FOREWORD

Hon. John Boyce, M.P. Minister of Health



It is an honour and pleasure for me to be associated with the Strategic Plan for Non-Communicable Disease. This plans serves as a guide and roadmap for non-communicable disease prevention and control activities, not only for Government but for the private sector and civil society organizations. Chronic diseases, which include cardiovascular disease, diabetes mellitus, cancer and chronic pulmonary disease, have been the leading causes of sickness and death over the past 10 years.

The Ministry of Health will continue to promote and facilitate policies and programmes that can positively affect the knowledge, attitudes and wellbeing of all Barbadians. The National NCD Commission of Barbados is the main driving force behind much of the national prevention and control effort.

This Plan represents continuation of the good work of the Commission first started in 2007 and draws on the skills and competencies of a multidisciplinary team of committed individuals. However, it will only be effective through an all-of-society approach that embraces our schools, unions and faith based organizations, civil society and government sectors.

The Plan is built on the fundamentals of the 2007 Declaration of Port of Spain and serves as a platform for Barbados' response to the Political Declaration of the United Nations High Level Meeting (UNHLM) on NCDs 2011.

The Plan aims to reduce sickness and premature death from NCDs by strengthening strategic management of NCDs, improving surveillance and research, enhancing risk factor reduction programmes and through quality care and management for persons affected by NCDs.

On behalf of the Ministry of Health, I take this opportunity to thank the Commission for its work and I sincerely hope that good results are achieved through the implementation of this Strategic Plan 2015-2019.

Hon. John Boyce, M.P. Minister of Health

EXECUTIVE SUMMARY

Barbados, like its Caribbean neighbours, has high death rates from chronic non-communicable diseases (NCDs), and corresponding high rates of NCD risk factors – unhealthy diets, physical inactivity, alcohol abuse and tobacco use.

In 2007, the Heads of Government of the Caribbean Community (CARICOM) held a summit of leaders of Government on NCDs, the first anywhere in the world, and issued the historic Declaration of Port of Spain (POS) "Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases". Through CARICOM advocacy, this approach was adopted globally, resulting in the United Nations High Level Meeting (UNHLM) on NCDs in September 2011 and the WHO NCD Plan, targets and indicators adopted in May 2013.

Barbados has the most developed NCD response in the Caribbean, facilitated by political will and effective leadership, and steady progress has been made over the past five years. This country has already adopted several of the NCD approaches recommended by the World Health Organization NCD plan: for example, the policy of access to health care as a fundamental human right and universal health coverage for Barbadian citizens and permanent residents have been largely achieved. The National NCD Commission leads and coordinates the NCD response and continues to be effective despite economic constraints. To date, the national response to NCDs has been commendable, with political and financial support from the Government, support from health non-governmental organizations (NGOs) and some support from the private sector, especially the media. In the health sector, surveillance through surveys and the Barbados National Registry have been notable, and the Barbados Drug Service continues to provide high quality pharmaceuticals for all Barbadians. Legislation has made Barbados "smoke-free" and tobacco taxes have been increased, which reduce tobacco consumption, ill health and deaths. Anecdotal evidence suggests that more persons are exercising. However, gaps remain, particularly with respect to reporting on morbidity and mortality, adoption of a comprehensive health information system and less than adequate utilization of quality of care guidelines and audits. Alcohol focussed control measures need strengthening and efforts to engage children in control and prevention activities need improvement.

This plan is the successor to the NCD Commission Plan 2009-2012, and it recognizes the vital role of other Ministries of Government, civil society and the private sector to reduce the risk factors for NCDs, since most of these risk factors lie outside of the reach of the Ministry of Health. It is therefore proposed to develop a National NCD Plan in the future, with full partnership and input from all-of-Government and all-of-society to guide us towards "health in all policies".

The Strategic Plan and log frame have four areas – Strengthening Strategic Management, Surveillance and Research, Risk Factor Reduction and Integrated Disease Management including Patient Education. Health promotion is the strategy used for all areas of the plan and is integrated throughout. The plan includes targets from the POS Declaration and the United Nations High level Meeting on NCDs September 2011.

The priorities for NCD prevention and control are:

- Control raised blood pressure to target;
- Reduce physical inactivity
- Reduce salt intake
- Reversal in upward trends in obesity

- Stop the increase in the incidence of diabetes
- Reduce harmful use of alcohol, and
- Abstinence for all forms of tobacco.

Food and nutrition will need to be a major focus going forward, as the Barbadian diet contains too much fat, sugar and salt. Nutrition guidelines have been produced, but the tax structure and the sale and marketing of prepared and processed foods still favours unhealthy foods. Furthermore comprehensive programmes are needed to address physical inactivity and obesity, both for adults and children.

CHAPTER 1: INTRODUCTION

The National Non-Communicable Diseases (NCD) Commission is the national coordinator and facilitator of NCD prevention and control strategies in Barbados, as set out in National NCD Plans. This *Strategic Plan for the Prevention and Control of NCDs 2015 - 2019* is the successor to the *Strategic Plan 2009- 2012*.

Since the 2009 Strategic Plan, the Caribbean and Barbados in particular have played significant roles in advancing the global response to NCDs. This has included advocating for and significantly participating at the United Nations High Level Meeting (UNHLM) on NCDs in September 2011 [1, 2] and at the World Health Assembly where the Global NCD Plan 2013 - 2020, global monitoring framework, nine targets and 25 indicators were agreed [3].

The Caribbean Community (CARICOM) Heads of Government Declaration of Port of Spain of 2007, "Uniting to Stop the Epidemic of Chronic NCDs", continues to give region-specific goals and targets for our actions [4]. Fourteen of the fifteen mandates require health-in-all policies, whole-of-government and whole-of-society responses, recognizing that most of the causes of NCDs originate in sectors outside of health. The health sector needs to better convince all-of-society that the prevention and control of NCDs is central to the broader social and developmental agenda.

Health is a resource for development and "the health of the nation is the wealth of the nation", as was stated in the Nassau Declaration of 2003. NCDs are the leading cause of death and disability in our populations, and addressing this challenge is a priority for social development. NCD prevention and control is a precondition for and an outcome and indicator of sustainable development and should be included in national health-planning processes - development cooperation, internationally-agreed development goals and policies, and poverty-reduction strategies.

At the broader level the social determinants of health, such as globalization and international trade, urbanization, economic development, gender, education, employment, health literacy, income, are fuelling the NCD epidemic, while the transportation, food and work environments remain unfavourable to NCD prevention and control.

This Strategic Plan will serve as a guide and roadmap for NCD prevention and control and will draw on inputs from the health and non-health sectors, the private sector and civil society.

However, the Commission recognizes the need for a national plan that would include "health in all policies" involving "all-of-Government" and "all-of-society" - Ministries of Government, civil society and the private sector - as full partners in writing and implementing such a national effort. This national plan will focus mainly on risk factor reduction and will be guided by an action plan to be written at a later date.

LINKAGES OF THE PLAN

This NCD Plan is aligned to and has been developed based on:

Strategic Plan 2009 - 2012 for the National NCD Commission Barbados: This inter-sectoral plan included five (5) strategies and called for the deepening of relationships with the non-health sector and with the University of the West Indies. It recognized the need for more research and timely data to inform NCD prevention and control. The implementation of this previous NCD plan needs to be formally evaluated.

Caribbean Charter on Health Promotion 1993: The six (6) strategic approaches are:

1. formulating public health policy;
2. reorienting health services;
3. empowering communities to achieve well-being;

4. creating supportive environments;
5. developing/increasing personal health skills; and
6. building alliances with special emphasis on the media.

The Declaration of Port of Spain issued by CARICOM Heads of Government 2007 [4]: This land-mark document outlines 15 mandates, 14 of which promote inter-sectoral actions in NCD prevention and control (Appendix 1).

> Enhancing the health-in-all policies, whole-of-government and whole-of-society responses will be essential for an effective national response for prevention and control of NCDs.

Strategic Plan of Action for the Prevention and Control of Non-Communicable Diseases for countries of the Caribbean Community 2011 – 2015 [5]: This regional plan is aligned with the **Caribbean Cooperation in Health 3 (CCH3),** PAHO and WHO NCD plans, and highlights the roles of regional bodies and national governments in NCD policy and programming.

Civil Society Strategic Plan of Action for Prevention and Control of NCDs for countries of the Caribbean Community 2012 – 2016: This plan outlines four strategic approaches – advocacy, enhancing communications, capacity building and e-Health (health promotion using mobile phones and other information technologies).

PAHO Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases including Diet, Physical Activity, and Health 2007.

Global Action Plan for the Prevention and Control of NCDs 2013-2020 and the Global Monitoring Framework arising from the United Nations High Level Meeting (UNHLM) on NCDs in September 2011 [6]. In May 2013, the World Health Assembly (WHA) agreed on nine goals and 25 indicators, which are included in this NCD plan.

Forward Linkage to Annual Action Plan and Budget

At national level, this plan needs to be translated into annual action plans and programme budgets at the Ministry of Health, supported by the Ministry of Finance and the Pan American Health Organization/World Health Organization (PAHO/WHO). To date, extra-budgetary funding has been limited, and efforts should continue to utilize these resources to maximum benefit. Systematic planning is also needed with our health partners in the private sector and in non-government organisations (NGOs).

Linkages with Partners

Enhancing the "health-in-all policies", "whole-of-government" and "whole-of-society" responses will be essential for an effective national response for prevention and control of NCDs. This requires engagement with many stakeholders, including individuals, families and communities, (and with grass-roots organizations representing people living with NCDs and their caregivers), intergovernmental organizations, religious institutions, civil society, academia, the media, policy-makers, voluntary associations, the private sector and industry. In Barbados this process is being led by the National NCD Commission.

National regional and international relations

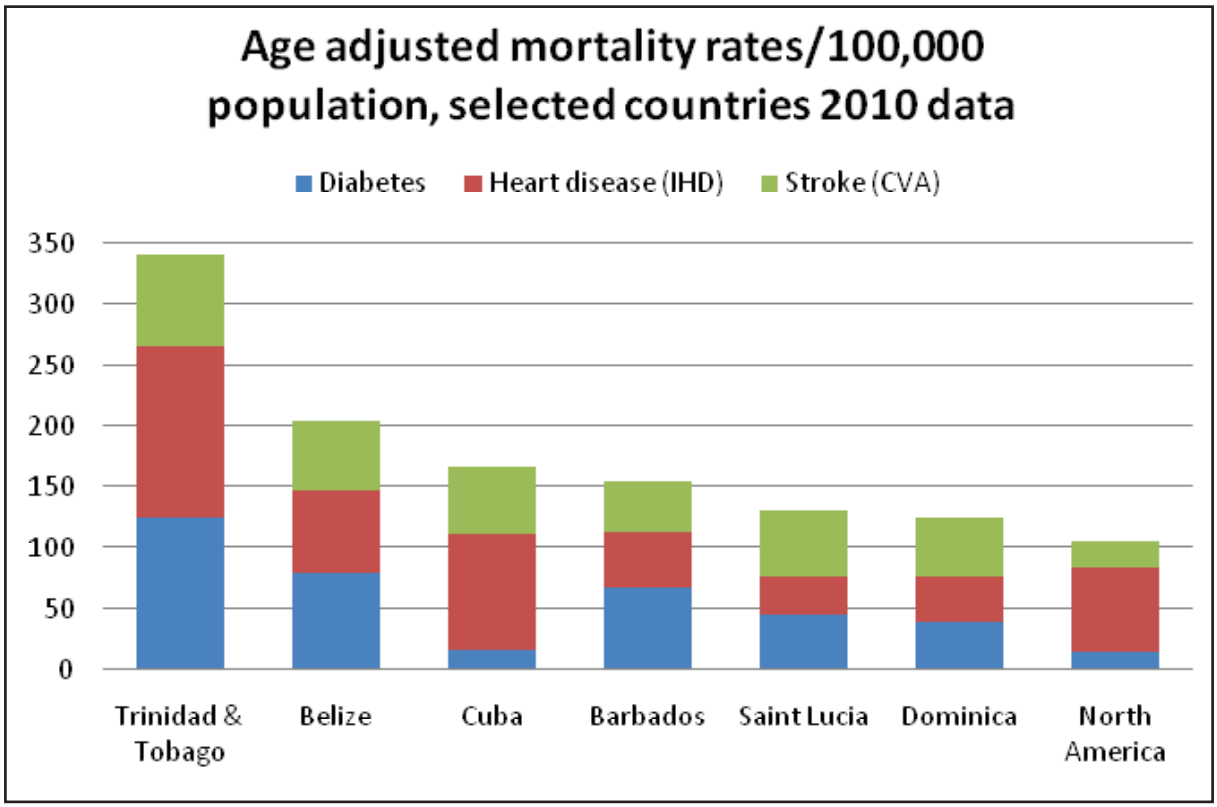
At the United Nations High Level Meeting on NCDs in September 2011, a political declaration was adopted by all member states including Barbados. The overall goal is a 25% reduction in premature deaths from NCDs (deaths occurring in persons less than 70 years of age) by the year 2025. The Chairman represented the Commission at the UNHLM and took part in the deliberations for both the Barbados and the CARICOM delegations.

CHAPTER 2 SITUATIONAL ANALYSIS

REGIONAL TRENDS

Over the past 20 years, heart disease, stroke, diabetes and cancer have been the leading causes of death in the region. Death (mortality) rates from NCDs in the Caribbean are much higher than in North America and Latin America (PAHO Health Indicators 2012). In the region of the Americas, Trinidad and Tobago ranks number 1 and Guyana ranks number 3 in death rates from diabetes. In 2007, 85% of deaths in the Caribbean were due to NCDs, 12% to communicable diseases and 3% to injuries (external causes). More than half of the deaths from NCDs were of persons less than 70 years of age, which is classified as premature deaths (PAHO Health in the Americas 2012).

Figure 1: Age Adjusted Death (Mortality) rates/100,000 population (2010) from selected NCDs



Source: PAHO Basic Health Indicators 2012, 2010 data

In addition to the financial burden at household level, NCDs are costly at the national level. Hypertension and diabetes are estimated to cost up to 8% of GDP in Caribbean countries [7]. Complications from NCDs not only represent an economic cost, for example, decreased opportunities for gainful employment and financial independence, but add to family upheaval, psychological and emotional dysfunction and loss of physical independence.

BARBADOS HEALTH STATUS

Deaths (Mortality)

Barbados' death rate in 2009 was 8.8 per 1,000 populations. Eight of the ten leading causes of death were from NCDs. See Table 1

Table 1: Top Ten Causes of Death with rates per 1000 population: 2007-2009 (Source: Barbados MOH Statistical Unit)

	2007			2008			2009		
CAUSE	**No. of deaths**	**Rank**	**Rate /1000**	**No. of deaths**	**Rank**	**Rate /1000**	**No. of deaths**	**Rank**	**Rate /1000**
Ischaemic heart disease	179	3	0.65	159	3	0.58	205	1	0.74
Diabetes mellitus	272	1	0.99	259	1	0.94	202	2	0.73
Cerebrovascular disease	243	2	0.89	155	4	0.56	195	3	0.71
Hypertensive heart disease	118	4	0.43	168	2	0.61	120	4	0.44
Prostate cancer	87	6	0.32	104	6	0.38	114	5	0.41
Septicaemia							92	6	0.33
Influenza and pneumonia	118	4	0.43	123	5	0.45	68	7	0.25
Colon, rectum and anal cancer				60	9	0.22	66	8	0.24
Malignant neoplasms of ill-defined, secondary and unspecified sites	66	7	0.24	76	8	0.28	61	9	0.22
Cardiac arrest				90	7	0.33	57	10	0.21
Other disorders of the skin and subcutaneous tissue	65	8	0.24						
Other diseases of the urinary system	64	9	0.23						
Bronchitis	57	10	0.21						
Heart failure				59	10	0.21			
Other forms of heart disease				59	10	0.21			

Ill Health (Morbidity)

One in four (25%) Barbadian adults have at least one chronic disease, with projections of this rate increasing to one in three (33%) by 2025. A major contributor to this trend will be the result of a rapidly aging population. Barbados has one of the highest proportions of centenarians in the world and 14% of the population are over 65 years, with the rate expected to rise to 18% by 2025 (PAHO Health in the Americas, Barbados country profile 2012). See Table 2.

If maternal and child health visits are excluded, 80% of all visits to the eight (8) MOH polyclinics are for a chronic disease.

Table 2: Top 10 Polyclinic Visits 2008-2012 (Source: Barbados MOH Statistical Unit)

DISEASE	2008	2009	2010	2011	2012
Hypertension	22732	34286	39774	42518	41443
Diabetes	14248	20971	23273	24667	24323
Upper Resp Infec/Pharyngitis	7374	10522	13050	12797	14754
Lipid disorders	5187	8395	9335	11089	11817
Osteoathrosis/Arthritis	4671	6996	7290	7360	7629
Elevated Blood Pressure	3838	5360	5281	6280	7028
Asthma	2934	4390	4661	5166	5688
Oesophagus Disease/GERD		2732		3641	3954
Infectious Conjunctivitis	4119				
Viral Disease/Illness			4801		

Barbados National Registry (BNR)

The BNR is a population based registry for stroke, heart attack (acute myocardial infarction) and cancer. The Registry is operated by the UWI CDRC on behalf of the Ministry of Health. The National NCD Commission provides technical oversight and is represented on the Technical and Professional Advisory Committees. The MOH is committed to funding the BNR, but it may be necessary to source external funding for the sustainability of the registry. Barbados is now recognized as having a model surveillance system for NCDs.

The BNR Annual Report 2010 showed that there were 584 stroke events (55% female), which is an incident rate of 217/100,000 population, (152/100,000 adjusted to the world population). A CT (Computed Tomography) scan or an MRI (Magnetic Resonance Imaging) was done on 90% of these patients, (70% within 24 hours). Ischaemic strokes were 74% of all recorded strokes. The Queen Elizabeth Hospital (QEH) admitted 97% of stroke patients, but 33% died before discharge. Median length of stay was 4 days. Among stroke patients 86% had hypertension and 53% had diabetes.

There were 347 acute myocardial infarction (MI) and sudden cardiac deaths, which is an incident rate of 129/100,000 population, (93/100,000 adjusted to the world population). Serial ECGs were available for 83% of these 347 patients and 56% of them had three Troponin-I tests and two-thirds had three Creatinine Kinase, Muscle and Brain (CK-MB) tests. The case fatality rate was 46%. Median length of stay was 3 days for those in intensive care and 6 days for those in the general wards. Among MI patients 74% had hypertension, 52% were obese and 46% had diabetes.

NCD Trends

The WHO has indicated that over the past 30 years there has been a marked increase in the incidence (new cases), prevalence (all cases) and economic burden of NCDs. It is estimated that by the year 2030, 86.3% of all worldwide deaths will be from NCDs.

Approximately 44% of the population have at least three of the risk factors for a chronic disease.

NCD risk factor trends will be available when the Health of the Nation Survey 2011-2012 is analysed and compared to the 2007 NCD Behavioural Risk Factor Survey. As the Barbados National Registry (BNR) of heart attack, stroke and cancer matures trends from these diseases will become more readily available.

Risk Factors

The Barbados Behaviour Risk Factor Survey 2007 showed that among adults 25 years and older the prevalence of overweight and obesity in men and women is 58% and 68% respectively; 51% of persons engaged in low level of physical activity and less than 5% of adults reported consumption of the recommended five servings of fruit and vegetables per day.

Tobacco smoking prevalence in adults ≥25 years was reported as 15.4% of males and 2.1% of females being current smokers, (BRFS 2007), while 13% of 13-15 year olds reported experimentation with or current use of tobacco products (Global Youth Tobacco Survey 2007).

Approximately 44% of the population have at least three of the risk factors for a chronic disease.

The school aged population risk factor profile as reported by the Global School Health Survey and Global Youth Tobacco Survey indicates that the areas of concern for adolescence are alcohol and tobacco use, violence, obesity and sedentary lifestyles.

Social Determinants

Demographic, economic, social and political context

Barbados has completed the epidemiologic and demographic transition to a high-income, developed country with population growth below replacement fertility, continuing aging of the population, and deaths (mortality) and ill-health (morbidity) primarily due to chronic non-communicable diseases. In addition the burden from HIV/AIDS and mental health disorders continue to be a source of concern.

The epidemiological disease profile in Barbados has also shifted within the last 100 years from infectious and communicable disease to that of chronic lifestyle related complaints. This, along with improved sanitation, immunization, the introduction of universal primary health care and adoption of less physically active lifestyles and a diet of high fat, high salt processed foods, has contributed to this paradigm shift. Furthermore there have been many external challenges and pressures, including regional and international trade agreements and free movement of peoples, goods and services, that have created an additional burden to our fragile health care system. Our health care system must therefore be flexible enough to respond to this changing dynamic.

Increasing disposable income, more sedentary lifestyles and acquired tastes for high fat, salty and sugary foods have contributed to the epidemic of overweight and obesity. The heavy reliance on motorized transportation and ease of access to tobacco and alcohol products have all contributed to the chronic disease burden.

Our approach in the 21st century must aim for solutions that embrace the social determinants of health while drawing on the fundamentals of individuals, their families and their communities. Barbados has chosen the multifaceted approach to directly tackle the burden of the 21st century health threat – the burden of NCDs.

CHAPTER 3 NCD RESPONSE

MAJOR NCD INITIATIVES 2009 -2012

Strategic Management:

- Approximately 13% of Government expenditure on health
- Addition of a Project Officer for the National NCD Commission and Health NGO Desk
- Funding of a Chair in Health Economics, CDRC, Cave Hill, UWI
- Establishing a Masters in Public Health (MPH) programme at UWI Cave Hill to train more Barbadians in population health and health management
- Continued funding of the BNR and commitment to fund risk factor surveys every four years
- Appointment of a Special Envoy on NCDs to "champion the cause and to challenge key decision makers and opinion leaders to get involved in the (NCD) response"
- Expanded work with civil society organizations
- Naming of a representative from the Commission to serve on the National Agriculture Commission and the Task Force on Physical Activity and Exercise
- The inclusion of NCD on the agenda of the Social Partnership
- Increased priority given to NCDs by the Social Partnership, documented in the Social Contract
- Continued participation by the Barbados Workers Union in the response to NCDs
- Continued, expanded support by the private sector in the response to NCDs
- Continued support by the MOH for the cardiac and stroke rehabilitation services provided by the HSFB

Risk Factor Reduction:

- Health Promotion initiatives on exercise and diet, including the Salt Campaign
- Reduced salt in some locally manufactured foods
- Enforcing legislation banning smoking in public spaces and sale of tobacco to minor
- Increased taxation on tobacco products
- National Food & Nutrition Security Policy and Plan
- National Food Based Dietary Guidelines and Guidelines for Healthy Foods in Schools
- National ownership of Caribbean Wellness Day annual celebrations
- Established National Task Force on Physical Activity & Exercise.
- Physical activity guidelines
- Private sector wellness initiatives, e.g., Walk the Talk campaign
- Knights Health Advantage Club
- UWI Healthy Campus Initiative
- National walks and runs sponsored by several private and civil society organizations
- Theatre in Education pilot project "Play in a Day" for 3 primary schools
- Barbados Advocate weekly health page
- Nation newspaper's monthly Better Health magazine

Surveillance:

- Funding and establishing the Barbados National Registry
- Completion of the Barbados NCD Risk Factor Survey 2007

- Funding and completion of the Health of the Nation Study 2013
- Primary health care access and utilization data from all polyclinics

Treatment:

- Rationalizing of the National Formulary to increase the proportion of high quality generic drugs and thus decreasing expenditure on medications
- Training for medical practitioners on diagnosis and reporting of MI, stroke and cancer by the BNR, training in Diabetes Mapping Education
- Legislation requiring annual re-registration of medical practitioners, with a requirement for Continuing Medical Education
- Diabetes Specialist Care Centre in Warrens
- Step by Step diabetes Foot Care programme with the Rotary Club, International Diabetes Foundation (IDF) and the Diabetes Foundation of Barbados (DFB)
- Rehabilitation services from the Heart and Stroke Foundation of Barbados

Barbados has already adopted several of the NCD approaches recommended by the World Health Organization NCD plan. The policy of free health care as a fundamental human right and universal health coverage for Barbadian citizens have been largely achieved. Evidence based management, a life-course approach, and empowering of communities are in process. Multi-sectoral responses are being led by the NCD Commission and the Ministry of Health.

Civil society and the private sector have demonstrated increased awareness of the NCD epidemic and the need to reduce risk factors. The new NGO Desk as the Ministry of Health seeks to support these initiatives.

THE NATIONAL NCD COMMISSION BARBADOS

NCD prevention and control became a formal programme within the MOH in October 2006. The National NCD Commission was established in January 2007 as the national coordinator and facilitator of NCD prevention and control strategies. This broad based commission draws on the technical strengths and expertise of a diverse group of individuals who recommend and advocate for evidenced-based NCD policies and programmes. The Commission supports initiatives of the Ministry of Health (MOH) by providing leadership and direction.

The major challenges are to sustain NCDs prevention and control on the national agenda, maintaining political will and commitment at the highest level and commitment of financial and technical support towards the work of the Commission and the NCD Programme.

The Commission has become recognized regionally and internationally for its commitment to the global fight against the epidemic of NCDs and has represented Barbados at international fora, including the United Nations High Level Meeting September 2011.

However, there is still much work to be done, particularly in the areas of engaging with other sectors, policy formulation, surveillance and risk factor reduction.

While the Commission initially was advisory and facilitatory, its role has now expanded to include project and programmatic approaches to NCDs while still remaining well within the remit of its Terms of Reference (Appendix 2). In 2012 the Commission was renamed the National NCD Commission Barbados and the official logo was approved by the Cabinet of Barbados.

The Commission has become recognized regionally and internationally for its commitment to the global fight against the epidemic of NCDs

SWOT ANALYSIS

STRENGTHS	WEAKNESSES
Strategic Management 1. Strong political commitment at the highest level of government, supported by the endorsement of the Declaration of Port of Spain and the political declaration of the UNHLM 2. Committed teams, including the Commission and the MOH, to advancement of NCD policies and programmes 3. Multi-disciplinary and inter-sectoral approaches to NCD prevention and control 4. The prominent role of academia and other technical bodies including the University of the West Indies, the CDRC and the National Nutrition Centre 5. Strong advocacy and leadership roles from civil society groups 6. An engaged Social Partnership through Protocol 6 7. A framework exists to guide planning and programme implementation	Strategic Management 1. Less than adequate technical and administrative support to enhance prevention and control activities 2. Limited budgetary allocation to NCD prevention and control 3. Limited programmatic interaction with other critical areas within the MOH, e.g., HIV/AIDS and mental health 4. Less than full commitment and engagement of the non-health public sector 5. Limited inter-ministerial collaboration and engagement 6. Disconnect between the burden of disease and resource allocation
Surveillance 8. The Barbados National Registry	Surveillance 7. Limited mechanisms to produce reliable and timely morbidity, mortality and cost data/information 8. Limited Information Technology and Health Information System support 9. Inadequate monitoring and evaluation of NCD strategies 10. Limited communication strategy for disseminations of the BNR's work 11. Current surveillance captures 25 years + not 18 years +
Treatment 9. Strong national primary health care programmes 10. Basic health care, including pharmaceuticals and diagnostic services, available free of cost to all citizens of Barbados	Treatment 12. Inconsistent use of the protocols and guidelines for the management of NCDs 13. Lack of an integrated clinical management programme and systematic reporting system 14. Manual data system at the Queen Elizabeth Hospital 15. No systematic auditing of quality of care at QEH 16. Inadequate regulatory frameworks for service provision from civil society

OPPORTUNITIES	THREATS
Strategic Management 1. Increasing commitment to and enhanced capacity of civil society in Barbados and the Region to advocate and more effectively communicate around NCD issues, led by the HCC 2. Access to best practice for NCD prevention and control especially after the UNHLM and the Declaration of Port of Spain 3. A supportive media environment	Strategic Management 1. The global economic downturn with loss of technical and financial support from international donors and financial institutions 2. Reduced financial commitment from Central Government due to global economic downturn
Surveillance 4. UNHLM Surveillance requirements 5. The new Caribbean Public Health Agency (CARPHA)	Surveillance 3. Lack of technical support at the regional level for nutrition policies and programmes
Risk Factor Reduction 6. A willing and engaged public regarding issues of public health concern especially healthy lifestyle initiatives 7. The private sector willingness to be committed to and engaged in NCD prevention and control activities	Risk Factor Reduction 4. Continued perception by policy makers and the public that the priority in health revolves around tertiary care interventions 5. Adverse risk factor profile among youth
Treatment 8. The requirement of Continuing Education for health care professionals with an NCD focus	Treatment 6. Increased demand for health services based on the predictions of a rapidly aging population

The Health Promotion Unit provides technical and administrative support to the NCD Commission, among its other responsibilities, and spearheads much of its activities. The Senior Health Promotion Officer is the Secretary to the Commission with the Chief Medical Officer, the Senior Medical Officer NCDs and the Health Promotion Officer being ex-officio members. The Ministry of Health obtained the services of a Project Manager to work with the commission for two years from August 2010 and is now seeking to make this support permanent. A Surveillance Officer (funded by the HIV/AIDS Programme) is used for surveillance activities including accessing data from the polyclinics and working on the Step-by-Step Diabetic Foot Care Programme. However the Health Promotion Unit has not expanded to meet the outputs of the Commission and technical support in epidemiology and biostatistics are limited. While the Health Promotion Unit works closely to facilitate NCD prevention and control programmes the Unit provides technical support to all departments within the MOH. Therefore the technical resources allocated to NCD prevention and control are constrained.

The SMOH (NCDs), who is ultimately in charge of the NCD programme of the MOH, is hampered by having no technical and administrative staff.

Budgetary Support for NCD Commission

The work of the Commission is supported through a line item in the Health Promotion Unit's estimates of expenditure, but this has declined due to overall budgetary constraints. The European Development Fund support of the NCD programme ended in December 2011. The Pan

American Health Organization provides technical cooperation for specific activities to support the Commission's work.

Reporting

The Commission meets monthly and provides monthly signed minutes and quarterly reports of these meetings to the Minister of Health. The Commission also engages the Permanent Secretary and Chief Medical Officer with respect to work progress.

PARTNERS RESPONSE

The Social Partnership (Government, Private Sector and Trade Unions)

Protocol VI of the Barbados Social Partnership 2011 – 2013 has an entire section entitled Health, Chronic Disease and Human Development. It recognizes the critical role of health in economic and social development and speaks to the major NCDs, HIV and injuries as priorities. It also affirms that chronic diseases represent the greatest health and economic burden, a situation likely to worsen unless actions are taken to effect lifestyle improvement, reduce risk factors and enhance disease treatment. The Social Partnership supports and encourages healthy public policies for reduction of risk factors. In addition the partners encourage the creation of enabling environments and supportive communities, and the participation of civil society and the private sector in NCD prevention and control. This represents a significant national commitment and sets the stage for and endorses multi sectoral policy and actions for NCD prevention and control in Barbados.

Faith-Based Organizations see good health as a God-given gift that should be protected to ensure both human and societal development. FBOs aim to help people live longer, healthier, and more fulfilled lives by encouraging behaviour that can prevent illness and premature death due to NCDs. They therefore have a long history of education and outreach, medical services and health promotion activities, including health fairs and community based healthy lifestyle activities.

Service Clubs in Barbados have long included health as one of their areas of service, often focusing on a particular health area or project

The Anglican Province of the West Indies recently passed a resolution endorsing the Port of Span NCD Summit Declaration, and has placed NCD prevention and control on their calendar.

Service Clubs in Barbados have long included health as one of their areas of service, often focusing on a particular health area or project, and assist in execution of their programmes with human and financial resources. For example, the Rotary Club supports the Step-by-Step Diabetes Foot Care Programme and the Lions Club supports promotion of diabetes prevention.

UWI Cave Hill's mission is to advance education and create knowledge to support inclusive development. The Faculty of Medical Sciences trains graduate students in population health, wellness, prevention and control of disease, and health management. The Chronic Disease Research Centre's research into the prevention and management of chronic diseases informs health policies and programmes, such as the inauguration of the Stroke Unit at the QEH and the training of primary health care professionals in NCD management. The most recent major undertaking by CDRC includes the Barbados National Registry and the Health of the Nation Study.

The **Task Force on Physical Activity and Exercise** has been developing new ways to engage the population on a national level regarding the beneficial effects of exercise and physical activity, and to develop well thought-out programmes to involve Barbadians from all walks of life in a national exercise initiative. The Task Force has been working with communities to enhance physical activity programmes, and recently published *Physical Activity Guidelines for Barbados*.

A wide range of **Health NGOs** support the NCD response. These primarily not-for-profit organizations offer services to the population in specialized areas

Professional Associations, for example, the Barbados Association of Medical Practitioners and Barbados Nursing Association, act as trade unions for their membership, a policing body to maintain and uphold standards and as to ensure input of members in the formulation of national health policy, promote and improve health standards and to encourage research.

Traditionally the private medical sector has been difficult to engage but with the introduction of the Medical Registration Act 2010, which requires Continuing Medical Education (CME) attendance for annual re-registration, there has been resurgence in training of physicians in the private sector.

The media has been identified as a special partner within the private sector. The POS NCD Summit Declaration speaks to embracing the role of the media as a responsible partner in all our efforts to prevent and control NCDs through comprehensive public education programmes in support of wellness, healthy life-style changes and improved self-management of NCDs.

The private sector is a valued partner in the NCD response and has expanded its interventions in

The media has been identified as a special partner within the private sector. The POS NCD Summit Declaration speaks to embracing the role of the media

collaboration with the NCD Commission. Several programmes have been mounted, including the private sector's "Walk the Talk" campaign to encourage walking among employees. Health clubs and gyms have expanded and upgraded their products to promote wellness. The manufacturing sector has been specifically engaged to address the issue of re-formulation so as to provide healthier options.

All-of-Government Response

The Ministry of Education, Science, Technology & Innovation, Ministry of Industry, International Business, Commerce and Small Business Development; and Ministry of Agriculture, Food, Fisheries and Water Resources Management have actively participated in the NCD Commission, and continue to address risk factors for NCDs in their programmes.

The draft **Barbados Growth and Development Strategy 2013 – 2020** commits the Government of Barbados to ensuring that social goods of housing, education and health are adequately provided to all Barbadians, especially the vulnerable. In the section on Agriculture and Fisheries Production a stated objective is to promote food and nutrition security in order to "improve the nutritional status of the population, particularly with respect to NCDs, including diabetes, hypertension and obesity." They propose to develop a comprehensive National Food and Nutrition Security Policy and Action Plan in collaboration with the Food and Agriculture Organization.

As many negative lifestyle habits that lead to NCDs start particularly in early life, the Commission has worked with the Ministry of Education to ensure that children are given a good foundation in prevention and control of NCDs. This relationship will be further expanded over the life of this plan through efforts to work with the School Meals Programme, canteen and cafeteria operators and private sector groups that market and sell foods and beverages in schools.

The Commission has worked on occasions with the Ministry of Finance to increase taxes on tobacco products, to develop support for preventative screening for NCDs and removal on duties on exercise equipment. This partnership needs to be expanded and strengthened.

The National Sports Council continues to emphasize healthy lifestyles and overall fitness through providing adequate facilities and promoting physical education, including in schools, in order to increase participation. There is also a proposal for developing medical/health tourism.

HEALTH SECTOR RESPONSE

Risk Factor Reduction

Biological risk factors of NCDs include hypertension, high cholesterol, elevated blood glucose and obesity. Behavioural risk factors such as unhealthy diets, physical inactivity, tobacco use and alcohol abuse need to be addressed through programmes at schools, workplaces and in the community. Adoption of healthy diets, adequate physical activity, no tobacco and no harmful use of alcohol can prevent 80% of diabetes, stroke, heart attack and respiratory diseases and 30% of cancers.

Tobacco

There has been much effort and time spent in implementing the Framework Convention on Tobacco Control (FCTC), including legislation banning smoking in public places and banning the sale of tobacco products to minors. 'No Smoking Permitted' signage as prescribed in the legislation is now well established in government and private sector facilities. Barbados has approved the CARICOM Standard for packaging and labelling of tobacco products agreed to by Caribbean Regional Office for Standards and Quality (CROSQ), and fulfilled the FCTC requirement to report every two years.

In May 2012 the Commission sought and obtained Cabinet approval to recognize e-cigarettes as an addictive product and require the same tax and regulatory measure as for normal cigarettes.

Healthy Foods

It is estimated that on average Barbadians use three times the recommended limit of salt

The National Nutrition Centre (NNC) is the lead agency of the government responding to nutrition education issues. Its main activities have been in the production of nutrition guidelines and in health promotion and education. It will be necessary to expand and strengthen their mandate to include wider formulation of nutrition policy and research, and to enhance capacity to monitor nutritional content of foods.

The MOH supports the efforts by the Ministry of Agriculture in developing a National Food Security and Nutrition Policy for Barbados and supports the efforts of the National Nutrition Centre (NNC) in its collaborative work with the Ministry of Agriculture. The MOH advocates the right to wholesome and nutritious food that prefers local produce over imported foods and beverages. The National NCD Commission is represented on the National Agriculture Commission to give support to the work in advancing the food and nutrition policy agenda.

The National Nutrition Centre (NNC) published and widely distributed *"Food Based Dietary Guidelines for Barbados"* in 2009, updated in 2012. These guidelines set out a national framework for good nutrition in Barbados, blending international best practice with local nutrition practice. Locally produced fruit and vegetables are emphasized over imported alternatives that frequently contain excesses of salt, sugars, saturated fat and cholesterol.

Salt Initiative

One of the highlights of the Commission was the inauguration of the National Nutrition Improvement and Salt Reduction Initiative 2009. This multifaceted campaign was launched in 2010 and although the health education and advocacy aspect of the programme has taken off, there is need for significant 'buy in' from the manufacturers and distributors of food and beverages. It is estimated that on average Barbadians use three times the recommended limit of salt and this has a direct relation to the increasing levels of cardiovascular disease (heart attack and stroke) in our society. The Health of the Nation Study will provide an objective assessment of salt intake of the

average citizen and will provide a benchmark for prevention strategies and evaluation of impact. To date the manufacturing and importation sectors have voluntarily acceded to offering some healthier food and beverage options. The Commission will undertake further dialogue with this sector to expand the range of healthy options on all menus. Similar experiences are noted in the 'fast food' sector where some of their menus are advertised as having healthier low fat and low calorie options.

Healthy Schools

The National NCD Commission worked closely with the NNC to develop *"Guidelines for Healthy and Nutritious Foods in Schools 2009".* The NNC continues to support training of canteen and cafeteria operators in the use of the guidelines and in making more healthy food and beverage options available to all school children. This will require a systematic and coordinated process of engaging all schools in Barbados and sustained collaboration with the Ministry of Education. Food vending at and near school gates is a challenge that still needs to be addressed.

Empowering Communities

The MOH launched the Task Force on Physical Activity and Exercise in 2009 and they were mandated to use and implement community and population based measures to improve and promote daily exercise. To date the Task Force has trained community leaders in safe exercise techniques; supported large outdoor events that promote exercise, including Caribbean Wellness Day; supported social media campaigns to promote exercise; and have launched the age specific *"Physical Activity Guidelines"* for Barbados.

Primary Care Services

Diabetes mellitus, hypertension and lipid disorders were the main causes for visits to the eight polyclinics between 2010 and 2012 (MOH Epidemiological Unit). In a 2012 study of 499 patients with diabetes from the polyclinics [8] all had blood pressure measured, and 47% of males and 32% of females were controlled to target. Cholesterol was tested in 75% of patients with 8.6% reaching the target; 60% had glycosylated hemoglobin measured with 41% attaining the target. Less than half of the participants had all three targets tested and only 1.2% attained all three targets. Despite this, structured methods of reporting population coverage or control for NCDs are under-developed and need to be strengthened.

The Step–by–Step programme provides ongoing education in diabetes care for health professionals and to the diabetic client to reduce the incidence of complications and amputations, and to empower persons living with diabetes to take better care of themselves. The Step by Step programme also utilized a surveillance tool to measure uptake and good clinical practice with respect to the diabetic foot. However compliance with reporting as it relates to the diabetic foot in primary care needs to be strengthened.

Visits to the Polyclinics for asthma attendance continue to rise. The Polyclinics have enhanced their Asthma Programmes through structured education sessions in schools and communities.

Visits to the Polyclinics for asthma attendance continue to rise. The Polyclinics have enhanced their Asthma Programmes through structured education sessions in schools and communities. The Asthma Client Card continues to be used as a tool to improve self-management.

The Chronic Care Model will be implemented at the new St. John polyclinic as a pilot programme. This is in an attempt to harmonize and standardize the care of patients with chronic disease through an emphasis on collaboration among the individual, their community and their health care provider.

The Specialist Care Diabetes Centre at Warrens, St Michael was opened in February 2014. This is

a partnership between the Ministry of Health and the non-governmental sector represented by the Diabetes Foundation of Barbados. This Centre will be a one-stop-shop for patients with diabetes, housing all specialties for diabetes management in one location. Both these initiatives are designed to strengthen health systems for a more effective NCD response.

Secondary and Tertiary Care Services - Queen Elizabeth Hospital

QEH and its Accident and Emergency Department are the front-line for secondary and tertiary NCD care. The majority of long stay beds in the Queen Elizabeth Hospital are occupied by patients with chronic diseases and their complications. The Barbados National Registry has indicated that the average length of stay for patients with chronic diseases is longer than that of the average client. Recent estimates are that NCDs consume 65% of the budget of the Queen Elizabeth Hospital. Within recent years new services to assist with the management of NCD have included a Stroke Unit, a Cardiac Catherization Suite and improved diagnostic and therapeutic approaches for the management of patients with cancer. In 2010, the Ministry of Health undertook a needs assessment to assist in the development of palliative care services and to develop appropriate models of care.

However, the reporting, monitoring and evaluation of hospital services are severely hampered by the lack of a modern, electronic data system. Medical records are still paper based, and reports have to be manually extracted.

Barbados Drug Service (BDS)

Sixty percent of the budget of the Barbados Drug Service is taken up by pharmaceuticals used in the management of chronic disease. Public sector prescription volume has increased from 663,000 in 2007 to 1,083,000 in 2011. The cost per prescription has declined from $18 in 2008 to $11 in 2011, due in part to rational drug use policies and programmes. All chronic non-communicable drugs are designated special benefit and are freely available in the public and private sectors.

Drugs allocated to the category special benefits are extended free of cost to patients in the private and public sectors. These include drugs for diabetes, hypertension, asthma, high cholesterol, heart disease, stroke, cancer and glaucoma.

The BDS electronic data system includes both public and private sectors. The BDS has been accredited as a WHO Pharmaceutical Collaborating Centre.

SURVEILLANCE AND RESEARCH

The Behaviour Risk Factor Survey (BRFS) was completed in 2007 and the final report published in 2012. In keeping with the commitment to NCD risk factor surveillance, the Health of the Nation Study commenced in September 2011, conducted by CDRC/UWI on behalf of the MOH. This population-based survey will repeat much of the work of the BRFS and also collect information on the cost of health care services, access to health care and quality of life measures. Data collection is complete, and preliminary results were received in early 2014. These two (2) studies will give the MOH the first opportunity to compare trends over a 5-year period.

There has been improved collaboration between the MOH, CDRC and UWI Faculty of Medical Sciences with regards to the NCD research agenda. The Master of Public Health Programme of the UWI, which is in its fourth year, will provide another avenue for extending the research agenda of the MOH.

The majority of long stay beds in the Queen Elizabeth Hospital are occupied by patients with chronic diseases and their complications.

CHAPTER 4 MAJOR REGIONAL PARTNERS

The Ministry of Health and the National NCD Commission continue to collaborate with our major regional partners, to enhance the response to the NCD epidemic.

Healthy Caribbean Coalition (HCC)

HCC is a civil society umbrella organization formed in 2008, committed to supporting civil society actions to advance the mandates of the CARICOM Heads of Government NCD Summit Declaration of 2007. Their current Strategic Plan 2012 – 2016, calls for "a collaborative approach and strengthening of partnerships between all sectors of society, and between disease-specific health NGOs with a deepening relationship between health and non-health sectors to find creative ways of advancing NCD prevention and control.

University of the West Indies (UWI)

The Public Health Programme of the Faculty of Medical Sciences, UWI, Cave Hill seeks to support the NCD agenda through research and evaluation, for example, the Barbados NCD Policy Study. UWI also supports the NCD prevention and control programme through graduate training (MPH and PhD programmes) to develop national and regional leadership capacity in population health management and NCD prevention and control.

CARICOM

CARICOM has provided guidance to Barbados and the countries of the Caribbean through the publication of the Regional Plan for NCDs, revised policies on Primary Health Care and the Chronic Care Model. Support has also been provided for Caribbean Wellness Day and two regional meetings on NCDs that were convened in 2010 and 2011.

PAHO/WHO

PAHO/WHO supports Barbados through its Biennial Work Plan in collaboration with the Ministry of Health, which includes technical cooperation and training. PAHO/WHO was a key partner in the CARICOM NCD Summit and has committed to an evaluation of the Barbados NCD programme and the implementation of the POS Declaration.

CARPHA

The Caribbean Public Health Agency (CARPHA) is the new single regional public health agency for the Caribbean. Legally established in July 2011 and operating since January 2013, it combines five Caribbean Regional Health Institutions (RHIs): the Caribbean Environmental Health Institute (CEHI), the Caribbean Epidemiology Centre (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Health Research Council (CHRC) and the Caribbean Regional Drug Testing Laboratory (CRDTL). The Agency is the Caribbean Region's collective response to strengthening and reorienting our health system approach to the evolution of public health challenges.

CHAPTER 5 STRATEGIC AGENDA – CORE OF PLAN

Vision, Mission, Goals, Targets, Values

Vision:

To improve the health and wellbeing and enhance the productive potential of all Barbadians

Mission Statement:

To empower Barbadian society, individuals and organizations to enhance their quality of life throughout the life course through an "all-of-society" response against NCDs, their risk factors and the social determinants of risk so as to erase the avoidable burden of NCDs.

Goals:

- To reduce the preventable and avoidable burden of morbidity, mortality and disability due to non-communicable diseases through inter-sectoral collaboration and cooperation
- To promote supportive environments to encourage healthy lifestyles and reduce risk factors for NCDs
- To establish, implement, monitor and evaluate standards for NCD treatment and care so that patients living with NCDs have their risk factors controlled to target and receive evidenced-based care and education in keeping with regional and international best practices.

Overall Targets:

To reduce premature mortality from NCDs by 25% by 2025

To reduce avoidable, costly morbidity from NCDs

Values:

Health is a fundamental human right of all Barbadians, and the Ministry of Health places priority on developing a patient-centred, equitable, efficient, and accessible health care system of high quality, to contribute to Barbadians achieving optimum physical mental and social well-being. Recognizing that most of the causes and solutions to NCD risk factors lie outside of the health sector, the national response must be inclusive of all sectors and persons, respecting the views of all, while holding them accountable for their actions in a transparent and collaborative manner. There needs to be empowerment of people and communities to participate in their own health, within a life-course approach to wellness, prevention and control, using evidenced-based strategies, supported by national action, and international cooperation and solidarity.

Purpose

To act as a roadmap for NCD policies and programmes across all sectors – public, private and civil society, 2015 to 2019.

Methodology

The document draws on the technical expertise of numerous stakeholders (see Acknowledgements).

It is aligned with the overall strategic direction of the MOH and references the Declaration of Port of Spain 2007 and the Political Declaration of the United Nations High Level Meeting of

Health is a fundamental human right of all Barbadians, and the Ministry of Health places priority on developing a patient-centred, equitable, efficient, and accessible health care system of high quality

September 2011 as well as other national, regional and international frameworks for NCD prevention and control.

> The NCD Commission leads the national response to NCDs and provides leadership in the Ministry of Health in responding to the NCD epidemic.

The fundamental areas within the plan build on the one day National NCD Commission Retreat held in November 2011. There were inputs from Commission Members and selected key partners, including representation from the University of the West Indies Faculty of Medical Sciences, the CDRC and civil society.

The strategic plan represents the most cost effective population-based strategies for NCD prevention and control. It is grounded in the principles articulated in the Caribbean Charter for Health Promotion. Therefore this plan no longer highlights health promotion as a strategic objective because health promotion has been incorporated in the remaining four (4) strategic objectives.

In an effort to secure the input and views of a wider range of stakeholders the draft plan was widely circulated for comment.

STRATEGIC PLAN AND LOG FRAME

The four strategies are:

Strategy 1: Strengthening Strategic Management
Strategy 2: Surveillance and Research
Strategy 3: Risk Factor Reduction
Strategy 4: Integrated Disease Management and Patient Education

Targets and Indicators

These are derived from:

1. CARICOM Heads of Government NCD Summit Declaration of 2007
2. Strategic Plan of Action for the Prevention and Control of Non-Communicable Diseases for countries of the Caribbean Community 2011 – 2015
3. UNHLM NCD Summit Final Comprehensive Global Monitoring Framework for NCDs, 9 targets and 25 indicators (2013)
4. Medium Term Growth and Development Strategy 2013-2020 – Ministry of Economic Affairs

Priorities for controlling NCDs at the national level:

1. Control raised blood pressure to target
2. Reduce physical inactivity
3. Reduce salt intake
4. Stop the increase in obesity
5. Stop the increase in diabetes
6. Reduce harmful use of alcohol
7. No tobacco

Strategy 1: Strengthening Strategic Management

The NCD Commission leads the national response to NCDs and provides leadership in the Ministry of Health in responding to the NCD epidemic. The Commission also leads the efforts in the wider society, seeking to advocate and collaborate with "all-of-Government" and "all-of-society" in implementing health in all policies. New thinking and new strategies need to be developed to engage our partners in mounting an effective national response to NCDs.

Approaches recommended by the WHO NCD Plan to implement multi-sectoral action include (i) self-assessment of Ministry of Health, (ii) assessment of other sectors required for multi-sectoral action, (iii) analyses of areas which require multi-sectoral action, (iv) development of engagement plans, (v) use of a framework to foster common understanding between sectors, (vi) strengthening of governance structures, political will and accountability mechanisms, (vii) enhancement of community participation, (viii) adoption of other good practices to foster inter-sectoral action and (ix) monitoring and evaluation.

Barbados' Prime Minister signed the Port of Spain NCD Summit Declaration, which includes "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". Further discussion will need to be held with the Ministry of Finance on the feasibility of implementing this mandate in Barbados.

Objective: To facilitate and implement an effective and efficient "all-of-society" and "all-of-Government" national response to NCDs and their risk factors, inclusive of adequate financial and human resources.

1. Governance and administration of NCD programmes improved
   - All-of-Government and All-of-society participation in NCD response enhanced
   - Health systems for efficient, effective, quality NCD programmes strengthened
   - Regional and international relationships improved
2. Financial resources sufficient to address priority health needs identified
   - External and internal sources of funding identified
3. Human Resources adequate for multi-sectoral NCD response identified
   - On-going education and training of health care professionals continued

Sources of data for Verification: Membership and minutes of NCD Commission meetings, Training Programme Records, Report of evaluation of Plan, MOH reports.

Partners: Barbados Social Partnership, civil society, private sector, including the private health sector, all-of-Government, ministries and agencies, PAHO/WHO, CARPHA, CARICOM

Assumptions: NCD prevention and control mechanisms integrated into sector policies, plans and programs with adequate human and financial resources; continued administrative, technical and budgetary support for NCD Commission; strategies to mobilize resources will be successful; resources effectively used by relevant stakeholders

Strategy 1: Strengthening Strategic Management

Objective / Expected Results	Targets	Performance Indicators	Commission/ MOH Activities	Partners Activities
Governance and administration of NCD programmes improved	National NCD Commission enhances linkages with the Ministry of Health and work across all sectors aligned with the regional and national NCD strategies and plans POS #2: NCD Commission to plan and coordinate NCD response (2015-2019) POS #14: Evaluate prior NCD plan (by 2015) Notifiable Diseases legislation amended by 2015	Minutes of monthly multi-sectoral National NCD Commission meetings available within 30 days of each meeting. Annual report of NCD Commission Evaluation report of 2009-2012 NCD plan Reporting of NCDs through Notifiable Diseases legislation by 2015	Biannual high level meeting among senior management Biannual forum for engagement of Medical Officers of Health established by 2015 Performance of NGOs vs. subventions evaluated, including Heart and Stroke Foundation (HSFB) and Diabetes Foundation Evaluate Strategic NCD Plan 2009 – 2012. Lessons learned applied to NCD response. Review notifiable diseases reporting to include NCDs	Evaluate and enhance Partners' monitoring and evaluation capacity At least 2 major legislative proposals approved, e.g., notifiable diseases and tobacco prevention and control
	Explore effective approaches to more fully engage All-of-Government and All-of-society by 2015	Documentation of effective approaches to more fully engage "all-of-Government" and "all-of-society" Policy to guide relationship with health NGOs and the Ministry of Health published and	Convene and advocate multi-stakeholder working groups Secure budgetary allocations for multi-sectoral actions Identify mechanisms to strengthen Ministry of Health/NGO	Assign defined roles and major aspects to stakeholders in relevant agencies and sectors, working with the Social Partnership Strategy identified for engaging NCD focal points in relevant Government agencies, private sector and civil society

Objective / Expected Results	Targets	Performance Indicators	Commission/ MOH Activities	Partners Activities
		implemented by 2016	stakeholder engagement	Involve community organizations and people living with NCDs
	Primary care services (public, private and NGO) with linkages to secondary and tertiary care strengthened and reorganized for efficient, effective, quality NCD programmes by 2018 Chronic care model implemented in at least 2 polyclinics by 2018	Diagnostic services audited and improved Number of polyclinics with chronic care model implemented	Enhance the diagnostic capabilities of PHC, including training in the relevant new diagnostic areas Secure resources and training to implement chronic care model	Private entities encouraged to implement quality improvement programmes
	Care over the life course, in public, private and NGO sectors, strengthened and reorganized by 2017 50% men's health programmes strengthened by 2017	Strategy for targeting high risk groups, including men and the elderly documented and audited	All sectors monitored and audited for quality of care Elderly care services reoriented with a rehabilitative and NCD focus Specific strategies to target men and adolescents developed and implemented	Partners encouraged to develop and implement programmes for at-risk men and elderly
	POS #1: Supports from CARICOM, PAHO/WHO, CCH3 Regional and international relationships with MOH/Commission strengthened by	Reports of evaluation of POS NCD Summit and Barbados NCD Policy implementation Continued technical	Present Barbados Case Study on NCD Policy Implementation in 2015 Collaborate and support the evaluation of the POS NCD Summit	Continue to enhance relationships with the Healthy Caribbean Coalition

Objective / Expected Results	Targets	Performance Indicators	Commission/ MOH Activities	Partners Activities
	2017	cooperation with PAHO strengthened	Declaration in 2013 and 2014. Establish working group to facilitate greater technical cooperation by 2016	
Financial resources sufficient to address priority health needs identified	Evaluation of financial expenditures for NCD prevention and control programmes by 2015 At least 10% increase in budgetary allocations to NCDs by 2017	Report of Evaluation of financial expenditures, cost analysis and financial studies Government funding allocated to the BNR and risk factor surveys	Adequate BNR and risk factor funding allocated 0.1% health budget allocated to health research Conduct evaluation of financing of priority areas and assess their alignment to health priorities Conduct comparative analysis of allocations for NCDs and allocations to other health care issues	Local support for training for stakeholders in resource mobilization and grant applications.
Human Resources adequate for multi-sectoral NCD response identified	Skills and competencies in NCD prevention and control for - human resources - training institutions defined by 2016 NCD health manpower needs projections completed by 2016	Enhance skills and competencies of our - human resources - training institutions in NCD prevention and control, partnerships, programme management and evaluation. Enhance community	Build capacity in public health leadership, strategic planning, monitoring and evaluation of health sector performance Commission support for at least 2 CMEs that support NCD management Specific on-going training for medical records clerks in documentation and reporting of NCDs	Training programme in NCD prevention and control for non-health partners BNR training of health care professionals on cancer, stroke and acute myocardial infarction annually

Objective / Expected Results	Targets	Performance Indicators	Commission/ MOH Activities	Partners Activities
		outreach staffing and programmes for prevention, control and care of the total catchment population	Review PHC staff complement and composition. Consider new categories of workers to enhance community outreach e.g. Community Health Aides	

Strategy 2: Surveillance and Research

The **Barbados National registry (BNR)** is one of the most significant public health initiatives instituted over the last four years. Plans for the external audit required to maintain international standards are being considered. The BNR 2010 Annual Report was submitted to the MOH in March 2013. Resources are needed for more timely reporting, and the results used more efficiently to influence policy and practice.

Mortality data is routinely collected from the Queen Elizabeth Hospital but the information needs to be more timely. The verification process required for regional reporting to CARPHA needs to be strengthened.

Data from Polyclinics: Data generated from the polyclinics is currently entered into the Shankar Suite information technology platform. There are ongoing efforts, in collaboration with PAHO, to utilize this data more effectively. The private primary healthcare physicians are required to share only the limited information on patients that is set out in the Health Services (Communicable and Notifiable Diseases) Regulation 1969, and this does not reflect the changing epidemiological profile of Barbados. A Notifiable Disease Committee has been established and is currently analysing and updating the notifiable disease list to include, at a minimum, acute coronary events and stroke.

CARPHA also receives data on **risk factor surveillance**, some reports on socio economic indicators, and on hospital discharges, including diabetes mellitus and diabetic lower limb amputations.

Surveillance, research, monitoring and evaluation of programmes continue to be weak areas within the MOH. Plans are afoot to make the **Epidemiology Unit** more responsive to the NCD epidemic**.** The Ministry needs to review the recommendations of the Health Information Systems Taskforce and is working to implement a health information system with secure and unique patient identifiers that will link primary and tertiary health care systems within the public and private sectors.

Research Agenda: The research priorities of the MOH are currently being updated.
Effective **programme evaluation** should include collecting data to document adherence to protocols, and an assessment of the performance of programmes, covering strengths and weaknesses, and review and update of programme content. Examples of research topics include: social, cultural, economic and environmental barriers to behaviour change; assessment of the burden of NCDs on the working population; and rate of premature end to working life due to NCDs

Objectives: To continue strengthening Barbados' capacity for high quality surveillance of (data management, analysis and reporting) and relevant research on chronic diseases, their risk factors,

social determinants and consequences to enhance the capacity for monitoring and evaluation of the impact of public health interventions.

1. Morbidity and mortality rates from NCDs reduced
2. Access to reliable and accurate data on NCDs increased, including data from the private sector
3. Information on NCD risk factors and burden of disease available and utilized for planning and evaluation
4. Surveillance capacity of the MOH enhanced
5. Research initiatives implemented to assess disease burden, risk factors, and determinants of chronic diseases

Sources of data for Verification: NCD surveillance plan and budget; mortality, prevalence and incidence data; Behavioural Risk Factor data (i.e. STEPS), HoTN; quality of care/health system performance data; hospital admission data; socioeconomic and contextual data; reports on NCDs, including Regional Minimum Data Set; and resource mobilization proposals.

Partners: Ministries of Health, Community Development Department, Barbados Statistical Services; private sector:, private medical sector, media; civil society: universities, research institutes especially CDRC and UWI.

Assumptions: MOH continues to fund research and surveillance of NCDs; private sector provides requested information; regional institutions establish a common agenda; assessments, monitoring and evaluation as necessary to chart progress and accountability.

Objective / Expected Results	**Targets UNHLM, *POS***	**Indicators**	**Commission/MOH Activities**	**Partners Activities**
Morbidity and mortality rates from NCDs reduced	UN #1: 25% relative reduction in overall **premature** mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025 POS #11: Gender dimensions considered in NCD programmes	1• Unconditional probability of dying between ages 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (total and by gender) 2• Cancer incidence, by type of cancer per 100,000 population (total and by gender)	All mortality and morbidity data reported by gender Continued support for CARPHA	Private medical sector reports NCDs to BNR

Objective / Expected Results	Targets UNHLM, *POS*	Indicators	Commission/MOH Activities	Partners Activities
Access to reliable and accurate data on NCDs increased, including data from the private sector	Annual reporting on premature mortality from cardiovascular diseases, diabetes, cancer and chronic respiratory diseases including from at least 50% of GPs in the private sector, using standardized methodologies, by 2018	Published annual reports to include mortality and morbidity from priority NCDs, inclusive of private sector data. Annual mortality and morbidity reports to international agencies (CARPHA, PAHO/WHO) including NCD Minimum Data Set	Strengthen methodologies using standardized protocols to collect, analyse and report on risk factors, morbidity, mortality, determinants and health systems performance in public and private sectors	Protocols, training and incentives to private sector to report MI, stroke and cancer to Barbados National Registry. Private sector to receive feedback from their information to MOH re services delivered
Information on NCD risk factors and burden of disease available and utilized for planning and evaluation	Health of the Nation Study repeated in 2018 Barbados National Registry funded and report production streamlined	Annual reports to CARICOM to monitor implementation of POS NCD Summit Declaration Reports to PAHO/WHO to monitor 9 goals and 25 targets from UNHLM Revised Operational Manual for the BNR	Timely reporting to CARICOM, PAHO/WHO Surveillance data, including BNR and HoTN, GYTS and GSHS utilized for programme planning, monitoring and evaluation Disseminate surveillance information, including publications Operational Manual for the BNR	Annual reports from BNR published within 12 months HoTN study results disseminated to public and private sectors and used for quality improvement External audit of the BNR's protocols, systems and outputs

Objective / Expected Results	Targets UNHLM, *POS*	Indicators	Commission/MOH Activities	Partners Activities
Surveillance capacity of the MOH enhanced	Health information policy and plan adopted by 2016 Full implementation of a HIS that embraces primary, secondary and tertiary care by 2016	Published health information policy and plan Reports from PHC data shared and utilized for planning and monitoring. Electronic capture of discharge summaries from QEH by 2015 Reports from QEH re NCD burden, service utilization and costs Standardized reports of in country assessment of NCD surveillance system and capacity	Health information policy adopted and implemented to strengthen HIS, data management, analysis and reporting Establish and implement NCD reporting and monitoring in PHC QEH medical records computerized Conduct and publish evaluation of NCD surveillance program	Identify and establish partnerships (private and public sectors) for strengthening surveillance and research Enhance NCD data collection by engaging with BAMP re private sector reporting.
Research initiatives implemented to assess disease burden, risk factors, and determinants of chronic diseases	POS #13: Research and surveillance with UWI, CARPHA, etc. by 2015)	Research priorities and agenda updated in collaboration with UWI, CDRC, CARPHA, CARICOM, PAHO	Define, initiate and participate in research projects. Disseminate research information, including publications.	Functional links between the Commission and the UWI/CDRC strengthened. Multi-sectoral research meetings established with wide participation from academia, Ministry of Health, private sector and Health NGOs

Strategy 3: Risk Factor Reduction

Tobacco and Alcohol Prevention and Control

Legislation banning smoking in public spaces was enacted in 2010. This initiative needs to be evaluated. Other challenges include convincing the non-health governmental sector, e.g., customs and law enforcement, of the importance of timely reporting of tobacco implementation efforts to the Ministry of Health.

Areas specifically requiring immediate attention include enacting legislation to support packaging and labelling of tobacco products, regulation of advertising and sponsorship, and the control of illicit trade in tobacco products.

Evidence from the Risk Factor Survey 2007 indicates that alcohol continues to contribute to the NCD disease burden especially with respect to binge drinking in men.

Objective: To develop and implement public policies and programmes, supported by adequate resources and a comprehensive communication strategy and programme, to facilitate risk factor reduction interventions

Tobacco and Alcohol

1. FCTC compliant legislation enacted and enforced
2. Strategies to reduce the harmful use of alcohol supported

Expected Result: Population-based strategies and interventions for risk factor reduction improved to facilitate a health promoting environment in which the population is empowered to practice healthy behaviours, including healthy diets and physical activity, no tobacco and no harmful use of alcohol.

Partners: Ministries of Health, Finance, Trade, Attorney-General, Legal Affairs, CROSQ, PAHO; Private: Bloomberg, tourism, health/life insurance companies. Civil society, health NGOs, universities

Sources of data for Verification: HoTN, STEPS, GSHS, GYTS, tobacco legislation

Assumptions: Tobacco industry lobby does not succeed in derailing the implementation of the FCTC. Political will for addressing mortality and morbidity from harmful use of alcohol exhibited.

Strategy 3: Risk Factor Reduction

Objective/ Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
FCTC compliant legislation enacted and enforced.	UN #2: 30% reduction in prevalence of current tobacco smoking by 2025; 15% reduction by 2019 (*Based on national context a more realistic target is 10% by 2025 and 5% by 2017) POS #3: FCTC legislation for: -90% cigarettes sold carrying FCTC compliant labels by 2016 -Complete ban on tobacco ads, promotion and sponsorship by 2018 -Increase taxes to 75% sale price	4• Prevalence of current tobacco use among adolescents (13-15 years). 3• Age-standardized prevalence of current tobacco use among persons aged ≥25 years. % cigarettes sold carrying FCTC compliant labels Extent of compliance with ban on tobacco ads, promotion and sponsorship Sale price of cigarettes	Evaluate smoke free public spaces policy and programme 2015 Advocate for Cabinet to pass relevant legislation	Cabinet - Passes legislation on advertising, promotion and sponsorship bans (FCTC # 13) by 2017 - Implements a step wise rise in tobacco taxes to 75% of sale price. Customs and law enforcement reporting of tobacco regulation efforts
Strategies to reduce the harmful use of alcohol supported	UN #4: At least 10% relative reduction in overall alcohol consumption (including hazardous and	7• Total alcohol per capita (≥ 25 years old) consumption within a calendar year in litres of	Review the Global Strategy to Reduce the Harmful Use of Alcohol, resolution WHA 63.13 and adapt and adopt at	Liquor legislation updated by 2016 Policy dialogue with

Objective/ Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
	harmful drinking) by 2025 Baseline measure of number of youths (13-15 years) consuming alcohol using GSHS by 2015	pure alcohol 8• Age-standardized prevalence of heavy episodic drinking among adolescents and adults 9• Alcohol-related morbidity and mortality among adolescents and adults	the national level. Review 1974 Liquor Licensing Act and recommend legislation establishing: – an increase in minimum age for the consumption and purchase of alcoholic beverages - ban on alcohol advertising and promotion aimed minors Deliver prevention and treatment interventions for alcohol abuse, including screening and brief interventions in all settings	stakeholders on harmful effects of alcohol abuse Breathalyzer legislation - establish and enforce blood alcohol level limits in drivers NCSA, CASA and NCPADD enhance their community outreach activities

Healthy Eating (including salt, trans fats, fats and sugars)

The Ministry will work with stakeholders in the private and public sectors to secure tax and other incentives for purchase and consumption of locally produced fruit and vegetables.

Objective: To stimulate inter-sectoral action that promotes the availability, accessibility and consumption of safe, healthy, tasty foods.

Diet - **Food security and healthy eating promoted**

- Healthy products provided and promoted by food manufacturers, retailers and providers
- Support wider range of initiatives on population based salt reduction increased
- Trans-fat in the food supply eliminated, high fat content foods reduced
- Daily consumption of fruits and vegetables increased

Sources of data for Verification: Gazetted legislation, product labels, food analysis reports, published protocols, campaign materials, published guidelines

Partners: Ministries of Health, Agriculture, Finance, Trade, Attorney-General, Legal Affairs; Private: food manufacturers; Civil society: health NGOs, universities

Assumptions: National Nutrition Centre implements proposal for policy and research components to align with current NCD burden. The NNC needs to be strengthened in the areas of policy and research to reflect the contribution of unhealthy diets to NCDs and to equip the centre to respond in all dimensions to this epidemic.

Continued support for HoTN population based health status surveys; communication strategies to educate the public and to reach target audiences are accepted and acted on; support from relevant media and platforms in public education as part of their role; civil society effectively participates in this component; resources can be mobilized to finance this intervention.

Strategy 3: Healthy Eating

Objective / Expected Results	Targets UNHLM, *POS#*	Performance indicators	Commission/MOH Activities	Partners Activities
3) Food security and healthy eating promoted	Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt by 2016 At least one strategy to reduce marketing to children implemented by 2016 POS #8: Fair trade, enhance food security POS #9: Food labelling Legislation and regulations**, multi-sectoral policies, incentives, plans, protocols and programmes** that aim to improve dietary and lifestyle behaviours by	23• Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars or salt Number of strategies to reduce marketing to children introduced Training programmes and enhanced capacity for NNC - 2015	**Promote exclusive breast-feeding for first 6 months and continuing along with complementary feeding** **Universal adoption of guidelines for Healthy and Nutritious Foods in Schools** **Recommended legislation and regulations to improve diet and physical activity adapted, debated and enacted** **Disclosures of nutrition facts on fast food products displayed** Promote and monitor healthy food options in all public institutions, including schools Review and enhance NNC	Food and Nutrition policy developed by 2016 Social Policy Sub-committee to reduce import duty and expand the basket of foods that are zero-rated for Value Added Tax to widen the availability of affordable healthy food choices Social Policy Sub-committee supports legislation against marketing of foods and non-alcoholic beverages to children Reduce the content of free and added sugars in food and non-alcoholic beverages

Objective / Expected Results	Targets UNHLM, *POS#*	Performance indicators	Commission/MOH Activities	Partners Activities
	Strengthen the National Nutrition Centre in policy and research capacity			
Healthy products provided and promoted by food manufacturers, retailers and providers	National standards for salt, fat and sugar content of locally produced foods implemented by 2018 50%locally produced foods with required nutritional labeling by 2017	Published national standards for salt, fat and sugar content of locally produced foods % imported and locally produced foods with required nutritional labeling	Commence the dialogue between BNSI and the food importers to develop guidelines for local and imported healthy foods Determine content and format of food labelling Collaboration with the National Nutrition Centre for policy and legislation on mandatory nutrition labelling Develop an incentive programme for restaurants and vendors offering healthy selections on their menus	Social Partnership to declare NCD prevention and control as a national priority Policy dialogue with local **food manufacturers to ensure their use of national dietary guidelines in product development** **Dialogue and legislation re food labelling** Control and limit the use of harmful and toxic material in the food chain and environment
Support for population based salt reduction increased	UN #5: 30% relative reduction in mean population intake of salt by 2025, 20% reduction by	10•Age-standardized mean population intake of salt (sodium chloride) per day in grams in	Evaluate and redesign if necessary public education salt campaign Utilize HoTN	Advocacy to local food manufacturers and importers to reduce the salt content of their products

Objective / Expected Results	Targets UNHLM, *POS#*	Performance indicators	Commission/MOH Activities	Partners Activities
	2017 At least 50% of large food manufacturers reduce salt and fat content of processed and prepared foods (including in schools, workplaces and fast-food outlets) by 2018 Baseline measure of population salt consumption determined by 2015	persons aged ≥ 25 years. % of large food manufacturers that have reduced salt and fat content of processed and prepared foods Published results of population salt consumption in Barbados	population based survey to track salt consumption Advocacy for regulation of salt content in foods	Education programme for local caterers and fast food businesses about the risk of salt to health and reducing salt in their products.
Trans-fat in the food supply eliminated High fat content foods reduced	POS #7: Eliminate trans fat A trans-fat strategy and framework established by 2017	17• Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged≥ 25 years. 22• Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply	Work with CARPHA to develop and implement trans-fat free policies and programmes Establish capacity to monitor trans-fats Identify main sources of trans fat in Barbadian diet Policy dialogue with food manufacturers and suppliers about sources and dangers of trans fat	Manufacturers and distributors undertake measurement and disclosure of trans fats in food

Objective / Expected Results	Targets UNHLM, *POS#*	Performance indicators	Commission/MOH Activities	Partners Activities
Daily consumption of fruits and vegetables increased	Increase daily consumption of 5 servings of fruits and vegetables from 5% (STEPS 2007) to 15% 2017	15• Age-standardized prevalence of persons aged ≥ 25 years consuming less than five total servings (400 grams) of fruit and vegetables per day.	Enhance dialogue with Ministry of Agriculture on healthy food production Continuing support for initiatives, including social marketing, to encourage the consumption of fruits and vegetables	Develop mechanisms through public education to encourage local fruit and vegetable production for local consumption

Physical Activity

Greater efforts need to be made in having parks, beaches and other safe and wholesome outdoor spaces utilized by individuals and communities for exercise and outdoor activities.

Objectives: Continuing support for community and population initiatives to promote physical activity and exercise

Sources of Data Verification: HoTN, BRFS and GSHS, Task Force on Physical Activity and Exercise and Guidelines for Physical Activity and Exercise

Partners: Ministry of Education, Ministry of Youth Sport and Culture, the National Sports Council and the Barbados Olympic Association

Strategy 3: Physical Activity

Objective/ Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
Community and population initiatives to promote physical activity and exercise supported	UN #3: 20% (10%) relative reduction in prevalence of insufficient physical activity by 2016 POS #10: Increased public facilities for physical activity Physical activity programmes and facilities in polyclinics strengthened and expanded by 2016 POS #15: Celebration of Caribbean Wellness Day	5• Age-standardized prevalence of insufficient physically active persons aged ≥ 25 years [1] Number of persons participating in the polyclinics physical activity programmes Number of public facilities for physical activity Physical Activity guidelines widely adopted by 2016	Advocacy to and support of Town and Country Development Planning Office for - outdoor recreational spaces available and accessible in rural and urban communities - new housing developments include safe spaces for walking and biking Public discussions on physical activity guidelines Public and private sector physicians trained and encouraged to prescribe exercise by prescription pad "Exercise is Medicine" CWD promoted across all sectors	Resources to constituency councils to develop community based programmes for increased physical activity Physical Activity Task Force to engage organizations in a systematic way to increase physical activity in a wider segment of the population. Private/public/civil society partnerships to sponsor and promote safe recreational spaces with trained staff and music to stimulate population physical activity All sectors use CWD celebrations as a catalyst for on-going health promotion initiatives

Integrated Programmes, especially in Schools, Workplaces and Faith-Based Settings:
Workplace wellness programmes which encourage employers to create a health promoting environment at the workplace and individuals and groups to take more responsibility for their health are endorsed by the MOH.

Objectives: Integrated Programmes, especially in Schools, Workplaces and Faith-Based Settings:

1. Build capacity with media and other partners to promote healthy lifestyles
2. School based prevention initiatives facilitated and promoted
    a. Health Promoting Schools programme implemented
3. Workplace wellness programmes supported and embraced

Sources of data / Means of Verification: Ministry of Education records, surveys, amended school curricular to accommodate health promoting schools, workplace and school policies, result of KAP studies, media reports

Partners: Private Sector: Media Employers, Health Insurance Companies; Civil Society: Trade Unions, Faith-Based Organizations, PTA, School Boards; Ministries of Health, Education, Youth and Community Development

Integrated Programmes, especially in Schools, Workplaces and Faith-Based Settings

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
Building capacity with media and other partners to promote healthy lifestyles	POS #12. Comprehensive public education campaigns on wellness, lifestyle and self-management Media partnership by 2016 Media and communication plan for NCD advocacy by 2015 Capacity-building for media by 2016	Documented media and communication plan for NCD advocacy, including audience research and stakeholder analysis to inform suitable communication strategies and messages Reports from capacity-building initiatives for media (health journalists and reporters) to empower them for more effective behaviour change and communication Evaluation of communications strategy and plan	Review, adapt, adopt and implement multi-media NCD communications strategy, advocacy plan and public education campaign for risk factor reduction Nurture and build relations with local media Provide tools and information to communities to encourage community residents to determine health priorities, identify solutions, monitor and evaluate	Special alliance established with media for comprehensive public education Implement mass media programming to educate on wellness and self-management of NCDs.
School based prevention initiatives facilitated and promoted	POS #6. - Re-introduction of physical education in schools and promotion of programmes to	6• Prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate to	National Nutrition Center develop and implement strategies and programmes for promoting innovative, healthy fast food	Collaborate with Ministry of Education, provide incentives and resources to fully implement

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
	provide healthy school meals and promote healthy eating POS #10 Healthy lifestyle and wellness policies and programmes in special settings, e.g. schools, and enhanced / implemented Reduce prevalence of insufficiently physically active adolescents by 30% by 2017 Surveillance system for monitoring weight in primary school children developed by 2016	vigorous intensity activity daily) 14 Prevalence of overweight and obesity[1] in adolescents Report of training of MOE FPs in Best Practices for Health Promoting Schools Published risk factor profiles of students	opportunities and options in schools FPs to convene workshops to train representatives from the education sector in best practices, including NCD risk education, health promoting schools components, implementation and evaluation Global School Healthy survey repeated every 4 years next in 2017 Surveillance system for monitoring weight in primary school children Extend Healthy Schools programme to tertiary institutions in	a) Guidelines for healthy eating in schools, with tasty and nutritious foods offered b) Quality physical education, (from infant to tertiary level) including opportunities for physical activity before, during and after the formal school day Ministry of Education develop and implement strategy for food sellers at school gates Tertiary education institutions conduct student NCD risk surveys, implement health promoting programmes, including School Nutrition Guidelines

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
Health Promoting Schools programme implemented	At least 2 schools designated Health Promoting Schools by 2017	Number of schools designated Health Promoting Schools	Appoint and train Focal Point (FP) in Ministries of Health and Education for Health Promoting Schools Expand Health and Family Life Education curriculum to embrace NCD prevention	Health Promoting Schools defined, core indicators drafted, reviewed and adopted **Implement Healthy Schools competitions within and between schools** Recommend revision of Health and Family Life Education curricula for primary and secondary schools to enhance NCD risk content.
Workplace wellness programmes supported and embraced	POS #10: Increase physical activity at work sites (schools, communities) -Increased public facilities for physical activity 20% increase in workplace wellness programmes by 2017	% Public sector % Private sector with structured Workplace wellness programmes Improved access to healthy food technology	Establish criteria for workplace wellness programmes for unions, small, medium and large enterprises Conduct a national audit of all workplace wellness programmes Encourage and equip employers and trade unions to promote, implement and evaluate workplace wellness programmes Toolkit for workplace wellness programmes developed Define and quantify high risk population	Enable trade unions to promote workplace wellness through yearly subventions. Large and small companies to develop workplace wellness programmes satisfying MOH criteria. Private sector increase availability of preventive medicine screening and workplace audits, as per the Safety and Health

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
	Define high risk population and administer Hepatitis B vaccination for 90% high risk population by 2016	24 Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine administered to target population	for Hepatitis B vaccination Administer hepatitis B vaccine to high risk population	at Work Act To support Hep-B vaccination programme
Faith-based organizations and communities	Tool kit for faith based organizations and health NGOs developed and distributed by 2015	At least 2 new community based health promotion programmes implemented by faith based organizations (FBO)	Conduct training workshops for FBO and community organizations in creating and maintaining health promoting environments	Faith and community based organizations trained and facilitated to promote NCD prevention programmes

STRATEGY 4: INTEGRATED DISEASE MANAGEMENT AND PATIENT EDUCATION

Quality of Care and Treatment

The Commission supports the training and professional development of all health care providers. The Ministry of Health has provided technical expertise, coordination and facilitation with respect to the training of health care providers in quality of care in prevention and control programmes.

The MOH supports **protocols and guidelines** for treatment of chronic diseases including diabetes, hypertension and cardiovascular disease so as to have standardized management both in the private and public sectors. Protocols for management of patients with diabetes and hypertension were developed in 2007-2008 by CHRC, UWI and PAHO. There was training of a cadre of health care professionals in the use of these guidelines but there continues to be less than satisfactory uptake.

Access to affordable and quality generic pharmaceuticals through the Barbados Drug Service continues to be a priority of the MOH and the Commission. This will become more challenging as the elderly population increases and generic pharmaceuticals become more expensive. The Commission must support low cost quality care and treatment options of proven public health benefit so as to reach the greatest possible proportion of the population, for example, providing aspirin in secondary prevention of stroke and acute myocardial infarction.

Developing Personal Health Skills

Persons living with chronic diseases, and the families of those people, need information, support and guidance in making the necessary lifestyle changes to control the diseases. These programmes must be sensitive to the values, beliefs and customs of the community.

Health Systems Strengthening/Reorienting towards the Integrated Chronic Care Model

Support for the Integrated Chronic Care Model for NCD prevention and control, which embraces individual and community participation, must be accelerated. This conceptual model offers a new approach to chronic disease management and it is planned for this model to be fully operational at the new St John Polyclinic scheduled to be opened in 2014.

Training and re-training programmes need to be developed for health care professionals and the communities they serve so that the full effect of the programme can be realized. In addition the Commission must seek ways to embrace other prevention and control initiatives of the MOH, including the Step-by-Step programme, the Men's Health and Adolescent Health Clinics and the Diabetes Prevention Clinics within the polyclinics.

Objective: To facilitate and support strengthening the capacity and competencies of the health system for the integrated management of chronic diseases.

Objective/Expected Results

1. Patient education enhanced
2. Effective integrated management for all chronic diseases enhanced
    - Clinical quality of care for chronic diseases
    - Screening and early detection
    - Priority cancers addressed
3. Acute care management.
4. Access to technologies and safe, affordable and efficacious essential medicines and counselling enhanced.
    - Access to safe and affordable drugs

Scaling Up Evidenced-Based Treatment

Sources of data for Verification: BNR, mortality records, CME training attendance register, performance appraisal, documentation of guidelines, needs assessment, clinical audits, medication formulary and evaluation reports

Partners: Ministry of Health, CARPHA; civil society: health NGOs, BAMP, CME certifiers; private sector: pharmaceutical companies, health insurance companies, private medical practitioners

Assumptions: Professionals accept and agree to implement evidenced-based recommendations. High quality generic drugs available.

Strategy 4: Integrated Disease Management and Patient Education

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
Patient education enhanced	POS #12: 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 2015	% of people who report self-management as critical to their care	Distill self-management information for patients in a user friendly manner Review patient component of Chronic Care Model Collaborate with media to translate technical content through popular multi-media communications Create incentives and tools for self-care and self-management Develop public education campaigns, e.g., informing about the signs of stroke, heart attack and cancer	Engage with media to develop popular 'edu-tainment' programmes targeting personal health skills and self-management of NCDs

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
Effective, integrated, management for all chronic diseases enhanced	POS #5: 80% population with NCD receive quality clinical and preventive care and education At least 80% of patients with high risk for CVD (3 or more risk factors) have improved access to primary care services by 2017 (at least one PHC visit per year) Effective management structure based on the **Chronic Care Model** implemented in 50% polyclinics by 2018	% of patients with NCDs demonstrating improved personal health skills and self-management % of patients with high risk for CVD access to primary care services (at least one PHC visit each year). Elements of chronic care model implemented in polyclinics	Calculate % awareness, treatment and control, including data from private and NGO sector Effective mechanism to monitor the standard for continual improvement and maintenance of quality of care and treatment Determine target populations living with NCDs by catchment area. Determine elements of Chronic care model for implementation. Provide necessary resources – staff, training, equipment	Implement projects with partners in private and civil society for BP and weight screening, including at workplaces and faith-based organizations Jointly determine audits for quality and effectiveness of care in the private and health NGO sector
Clinical quality of care for chronic	UN #6: 25% relative reduction in the prevalence of	11• Age-standardized prevalence of raised blood pressure[1]	Develop and implement quality assurance and continuous quality	Guidelines shared with private and NGO health

1 Raised blood pressure defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg); and mean systolic blood pressure.

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
diseases enhanced	raised blood pressure by 2025 UN #7: Halt the rise in diabetes and obesity by 2025 POS #5: 80% population with NCD receive quality clinical and preventive care - 80% of at risk populations have been screened and treated according to evidenced based guidelines by 2016 Primary Health Care protocols for diabetes and hypertension updated by 2016 Clinical competencies of health care professionals in diabetes, asthma and	among persons aged ≥ 25 years 12• Age-standardized prevalence of raised blood glucose/diabetes among persons aged ≥ 25 years[2] 16• Age-standardized prevalence of raised total cholesterol[3] among persons aged ≥ 25 years 13• Age-standardized prevalence of overweight and obesity[4] in persons aged ≥ 25 years % improvement of health care professionals in clinical competencies	improvement systems for prevention and management of NCDs, including the use of evidence-based guidelines and protocols . Training and audit of use of evidenced-based guidelines and protocols for specific NCDs, including CVD, DM and cancers, especially cervical, breast, prostate and colon cancer. Audit of Service quality standards (Appendix 5 and 6)	sector Joint programmes for training, and auditing NCDs quality care and treatment included in all national CME programmes

2 Raised blood glucose/diabetes defined as fasting plasma glucose value ≥7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose).

3 Raised total cholesterol defined as total cholesterol ≥5.0 mmol/L or 190 mg/dl); and mean total cholesterol.

4 Overweight and obesity in persons aged 25 – 64 (18+) years (defined as body mass index ≥ 25 kg/m2 for overweight and body mass index ≥ 30 kg/m2 for obesity).

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
	hypertension management strengthened by 2016			
Screening and early detection enhanced	POS #5: … - 80% of at risk populations have been screened and treated according to evidenced based guidelines by 2017	% of at risk populations screened and treated according to evidenced based guidelines from the CARPHA/PAHO	Develop and implement population-based systematic screening of the at risk population for high blood pressure, high cholesterol and blood sugar Develop and publish a recommended schedule of cancer screening, with adequate resources for implementation identified	Collaborate with health NGOs to develop, implement and evaluate screening for priority diseases
Priority cancers addressed - Cervical cancer incidence reduced through enhanced screening and HPV vaccination -breast	HPV vaccination for all girls 10 – 12 years of age by 2015 Pap smears within past 3 years for 80% of sexually active women by 2016 At least 50% women >50 years have a	25• Availability of HPV vaccines 21• Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often % women >50 years who have had a mammogram exam % men >40 years have DRE and/or PSA exam	HPV vaccination programme in schools implemented Adoption of new cervical cancer detection guidelines in the public and private sectors Assess capacity for screening and management of cases generated	Close collaboration with Barbados Cancer Society re screening and reporting of cervical cancer screening.

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
-prostate -colon	mammogram exam at least every 2 years by 2016 At least 50% men >40 years have DRE and/or PSA exam by 2016 At least 50% population >50 years with colonoscopy every 10 years by 2018	% population >50 years with colonoscopy every 10 years	Assess the impact of the 'ounce of prevention' policy initiatives	
Hospital management enhanced to deliver quality care and treatment	NCD management policies and protocols revised and developed by 2016 Service quality standards implemented by 2017 IT service that integrates primary and tertiary care in both public and private sector by 2016	Documented revision of NCD management policies and protocols Report of integrated primary and tertiary care in both public and private sectors	Improve patient centred care and quality to focus on clinical services quality standards, management systems and risk management Strengthen corporate services with an emphasis on research and health information systems for decision making, health financing and health care costs	Continued stakeholder engagement for improved quality of care
Access to technologies and safe, affordable	UN #8: 90% availability of affordable basic technologies	19• Proportion of eligible persons [5] receiving drug therapy and	Revise and update NCD formulary every 2 years or as	

5 Defined as aged 40 years and over with a 10-year cardiovascular risk ≥ 30%, including those with existing cardiovascular disease.

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
and efficacious essential medicines and counselling	and essential medicines, including generics, required to treat major NCDs in both public and private facilities by 2025 UN #9: At least 80% eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes by 2025 Barbados National Pharmaceutical Plan and Policy implemented by 2016	counseling (including glycaemic control) to prevent heart attacks and strokes. 18• Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities.	necessary Quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities. Develop and integrate pharmacy and lab data capture system into Health Information System Pharmaceutical utilization review	Private sector and NGOs collaborate on the implementation of the Barbados National Pharmaceutical Plan and Policy
Palliative care enhanced	Morphine-equivalent analgesics to 80% terminally ill patients by 2016 Hospice services for terminally ill patients	20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics per death from cancer % terminally ill cancer patients with hospice care in	Audits of morphine equivalent analgesic per cancer death Develop and implement a palliative care policy using cost effective treatment modalities, including opioid analgesics for pain relief, and training of health	Mechanism to monitor palliative care in the private medical sector

Objective / Expected Results	Targets UNHLM, *POS #*	Performance indicators	Commission/MOH Activities	Partners Activities
	introduced by 2019	their homes	workers Improve coordination and service delivery of palliative care Develop and implement hospice services for home care of terminally ill patients	Collaboration on hospice care for terminal patients

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APPENDICES

APPENDIX 1: 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 labeling 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.

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APPENDIX 2: TERMS OF REFERENCE FOR THE NATIONAL NCD COMMISSION, MINISTRY OF HEALTH (REVISION 2013)

The Commission will act as a focal point for NCDs at the national level and in this capacity will:

1. Advise the Minister of Health on Non-communicable Disease (NCD) policies and legislation, e.g., in relation to the quality, availability and affordability of local and imported food; diet and nutrition; environmental and work place issues; measures to increase participation in physical activity; tobacco control and harmful use of alcohol, and all other strategies to promote healthy lifestyles.
2. Coordinate and monitor the implementation of the National Strategic Plan for NCDs 2013-2017, in collaboration with the SMOH (CNCDs) and the Health Promotion Unit.
3. Broker and to promote effective involvement in programme implementation of all relevant sectors including other government sectors, the private sector, trade unions, non-governmental organizations and civil society.
4. Assist in the mobilization of financial and human resources (including the raising of philanthropic funds for extra budgetary support) to facilitate the implementation of prevention and control programmes.
5. Recommend relevant research and education programmes for healthcare practitioners and the general public, especially in relation to behaviour change and the prevention and reduction of NCDs.
6. Promote collaboration and partnerships with regional institutions such as UWI, CAREC, CARICOM, PAHO/WHO, CARPHA and with international institutions and organizations, as appropriate in the pursuit of the goals of the Commission.
7. Monitor regional and international trends and provide direction for national responses to the threat of NCDs.
8. Assist the MOH in commissioning studies to monitor, review and evaluate aspects of NCD programmes.
9. Recommend to the Minister of Health a legal, policy and service framework that encourages and promotes behaviour change and the prevention of NCDs.
10. Develop major educational programmes to communicate and promote the objectives and messages of the National Strategic Plan for NCDs to the general public. OR
11. Plan public awareness programmes, with their timing and frequency, to deal with issues related to NCDs.
12. Provide information to the Ministry of Agriculture on the relationship between NCDs and food to facilitate the production of quality products to minimize/reduce the incidence of NCDs and to promote healthy nutrition.

APPENDIX 3: EXCERPTS: BARBADOS GROWTH AND DEVELOPMENT STRATEGY 2013 – 2020

Areas where a more explicit linkage with health could be made

Data from the Macro-productivity Indicators Project of the Barbados Statistical Service which measures labour productivity

- should include the health status of workers as this affects productivity through absenteeism and 'presenteeism' (present on the job, but with low productivity often due to ill health).

Infrastructure development, including the design of roads by the Ministry of Transport and Works

- in improving traffic safety should explicitly address the need for roads to accommodate non-motorized transportation – walking and biking. We support the continued construction of sidewalks, but these should be required to be wheel-chair accessible.

Town Planning, land use and the built environment, planning legislation, land use and community plans, Housing and Lands, low and middle income residential solutions

- should all explicitly include the need for walking/biking paths and play-grounds in all new housing estates and developments.

Price and Cost Structure strategy for a national food price policy to contain and reduce the price of food and to encourage the business sector to import from cheaper non-traditional markets

- should include a caveat that these foods need to be healthy foods.

Consumer protection policies should focus not only on price, but

- should also on quality and health promoting potential of goods and services.

Suggestions for Enhanced "all-of-Government" response

GOVERNMENT	Short Term (1–2 years)	Medium Term (3-4 years)	Long Term (5+ years)
Prime Minister's office, Ministry of National Security, the Public Service and Urban Development.	Create a budget line item for inter-ministerial work to encourage inter-sectoral collaboration. Establish an inter-sectoral Food and Nutrition Council	Establish policies for recreational and green spaces in communities	All roads have sidewalks appropriate for wheelchairs. Major roads have separated bike and walking paths
Ministry of Agriculture, Food, Fisheries and Water Resource Management	Promote fruit and vegetable consumption Promote backyard gardening	Review and revise existing policies on food security. Promote organic farming	
Ministry of Culture, Sports and Youth	Engage with entertainers and public figures to become "Wellness Champions"		
Ministry of Education, Science, Technology and Innovation	Review and update health education curricula to include NCD risk factors Policy and programme for healthy school meals, including vending at school gates Policies and programmes for healthy foods and snacks at nurseries and pre-school	Training in health promoting schools for teachers, PTAs, youth commissioners Provide access to school sporting facilities for use by the community	Mandated, monitored physical education for primary, secondary and tertiary students
Ministry of Finance and Economic Affairs	Tobacco and alcohol taxes for NCD prevention and control (POS#4) Customs and law enforcement - timely reporting of tobacco regulation efforts to the Ministry of Health	Introduce a "fat tax" on deep fat fried fast food and cross subsidize healthy foods	

Ministry of Foreign Affairs and Foreign Trade	Revise subsidized basket of foods to promote healthy eating		
Ministry of Housing, Lands and Rural Development	Require all housing developments to include walking paths and green spaces		
Ministry of Industry, International Business, Commerce and Small Business Development	Barbados National Standards Institute to collaborate with NCD Commission on standards Require businesses to promote Workplace wellness programmes	Develop and implement legislation on required food and nutrition labelling	
Ministry of Labour, Social Security and Human Resource Development	Develop policies on workplace wellness programmes (WWPs) Liaise with trade unions on WWPs	Implement and evaluate health and safety in the workplace programmes	Strengthen occupational health and safety programmes for workers health
Ministry of Social Care, Constituency Empowerment and Community Development	Promote and reward community based physical activity programmes	Promote physical activity and social integration among the elderly	
Ministry of the Environment and Drainage	Co-sponsor legislation to control vehicle emissions		
Ministry of Tourism and International Transport	Mount competitions among chefs for tasty, healthy foods		
Ministry of Transport and Works	Improve facilities for walking, including sidewalks Provide cycle lanes or block roads on Sundays for safe cycling for all	Introduce and enforce legislation on vehicle emission standards Establish national road safety programme in association with Ministry of Health and police force	Ensure road safety consideration in transport policy and in new projects

APPENDIX 4: MAIN REFERENCE DOCUMENTS FOR THIS PLAN

Global

1. **Report of the Formal Meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of non-communicable diseases, WHO November 2012**
2. Framework Convention of Tobacco Control (FCTC)
3. Health Agenda for the Americas 2008-2013
4. Preventing Chronic Disease a Vital Investment (WHO)
5. World Health Organization NCD Plan
6. NCD Alliance strategic plan

Regional

7. CARICOM Heads of Government Nassau Declaration (2002)
8. Report of the Caribbean Commission on Health and Development
9. **Declaration of Port of Spain "Uniting to Stop the Epidemic of Chronic Non-communicable Diseases"**
10. Civil Society Strategic Plan of Action for Prevention & Control of NCDs for Countries of the Caribbean Community 2012-2016
11. **Strategic Plan of Action for the Prevention and Control of Non-Communicable Diseases for countries of the Caribbean Community 2011 – 2015**
12. Framework for Review of Primary Health Care Policies in the Caribbean Community CARICOM 2011
13. Chronic Care Policy and Model of Care for the Caribbean Community CARICOM 2011
14. Caribbean Cooperation in Health III (CCH III) Strategic Plan [9],
15. PAHO/WHO Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity and Health [10].

Barbados

1. Strategy for the Prevention and Control of Chronic NCDs - 2004, Ministry of Health
2. Behavioural Risk Factors Survey 2007, MOH Barbados
3. Health Systems Profile Barbados, PAHO/WHO HSS December 2008
4. **Strategic Plan 2009-2012 for the National Chronic Non-Communicable Disease Commission**
5. Report of the Chief Medical Officer, Ministry of Health and other relevant MOH documents
6. Report of the Barbados National Registry 2010 / Chronic Disease Research Centre
7. Protocol VI of the Social Partnership 2011-2013
8. Barbados Economic and Social Report 2012
9. **Barbados Medium Term Growth and Development Strategy 2013-2020**

Documents in bold above were used to determine targets and indicators for this plan

APPENDIX 5: DISEASE SPECIFIC TREATMENT MONITORING METRICS FROM WHO NCD PLAN

Cardiovascular Disease

- Acetylsalicylic acid for acute myocardial infarction
- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke, and to persons with more than a moderate risk (> 20%) of a fatal or nonfatal cardiovascular event in the next 10 years
- Detection, treatment and control of hypertension and diabetes, using a total risk approach
- Acetylsalicylic acid, atenolol and thrombolytic therapy (streptokinase) for acute myocardial infarction
- Treatment of congestive cardiac failure with ACE inhibitor, beta-blocker and diuretic
- Cardiac rehabilitation post myocardial infarction
- Anticoagulation for medium- and high-risk non-valvular atrial fibrillation and for mitral stenosis with atrial fibrillation
- Low-dose acetylsalicylic acid for ischemic stroke

Diabetes

- Lifestyle interventions for preventing type 2 diabetes
- Influenza vaccination for patients with diabetes
- Preconception care among women of reproductive age, including patient education and intensive glucose management
- Detection of diabetic retinopathy by dilated eye examination followed by appropriate laser photocoagulation therapy to prevent blindness
- Effective angiotensin-converting enzyme inhibitor drug therapy to prevent progression of renal disease
- Care of acute stroke and rehabilitation in stroke units interventions for foot care: educational programmes, access to appropriate footwear; multidisciplinary clinics

Cancer

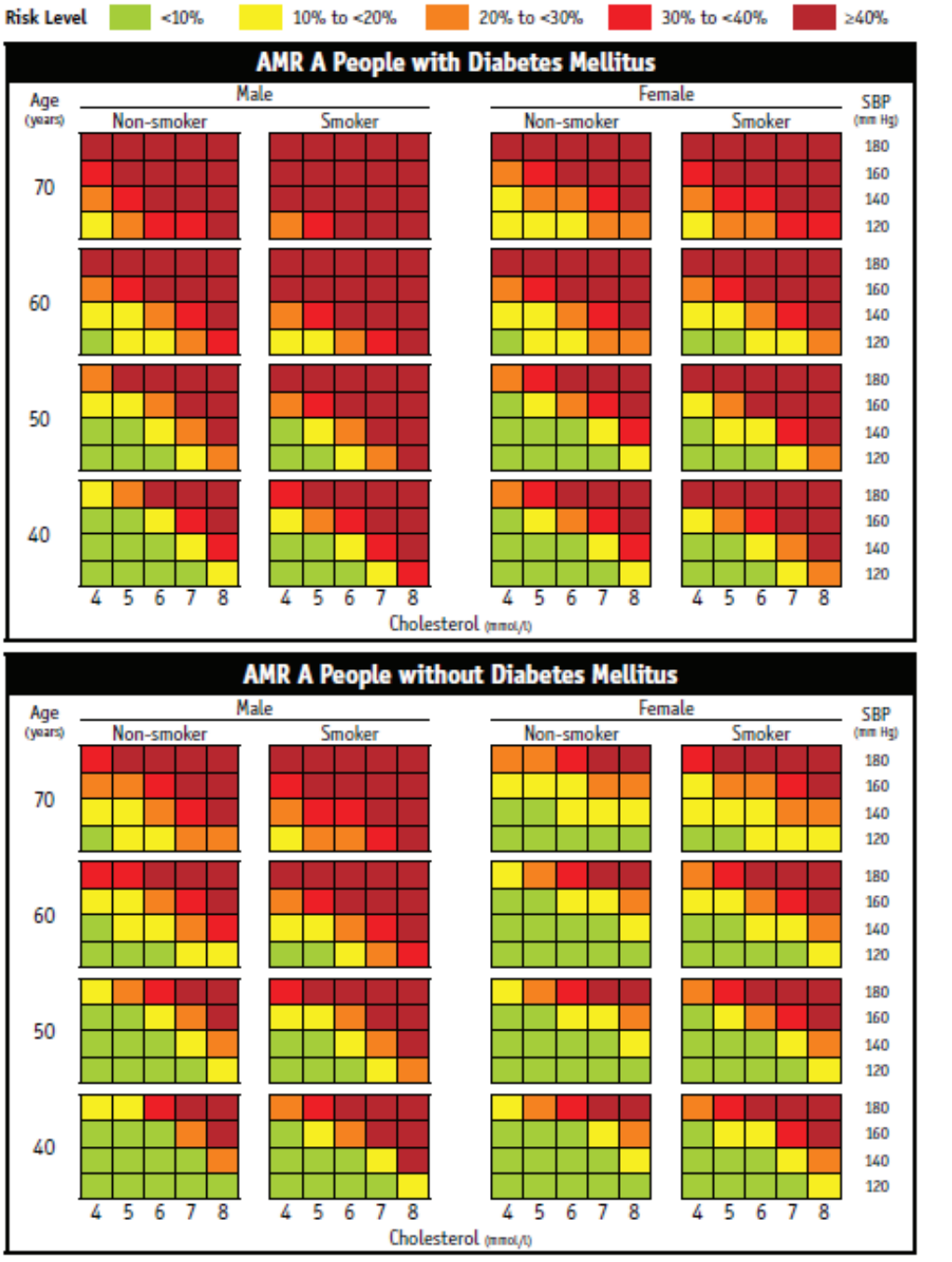
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) or Pap smear (cervical cytology), if very cost-effective, linked with timely treatment of pre-cancerous lesions
- Vaccination against human papilloma virus
- Population-based cervical cancer screening linked with timely treatment
- Population-based breast cancer and mammography screening (50–70 years) linked with timely treatment
- Population-based colorectal cancer screening, including through a fecal occult blood test, as appropriate, at age >50, linked with timely treatment
- Oral cancer screening in high-risk groups (e.g. tobacco users) linked with timely treatment

Chronic respiratory disease

- Cost-effective interventions to prevent occupational lung diseases, e.g., from exposure to silica, asbestos
- Treatment of asthma based on WHO guidelines
- Influenza vaccination for patients with chronic obstructive pulmonary disease

APPENDIX 6: RISK PREDICTION CHARTS

Figure 5. WHO/ISH risk prediction chart for AMR A. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.



This chart can only be used for countries of the WHO Region of the Americas, sub-region A, in settings where blood cholesterol can be measured (see Table 1).

APPENDIX 7: MEMBERS OF THE NATIONAL NCD COMMISSION - BARBADOS

Professor Sir Trevor Hassell, Chairman

Mrs. Lisa Bayley

Mrs. Stephanie Bryan

Canon Noel Burke

Mr. Edward Clarke

Dr. Kenneth Connell

Mr. Andy Hope

Ms. Anthea Ishmael

Ms. Tracy Moore

Mr. David Neilands

Mr. Orlando Scott

Ms. Elsa Webster

Chief Agricultural Officer

Chief Education Officer

Ex-Officio

Chief Medical Officer

Senior Medical Officer of Health (NCDs)

Nutrition Officer

Senior Health Promotion Officer

Health Promotion Officer

APPENDIX 8: DECLARATION OF BRIDGETOWN: FAITH BASED ORGANISATIONS OF BARBADOS UNITING TO PREVENT AND CONTROL NCDS.

On 26 February 2014, the Ministry of Health and the Healthy Caribbean Coalition held a consultation with faith based organisation in Barbados to discuss how the three entities could collaborate to address the reduction of NCD risk factors. The basis for the meeting was a belief that faith based organisations represent a major constituency which can mobilise in a systematic way to assist in the prevention of diseases such as diabetes, hypertension, stroke, heart disease and some cancers. The main outcome of the meeting was the ***"Declaration of Bridgetown: Faith Based Organisations of Barbados Uniting to Prevent and Control NCDs"*** which was approved, by acclamation, by representatives of various religious faiths attending the meeting. The full text of the Declaration is presented below.

We, the representatives of the Faith Based Organisations (FBOs) of Barbados meeting at Lloyd Erskine Sandiford Centre, Bridgetown, Barbados on 26 February 2014 on the occasion of a FBO non-communicable diseases (NCDs) consultation;

Aware of the scourge of NCDs, and the threat they pose to health and human development in Barbados, the Caribbean and beyond and recognizing that 25% of adult Barbadians have an NCD;

Recalling the first consultation between FBOs and the National Commission for NCDs in 2008, which affirmed the desire of FBOs to commit to tackling the NCDs;

Affirming the Declaration of Port of Spain; Uniting to Stop the Epidemic of NCDs, 2007, in which regional Heads of Government were united in their support for, encouragement of, and commitment to the prevention and control of NCDs and the need to achieve this through a multi-sector action;

Inspired by the principles of religious faith, which mandate the pursuit of a healthy mind in a healthy body;

Fully persuaded that the burden of NCDs can be reduced through education, training, empowerment, creation of an enabling environment by legislation and appropriate policies, and enlisting of our congregations in the science and art of healthy lifestyles;

Declare-

- Our full support for initiatives and programmes aimed at the prevention, control and better management of NCDs
- Our commitment to establish and further develop Health and Wellness Ministries for the planning and execution of health programmes;
- Our commitment to teach the theological and faith based rationale for healthy living so that over and beyond the medical scientific evidence our members will have the motivation which is the foundation for their existence as faith based organisations;
- Our commitment to reach children and youth in our congregations and communities with specially developed age appropriate programmes to promote health across the life course to prevent NCDs;

- That we shall develop and implement a variety of programmes for educating and training our members in healthy lifestyle practices for prevention of NCDs, to include health lectures, panel discussions, healthy lifestyle workshops, cooking classes, exercise sessions and health fairs, health counselling
- That we will engage in active education of our congregations;
- That we will plan outreach health programs aiming to reach all persons, especially most at risk populations with information on chronic disease prevention and healthy living;
- That we shall strive to promote good nutrition by serving healthy meals at all functions held at our premises;
- That we hereby declare our support to the NCD Commission in its efforts to reduce risk factors associated with chronic diseases and pledge to promote healthy lifestyle activities and further declare to support Caribbean Wellness Day held in September annually and will designate that weekend annually as Health and Temperance OR HEALTHY LIFE STYLE Weekend, for our members in commemoration of this important and decisive consultation;

We resolve to make this Declaration known to the Political leadership in Barbados and other CARICOM countries as we seek to contribute to, and advocate for, a multi-sectoral response to NCDs by FBOs in Barbados and the Caribbean.

REFERENCES

1. **Hassell, T. and A. Hennis,** The road to the United Nations High Level Meeting on chronic non-communicable diseases. **West Indian Med J, 2011. 60(4): p. 384-6.**
2. **Samuels, T.A. and C.J. Hospedales,** From Port-of-Spain summit to United Nations High Level Meeting CARICOM and the global non-communicable disease agenda. **West Indian Med J, 2011. 60(4): p. 387-91.**
3. **World Health Organization,** Sixty-sixth World Health Assembly: 27th May 2013**, 2013, WHO: Geneva.**
4. **CARICOM,** Communiqué Issued at the Conclusion of the Regional Summit of Heads of Government of the Caribbean Community on Chronic Non-Communicable Diseases. **2007, Caribbean Community Secretariat Port-of-Spain, Trinidad and Tobago.**
5. **CARICOM,** Strategic Plan of Action for the Prevention and Control of Chronic Non-Communicable Diseases (NCDs) for Countries of the Caribbean Community 2011 - 2015**. 2011, CARICOM: Georgetown, Guyana.**
6. **United Nations,** United Nations high-level meeting on noncommunicable disease prevention and control**. 2011, United Nations: New York.**
7. **Abdulkadri. A, Cunningham-Myrie, C and Forrester. T,** Economic Burden of Diabetes and Hypertension in CARICOM States. **Social and Economic Studies, 2009. 58(3&4): p. 175-197.**
8. **Forde H, Marshal M, Nielsen A. 2013. Management guidelines for type 2 diabetes: Towards a sustainable evidenced based approach of Type 2 diabetes management in public primary care in Barbados.** West Indian Medical Journal Supplement**. 62.**
9. **CARICOM/PAHO,** Caribbean Cooperation in Health 3**, CARICOM.**
10. **PAHO,** PAHO Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity, and Health**, 2007, PAHO/WHO: Washington DC.**