



Notes from Working Group #1: Barriers and Opportunities to the Implementation, Monitoring, and Evaluation of the NCD Regional Strategy, including National Capacity Survey

Group 1

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Barriers

- National NCD Focal points exist in name but limited capacity, espec English speaking Caribbean
- Country cooperation strategy does not include NCDs; only the MDGs (COL)—this is a strategic issue for PAHO/WHO
- MDG-6 does not include NCDs explicitly
- Lack of sufficient budget for NCDs; most of the budget for Com Dis in countries and PAHO
- Lack of HR to address the NC epidemic, and not only HR in health, but in other sectors, e.g., town planning, nutrition, trade, agriculture, education sector
- Ministers attending regional policy making meetings/negotiations not briefed
- NC Not being in the Agenda in general
- Supporting infrastructure; e.g., stats units, equipment for data collection
- Health structure does not provide for NC response; need more preventive orientation; need REAL re-orientation of health services; S cone ok, but not in Paraguay, not in NIC, HON, where ComDis and MCH, Malnutrition are the priorities at HS level
- Information system not oriented to NCDs, e.g., little measures of obesity,
- Necessity to have tools, e.g., taking care of patients, protocols,
- Relationships with Regional advisors/ technical facts, advice
- Insufficient staff at Regional level to respond to all the needs/requests
- Lack of sub regional advisors for NCDs (like in MNH)
- Fragmentation, e.g., tobacco meeting was separate, should have been included in this meeting and in CARMEN meeting, this is a major issue for focal points in PAHO and in countries

Opportunities

- Healthy settings program is a good opportunity for NCD prevention
- Policy dialogue on “opening fiscal space” for funding the NCD program
- Brief/advocate with the ministers attending meetings so they can negotiate better on behalf of their countries
- STEPS surveillance system is a good opportunity to apply q’naire every 2 years; going from a survey to surveillance

- ➔ National capacity survey is an opportunity that can be used to monitor policy and to assist planning; need to make it more objective – need to make it active surveillance of programs – make it a group exercise would be better
- ➔ Opportunistic screening for obesity and NCDs and RFs
- ➔ 7/7 heads of PAHO offices in our group supportive of NCDs (one office has restrictions)
- ➔ Sub regional platforms public (and private conglomerates) provides good opportunity for action, e.g., communication campaign in Caribbean, Central America
- ➔ Sharing of best practices
- ➔ Relationships with regional advisors, country visits
- ➔ Representations better able to work in integrated manner
- ➔ All the tools we have now are very good, but we have to package – FCTC, DPAS, STEPS, Chronic care model – one tool touches all the others
- ➔ IKM can really help to set up and access all the tools we now have

How to monitor care? Existing system is based on MCH

NCS 2001 survey – no feedback rec'd!

Needs of Focal Points to Better Implement Regional Strategy

- ➔ Collaboration and coordination among countries at sub regional level, e.g., Caribbean, Central America
- ➔ Training –
- ➔ Sub regional CARMEN/NCD program managers meetings would be very useful in/between Biannual CARMEN meetings
- ➔ Better Coordination in the offices, e.g., between NC, TOB, focal points (Problem; Regional office requests countries to name specific focal points for tobacco, for alcohol, etc.)