



*Regional Summit on
Chronic Noncommunicable Diseases,
Trinidad and Tobago,
15 September 2007*

*Presentation by
Prime Minister of St. Kitts & Nevis
Hon. Dr. Denzil Douglas*



Background

- CARICOM Political system; Conference of Heads and four Ministerial Councils; Single Market and Economy from 2008
- Quasi Cabinet of Heads of Government
- 2001: Nassau Declaration of Heads of State, *“the health of the region is the wealth of the region”*
- 2003–2005: Caribbean Commission on Health and Development
- 2006: Prime Minister Manning, Trinidad and Tobago, offered to host Summit
- Summit Planning team established early 2007; joint CARICOM-PAHO collaboration

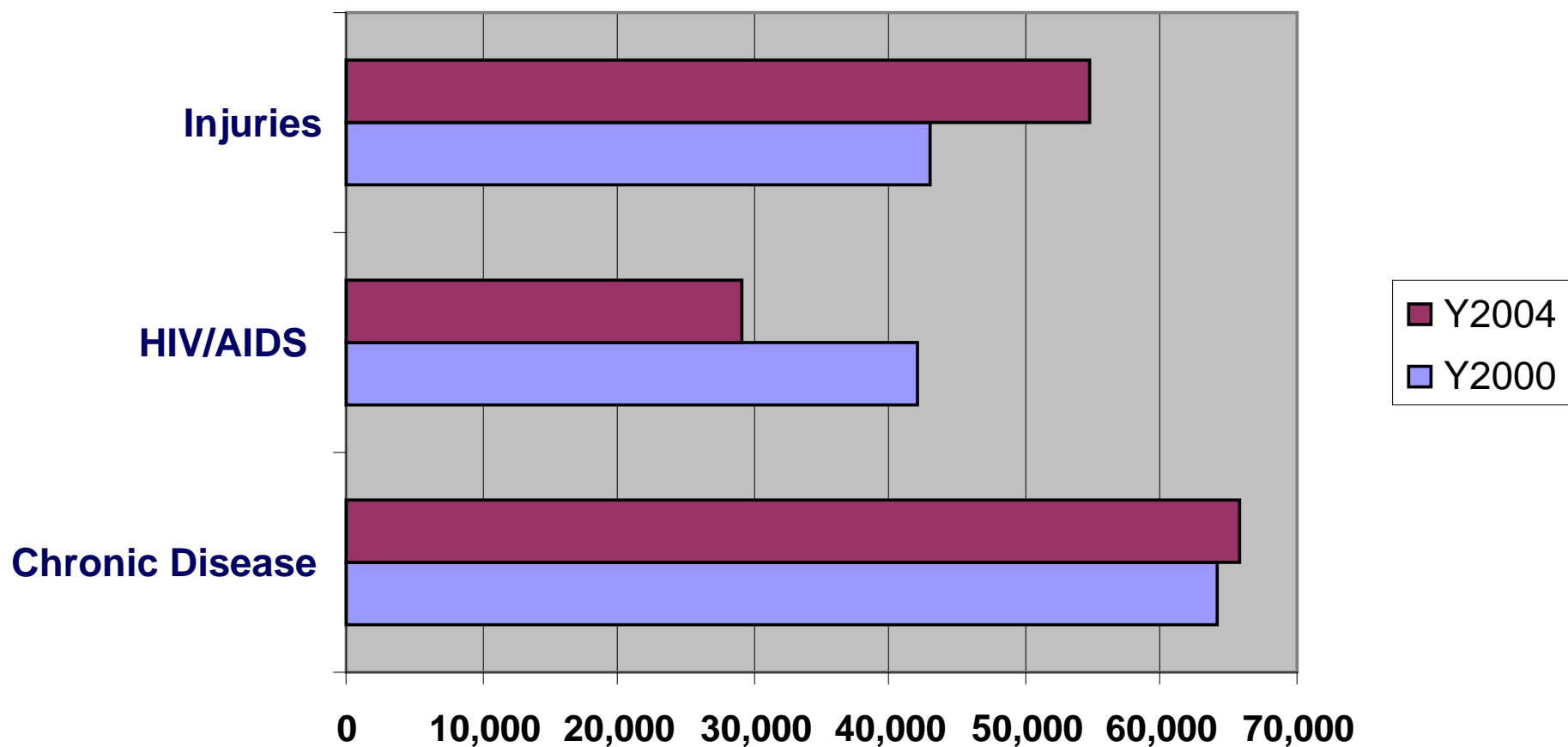
- Canada funding to support technical preparation and assess applicability to other regions
- 24-month follow-up plan of action
- Policy dialogues in country
- Case study preparation
- Evaluation at 12 and 24 months



Overview

- Global situation with chronic noncommunicable diseases (CNCDs)
- Caribbean situation and costs
- Caribbean response
- Exploding common myths
- Review of effective interventions
- The way forward

Potential Years of Life Lost < 65 years by main causes, 2000 & 2004, CARICOM countries (minus Jamaica)

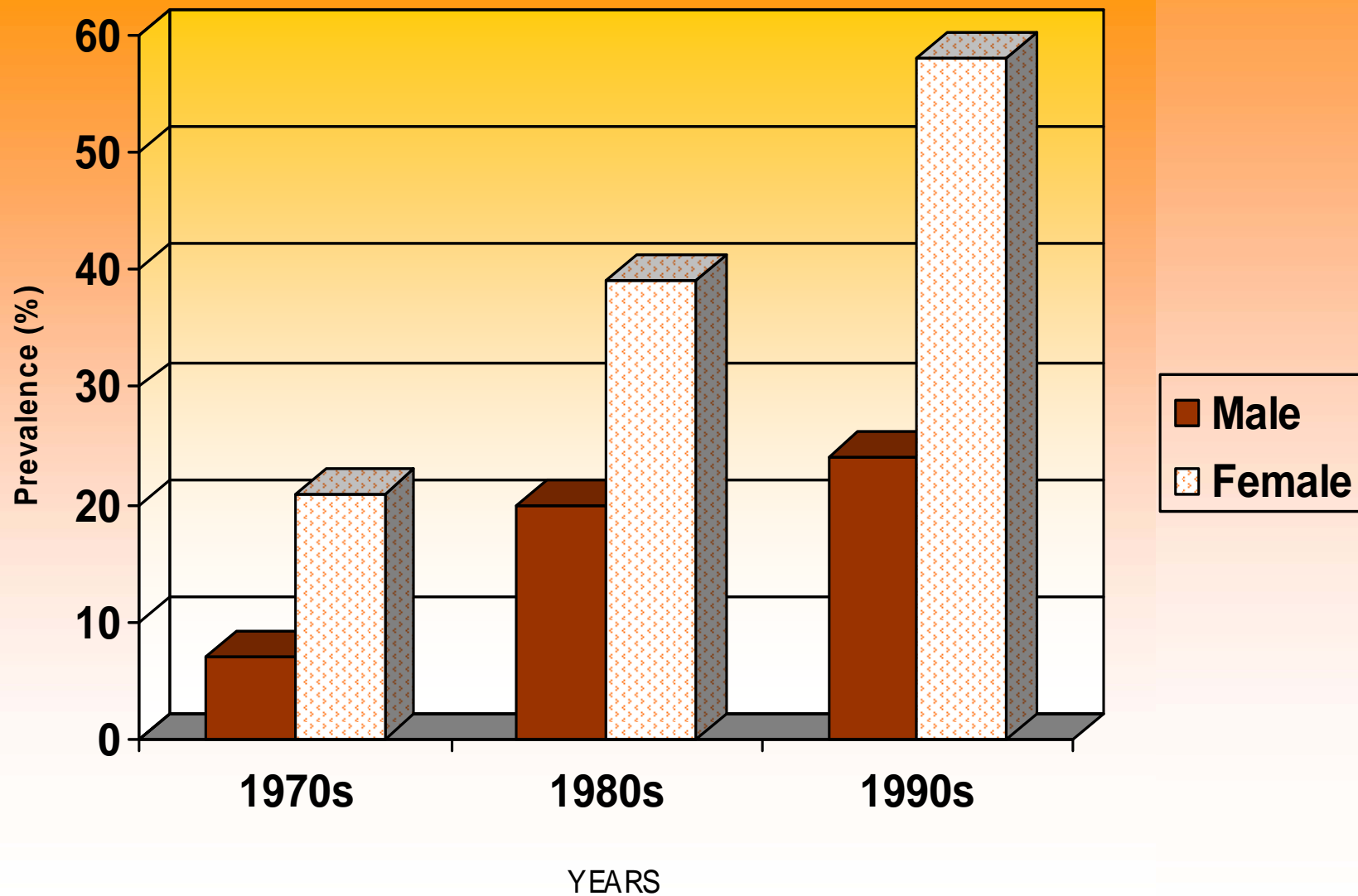


Source: CAREC, based on country mortality reports

Note: Chronic Disease includes heart disease, stroke, cancer, diabetes, hypertension, chronic respiratory disease

'Injuries' includes traffic fatalities, homicide, suicide, drowning, falls, poisoning

Trends in Adult Overweight/Obesity in the Caribbean

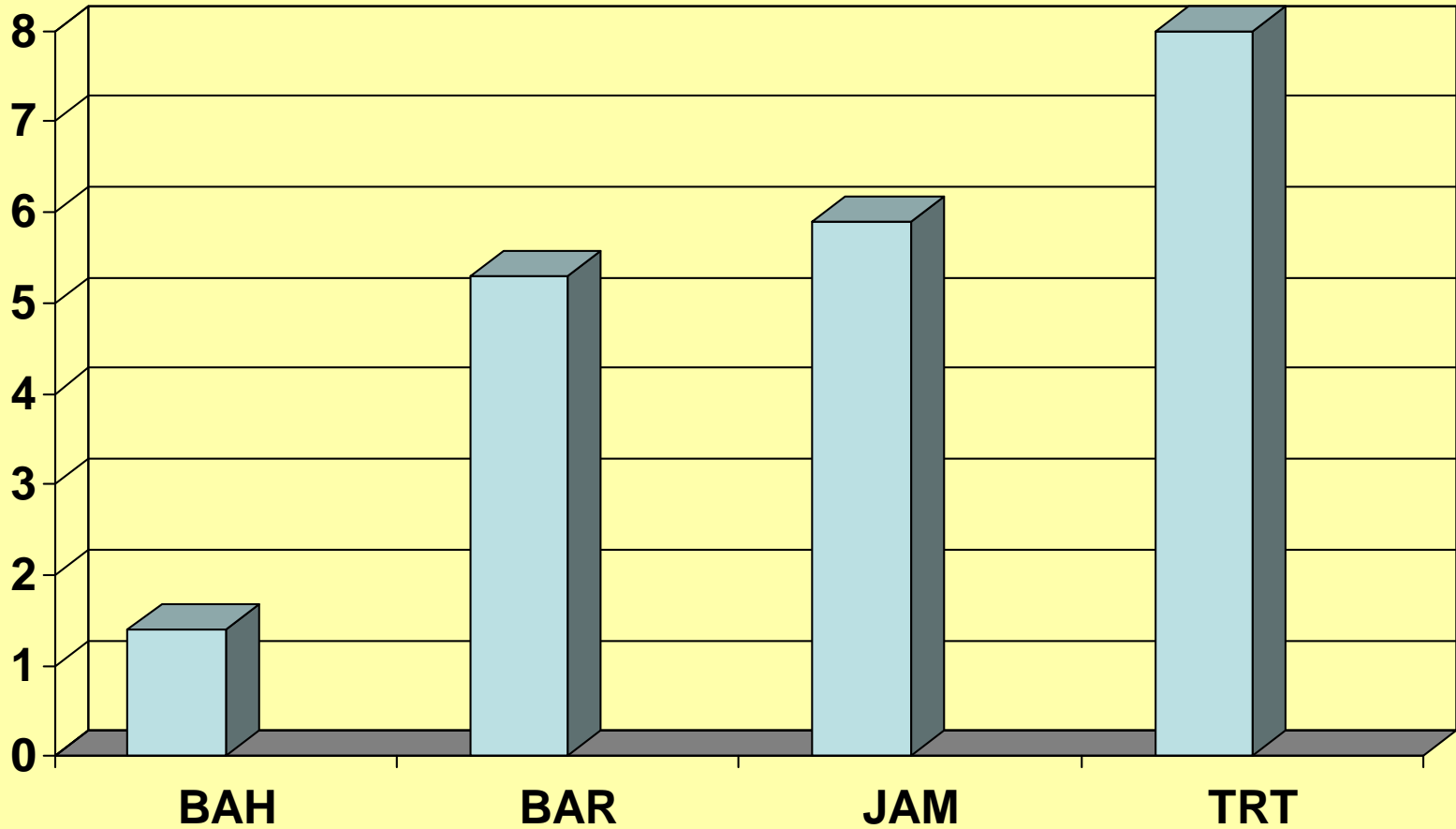




A Consequence of Diabetes



Total cost of DM and H/T as percent of GDP





Exploding the Myths

Myth: Chronic diseases are a problem of the rich countries.

Fact: Noncommunicable disease account for more than half the burden of disease and 80% of the deaths in the poorer countries which carry a double burden of disease.

Caribbean Responses Summarized

	A N G	A N T	B A H	B A R	G U Y	H A I	J A M	S U R	T R T
National focal point, Department or Unit			✓			✓	✓	✓	✓
National law, legislation, decree			✓					✓	
National Objectives									✓
Implementation of FCTC	✓		✓				✓		
Implementation of DPAS			✓	✓			✓		✓
National system of Health reports, survey and surveillance			✓	✓			✓	✓	
Demonstrative community-based programs			✓						
National standards and protocols for treatment			✓						
Quality assurance of care						✓			
Financial resources			✓		✓		✓	✓	

Source: PAHO Survey of NCD National Response Capacity, 2005



Addressing the Risk Factors

Tobacco and Alcohol

- Increase taxes with proceeds to prevention and treatment
- Ban smoking in public places
- Ban smoking in all schools
- Ban cigarette and tobacco advertising near to schools
- Curtail promotion of alcohol products targeted to women and children
- Establish target dates for passage of the legal provisions in the FCTC already ratified.



Addressing the risk factors

Physical Activity

- Have physical education compulsory in schools and provide the facilities
- Provide healthy, secure exercise spaces
- Provide wellness centers
- Give tax relief for worksite exercise facilities



Addressing the Risk Factors

Improve Dietary Practices

- Promote a standard of meals in public eating places, e.g. eliminating trans fats
- Provide healthy school meals
- Establish community-based networks for training in preparation of health foods
- Mandate RNM to investigate the trade issues which impact negatively on healthy food imports
- Promote elimination of trans fats from Caribbean diets



Addressing the Risk Factors

In the Case of Cancer

- **Primary prevention**
e.g. screening and vaccination to prevent cervical cancer

Promote screening for breast cancer



Secondary Prevention

- Screening programs for NCDs
- Provide health services with resources to apply the established cost-effective interventions
- Establish mechanisms to ensure availability of the medications necessary for the long-term treatment of NCDs when they occur



Other Critical Recommendations

- Establish national-level Commissions on NCDs
- Establish a system of behavior and risk factor surveillance with support of CAREC and UWI
- Insist on the updating of the Caribbean Regional Plan of Action for NCDs
- The Community should name a “CARICOM WELLNESS DAY”

Involve Partners

- PAHO/WHO
- Financial institutions
- Caribbean social partners – private sector and civil society

Monitoring and Evaluation

Designate CARICOM/PAHO as the joint Secretariat with responsibility for monitoring and reporting progress in NCD control.



CARICOM



Thank You