Caribbean Cooperation in Health Phase III (CCH III)

"Investing in Health for Sustainable Development"

Revision 5:
15 May 2009

EXECUTIVE SUMMARY

The countries of the Caribbean should be proud of the gains in health which they have made. The success of these achievements, namely combating serious public health problems, such as poliomyelitis, measles and cholera provide significant evidence of what can be achieved through a collective regional response which supports development at the national level. The Caribbean Cooperation in Health (CCH) represents a mechanism to unite Caribbean Territories in a common goal to improve health and wellbeing, develop the productive potentials of the people and by definition the competitive advantage of the region.

Major regional and international policy and strategic guidelines serve as the backdrop against which the new Regional Strategic Framework has been developed. This framework is a direct response to the commitments made by the Caribbean Community (CARICOM) Heads of Government in both regional and international declarations and policy guidelines. The Nassau Declaration and the Declaration of Port of Spain reinforce the Millennium Declaration aimed at reducing poverty by 2015. The CCH also recognizes and aims to address the priority issues identified in the Report on the Caribbean Commission on Health and Development. The CCH Phase III is charged with the responsibility to invest in the people of the region to ensure the highest attainable health, reduce inequity and mobilise traditional and non-traditional actors in tackling health challenges and building sustainable health systems.

The mandate of CCH Phase III 2009-2015 will address a new orientation towards

- People centred development,

- Genuine stakeholder and community participation and involvement

- Effective sub-regional coordination and public health leadership

- Outcome oriented planning and implementation and performance - based monitoring

- Resource mobilisation for health and health coverage and social protection for the people of the sub-region.

This framework represents a comprehensive health and development strategy for the Caribbean sub –region. The framework seeks to break free from the overemphasis on the disease model. While it acknowledges the importance of sustaining health gains, and completing the unfinished health agenda, it proposes an emphasis on strengthening the building blocks of joint action in health. The CCH Phase 3 therefore maintains the eight priority areas as defined in CCH 2. In looking at the determinants of these priority areas, it was recognized that the strategies/actions which need to be adopted in order to have any significant impact on these priority areas needed to be:

- Cross Cutting
- Inter-programmatic
- Transectoral
- Focused on the determinants of health

The CCH3, therefore identifies five projects objectives which have expected results which are intersectoral and interprogrammatic whilst addressing the eight priority areas but aim to achieve the stated goals. The details of the program areas are outlined in the matrices of the CCH3.

---

[13] CARICOM Secretariat , www.caricom.org.

INTRODUCTION

A Regional Landmark

The Caribbean Cooperation in Health (CCH) represents a mechanism to unite Caribbean territories in a common goal to improve health and wellbeing, develop the productive potentials of the people and by definition the competitive advantage of the region.

The concept of the Caribbean Cooperation in Health (CCH) was introduced in 1984 at a meeting of the CARICOM Conference of Ministers responsible for Health (CMH). The initiative called for collaborative action in health among the Countries and Institutions of the Caribbean Sub-Region. CCH II (1993) was a landmark in Caribbean cooperation. CCH has focused on collective action with optimisation in the use of resources over a given period, addressing commonly agreed upon objectives in priority health areas of common concern. The lessons learnt from the design and implementation of the CCH Phase I and II necessitated careful consideration during the planning stages of this new phase of CCH.

The main thrust of the CCH initiative is to identify priority health areas and use them as vehicles to[3]
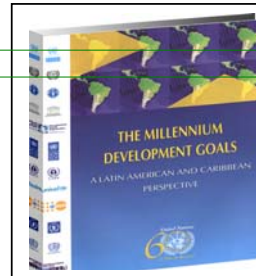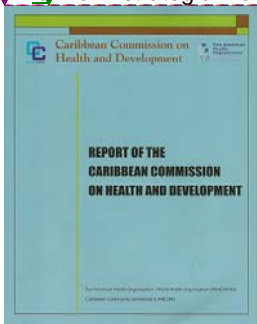
- Foster technical cooperation among the countries;

- Optimise the use of resources;

- Develop projects in the priority areas as a way to foster cooperation and collectively focus on areas of highest priority;

- Mobilize all national and external resources to address the most important health problems in the Region

> "Caribbean Countries helping themselves and one another to improve opportunities and systems for health in the region".
>
> Caribbean Cooperation in Health , Phase II

"Investing in Health for Sustainable Development "

This new strategic framework is a direct response to the commitments made by the Caribbean Community (CARICOM) Heads of Government in both regional and international declarations and policy guidelines. The Nassau Declaration and the Declaration of Port of Spain, reinforced the Millennium Declaration aimed at reducing poverty by 2015. The CCH Phase III is charged with the responsibility to invest in the health of the people of the region to ensure the highest attainable socioeconomic acheivement, reduce inequities in health and mobilise traditional and non-traditional actors in tackling health challenges and building sustainable health systems.

-

- Major Regional and International Guidelines

Revised Treaty of Chaguaramus (2001) and the Needham's Point Declaration (2006) " A Community for All".

The Nassau Declaration   "Health of the region is the Wealth of the region"

Millennium Declaration and Development Goals "Reducing poverty related inequalities by 2015 "

Declaration of Montevideo on the New Orientations for Primary Health Care" Designing people-centred care through a Primary Health - Care based system "

Declaration of Port of Spain "Comprehensive and Integrated Approach to the Control of CNCD"

The 2001 Declaration of Commitment to the Pan Caribbean Partnership Against HIV/AIDS

"Provide supportive environment for the collaborative response to fighting HIV/AIDS"

Reprt of the Caribbean Commission on Health and Development.

The mandate of CCHIII 2009-2015 will address a new orientation towards:

- People centred development,

- Genuine stakeholder and Community participation and involvement

- Effective sub-regional coordination and public health leadership

- Outcome oriented planning, implementation and performance monitoring

- Increased efforts at resource mobilisation for health and health coverage and social protection for the people of the region.

- " A Community for All"

The Report of the Caribbean Commission on Health and Development and the Commission on the Social Determinants of Health revealed the persistent and growing inequalities in health and weak health systems. Evidence of these shortcomings include:

- The continued lack of resources for health,

- Limited attempts at universal population coverage to address new and emerging health problems e.g. Mental Health,

- Inadequate access to quality health care services,

- Weak leadership and governance of the health sector

- Inadequate evaluation and monitoring mechanisms to chart progress and inform health action.

Implementation of the new orientation is supported by the Needham's Point Declaration (2007)[4] which proposes to use functional cooperation as the means of delivering agreed upon Common Public Goods[5].

> "Functional cooperation should be perceived as an entity that serves to make CARICOM a genuine " Community for ALL ".
>
> Needham's Point Declaration, 2007

The chapters which follow will outline the new regional strategic framework. Chapter two summarises the health challenges facing this region and reinforces the need for collaborative responses to these common issues.

The third chapter presents the lessons learnt and justifies the approach for the new CCHIII mandate "Investing in Health for Sustainable Development".

Chapter four and five present the vision, guiding principles and strategic approaches for a comprehensive platform for action for the next five years

Chapter six presents the Monitoring Mechanism.

Chapter seven discusses the Coordinating Mechanism. The critical success factors are discussed including the regional coordinating mechanism for successful implementation, at the national and regional level.

Chapter seven defines the financial mechanism for the implementation of CCH III.

---

[4] Twenty –eighth Meeting of theConference of Heads of Government
[5] Report of the Task Force on Functional Cooperation
[7] Adapted from Overview of Health in the Region- *Dr. C. James Hospedales former Director of the Caribbean Epidemiology Centre (PAHO/WHO*

AN OVERVIEW OF THE HEALTH DEVELOPMENT CHALLENGES

Overview of the Health Situation of the Region[7]

The regional and international policy discourse have elevated the importance of the social determinants of health in   health development planning. Recognition of the importance of changing social norms related to (violence, injuries, sexual behaviour, and environmental management,) will become more important as Caribbean societies advance in the new millennium. While disease prevention and treatment have played a significant role in securing our health status gains and will remain critical, equally important will be the recognition of health as a tool for development and well being.

Sustainable health systems will be needed to support the goal of "Health for All". Use of integrated comprehensive multi-sector measures including   information and communication networks, legal and fiscal reform and healthy public policies, will necessitate new ways of working with traditional and non traditional partners, in the public and private sectors of national, regional and international entities.

Demographic and Social

POPULATION PYRAMID FOR THE CARIBBEAN - 2010
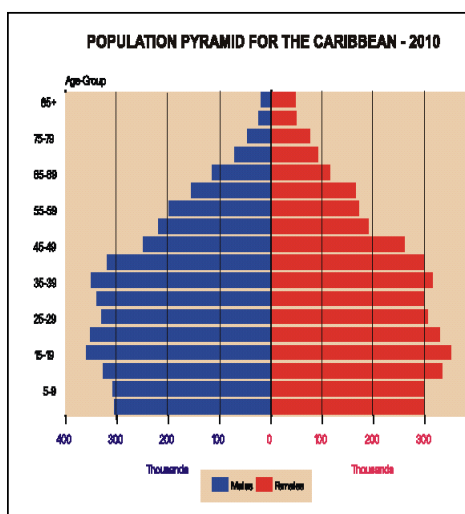
The countries of the Caribbean are undergoing a demographic transition. Today, both men and women live longer, with women living on average four to six years longer than men.

The overall population has doubled in the last 50 years, but the proportion of the population aged less than 15 years has been declining, while the population aged over 60 years has been increasing (figure - 1995 population pyramid). Population dynamics for 2010 reveal that the child population is stable or decreasing, population aged 25-64 years will increase by 13% and the labour force population will comprise 65% of the total population. The greatest population increase will be in the 45-64 year old group, with a rate of increase of >10,000 p.a.. Persons 65+ will constitute 10% of total population.

Mortality

The disease epidemiology of the region is characterised by the coexistence of consequences of communicable diseases with those of chronic – degenerative illnesses including heart disease, strokes, diabetes, cancer, and injuries, violence , trauma, occupational disease and mental illness.[8] Chronic diseases have replaced communicable diseases as leading causes of death and ill-health.

Mortality from communicable diseases, has been rising since the late 1980s, after years of decline. This is linked in particular to the epidemic of HIV/AIDS but more recent to vector borne illnesses such as dengue and malaria. In childhood, while infections have decreased as a cause of illness and death, nutrition related illness or risk factors for illness such as obesity have increased. In early adulthood, diabetes, suicide and homicide have increased as causes of death ove   r the past 10-15 years.

---

[8] Health Agenda in the Americas 2008-2017

While national and regional statistics show chronic non-communicable diseases are the leading cause of death for the population as a whole, preventable conditions like HIV/AIDS, injuries and violence are the leading causes of death among the youth and population of productive and reproductive age.

Risk Factors

Current studies in Behavior Risk Factor Surveillance will greatly assist in identifying the risk factors most dominant in influencing the increasing incidence of NCDs in all the states. Similar studies will have to be undertaken in relation to accidental and intentional violence.

Emerging and Re-emerging Infectious Diseases

Among the diseases subject to the International Health Regulations and global surveillance, only yellow fever and cholera are of real concern to the Caribbean Region. The possibility of importation into the islands exists. Maintenance of phytosanitary standards are also important to our trade in food products.

Whilst malaria is more dangerous where it exists, Dengue Fever has become the more significant vector borne illness for the CARICOM States. The threat of re-introduction of malaria is real as evidenced in the recent outbreaks in in Jamaica and Bahamas. This now demands risk reductions strategies and maintenance of outbreak capacity where risks are high.

The Caribbean boast high rates of childhood vaccination. Smallpox and polio have been eliminated. The elimination of measles is now only to be certified. On the heels of the measles elimination will follow mumps and Rubella and Congenial Rubella Syndrome.

The current demographic transition has implications for increasing rates of chronic non-communicable diseases, and an increasing need for care of the elderly. Increased urbanisation *is also making it contribution to increased rates of life style diseases as more time is spent commuting and less on healthy meals and exercise.

The Caribbean has benefitted from universal access to good primary and secondary education. Its high rates of literacy have been fundamental determinants of good health and essential in sustaining health gains and achieving social and economic development.

Economic Challenges

Most countries of the sub-region are deemed of middle income status. However, considerable challenges persist in maintaining economic stability and viability. The current Global economic challenges have created meaningful pressures on Caribbean economies and will eventually challenge their competitive advantage in key sectors such as tourism as recovery begins.

Climate change

Climate change currently occasioned by global warming can and has had its effects on the agricultural economies of the Caribbean. Global warming threathens beaches and low-lying costal zones and will have an enormous potential to impact livelihoods. Catastrophic hurricanes and frequent floods have had their ability to inflict damage to infrastructure including health and impact food security

LESSONS LEARNT

The lessons learnt from the design and implementation of the CCH I and CCH II have been carefully considered in this new planning and implementation stage.

Leadership

The importance of governance and stewardship in the region cannot be understated. There is need to prioritise efforts at ensuring sound leadership to bring about change in our complex regional environments. Equally important is the need to clarify the monitoring roles and functions of all stakeholders and responsible agencies.

Weak structural and institutional operations were identified as major weaknesses in the execution of CCHI and CCHII.

- Effectiveness and efficiency in the delivery and financing of functional cooperation initiatives

- Lack of adequate resources for the implementation of developmental health initiatives

- Absence of sustainable approaches to health development

- Inadequate emphasis on performance management

- Inadequate focus on knowledge creation and management

- Insufficient staff, and technical resources to coordinate and inform implementation processes

- Weak strategy for monitoring performance and competence of the regional human resources.

- Inadequate harmonisation and alignment of regional programmes and policy declarations in health.

- General lack of strong leadership and governance in the field of health at all levels of the system.

- Lack of a truly regional approach to address the unimplemented health agenda

- Inadequate emphasis on and support for exploring the potential of non-traditional stakeholders and partners including the private sector in the new global health environment.

Resource Mobilisation and Efficiency

Resource constraints were identified as one of the main barriers to the successful implementation of health initiatives. There is need for greater emphasis on a more strategic approach to resource mobilisation for health and an understanding of the real cost of achieving health outcomes. It is generally agreed that recent economic growth has brought additional resources to health[9]. However, this is accompanied by the growing demand for health and better performance. The Caribbean Region will have to show better results in programme implementation and health development if they are to secure much needed funding for health. Pooled financing of country needs and priorities can help increase the

---

[9] The World Health Report 2008

relevance of interventions and address the lack of capacity in country. The lack of a clear financial strategy to support the implementation of the regional strategic direction must be addressed in this new orientation. The new framework must demonstrate greater integration among the strategic objectives to reduce duplication and better utilise scare resources. This will require the following :

- Refinement of overlaps, consolidation and prioritisation of some interventions

- Feasibility studies,

- Greater focus on cross sectional opportunities

Capacity

The issue of limited capacity in the region calls for a new strategy to reversing the process of professional migration. Equally important is the need to enhance skills and competencies of our human resources and also the institutions responsible for nurturing and training minds. Standards of quality in all educational institutions.

Participatory Strategies and Stakeholders in Health

Given the intersectoral nature of health and the importance of all sectors in the achievement of health outcomes, the multi-sector approach in health is gaining prominence. Private sector and other non-traditional sectors can play a meaningful role in the implementation of CCHIII.

How we engage our stakeholders will determine the degree and quality of different forms of participation. The sub-regional focus will make this issue all the more challenging. Enhancing stakeholder buy-in, and engendering a truly multi-sector and intersectoral approach will require continued use of top down and bottom-up approaches involving policy guidance and genuine input from countries and institutions.

Priority Health Areas

The priority areas reflect the main issues affecting the health and well-being of the region to date. The challenge to arrive at common public goods is further exacerbated by lack of health information and health research, weak Health information systems and lack of focal points to continually monitor progress.

It was generally accepted that significant improvements were realised during the execution of phase 1 and II in the above areas, however, the real challenge remains two fold:

1. The limited capacity of the sub-region to finance and sustain sub-regional initiatives and

2. The limited capacity of countries to translate sub-regional objectives into concrete policy formulation and sustainable programmes and infrastructure at the national level.[10]

---

[10] Report on the Caribbean Commission on Health and Development, 2006

Areas where common public goods have been derived include cross regional frameworks for the control of NCDs and HIV/AIDS, development of HIS, reporting on health status and strengthening the regional mental health response. While resource constraints may prohibit a closer examination of health tourism the role played by this sector cannot be ignored.

Monitoring and Evaluation

Performance – based funding is presently being used by many funding agencies to chart progress and performance in use of funds for stated health interventions. The establishment of monitoring and evaluation mechanism and effective health information systems to chart progress is critical to securing funding for health and ensuring the following:

- Effective and efficient programme implementation.

- Improving health and securing funding.

- Obtaining accurate information

- Supporting accountability mechanisms

Regional Challenges and Priorities

The changing regional landscape poses new and existing challenges. Institutional and organisational changes which will affect the implementation of regional initiatives. The new roles and functions of Regional Health Institutions in relation to CARPHA will have an influence on technical cooperation in the sub-region.

VISION AND GOAL

"Investing in Health for Sustainable Development"

The original vision and goal have been maintained because of the mandate they embrace. The CCHIII framework seeks to harness and   facilitate collaborative efforts of all stakeholders in improving access to health care, improving health and strengthening regional capacities through strengthened sustainable systems.

.

Vision for Health

" In the New millennium, Caribbean people will be happier, healthier and more productive , each respected for his/her individuality and creativity and living more harmoniously within cleaner and greener environments".

Goal

To improve and sustain the health of the people of the Caribbean Adding Years to Life and Life to Years

GUIDING PRINCIPLES AND STRATEGIC APPROACHES

The CARICOM member states are called upon to endorse and apply principles and strategic approaches as commitment to achieving health goals. In this regard CCHHIII aims to facilitate the necessary regional response to support country efforts towards regional public goods and services and national strategic directions.

The Primary Health Care Approach will be the broad overarching health development framework which will guide the health development in this region. The guiding principles reflect the foundation upon which all interventions will be planned, implemented and evaluated.

The right to the highest attainable level of health

Health is a fundamental human right. Every citizen of the Caribbean has a right to the highest attainable level of health and therefore services need to be responsive to people's health needs. In addition, there is accountability in the health system, increased efficiency and effectiveness whilst effecting no harm.

Equity

Working towards eliminating unfair differences in health status, access to health care and health enhancing environments, and treatment within the health and social services system.

Solidarity

The people and institutions in the Caribbean working together to define and achieve the common good.

People Centred Care

Common health needs will be addressed as public goods that all member states identify with and support by virtue of their relevance to the national situation and the desire to promote health of the community as a whole. The ultimate aim to get people healthy and keep them healthy. This means that our regional initiatives must have as their main aim meeting the needs of the people, families and communities of the region.

Good Governance

Public health leadership is a major priority. The attainment of Health for All will be dependent on leadership that shares regional vision and creates an enabling environment for mobilising resources, improving performance, ensuring greater transparency and accountability of regional health systems.

PRIORITY AREAS AND STRATEGIC OBJECTIVES

Investing in Health for Sustainable Development in the Caribbean,

The Caribbean Ministers have recognized that the eight priority areas to be addressed in CCH3 are:

- Communicable Disease
- Non-Communicable Disease
- Health Systems Strengthening
- Environmental Health
- Food and Nutrition
- Mental Health
- Family and Child Health
- Human Resource Development

In order to achieve an impact on these priority areas, it is necessary to address the determinants of the diseases/conditions. The strategies/actions which need to be adopted must be:

- Cross Cutting
- Inter-programmatic
- Transectoral
- People Focused
- Adopt a holistic approach
- Place an Increased focus on addressing the determinants of health
- Creating an enabling environment for change through transectoral policy development to make healthy choices, easier choices

In looking at the need to adopt a people focused approach in CCH3, a focus on the priorities as defined and the need to adopt sustainable strategies to be harmonized with the Nassau Declaration, "the Health of the People is the Wealth of the Region", the goals for CCH3 were defined along the theme: Investing in Health for Sustainable Development.

The five project goals for CCH3 are:

- Creation of a Healthy Caribbean environment conducive to promoting the health of its people and visitors

- Improved health and quality of life for Caribbean people throughout the life cycle Adding years to life and Life to Years
- Health Services respond effectively to the needs of the Caribbean people
- Human resource capacity developed to support infrastructure development in health in the Region

- Evidence based decision making is the mainstay of policy development in the Region

Creation of a Healthy Caribbean environment conducive to promoting the health of its people and visitors

Expected Outcomes at the National Level:

- Strengthened the legal and regulatory framework for EH management
- Improved management of water resources including recreational waters through a holistic and integrated approach. This applies to potable, recreational water quality
- Implementation of the integrated vector borne management strategy in the Caribbean
- Integrated waste management options implemented
- Full implementation of the International Health Regulations
- Healthy foods are available for consumption of Caribbean people

Areas for Joint Collaboration:

- Regional Environmental Health framework developed that incorporates climate change effects and projections using the risk management approach

- Regional Environmental Health Strategic Plan developed and implemented as appropriate (EH professional network, climate change, tourism, guidelines for drinking and recreational waters)

- Model harmonized legislation for environmental health priorities including port health

- Development of regional guidelines, strategies and tools to promote environmental health awareness

- Support guidelines and indicators in various settings which impact on the population's health namely schools, workplaces, home and recreation facilities

- Develop Core Indicators and Framework for Health promoting Schools and support the development of health promoting schools in the Region through the strengthening of the Caribbean Health Promoting School Network

- Food Safety and Security:
  Ensuring/establishing regional nutritional and quality criteria for imported and locally produced foods as part of trade policy which would include standards for food labeling

- Develop intersectoral policies with agriculture, trade and marketing to develop a mechanism for differential pricing and tariffs to assure that healthy foods are available at affordable prices

- Support capacity at the regional and national level to implement the International Health Regulations and to mount an effective response to outbreak or disaster crisis at national and regional level.

- Support the enhanced capacity at national and regional level to mount an effective early warning system for disasters and mount an effective and coordinated response.

**Improved health and quality of life for Caribbean people throughout the life cycle
Adding years to life and Life to Years**

Expected Results at the National level:

- Promote mental wellness of the population and mechanisms to support appropriate care for the mentally ill at the primary care level and appropriate acute care

- Programs for early childhood development integrated into Primary Health Care

- Improved capacity to monitor and manage conditions which influence perinatal, fetal and neo-natal mortality and diseases in the under 5 population improved

- The capacity of the health and other sectors to respond to the specific health and development needs of adolescents and youth improved

- Programmes to promote and protect the health and well-being of the elderly integrated and strengthened

- Multi-sectoral approach and capacity of countries strengthened to reduce the incidence of violence and unintentional injuries

Areas for Joint Collaborative Action:

- Develop models and pilot programs which address Integration of Early Childhood Development programs into primary care

- Support the implementation of the new WHO Child Growth Policy and Standards

- Maintain high levels of immunization rates for the Vaccine preventable diseases and assess feasibility of introducing new vaccines in the Region with particular emphasis on HPV vaccine for the prevention of Cervical cancer

- Development of Regional nutrition standards and guidelines for school meals and food sold in school cafeterias, dietetic guidelines for institutions on NCDs

- Development of a sub-regional plan to adopt an integrated approach to the challenges of Adolescent Health which will include amongst other issues, mental health, injuries and violence and sexual and reproductive health

- Develop a Regional plan on Injury and Violence Reduction

- Develop models of care and share best practice of Integrative care for the elderly and physically and mentally challenged

- Implement the Caribbean Regional Strategic Framework for HIV/AIDS

- Support implementation of the Port of Spain Declaration on Stemming the Tide of Non-Communicable Diseases

-

- Support implementation of the Mental Health Policy

-

Health Services respond effectively to the needs of the Caribbean people

Expected Results:

- To promote universal access to health care services at primary care
- To re-orient health care to Primary Health Care Based systems
- Access to safe affordable and efficacious medicines improved
- Health sectors organized and prepared to respond to disasters through safe hospitals and health care facilities
- Health sectors organized and prepared to respond to mass casualty national/regional events/disasters
- Capacity of Member States to perform essential health functions strengthened

Areas for Joint Action

- Assess feasibility in the Caribbean Region to develop a mechanism for Shared services in tertiary care

- Develop/Review protocols and standards of care for mental health, non communicable diseases and other priority diseases identified in the CCH3

- Conduct study to assess the feasibility of establishing a Regional Health Insurance Scheme

- Development of a comprehensive and integrated chronic disease management models

- Support harmonization of pharmaceutical regulation, pooled procurement, enhanced pharmacovigilance and drug management policies in the Region

- Support development of Regional Quality Management and Accreditation Framework including Patient Charters

- Support the implementation of the safe hospital assessments in all hospitals in the Region

- Support the development of national centres of excellence in laboratory and public health

- Support implementation of the Caribbean HIV/AIDS Plan for the Health Services

Developing Human Resource capacity to support infrastructure development in health in the Region

Our smaller member states are faced with problems of retention of trained personnel, the quality, skills and competencies of the exisiting health workforce , limitations in sub-regional capacity to train a health workforce to meet the needs of the CARICOM community. This includes the full extent of the health workforce such as nurses, physician, public health practitioners, researchers and health care managers

Our vision aims to provide access to quality health services for all people of the CARICOM Region through the strengthening of health human resources. The strategic direction laid out in the CCHIII aims to mobilise institutional actors at the national, regional and global level of the health sector and other relevant civil society actors, to collectively strengthen the human resources in health through both policies, interventions and networks.

We have incorporated strategies to mitigate against the effects of regional and international labour force challenges but to also embrace the potential opportunities presented by the regional and global trends. Our reponse supports the Toronto Call to Action (2006) and is designed to specifically address the Millennium Development Goals in accordance with national health priorities.

Areas for Joint Action:

- Support the development of a Regional Strategic plan for health human resources developed

- Support the development of the infrastructure to enable the free movement of skilled health personnel in the CARICOM Region

- Development of a Regional Health Profession Registration Database

- Models and frameworks of transectoral policies and protocols for health workforce planning

- Develop mechanism for coordination of schools of public health in the Caribbean for the strengthening of research and training in public health.

- Enhanced coordination of schools of medicine, nursing and allied health professions in the Caribbean to strengthen the training in the health professionals to meet he health and development needs of the CARICOM Region

- Develop mechanisms for coordination of the health services and the Caribbean academic institutions to work cooperatively in human resource planning and the development of human resources management programs as part of the curricula

- Regionally accepted competencies in the health workforce for primary and secondary prevention, quality health and health care with particular emphasis on the CCH3 priority areas

- Initiatives and strategies developed to support the expansion of residency training programs that focus on primary care and chronic disease prevention and management

- Development of a human resource plan for mental health programs: The plan should include curriculum development at pre-service level, continuing education for mental health care professionals and a module addressing integration of mental health management and care into primary health care systems.

- Curriculum development at pre-service level, CPD and integration of mental health management including substance abuse and care into Primary health care systems

Evidence Base Policy

- Expected Results at the National level:
- Improved surveillance systems in the priority areas of CCH3
- Evidence informed policy formulation

Areas for Joint Action

- Establishment of a Caribbean Health Agency which would provide leadership in public health and support evidence based decision making in the Caribbean Region, guide the development of policy and monitor and evaluate interventions in priority areas.

- Support the development of a minimum data set for health information systems, this would include indicators in the priority areas for CCH3 namely, mental health, environmental health, communicable and non-communicable diseases, food and nutrition

- Establish/Review guidelines for the surveillance of selected communicable diseases, vector borne diseases, nutrition and environmental hazards including vector surveillance

- Enhanced laboratory capacity at the Regional level to support countries in surveillance of communicable diseases, environmental health, water food borne and quality assessments

- Establish baseline data for the CCH 3 priorities and support countries capacity to collate, analyze data and present in a meaningful way to various stakeholders

- Development and Implementation of a Caribbean Health Information System supported by a regional health information network.

MANAGEMENT AND COORDINATING MECHANISMS

This new phase of CCHIII will require stronger leadership, more effective management and coordination, technical and administrative capacity at both regional and country level and effective resource mobilization.   Emphasis will be placed on achieving genuine involvement and participation by all actors in health and related sectors as well as instituting greater accountability for the delivery of agreed upon common public goods and related interventions.

Coordination and monitoring of the implementation of the CCH Phase III is structured along two levels:

> - The Regional Level Functions

> - The National level Functions

 Regional Level Functions will

- Support individual countries in developing capacity to implement and monitor regional public good and support global health and development commitments.

- Provide effective and efficient technical cooperation through a greater streamlining of regional agency responsibility.

- Establish multi-sector Priority Area and Priority Health Programme Area multi-disciplinary monitoring committees

- Provide timely reports on regional and national progress towards accepted goals and indicators.

- Improve regional support machineries through effective technical support to countries

- Reduce duplication in technical support to countries

- Facilitate a regional data base and knowledge access tools to ensure involvement by all participating agencies and countries.

National Level Functions:

The individual countries will through national machineries:

- Ensure effective functioning of national machineries

- Provide adequate data on monitoring indicators

- Ensure adequate participation of traditional and non-traditional sectors in the attainment of health and development objectives.

- Build capacity at national level to contribute to national and regional progress.

Management Mechanism

The COHSOD responsible for Health.

The COHSOD is ultimately responsible for guiding the implementation of the CCH III. The Annual Caucus of Ministers of Health will have the responsibility to direct the CCH in between COHSOD is a sub-committee of the Council for Human and Social Development (COHSOD).

The Caribbean Cooperation in Health Secretariat

The Secretariat comprises the CARICOM Secretariat and the Office of the Caribbean Programme Co-Ordination (PAHO/WHO). The Secretariat will be strengthened to manage the administrative and Technical implementation of CCH.

The CCH Secretariat will hold formal meetings at least three times a year and will be responsible for the following:

- Definition of the technical and administrative support required for implementation. Coordination of project implementation;

- Annual implementation plan

- Annual Reports.

- Commissioning of the Monitoring and Evaluation Framework

- Coordination of Resource mobilisation.

- Adopting and supporting a communications strategy

-

The Steering Committee

The steering committee comprises, the Executive Committee of the CMOs; Regional Focal Points for the Priority Areas drawn from the Regional Technical Programmes[11], Regional Tertiary Institutions; the Caribbean Cooperation in Health Secretariat (will be the secretariat as well).

The committee will meet twice a year (April and October)and its functions are:

- Supporting and facilitating the implementation at national level based on sound evidence.

- Promoting and facilitating technical cooperation within and among countries, agencies , institutions in both traditional and non-traditional sectors

- Resource mobilisation

- Monitoring and evaluation of progress of the CCH two Comprehensive Priority Areas.

---

[11] Represented by CARPHA

The Regional Focal Points

This technical structure will operate at two levels. Firstly at the level of the Individual agencies with specific responsibility and second as an integrated multi-disciplinary team. Overall responsibilities will include:

- Monitoring the progress of Priority Health programmes and reporting to the steering committee.

- Promoting, facilitating and guiding countries in developing plans policies, programmes and projects to achieve the subregional goals set in the priority areas at the national level.

- Assist in building capacity for the implementation of CCH Phase III at the national level.

Critical Success Factors

1. Sustained commitment from all responsible parties to ensure the following:

- Ownership from the regional and national level and among non-traditional actors in health

- Strong Leadership at country level and at the level of the CARICOM Secretariat.

- More effective monitoring of regional programs and associated national programmes.

- Adequate technical cooperation for implementation of building block and health care programmes.

- Capacity building at country level and among technical staff for using the regional priorities and objectives to guide national planning and to produce reliable health data.

- Support for the regional and national coordinating mechanisms

  1. A proficient joint CCH Secretariat(PAHO/CPC and CARICOM Secretariat) to coordinate and , where necessary, undertake work in close collaboration with the CMOS (the CCH coordinators).

  2. Greater attention to communication and access to knowledge sharing networks between and within countries through the implementation of a comprehensive **Communications Strategy**, upgrading existing systems where necessary, to facilitate communication between the Secretariat and countries

     - Establishment of regional data base for monitoring of all indicators and ensuring that reliable data is available for evidence-based planning and decision making in health planning and programme strengthening nationally and regionally.

Country level responsibilities:

- Formulation, needs identification, resource mobilisation and information sharing

- Provide guidance, direction and relevant information to the CCH Secretariat

- Maintain communication with key stakeholders, particularly the public, about CCH benefits

- Support the CCH Coordinators(CMOs) in implementing the Initiative

- Participate fully in all activities of CCH

Programme and Financial Accountability

Lines of reporting for technical and financial accountability will be carefully defined. The regional planning, monitoring and implementation mechanism outlined above will serve as the main programme accountability system.

- The CARICOM Secretariat

- CCH Secretariat

- CARPHA

.

Background

The Caribbean Community (CARICOM) was established in 1973 by the signing of the Treaty of Chaguaramas in Trinidad and Tobago with the purpose of enhancing economic and foreign policy coordination and promoting functional cooperation. CARICOM Member States are Antigua &Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts & Nevis, Saint Lucia, Saint Vincent &the Grenadines, Suriname and Trinidad & Tobago. Associated Membership is extended to Anguilla, Bermuda, British Virgin Islands, Caymans and Turks and Caicos.

The Caribbean Cooperation in Health Initiative (CCH) was developed in the framework of functional cooperation. It was adopted by CARICOM Health Ministers in 1984 to optimize the utilization of resources, promote technical cooperation among countries, develop and secure funding for the implementation of projects in priority health areas. The concept promoted collective and collaborative action to solve critical health problems best addressed through a regional approach rather than by individual country action.

The initiative was approved by CARICOM Heads of Government in 1986 and CCH Phase I was launched. The CCH although lauded by both Caribbean regional governments and international agencies as a positive intervention, only partially realized the goal of securing external funding to implement all the priority projects; however the concept of collective and collaborative action and the prioritization of health concerns was adopted by the countries as a framework for national interventions and the promotion of technical cooperation.

Over the years special efforts were made to promote partnership with national, bilateral, multilateral, regional and international agencies to secure additional resources for the collective program. In this process the Pan American Health Organization/ the Americas Regional Office of the World Health Organization (PAHO/WHO) has been the major partner and has provided technical and financial resources through its country representations and to at least two of the five Caribbean Regional Health institutions namely; the Caribbean Epidemiological Centre, Caribbean Food and Nutrition Institute, Caribbean Health Research Centre, Caribbean Environmental Health Institute and the Caribbean Regional Drug Testing Laboratory.

 CCHII approved in 1999 for the period 1999-2003 sought to give greater emphasis for the countries to assume ownership in the development of the processes and the implementation of programs. The CCHII established eight program priorities. These were Chronic Non-Communicable Disease; Communicable Diseases including HIV/AIDS; Environmental Health; Family Health; Food and Nutrition; Health Systems Development; Manpower Development; and Mental Health. The management and monitoring of the program was the responsibility of the CCH Secretariat comprising the Health Desk of the CARICOM Secretariat and the PAHO/WHO Office of Caribbean Program Coordination (OCPC) supported by a Steering Committee with technical representatives from the Chief Medical Officers and the regional health institutions.

During the period 1999-2005, the actual timeframe of CCHII initiative only limited success was achieved in obtaining external funds for special regional projects. However the CARICOM Heads of Government recognised the CCH mechanism as a contributor to enhancing development and formulated the Nassau Declaration 2001 – which proclaimed that the "Health of the Region is the Wealth of the Region". This Declaration mandated that special attention should be given to three of the eight priorities namely, Chronic Non-Communicable Disease, Mental Health and HIV/AIDS. Among these HIV/AIDS obtained significant funding, and an increase in programming and partnerships. As a result CARICOM established a separate Secretariat, Pan Caribbean Partnership for HIV/AIDS (PANCAP), for coordination and monitoring.

Resources for monitoring the CCHII process and progress was also not readily available as there was also a reduction in "project resources" from the OCPC and CARICOM for the management of the CCH Secretariat. However the PAHO/WHO programming budget for the Caribbean was used to support certain specific activities relating to the priority areas as a component of its ongoing work-plan. Some of these activities included the hosting of several regional meetings to build consensus and accelerate program development. For example the completions of a draft action plan for the management of Chronic Non-Communicable Diseases (CNCD) and the preparation of a core curriculum for building capacity for environmental health officers.

Evaluation of CCHII and Recommendations

CCHII evaluation report highlights that although some regional projects were developed by CARICOM, PAHO/OCPC, CAREC, CFNI, CEHI and CHRC insufficient additional resources were secured by the subregion to mobilize, promote and coordinate technical cooperation among countries. As a result the CCH although used conceptually in planning by most countries, took a lesser role in the context of national programming. Some of this posture was also affected by the limitations in the national management and program structures.

Carr and Ward recommended that the successor to CCHII, namely CCHIII should retain the same eight priorities as in CCHII and add an additional goal to address the promotion of healthy lifestyle and behaviour changes from at risk behaviour

CARICOM Policy decisions and initiatives

At the 2001 CARICOM Heads of Governments' Conference, the Nassau Declaration recognised that the "Health of the Region is the Wealth of the Region", recommended continued emphasis should be given to the implementation of the CCH Framework and mandated a that increased attention should be given to the development and implementation of three priority health areas namely HIV/AIDS, Mental Health and Chronic Non-Communicable Diseases. These items provide the stimulus to keep the strategic health agenda for functional cooperation in focus.

Process of developing CCHIII

PAHO/OCPC and CARICOM Secretariat convened a series of meetings with the relevant stakeholders and facilitators to review the Evaluation Report and define the roles and functions of the PAHO and CARICOM regional health institutions and the PAHO/OCPC technical program towards the implementation and formulation of CCHIII

Administrative structure for implementation of CCH III

The management structure for the CCHIII should include a mechanism for working with CARPHA. However the role of the CCH Secretariat as proposed in the Carr-Ward report will fulfill the responsibilities for strategic direction, monitoring and evaluation of the initiative. This would also require a formal arrangement for reporting between the PAHO Caribbean Representations and the PAHO/OCPC. This would address the challenge identified in the Evaluation Report of the need for the PAHO Offices to be more participatory in the CCH process

——————————————————————————Page Break——————————————————————

TABLE OF CONTENTS

Font: (Default) Arial, Bold, All caps

Initiative

I

is to identify priority health areas and use them as vehicles to[1] strengthen health development in the sub-region.

Optimise the use of resources;

Foster technical cooperation among the countries;

Develop projects in the priority areas as a way to solve critical health problems and as vehicles for improving the overall health delivery system;

Mobilise all national and external resources to address the most important health problems of the neediest groups in health

e

---

[1] CARICOM Secretariat , www.caricom.org.

Page 2: [6] Deleted	RCummings	5/6/2009 5:18:00 PM

Page 2: [7] Formatted	heather	5/15/2009 11:46:00 AM

Bulleted + Level: 1 + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"

Page 2: [8] Deleted	RCummings	5/6/2009 5:18:00 PM

Page 2: [9] Formatted	heather	5/15/2009 11:46:00 AM

List Bullet, Left

Page 2: [10] Deleted	heather	5/15/2009 10:33:00 AM

Page 2: [11] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 2: [12] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial, 10 pt

Page 2: [13] Deleted	heather	5/13/2009 1:30:00 PM

.

The thrust of this new round of action is based on the premise that

Page 2: [14] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 2: [15] Formatted	heather	5/15/2009 10:31:00 AM

Justified, Indent: Left: 0"

Page 2: [16] Deleted	heather	5/13/2009 1:30:00 PM

, there is need to strengthen the building blocks and platforms upon which all health and development initiatives can

Page 2: [17] Deleted	heather	5/13/2009 1:30:00 PM

be supported and sustained.

The regional response is

Page 2: [18] Deleted	heather	5/13/2009 1:30:00 PM

divided into two interrelated components.

Establishing the building blocks for sustainable health systems

Responding to the new and unfinished health agenda of the region.

Page 2: [19] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 2: [20] Deleted	RCummings	5/6/2009 5:21:00 PM

f

Page 2: [20] Deleted	RCummings	5/6/2009 5:21:00 PM

.

Page 2: [20] Deleted	RCummings	5/6/2009 5:21:00 PM

Page 2: [20] Deleted	RCummings	5/6/2009 5:21:00 PM

Page 2: [21] Deleted	gandiber	5/14/2009 12:11:00 PM

and

Page 2: [21] Deleted	gandiber	5/14/2009 12:11:00 PM

implementation

Page 2: [22] Deleted	RCummings	5/6/2009 5:21:00 PM

Page 2: [22] Deleted	RCummings	5/6/2009 5:21:00 PM

Page 2: [22] Deleted	RCummings	5/6/2009 5:22:00 PM

Page 2: [23] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial, 10 pt, Bold

Page 2: [24] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 2: [24] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial, 10 pt

Page 2: [24] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 2: [25] Formatted	heather	5/15/2009 10:31:00 AM

Justified

Page 2: [26] Change	gandiber	5/14/2009 12:10:00 PM

Formatted Bullets and Numbering

Page 2: [27] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial, 10 pt

Page 2: [28] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 2: [29] Deleted	gandiber	5/14/2009 12:08:00 PM

sub-regional health systems aimed at investing in health.

Page 2: [30] Deleted	heather	5/13/2009 1:32:00 PM

This is necessary to position the health system as a responsive sector capable of addressing unexpected challenges and providing the highest attainable standard of health to all in need. This premise is supported by the proposed primary health care reforms in support of the renewal of Primary Health Care.[2].

Page 2: [31] Deleted	gandiber	5/14/2009 12:15:00 PM

The Primary Health Care Approach will be the broad overarching health development framework which will guide

---

[2] World Health Report - Primary Health Care Now or Never : Now more Than Ever, 2008

health development in this region. The guiding principles reflect the foundation upon which all interventions will be planned, implemented and evaluated.

The right to the highest attainable level of health

Vision for Health

" In the New millennium, Caribbean people will be happier, healthier and more productive , each respected for his/her individuality and creativity and living more harmoniously within cleaner and greener environments".

Goal

To improve and sustain the health of the people of the Caribbean

Adding Years to Life and Life to Years

the design and implementation of the CCHI and CCHII have informed this new planning. The original eight priority health areas have been maintained as recommended by the CARICOM Ministers of Health.

The priority areas have been grouped under two

Comprehensive Priority Areas. The greatest change has occurred in Priority Area 1. This Priority Area now

represents actions to establish and achieve Sustainable Health Systems. It includes what is usually considered to be cross cutting themes. Given the present

performance of health systems and weaknesses discussed with respect to system building blocks, it is pertinent that these issues be addressed as priorities.   The second Priority Area contains the Priority Health Area Programmes.

Two Comprehensive Priority Areas

Strengthening health systems to effectively respond to issues which create continued inequalities in access to health services, attainment of good health and effective utilisation of public health goods

Health Financing

Health Information Systems

Health System Organisation

Public Health Leadership and Governance

Human Resource Development

To prevent and or reduce the disability, morbidity and mortality due to diseases, ill-health and risk factors and promote health and well being within the context of the wider health system

Family and Community Health

Food and Nutrition

Chronic Non Communicable Diseases

Communicable Diseases

Mental Health

Environmental Health

Priority Area 1	Priority Area 2
To improve universal access to health care services	To improve health and quality of life throughout the stages of the life cycle.
To strengthen Health information systems	To achieve optimal health and enhance development through the improvement of nutrition, food safety and food security
To reorient health care to Primary Health Care Based –Systems	To build capacity of country and regional levels for the prevention and control of chronic diseases.

To strengthen public health leadership	To mitigate against the individual, societal and economic effects of communicable of epidemic proportions
Develop human resources within the health sector to respond to the health needs of the people	To improve and maintain the mental health of the caribbean population
	To reduce the impact of poor environmental health conditions on human health

The chapter, Lessons Learnt, highlights some of the major barriers to the successful implementation of the CCH Phase III. This new phase will require strong leadership, effective management and coordination and technical and administrative capacity at both regional and country level. Emphasis will be placed on achieving genuine involvement and participation by all actors in health and related sectors and instituting greater accountability for the delivery of agreed common public goods and related interventions.

Page 3: [41] Deleted	rcummings	3/24/2009 1:11:00 PM

Initiative

Page 3: [41] Deleted	rcummings	3/24/2009 1:12:00 PM

I

Page 3: [41] Deleted	rcummings	3/24/2009 1:12:00 PM

former

Page 3: [41] Deleted	rcummings	3/24/2009 1:12:00 PM

CCH

Page 3: [41] Deleted	rcummings	3/24/2009 1:12:00 PM

I

Page 3: [41] Deleted	rcummings	3/24/2009 1:13:00 PM

s

Page 3: [42] Deleted	RCummings	4/30/2009 3:25:00 AM

Page 3: [42] Deleted	RCummings	4/30/2009 3:24:00 AM

| Page 3: [42] Deleted | RCummings | 4/30/2009 3:26:00 AM |

2

| Page 3: [43] Deleted | rcummings | 3/24/2009 1:16:00 PM |

Phase III (2000)

| Page 3: [43] Deleted | rcummings | 3/24/2009 1:16:00 PM |

and

| Page 3: [43] Deleted | rcummings | 3/24/2009 1:16:00 PM |

towards the achievement of

| Page 3: [44] Deleted | rcummings | 3/24/2009 1:18:00 PM |

new

| Page 3: [44] Deleted | rcummings | 3/24/2009 1:18:00 PM |

and implementation stage

| Page 3: [45] Deleted | rcummings | 3/24/2009 1:23:00 PM |

Major regional and international policy and strategic guidelines serve as the backdrop against which this Regional Strategic Framework has been developed.

| Page 3: [46] Deleted | RCummings | 4/30/2009 10:53:00 AM |

| Page 3: [46] Deleted | RCummings | 4/30/2009 3:29:00 AM |

| Page 3: [46] Deleted | RCummings | 4/30/2009 10:54:00 AM |

health

| Page 3: [46] Deleted | RCummings | 4/30/2009 10:54:00 AM |

y

| Page 3: [47] Formatted | heather | 5/15/2009 11:46:00 AM |

Bulleted + Level: 1 + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"

| Page 5: [48] Deleted | heather | 5/15/2009 11:20:00 AM |

Page 7: [49] Deleted	rcummings	3/27/2009 1:20:00 PM

There is need to understand the root cause of high level of hypertension, diabetes, obesity and cancer which presently characterise our Caribbean societies. One explanation points to diets. Caribbean populations consume fat greatly in excess of CFNI nutrient composition targets. Behaviours and attitudes are the underlying determinants of much of the preventable ill health. Behaviour modification programmes are being designed and implemented in many Caribbean Countries. Programme interventions are focused on the fundamental determinants of preventable ill health,

Page 7: [50] Deleted	rcummings	3/27/2009 1:58:00 PM

HIV/AIDS models, developed by CAREC in collaboration with the health economics unit at UWI, suggest that if we do not have more success with prevention efforts, AIDS will have a very significant impact on mortality in the coming two decades, and that 3-5 percent of the GNP could be spent on AIDS. This represents the entire health budget of some countries. Our success at combating this issue lies beyond the health sector. Inter-sectoral approaches supported integrated management system across disciplines, sectors and national boundaries will be required.

At the global level, malaria is perhaps the most important vector borne disease, though dengue fever is more common. Within the Caribbean, malaria is endemic in Guyana, Suriname, Belize, Haiti, and the Dominican Republic. There is need for comprehensive programmes and effective surveillance systems in order to facilitate early recognition, appropriate treatment, and control the spread. Given the heavy dependence of the Caribbean Region on tourism, and the vast amount of human traffic in and out of our national and egional borders, all efforts should be made to safeguard the health of residents and travellers and economic livelihoods.

Page 7: [51] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial, 10 pt

Page 7: [52] Deleted	rcummings	3/27/2009 4:29:00 PM

The vaccine preventable diseases are one area where there has been continued success.

Page 7: [53] Deleted	rcummings	3/27/2009 4:26:00 PM

and the Caribbean region is among the regions in the world to eliminate indigenous measles. Of concern now is the occurrence of

Page 7: [54] Deleted	rcummings	3/27/2009 4:31:00 PM

I in several countries. Continued success will be dependent on among other factors, how well we involve communities in vector control and source reduction.

Page 7: [55] Deleted	rcummings	3/27/2009 4:32:00 PM

present epidemiological and

Page 7: [56] Deleted	rcummings	3/27/2009 4:32:00 PM

, who will approach one fifth of the population early in the next century.

The situation is further complicated by u

which is an increasing trend in many countries of the region. This trend is accompanied by inadequate housing, overcrowding, fewer job opportunities, and environmental challenges.

Education levels are directly linked to the state of a nations health. The population is more poised to achieve productive potentials through educational achievement if their health needs are addressed. In addition, the design and implementation of health education and promotion interventions are influenced by levels of education in our communities

Over the next years Caribbean economies will be expected to respond to the rising tide of liberalisation affecting domestic markets and the dismantling and erosion of traditional trade preferences.

Font: (Default) Arial, Bold
Font: Arial

PRIORITY AREAS AND STRATEGIC OBJECTIVES

A New Orientation
The overall purpose of the Caribbean Cooperation in Health Framework is to develop and implement programmes which focus action and resources on priority health issues of common concern to the Caribbean Community, with particular consideration given to vulnerable groups.
The framework. represents a comprehensive health development and implementation strategy for the Caribbean sub -region. The lessons learnt from the design and implementation of the CCHI and CCHII have informed this new planning.
The original eight priority health areas form have been maintained as recommended by the CARICOM Ministers of Health. They have grouped under two comprehensive priority areas. The greatest change has occurred in Priority Area 1. This Priority Area now represents, major actions to achieve sustainable Health Systems including what is usually considered to be cross cutting themes. Given the present performance of health systems and weaknesses discussed with respect to system building blocks, it is pertinent that these issues be addressed as priorities. The second Priority Area contains the Priority Health Area Programmes.

Two Comprehensive Priority Areas

Strengthening health systems to effectively respond to issues which create continued inequalities in access to health services, attainment of good health and effective utilisation of public health goods
.
Health Financing
Health Information Systems
Health System Organisation
Public Health Leadership and Governance
Human Resource Development

To reduce and prevent the disability, morbidity and mortality due to diseases, ill-health and risk factors and promote health and well being within the context of the wider health system

Family and Community Health
Food and Nutrition
Chronic Non Communicable Diseases
Communicable Diseases
Mental Health
Environmental Health

Strategic Objectives

The table below outlines the related strategic objectives.

	Priority Area 1		Priority Area 2
	To improve universal access to health care services		To improved health and quality of life throughout the stages of the life cycle.
	To strengthen Health information systems		To achieve optimal health and enhance development through the improvement of nutrition, food safety and food security
	To reoriented health care to Primary Health Care Based – Systems		To build capacity of country and regional levels for the prevention and control of chronic diseases.
	To strengthen public health leadership		To mitigate against the individual, societal and economic effects of communicable of epidemic proportions
	Develop human resources within the health sector to respond to the health needs of the people		. To improve and maintain the mental health of the Caribbean population
			To reduce the impact of poor environmental health conditions on human health

—————————————Section Break (Continuous)—————————————
--Page Break---

P R I O R I T Y A R E A 1	**STRENGTHEN HEALTH SYSTEMS TO EFFECTIVELY RESPOND TO ISSUES WHICH CREATE CONTINUED INEQUALITIES IN ACCESS TO HEALTH SERVICES ATTAINMENT OF GOOD HEALTH AND EFFECTIVE UTILISATION OF REGIONAL PUBLIC HEALTH GOODS**

This priority health area is designed to create sustainable health systems. In doing so it continues the process of health system strengthening articulated in CCH II. It acknowledges the importance of the role of a strong health system in achieving client satisfaction through , motivated health professionals, effective and efficient programmes which are accessible and affordable to all clients in need.

CCHIII will strengthen institutional capacities of the Ministries of Health in the region. This will be pursued within the policy framework of the Renewal of Primary health Care which recommends the development and strengthening of primary healthcare based-systems. Activities will include support for the development of policy, legislative and institutional frameworks, enhancing national capacities to assess public health performance and strengthen health information, surveillance and financing systems. In addition, emphasis on the quality and safety of health infrastructure, and access to safe and reliable medicine sources are sub priority areas included in this priority area.

Five strategic objectives have been defined for this priority area.

STRATEGIC OBJECTIVES FOR CREATING SUSTAINABLE HEALTH SUSTEMS

1. To improve universal access to health care services

2. To strengthen   Health information systems

3. To reoriented   health care to Primary Health Care Based – Systems

4. Strengthen public health leadership

5. Develop human resources within the health sector to respond to the health needs of the people

---

Strategic Objective 1.1 - To improve universal coverage and access to health care services .

Expected Regional Results :
Health and Social Protection

Health coverage mechanisms developed to support strategies that ensure universal access and social health protection
Capacity of member states to align health financing to identified national and regional health priorities strengthened.
Drug Management
Access to safe affordable and efficacious medicines improved
Risk/Disaster Management
Health sectors organised and prepared to respond to mass casualty national and regional events/disasters
International disaster reduction strategies for safe hospitals implemented

---Page Break--

Strategic Objective 1.2 - To strengthen   health information systems

Expected Regional Results:
Information and Evidence Management
National and sub-national information systems to support evidenced based decision making designed
 Surveillance, health research and monitoring and evaluation systems strengthened

Strategic Objective 1.3 - To reorient health care to Primary Health Care Based –Systems

Expected Regional Results :
Institutional strengthening
Structural and institutional frameworks to guide the implementation of PHC-based systems designed .
Health care models to effectively orient health systems and programmes towards health promotion and comprehensive and integrated care with special emphasis on the involvement of individual, communities and networks developed.
Mechanism to increase intersectoral participation designed and participation of non-traditional actors fostered and facilitated at the regional level.
Regional mechanism and tools designed to support country efforts to improve quality of clinical preventative and health promoting interventions.
Prepare and support a research agenda for health for the sub-region

Strategic Objective 1.4- Strengthen public health leadership and governance

-

Expected Regional Results Health system

legislative frameworks and institutional structures for effective management and regulation of the health sector strengthened
Capacity of member states to perform public health functions strengthened

-

Areas for Joint Regional Action

-

- Development of model policies, institutional and regulatory frameworks for advocacy, development, monitoring and evaluation of programmes and structures for strengthening and sustaining Primary Health Care –Based Systems

- Designing model programmes and structures for integrating health systems, and increasing access to people-centred health care.

- Establishment of regional support structures for strengthening health systems:

    - Caribbean health information system supported by regional health information network

    - Health sector observatory

    - Drug Management (pooled procurement and quality control harmonization of Pharmaceutical Regulation)

    - Regional Health Sector Disaster Management

    - Regional quality management system - Patients Charter and accreditation framework

- Build Capacity building in public health leadership, strategic planning, monitoring and evaluation of health sector performance

- Design regional machinery for resource mobilisation for the health sector and response to health coverage and social protection

Strategic Objective 1.5 Develop human resources within the health sector to respond to the health needs of the people

---Page Break---

The strategic direction aims to mobilise institutional actors at the national, regional and global level of the health sector and other relevant civil society actors, to collectively strengthen the human resources in health through both policies, interventions and networks. It incorporates strategies to mitigate against the effects of regional and international labour force challenges but to also embrace the potential opportunities presented by the regional and global trends. The regional response supports the Toronto Call to Action (2006) and is designed to specifically address the Millennium Development Goals in accordance with national health priorities.
Expected Regional Results:
Regional Health , Human Resource Policy Development and Strategic Planning
Appropriate regional transectoral policies for the regional health and human resource including the movement of health professionals developed and

incorporated within the CARICOM Single Market and Economy and in support of national - level human resources policies.
A regional strategic plan for human resources developed.
Legislative and policy frameworks to support public health workforce developed in CARICOM Countries and ongoing health and social sector reform efforts.
Regional information systems on health workforce distribution and supply and demand developed to facilitate and support regional workforce planning and the movement of health professionals developed and incorporated within the CARICOM Single Market Economy.
Building Capacity of Regional Health workforce for Promotion of Health and Development for CARICOM Member states
Skills and competencies of the regional workforce in primary care strategies and the effective management of chronic diseases improved with emphasis on primary and secondary prevention , quality health and health care. in the health workforce
To identify and promote existing trans-disciplinary primary care workforce models identified and promoted in the CARICOM region in support of health and social sector reform initiatives.
Distance education initiatives developed and implemented for improvements in skills and competencies of the health workforce in the public and private sectors.
Regional-based training programs in human resource planning disseminated and development
Regional academic institutions strengthened to contribute to evidence base for health human resource planning, monitoring and evaluation.
Regional capacity and infrastructure for training in public health practice and leadership strengthened .
Leadership in regional public health and development
initiatives strengthened

Areas for Joint Regional Action

- Develop agreements and advocate in the areas of political and technical integration for movement of health professionals

- Develop mechanism for exchange of experiences and information at the sub-regional level with emphasis on good practices, the generation of exchange networks, horizontal cooperation and identification of common human resources themes to collaborate in the seeking of funds to support joint development efforts.

- Development of Regional Health Professions Registration database.

- Models and frameworks of transectoral policies and protocols for health workforce planning

- Development of training/educational processes with an emphasis on leadership training at the sub-regional level.

- Develop mechanism for coordination of schools of public health at the sub-regional level for the strengthening of the research and training in public health and coordination of schools of medicine, nursing and the other health professions at the sub-regional level for strengthening of training in the health professions to meet the health and development needs of the CARICOM region.

- Develop mechanisms for coordination of the health services and the sub-regional academic institutions to work cooperatively in human resources planning and the development of human resources management programs as part of curricular.

- Design programmes for sub-regional capacity building to deal with emerging paradigms, especially related to the need of inter-professional education and new approaches for capacities in Primary Health Care teams.

P R I O R I T Y **A R E A** **2**	**PREVENT AND REDUCE THE DISABILITY, MORBIDITY AND MORTALITY DUE TO DISEASES, CONDITIONS OF ILL HEALTH AND RISK FACTORS AND PROMOTE HEALTH AND WELL BEING WITHIN THE CONTEXT OF THE WIDER HEALTH SYSTEM**

This priority area will focus on responding more effectively and efficiently to the new and unfinished health agenda. It is guided by regional and international targets and seeks to provide regional support to securing, improving and sustaining gains in regional population health and meeting global health targets.

Strategic Objectives

To improved health and quality of life throughout the stages of the life cycle.

To achieve optimal health and enhance development through the improvement of nutrition, food safety and food security

To build capacity of country and regional levels for the prevention and control of chronic diseases.

To mitigate against the individual, societal and economic effects of communicable of epidemic proportions.

To improve and maintain the mental health of the Caribbean population.

To reduce the impact of poor environmental health conditions on human health.

---Page Break---

Strategic Objective 2.1 To improve health and quality of life throughout the stages of the life cycle.

The main aim of the regional health agenda is to create more linkages through inter-sectoral, intra-sectoral, regional and global networks. As the region prepares to renew emphasis on primary health care-based systems and networks, there is need for more effective coordination and work across sectors, greater involvement of families and communities and programs and policies that explicitly address social and economic determinants of health throughout the life cycle. The CCH III aims to improve health and quality of life throughout the stages. In order to enhance regional responses there is need to scale up strategies to increase health services utilisation and reach out to the most vulnerable and at risk groups.

Expected Regional Results :

Child Health and Development

The capacity to monitor and manage conditions which influence perinatal, fetal and neonatal mortality and diseases in the < 5 population improved

Reproductive and Sexual Health

The capacity to provide quality, accessible and appropriate   reproductive health services improved

Adolescent Health

The capacity of the health and other sectors to respond to the specific health and development needs of adolescents and youth improved

Health of the Elderly
Programmes to promote and protect the health and well-being of the elderly integrated and strengthened
Injuries and violence
Multi-sectoral action and capacity of countries strengthened to reduce the incidence of violence and unintentional injuries and mitigate against consequences

--Page Break--

Areas for Joint Regional Action

- Resource mobilisation and pooling to support implementation of the Maternal and Child Health Programs

- Updating of the core health data

- Development of technical cooperation programme among countries to support knowledge sharing of best practices, regional capacity in programme design and service delivery

- Development of appropriate legislation and quality framework

- Development of integrated programmes and related models of care - Mens Health and Care of Oldr persons

- Technical support for policy development and strategic planning

- Regional studies

Strategic Objective 2.2 - To achieve optimal health and enhance development through the improvement of nutrition, food safety and food security

A major challenge of CCH III initiative is to determine an appropriate mix of food price policies and instruments that will enhance food security, safety at the household level and contribute to improvements in the nutrition and health status of the population in all member states. Health organizations, whether national, sub-regional, regional or international, have as their priority, to make sure that consumers have access to safe and secure food sources and markets.

This means that there must be enhanced partnerships among Ministries of Health and other Ministries that impact health outcomes. There is need to focus on fostering strong alliances with those other international bodies that are equally committed to working with governments to improve the health of the people of the region that they serve.

Expected Regional Results :
Nutritional Deficiency

Nutritional quality and safety of foods improved throughout the life cycle with particular reference to children.

Obesity and Co-morbidities
Inter-sectoral action that promotes the availability, accessibility and consumption of healthy foods stimulated
Food Security

Inter-sectoral action that promotes the availability, accessibility and consumption of healthy foods stimulated

---

Areas for Joint Regional Action

- Technical support for the implementation of the new WHO Child Growth Policy and Standards

- Develop response to food price inflation

- Develop appropriated model to target high risk nutritional groups

- Develop integrated procedures for nutritional management of HIV/AIDS

- Technical assistance for implementation of institutional dietetic services

- Develop standadized nutritional labelling for marketing establishments

- Advocacy for the removal of trans fat form Caribbean food supply

- Develop food health approaches to enhance affordability of food

- Develop recommendations for strengthening regional food safety coordinating mechanisms

- Improve Regional food surveillance - Integration of human food and animal data

---

————————————————————————Page Break————————————————————————

Strategic Objective 2.3 - To build capacity of country and regional levels for the prevention and control of chronic diseases.

Countries of the region have been grappling with the increasing burden presented by this group of diseases with varying degrees of success. The wealth of data and policy prescriptions address the importance of a regional response to control this epidemic. The Declaration of Port of Spain calls for member states to expand their responses to the control and management of non-communicable diseases. The Caribbean Charter for Health Promotion outlines a comprehensive approach to preventive and promotive strategies, combining institutional strengthening with programme development and healthy lifestyles and communities.

The regional response aims to strengthen capacity at the country and regional levels for the prevention and control of chronic diseases and associated risk factors, through integrated comprehensive care models, resource mobilisation, planning, programme implementation and evaluation

Expected Results :

Institutional Frameworks
Accelerated development and implementation of public policies and action plans
Health Promotion and Disease prevention
Chronic disease surveillance systems to assess risk factors and determinants of chronic disease developed/strengthened
Prevention and risk factor reduction strategies and interventions implemented
Communication strategies and information dissemination for the strategies developed
Communication strategies and information dissemination for the strategies developed
Integrated Management of Chronic Diseases and Risk Factors
Integrated, evidence-based tools for control of chronic diseases developed, disseminated and implemented
Competencies in the health work force developed /improved to appropriately and effectively manage chronic disease prevention and control
Access to technologies and essential medicines improved

Areas for Joint Regional Action

- Development of a regional operational plan for the Declaration of Port of Spain (POS)

- Documentation of best practices in the implementation of the POS declaration

- Regional action plan for the reduction of trans fat in manufactured foods in the Caribbean

- Regional nutritional standards and guidelines for labelling of nutritional content of foods, school meals and cafeterias

- Regional public education project

- Regional approach to risk factor surveillance

- Technical assistance for implementation of FCTC

- Regional support for diabetic management

- Shared services

- Development of essential disability and rehabilitation services

- Development of comprehensive and integrated chronic disease management models

Strategic Objective 2.4- To mitigate against the individual, societal and economic effects of communicable of epidemic proportions

The potential of communicable diseases to damage human and social capital is evident from the challenges and implications of the new and remerging diseases. The aim of collaborative planning strategies is to ensure that our combined efforts are directed towards mitigating against the negative effects of communicable diseases on individuals, communities and our regional economies.

Expected Regional Results
Communicable diseases with epidemic potential
The capacity for prevention, early detection and adequate response to selected aspects of epidemic threats from food, air, water enhanced
Networks and linkages established to strengthen surveillance of and response to communicable disease of public health importance
Vaccine Preventable Diseases
Vulnerable populations appropriately protected against selected vaccine preventable diseases
Compliance promoted by marketing, to all sectors of the population, the importance and cost-effectiveness of immunisation
HIV/STIs/TB
Develop/support implementation of, policy, plan of action, systems, and comprehensive legal framework to enable universal access to HIV prevention, care and treatment
Develop/support implementation of advocacy initiatives, tools/interventions with special focus on reducing stigma and discrimination Against People Living with HIV/AIDS
Increase capacity to provide universal access to comprehensive HIV/AIDS/TB/STI prevention, treatment and care and support services with special attention to vulnerable populations
Support regional and national capacity to utilises and mobilize donor funds to implement HIV /AIDS programmes

—————————————————————————————Page Break—————————————————————————————

Areas for Joint Regional Action

- Development of quality frameworks and monitoring mechanisms for food and water safety

- Capacity building in outbreak investigation

- Food safety legislation

- Regional food surveillance system

- Mobilisation of response pools and joint procurement initiatives

- Development of linkages for health and safety networks

- Establishment of proactive networks and regional forums

-

Strategic Objective 2.5 - Improve and maintain the mental health of the Caribbean Population

There is worldwide consensus about the need to shift resources from the central, old-fashion psychiatric institutions towards the community. However, only a few countries in the region have implemented this reform. As a consequence, there is a considerable treatment gap, where only a limited number of patients have access to adequate information, appropriate and timely care. The existing system does not adequately address the needs of the vulnerable groups, such as children, adolescents and the elderly. Equally important is the limited number of trained and available professionals. There is need to strengthen the capacities of the existing staff in the use of appropriate models of care to meet the needs of clients.

There is limited information on mental health issues. Appropriate information will facilitate policy makers in their decisions on how to improve the quality and provision of services. It is of paramount importance to involve other sectors, outside of health, such as social welfare, education, labour and private organizations.

Expected Regional Results

Development of Regional Mental Health Policy, Action Plan and Legislation
Mental health strategic planning process in the region strengthened.
Mental health strategic planning process in the region strengthened.
The evidence for decision making in mental health programs increased

Reform of Mental Health Services
Regional guidelines and protocols for code of ethics, continuum and standards of care for the treatment of mental disorders developed.
Community mental health and primary health care programmes and services integrated.
Competencies in the health work force to appropriately and effectively care for the mentally ill and substance abusers in the community develop / improved.
Quality of mental health care improved.

Management and Care of the Vulnerable Mentally ILL (Including substance abusers)
Needs-based programs and interventions for at-risk populations established.
Public Information Education
Information, education and communication strategies related to mental health developed and implemented.

Areas for Joint Regional Action

- Development of regional mental health policies and plans

- Development of mental health legislation

- Development of appropriate indicators and monitoring systems

- Establish regional support mechanism for review and analysis of national information an knowledge sharing of best practices

- Development of a common code of ethics and standards of care

- Dissemination and utilisation of existing training modules

- Development of guidelines and instruments for monitoring quality of care

- Development of instruments for the assessment of child and adolescent mental health disorders. Develop models of care for child and adolescent health and wellness programs.

- Development of communication strategies and advocacy messages

Strategic Objective 2.6 - To reduce the impact of poor environmental health conditions on human health

Management of environmental health services for the 21st Century requires technical expertise and proactive leadership to both direct and respond appropriately. Innovative programmes and re-skilling techniques are necessary. The CCH III intiative acknowledges the challenges presented by the priority and sub-priority areas. The main aim of this comprehensive strategic guide is to provide the framework for action to reduce the impact of poor environmental health conditions and practices on human health. This will be achieved by focusing on sustainable development
Expected Results
Institutional Strengthening
EH Units/Departments strengthened to better address EH needs at the national and local levels
Public awareness of environmental health concerns in Member states improved
Legal and regulatory framework for EH management at the national level strengthened
Water Resources Management
To improve the Management of water resources improved through a holistic and integrated approach
Potable and recreational water quality and quantity improved
Vector Control
The incidence of vector borne diseases at the national level reduced
Liquid waste and excreta Disposal
The management of liquid waste and excreta disposal improved

Solid Waste Management
Solid Waste Management Improved
Workers Health
Workers wellbeing improved through improved work environment

Areas for Joint Regional Action

- Regional environmental health strategic plan and integrated programmes

- Model harmonized legislation for environmental health issues

- Monitoring of implementation of the International Health Regulations

- Develop core indicators for monitoring and evaluating Environmental Systems

- Build Capacity in Environmental Health Needs Assessment , workplace monitoring , surveillance and investigation

- Development of competency models and skills sets for environmental health officers

- Develop clearing house facility of environmental health expertise and facilitation of team approach to solving regional environmental health issues

- Development of regional guidelines, strategies and tools to promote environmental health awareness.

- Preparation of public health awareness material laboratory strengthening for water quality monitoring programmes

- Development of vector monitoring and surveillance systems

- Technical support in liquid and solid waste management including hazardous waste (virtual regional waste management forum)

- Guidelines for construction of healthy buildings

Monitoring and Evaluation

Coordinating Mechanisms

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial, 10 pt		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: Arial, Bold		

Page 19: [64] Formatted	heather	5/15/2009 10:21:00 AM
Font: (Default) Arial		

Page 19: [65] Formatted	heather	5/15/2009 10:21:00 AM

Font: (Default) Arial

Page 19: [65] Formatted	**heather**	**5/15/2009 10:21:00 AM**

Font: Arial

Page 19: [65] Formatted	**heather**	**5/15/2009 10:21:00 AM**

Font: (Default) Arial

Page 19: [65] Formatted	**heather**	**5/15/2009 10:21:00 AM**

Font: (Default) Arial, Bold

Page 19: [65] Formatted	**heather**	**5/15/2009 10:21:00 AM**

Font: (Default) Arial

Page 19: [65] Formatted	**heather**	**5/15/2009 10:21:00 AM**

Font: (Default) Arial, Bold

Page 19: [65] Formatted	**heather**	**5/15/2009 10:21:00 AM**

Font: Arial

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	**heather**	**5/15/2009 12:03:00 PM**

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: Arial, Bold

Page 19: [66] Formatted	heather	5/15/2009 12:03:00 PM

Font: (Default) Arial, Bold

Page 19: [67] Deleted	RCummings	5/1/2009 1:12:00 PM

the successful implementation of the CCH Phase III.

Page 19: [67] Deleted	RCummings	5/1/2009 1:13:00 PM

and

Page 19: [68] Deleted	RCummings	5/4/2009 9:09:00 AM

Page 19: [68] Deleted	RCummings	5/6/2009 4:09:00 PM

Indent: Left: 0.25", Hanging: 0.25", Tabs: 0.5", List tab + Not at 0.25"