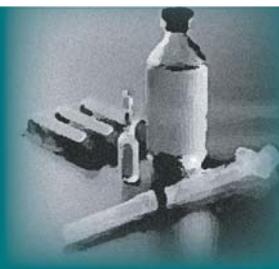


Compilation of
LEGISLATION for the **ENGLISH-SPEAKING**
CARIBBEAN COUNTRIES and **TERRITORIES**
on **PREVENTION** and **CONTROL** of
OBESITY, DIABETES and
CARDIOVASCULAR DISEASES



Area of Health Surveillance, Disease Prevention and Control
Area of Health Systems based on Primary Health Care
Pan American Health Organization (PAHO)
Regional Office of the World Health Organization (WHO)

Compilation of
LEGISLATION for the **ENGLISH-SPEAKING**
CARIBBEAN COUNTRIES and **TERRITORIES**
on **PREVENTION** and **CONTROL** of
OBESITY, DIABETES and
CARDIOVASCULAR DISEASES

Washington, D.C.
June 2010

Research and Analysis:

Sylvia G. Moss, B.A., LL.B. (UWI)

L.E.C. Hugh Wooding Law School

Advanced Dip. Legislative Drafting (UWI)

Fellow C.I.L.I.P. (Gt. Brit.)

Coordinated by:

Mónica Bolis, Senior Advisor, Health Legislation

Area of Health Systems based on Primary Health Care,

Pan American Health Organization/World Health Organization (PAHO/WHO)

This study was produced as a collaborative effort between:

THE AREA OF HEALTH SURVEILLANCE, DISEASE PREVENTION AND CONTROL AND

THE AREA OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE OF

THE PAN AMERICAN HEALTH ORGANIZATION,

WORLD HEALTH ORGANIZATION (PAHO/WHO)

with the financial support of:

PUBLIC HEALTH AGENCY OF CANADA/AGENCE DE LA SANTÉ PUBLIQUE DU CANADA

785 CARLING AVENUE, ROOM 1009B2, A.L. 6810A/785, AVENUE CARLING, PIÈCE

1016B3, L.A. 6810A OTTAWA, ONTARIO, CANADA K1A 0K9

Compilation of Legislation for the English-Speaking Caribbean Countries and Territories on Prevention and Control of Obesity, Diabetes and Cardiovascular Diseases. Washington, D.C.: PAHO, © 2009. 27 pgs.

This study was made possible with the financial support of the Public Health Agency of Canada (PHAC). The opinions presented in the study not necessary reflect PHAC' view.

© Pan American Health Organization, 2010

The Pan American Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full. Applications and inquiries should be addressed to the Area of Health Surveillance, Disease Prevention and Control, Pan American Health Organization, Washington, D.C., U.S.A. which will be glad to provide the latest information on any changes made to the text, plans for new editions, and reprints and translations already available.

Publications of the Pan American Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the Pan American Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The authors alone are responsible for the views expressed in this publication.

Design and Layout: Matilde E. Molina

CONTENTS

EXECUTIVE SUMMARY	1
PART 1	
LEGISLATION IN COUNTRIES AND TERRITORIES OF THE ENGLISH-SPEAKING CARIBBEAN	3
ANTIGUA.....	3
ANGUILLA.....	4
BAHAMAS	4
BARBADOS	4
BELIZE.....	6
DOMINICA	6
GUYANA.....	7
JAMAICA	8
MONTSERRAT	9
ST. LUCIA.....	9
ST. VINCENT AND THE GRENADINES	10
TRINIDAD AND TOBAGO	10
PART 2	
LEGISLATION REVIEW: POINT TO THE NEED FOR ENACTMENT OF POLICIES AND NORMS INTO LAW: TYPOLOGY FOR NEW OR REVISED LEGISLATION	11
PART 3	
NATIONAL STRATEGIC HEALTH PLANS THE GESTATION OF NORMS FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES.....	15
PART 4	
PAN AMERICAN HEALTH ORGANIZATION POSITIONING COMPASS IN THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES.....	17
PART 5	
RECOGNITION OF NORMS EMANATING FROM DECLARATIONS OF REGIONAL CONFERENCES: DECLARATION OF PORT-OF-SPAIN, AND THE DECLARATION OF ST. ANN’S.....	21
PART 6	
SUGGESTED READINGS	27

EXECUTIVE SUMMARY

PART 1 of this Paper identifies legislation in English-speaking Caribbean countries and territories applicable to the prevention and control of obesity, diabetes and cardiovascular diseases. Instances of such legislation are few. Legislation is the enactment of Government's policy and legislative provisions are for the most part mandatory, attracting sanctions for non-compliance therewith. With respect to the English-speaking Caribbean countries and territories, research through their Statute Books, bound annual volumes of Laws, and unbound annual collections of recent Laws extracted from periodically issued Gazette Supplements prior to their preparation and binding into annual volumes, suggests that Governments of English-speaking Caribbean countries and territories need to enact comprehensive legislation relating to the prevention and treatment of obesity, diabetes and cardiovascular diseases.

PART 2 reviews the legislation researched, points to the need for enactment of policies and norms into law and suggests a typology for new or revised legislation for the prevention and control of obesity, diabetes and cardiovascular diseases.

PART 3 examines some National Strategic Health Plans among the priorities of which are the prevention and control of chronic non communicable diseases, including obesity, diabetes and cardiovascular diseases. These plans set principles to guide legislation renewal.

PART 4 of the Paper acknowledges that the Pan American Health Organization for well over a decade has been the positioning compass in the prevention and control of chronic non-communicable diseases. As early as 1995 Sr. George Alleyne, former Director of the Pan American Health Organization (PAHO) established the Non-Communicable Disease Program within the division of Disease Prevention and Control with a mandate to strengthen the capacity of the organization in support of specific prevention and control activities in member countries. In 2007, Dr. Mirta Roses Periago, present Director of PAHO at the Regional Summit on Chronic Non-Communicable Diseases, viewed what she termed "three universal actions you have decided upon that will be critical:

- First is to Mobilize for action and establish inter-sectoral national commissions which have to engage other Government sectors, the private sector and civil society to promote awareness and create public support for the creation of enabling policies and legislation that are comprehensive and multi-factorial.
- Second is the improvement of financing NCD prevention and control, and the use of fiscal incentives and disincentives to modify lifestyles and behaviors. Taxes can be increased to discourage consumption and also to make resources available for funding health promotion activities.
- And thirdly, the development of a plan for improving coverage and quality of care for people with chronic diseases, and ensuring that the right components are incorporated in the national and regional insurance schemes."

PART 5 places specific emphasis on the Declaration of Port-of-Spain, and the Declaration of St. Ann, to the extent of reproducing them verbatim. The importance of the contents of each speaks for itself. The Declaration of Port-of-Spain was issued at the conclusion of the CARICOM Heads of

Government Summit: Uniting to Stop the Epidemic, held in Port-of-Spain, Trinidad and Tobago, on September 15, 2007, to address the issue of chronic non-communicable diseases. The Declaration called on Member States of CARICOM to establish National Commissions on chronic non communicable diseases and to enact a number of other measures to address the epidemic. Also included in this section is the PAHO's Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health.

PART 6 lists background readings.

PART 1

LEGISLATION IN COUNTRIES AND TERRITORIES OF THE ENGLISH-SPEAKING CARIBBEAN

Only the Bahamas, Jamaica, Montserrat and St. Lucia have enacted legislation specifically referring to obesity, diabetes and cardiovascular diseases. For example, the *National Insurance (Chronic Diseases Prescription Drug Fund) Act, 2009* of the Bahamas; the *National Health Fund Act 2003 – 23* of Jamaica; the *Public Health Act (Chapter 14:01)* of Montserrat; and the *Public Hospitals (Management) Act (Chapter 11:03)* of St. Lucia. Some legislation in other countries may be considered as providing the framework within which action may be taken relating to the prevention and control of obesity, diabetes and cardiovascular diseases.

The *Physical Planning Act, 2003 – 6* of Antigua provides for members of the public to have access to unoccupied Crown land for open air recreation and perambulation. On the coming into force of Anguilla's Strategic Plan for Health 2003-2008 under the *Health Authority of Anguilla Act, 2003 – 11* the legislative framework would have been established for the institution of actions aiming at the prevention and control of obesity, diabetes and cardiovascular diseases. Although the *Consumer Protection Act, 2002 – 20* of Barbados makes no reference to the control of foods with trans fats, excessive sugars, and other elements leading to obesity, high cholesterol, diabetes, hypertension, and cardiovascular diseases, yet the Act can be amended and extended to deal with these matters relevant to the prevention and control of these non communicable diseases. In the *Education Act, 1887 – 11* of Dominica, no specific provision is made for the Chief Education Officer to prevent the sale of “junk foods” on school premises, but nevertheless he has the authority to do so. A similar observation can be made of the relevant section of the *Education Act 1999 – 41* of St. Lucia.

ANTIGUA

The *Physical Planning Act, 2003 – 6* of Antigua in section 49, provides for public access to areas for recreational purposes. Section 49(1) states that where it appears to the Governor-General, acting on the advice of the Cabinet, that it is desirable that members of the public should have access to any unoccupied Crown land for open air recreation and perambulation on such land, the Governor-General may declare by notice in the Gazette that the public should have access to such land on such terms and conditions as may be specified in such notice. Section 49(2) states that in any other case, the Minister may negotiate an agreement for such access with the owner or tenant thereof, on such terms as may be agreed. Section 48(3) provides that where the Minister is unable to obtain the agreement the Minister may acquire a right of way over such land in accordance with the provisions of the Land Acquisition Act, as being an interest in land required for public purposes within the meaning of that Act and shall confer a public right of access by notice in the Gazette on such terms as may be specified in such notice. In the Second Schedule of the Act dealing with community planning, provision is made for determining the provision and sitting of community facilities including play centers and recreation grounds in relation to the number and sitting of houses.

ANGUILLA

The *Health Authority of Anguilla Act, 2003 – 11* establishes the Health Authority of Anguilla to take responsibility for the provision and efficient management of primary and secondary health care in Anguilla, including health promotion. Among other responsibilities, the Authority is responsible for the promotion and protection of the health of persons in Anguilla; to work towards the prevention of disease and injury in Anguilla; to determine the priorities in the provision of health care to persons in Anguilla to ensure that the most appropriate health services are provided. Section 64 states that “On the coming into force of this Act the *Strategic Plan for Health 2003-2008* approved by the Governor in Council before the coming into force of this Act is deemed to have been established under sub-section 2(1) which provides that “On the recommendation of the Minister, the Governor in Council may establish a Strategic Plan for Health in Anguilla. Sub-section 2(2) states that the Minister is responsible under this Act for the implementation of the Strategic Plan for Health in relation to the Authority.”

BAHAMAS

The *National Insurance (Chronic Diseases Prescription Drug Fund) Act, 2009* of the Bahamas in section 3, establishes a Chronic Diseases Prescription Drug Plan the primary objectives of which shall be – (a) to increase access to cost effective drugs for the treatment of specific chronic diseases and specified medical conditions; and (b) to reduce the financial burden of beneficiaries in respect of the purchase of prescription drugs and specified medical supplies. Section 4 (1) establishes a Chronic Diseases Prescription Drug Fund which shall be under the Control and Management of the Board. Section 4(3) states: There shall be managed out of the Prescription Drug Fund – (a) monies solely for the purchase and financing of prescription drugs and medical supplies for beneficiaries; ... (c) monies for health education, health promotion, and to meet the cost of studies for the implementation of measures to prevent illnesses. Section 11(1) provides that the Minister may make Regulations for the administration of this Act or where required by any of its provisions for carrying its purposes and provisions into effect. “Specified diseases and medical conditions” include among others, Diabetes Mellitus, High Cholesterol, Hypertension, and Ischaemic Heart Disease.

BARBADOS

The *Arts and Sports Promotion Fund Act, 2004 – 5* of Barbados establishes a Health Promotion Unit in the Ministry of Health comprising representatives of the following Ministries: (1) Health, National Insurance and Social Security; (2) Education and Human Development; (3) Tourism; (4) Family, Youth, Sport and the Environment; (5) Trade, Industry and Commerce; (6) Social Care, Constituency Empowerment and Urban Development; (7) Agriculture and Rural Development. The Health Promotion Unit is concerned with direction and policy formulation. The *Arts and Sports Promotion Fund Regulations, Statutory Instruments 2006 No. 14* is concerned with the promoting of sporting achievement and fitness.

The *Caribbean Community Act, 2003 – 8* of Barbados is an Act to make provision for matters arising out of the Revised Treaty of Chaguaramas Establishing the Caribbean Community including the CARICOM Single Market and Economy.

The objectives of the Community are, among other things – enhance regional and functional cooperation including intensified activities in areas such as health, education, transportation, telecommunications.

One of the principal organs of the Community is the Council for Human and Social Development (COHSOD). Specifically COHSOD shall promote the improvement of health, including the development and organization of efficient and affordable health services in the Community; and also promote the development of special focus programmes supportive of the establishment and maintenance of a healthy human environment in the Community.

The following entities established by or under the auspices of the Community shall be recognized as Institutions of the Community:

- The Caribbean Agricultural Research and Development Institute (CARDI)
- The Caribbean Food and Nutrition Institute (CFNI)

The *Consumer Protection Act, 2002 – 20* of Barbados, is an Act to make provision for the protection and safety of consumers and for connected purposes. Section 39 which deals with contravention of safety regulations, states that a person who contravenes a provision of safety regulations which prohibits or recognizes the provision, by means of a mark or otherwise, of information of a particular kind in relation to goods, is guilty of an offence.

The *Health Services Act (Cap. 44)* of Barbados is an Act relating to the promotion and preservation of the inhabitants of Barbados.

“Health service institutions” is defined to include general hospitals, hospitals and other health service units for special purposes.

Section 3 states that the Minister responsible for health shall generally be responsible for the health of the inhabitants of Barbados.

Section 4 states that the Minister shall be responsible for the administration of this Act, and without limiting the generality of the foregoing, his functions shall include (a) the preservation, treatment, limitation and suppression of disease, including the conduct of investigations and enquiries in respect thereof; ... (d) the control of food and drugs in the interest of the health ...

Section 8(1) states that the Minister may establish such Boards and Committees as he may think fit, consisting of Members to be appointed by him and may if he thinks it expedient revoke the appointment of any such member. Section 8(3) states that the function of every such Board or Committee shall be to advise the Minister on such matters relating to his functions under this Act as he may refer to it for such advice, Section 9(1) states that except as the Minister may otherwise direct, the Chief Medical Officer shall discharge the functions conferred on the Minister under this Act. Section 10(1) states that the Minister may make Regulations for the proper carrying into effect of this Act, and particularly may make Regulations ... (b) for the preservation, treatment, limitation and suppression of disease; ... Section 10(5) states that the Minister may, by instrument in writing, delegate to the Chief Medical Officer such function conferred on the Minister by Regulations made under this Act.

BELIZE

The ***Karl Heusner Memorial Hospital Authority, 2000 – 11*** among its functions, ensures that the hospital provides tertiary care to address specialized health needs at both the national and international levels through, among other things, acquiring and maintaining in accordance with the general policy guidelines set by the Ministry of Health, necessary technology appropriate for the delivery of the required standards of health care for patients treated in the hospital or referred to or from local or foreign medical institutions. Section 12 states that the general functions of the Board shall include but shall not be limited to: (b) establishing policies, strategies, action plans and guidelines designed to fulfill the function of the Authority.

DOMINICA

The ***Caribbean Food Cooperation Act (Chapter 58:00)*** of Dominica, is an Act to provide for the implementation of the ***Agreement establishing the Caribbean Food and Nutrition Corporation*** and for matters connected therewith. Among the Articles of the Agreement are:

Article 3 – Objectives. The Corporation shall have as its objectives, among other things, the production, processing, packing, storage, transportation, distribution and marketing of food. Article 5 – Powers and Functions. In order to achieve its objectives the Corporation shall have power, itself or through its subsidiaries, to establish, manage and operate enterprises; to engage in financial operations; and engage in any other activity related to its objectives. The Corporation shall also have power to act as an agent for any government or any government authority; to establish branches, agencies, representative offices, affiliates and subsidiary companies in any Member Country to regulate and discontinue the same; to form, promote, finance and assist companies, co-operatives and partnerships.

Article 11 – Operating Principles. In pursuance of its objectives the Corporation shall invest in enterprises which are financially viable, due regard being paid to the following important criteria: (a) the ability of the enterprise to increase agricultural production in order to achieve the greatest possible self-sufficiency within the region; (b) the ability of the enterprise to produce agricultural products that will raise the nutritional levels within the Region.

Before engaging in an enterprise in a Member Country the Corporation shall obtain the approval of the Member Country in which the enterprise is to be located.

The ***Dominica State College Act, 2002- 4*** is an Act providing for the establishment and operation of an educational institution to be known as the Dominica State College and for matters related thereto. Among the functions of the college as set out in section 5(1) of the Act, are: (g) to provide courses of study to meet the needs of the community; and (i) to provide services to the community to do so. Section 5(2) states that without prejudice to anything contained in subsection (1) the college shall provide education and training at the post-secondary and tertiary levels in – (a) agriculture; ... (e) health and environmental science; (j) such other fields of study and areas of training as the Board may from time to time determine in consultation with the Minister responsible for education.

The ***Education Act, 1887 – 11*** of Dominica entitled, An Act respecting education, states in section 137(2) that a curriculum must be balanced and broadly based and must, in addition to the goals and objectives specified in section 4(2) promote the spiritual, moral, cultural, intellectual and physical

development of students and of society. Section 137(3) states that the Minister of Education may revise the national curriculum whenever he considers it necessary and expedient to do so. Section 157 which deals with Vendors on school premises, states that a person may not sell or offer for sale any services, goods, food, beverages or any other item on school premises without the written permission of the Chief Education Officer. Section 160 states that subject to the permission of this Act the Minister may make Regulations generally as he considers necessary or expedient for the purposes of this Act.

The ***Food and Nutrition Council Act Act (Chapter 38:02)*** provides for the establishment of a Food and Nutrition Council in the Commonwealth of Dominica and matters connected therewith. Section 4 states: The Council shall consist of a Chairman and eight members appointed by the Minister responsible for health. The members shall be chosen from among persons qualified as having had experience in and shows capacity in matters relating to planning, finance, health, education, social affairs, agriculture, labour, industry, commerce and other related areas. Under Section 7(1) Subject to the provisions of this Act the Council shall (a) make recommendations for a national food and nutrition policy; (b) develop a food and nutrition planning process; (c) monitor food and nutrition programmes; (d) prepare and evaluate food and nutrition projects; (e) assist in the implementation of selected projects; (f) in collaboration with other responsible agencies, assist in the establishment of food quality throughout the food chain; (g) perform any other functions related to food and nutrition as the Minister may from time to time consider necessary.

And under Section 7(2) The Council in the performance of its duty (a) shall have access to all pertinent information regarding planning, implementation and progress of programmes with relevance to food and nutrition, policy on budgetary allocations to such programmes, and ensure that food and nutrition policy is applied to the programmes; (b) may co-opt and mobilize resource personnel; (c) may apply for and receive funding from local and external sources. Section 10. The Council with the approval of the Minister may make Regulations with respect to the organisation and administration of the affairs of the Council, its property and income.

The ***Physical Planning Act, 2002 - 5*** of Dominica, in section 52 which makes provisions for public access for recreational purposes, is the same as section 49 of the ***Physical Planning Act, 2003 - 6*** of Antigua.

GUYANA

The ***Medex Act, 1978 – 19*** of Guyana is an Act to provide for the registration of persons as medex for the purpose of providing primary health care as auxiliaries to medical practitioners employed in the service of the Government. “Medex” means a person who is – (a) certified by the University of Guyana as having successfully undergone a course of training in the approved programme; and (b) is registered under this Act for the purpose of performing specific medical services as an officer in the public service.

Section 5(1): A medex may perform, under the supervision of a duly registered medical practitioner designated by the Ministry for the purpose, such medical services for which the medex has been trained under the approved programme and, without prejudice to the generality of the foregoing provisions of this subsection may, in particular – (a) advise members of the public on the promotion of health generally and the prevention of disease.

Section 8: The Minister, after consultation with the authorities of the University of Guyana, may make Regulations for the better carrying out of the provisions of this Act.

The *Ministry of Health Act, 2005 – 6* of Guyana describes itself as “An Act to continue the Ministry with responsibility for Health and for matters concerned therewith.”

Section 4 states that the Minister of Health shall discharge the following functions, among others – ... (c) establish policies and principles necessary to ensure optimal health for the people; ... (n) establish guidelines for special programmes to be carried out by regional health authorities; ... (u) enter into agreements to enhance the promotion of good health, disease prevention, and the coordination of primary, secondary and tertiary care components of programmes and government wide health policies and plans at the community, regional, national level and international level in accordance with the National Health Plan.

JAMAICA

The *National Health Fund Act 2003 – 23* of Jamaica provides for the introduction of a contributory health insurance system to be called the National Health Fund, for the benefit of all residents of Jamaica; and to provide further for the financing of the Fund and for connected matters. Among the principal objects of this Act are: (1) to provide greater access to medical treatment and preventative care for specified diseases and specified medical conditions, (2) to reduce the island’s disease burden through health promotion and protection programmes; and (3) to provide support to health services and promote and encourage the utilization of primary health care to improve the quality of life. Every resident who is certified by a registered medical practitioner as suffering from a specified disease or specified medical condition, shall be entitled to benefits under the Fund. “Specified diseases and Specified Medical Conditions” set out in the First Schedule of this Act are: Arthritis, Asthma, Cancer of the Breast, Cancer of the Prostate, Diabetes, Epilepsy, Glaucoma, High Cholesterol, Hypertension, Ischaemic Heart Disease, Major Depression, Psychosis, Rheumatic Fever Heart Disease, and Vascular Disease.

The *Consumer Protection Act, 2005 – 9* of Jamaica is an Act to provide for the promotion and protection of consumer interests, in relation to the supply of goods and the provision of services in order to ensure protection of life, health and safety of consumers and others, the establishment of a Consumer Affairs Commission and for connected purposes.

Section 4 establishes the Consumer Affairs Commission. Section 6 sets out its functions ... (b) to carry out on its own initiative, such other investigations in relation to the availability of goods of any class or description as it thinks fit and make such report and recommendations as it thinks fit to the Minister; ... (f) implement education programmes for the benefit of consumers, suppliers and service providers; ... (h) carry out such other functions as the Minister may assign to the Commission from time to time.

MONTSERRAT

The ***Public Health Act (Chapter 14:01)*** of Montserrat is an Act for the promotion and preservation of the health of the inhabitants of Montserrat and for matters incidental thereto and connected therewith. Section 3 states that the Minister shall generally be responsible for the promotion and preservation of the health of the inhabitants of Montserrat. In Community Health Services Regulations made under the Act, Regulation 5 deals with chronic diseases, and provides that persons with Hypertension, Diabetes Mellitus, Heart Disease, Chronic Respiratory Disease, including asthma, tuberculosis, and certain other specified chronic diseases, shall be offered regular follow up at district clinics.

ST. LUCIA

The ***Education Act 1999 – 41*** of St. Lucia provides for a regulatory system for the delivery of educational services in St. Lucia. Section 172 deals with vendors on school premises. No person shall sell or offer for sale any services, goods, food, beverages or any other item on school premises without the written permission of the Chief Education Officer. A person who sells or offer for sale food, drink or any other item on the school premises or within the entrance or exit of a public school or assisted school during school hours without the written consent of the Chief Education Officer commits an offence and is liable on summary conviction to a fine not exceeding one thousand dollars or to imprisonment for a term of one year.

The ***Non-Governmental Organisations Act 2006 – 36*** provides for the registration of Non-Governmental Organisations and promotes and protects the recognition of Non-Governmental Organisations. The Act also provides for the monitoring and regulation of Non-Governmental Organisations registered under the Act, and for related matters. The Minister responsible for Non-Governmental Organisations may make Regulations for the purposes of this Act.

The ***Physical Planning and Development Act 2001 – 29*** makes provision for the development of land, the assessment of the environmental impacts of development, the grant of permission to develop land and for other powers to regulate the use of land and for related matters. The Physical Planning and Development Division of the Ministry with responsibility for planning and development, may allocate land for conservation, and for use for agricultural, residential, industrial, commercial, touristic, institutional, recreational or other purposes specified in the plan.

The ***Public Health Act (Chapter 11:01)*** is an Act to consolidate and amend the law relating to public health in Saint Lucia and for connected matters. “Disease” is defined as including any condition of the body or some part or organ thereof in man or animal in which performance thereof is disturbed or deranged and any disease listed described or referred to on the requests made under this Act. The Act provides for the establishment of a Public Health Board by the Minister responsible for Health. The Board may include representatives of commerce, labour, agriculture, social and cultural organisations the medical profession and local authorities.

The ***Public Hospitals (Management) Act (Chapter 11:03)*** of St. Lucia provides under an area of the Act dealing with ‘Special Benefits Service’ that such a service is designed to provide, at subsidized rates, formulary drugs to certain categories of person in the population who are expected to require life-long treatment. These persons include hypertensive patients and diabetics. These patients will

receive drugs at 50% of the price. Minister may make Regulations for among other things, the prevention, treatment, limitation and suppression of disease; and with respect to the production and sale of food for human consumption.

ST. VINCENT AND THE GRENADINES

The *Education Act 2006 – 34* of St. Vincent and the Grenadines states that specific goals and objectives of the education system include, among other things, physical development and personal health and fitness.

TRINIDAD AND TOBAGO

The *Standards Act, (Chapter 82:03)* of Trinidad and Tobago provides for the preparation and promotion of standards in relation to goods, services, processes and practices for the establishment and operation of a Bureau of Standards, to define the powers and functions of the Bureau of Standards and for matters connected therewith.

Section 3 establishes the Trinidad and Tobago Bureau of Standards. Section 15 states that the Bureau is, among other things, to promote public and industrial welfare, health and safety.

Section 16(3) provides that no specification for food, devices, drugs and cosmetics as defined under the Food and Drugs Act (Chapter 30:01) shall be declared standards, but the Bureau shall make recommendations to the Minister of Health who, after consultation with the Minister, may make recommendations under the Food and Drugs Act, in respect of the said specifications.

Section 13(6) states that when it is impracticable for the Bureau to formulate a specification it may adopt another specification formulated elsewhere than in Trinidad and Tobago to be a standard. Section 18(1) states that a standard which is intended primarily to (a) protect the consumer or user against danger to health or safety; (b) protect public or industrial health, welfare or safety ... may on recommendation of the Bureau, be declared by Order of the Minister, to be a compulsory standard. Section 32 states that the Minister may make Regulations for carrying out the provisions of this Act.

The *Caribbean Community (CARICOM) Regional Organisation for Standards and Quality Act, 2005 – 10* of Trinidad and Tobago, is an Act to give effect to the Caribbean Community (CARICOM) Regional Organisation for Standards and Quality (CROSQ) Agreement between Member States of CARICOM.

Informing the Agreement is the recognition by the States Parties that the Caribbean Community is extremely vulnerable to penetration of products of sub-standard quality and specifications which could have serious negative implications for consumers' welfare and the integrity of the regional environment. The Agreement also notes that the formal establishment of an intergovernmental regional standardizing organization would entitle it to recognition by competent standardising international organizations resulting in important benefits to the Member States of the Caribbean Community in terms of technical assistance.

PART 2

LEGISLATION REVIEW: POINT TO THE NEED FOR ENACTMENT OF POLICIES AND NORMS INTO LAW TYPOLOGY FOR NEW OR REVISED LEGISLATION

Research reveals that no country nor territory in the English-speaking Caribbean has as yet enacted comprehensive legislation on the prevention and control of obesity, diabetes and cardiovascular diseases. Note however, the *Health Authority Act, 2003 - 11* of Anguilla which establishes a Health Authority empowered with the promotion and protection of the health of persons in Anguilla; and the *Karl Heusner Memorial Authority Hospital Act, 2000 - 11* of Belize which in Section 12 states that the general functions of the Board shall include but shall not be limited to existing policies, strategies, action plans and guidelines to fulfill the functions of the Authority. One can, perhaps, interpret these and similar Acts as empowering their respective Boards to bring chronic non-communicable diseases under their jurisdiction. However, since legislative sentences must be clear and unambiguous, both of the above-mentioned Acts would need to be amended or revised in order to establish unequivocally that their functions include the prevention and control of non-communicable diseases. Several other “health Acts” which were subjected to close examination dealt for the most part exclusively with communicable diseases. Therefore, most English-speaking Caribbean countries and territories need either to revise their general health Act, or enact new legislation if they are to deal specifically with the prevention and control of non-communicable diseases.

Specifically in the context of food, some of the Acts reviewed appear to be cognizant of norms emerging from evidence-based standards relevant to exercise and food. For example, the *Education Act, 1999 – 41* of St. Lucia prohibits persons from selling food and beverages on school premises without the written permission of the Chief Education Officer; the *Food and Nutrition Council Act (Chapter 38:02)* of Dominica establishes a Food and Nutrition Council to prepare and evaluate food and nutrition projects, and, in collaboration with other responsible agencies to assist in the establishment of food quality throughout the food chain. With regard to physical activity, the *Education Act, 2006 – 34* of St. Vincent and the Grenadines states that specific goals and objectives of the education system include, among other things, physical development and personal health and fitness. Norms understood as standards informing these Acts would have been cognizant of the 1996 *Declaration in the Bahamas* made by the Region’s Ministers of Agriculture that “Food and nutritional security in the Caribbean is also related to chronic nutritional life style diseases (non-communicable diseases) such as obesity, stroke and heart attack”.

Territories that have not yet enacted legislation similar to that of St. Lucia and Dominica noted above should respond to the Activities set out in the *Five-Year Plan to Combat Obesity in the Caribbean, 2003-2007*, a paper presented to a caucus of Ministers Responsible for health, prepared by the Caribbean Food and Nutrition Institute, a specialized Centre of the Pan American Health Organization /World Health Organization. That Paper presented evidence-based findings that “Data collected within the region shows that the incidence of obesity is increasing exponentially and that this

trend is affecting young children especially. ... The incidence of obesity is reflected in prevalence rates of chronic non-communicable diseases.” Suggested courses of action include among others:

(1) Regulatory guidelines for people in the food service sector developed taking into account nutrition considerations, e.g. legislation on nutritional labeling; code of advertising healthy choices for fast food franchises.

(2) Assist Government to strengthen regulatory bodies, through training and monitor the use of dietary guidelines in the food industry and trade.

(3) Promote the concept of small increases in consumer taxes on selected high calorie, non-nutritional foods.

(4) Incorporate nutrition education and physical activity into a healthy lifestyle programme in schools.

(5) Evaluate current food offered at the school cafeteria or in lunch programmes and make suggested modifications in keeping with dietary recommendations, while also discouraging the excessive use of sugar and fat-containing foods.

In Barbados an ***Agricultural Health and Food Control Programme*** is being implemented in the Ministry of Agriculture and Rural Development, to establish the ***National Agricultural Health and Food Control Agency*** under the direction of the Ministry of Agriculture. As stated in the Ministry of Agriculture and Rural Development website: “The Programme will, among other things, review the existing legislation to ensure coherence with International Agreements, Standards and Codes of Practice. The current system for agricultural health and food control consists of fragmented and / or outdated legislation, multiple jurisdictions as well as weaknesses in surveillance, monitoring and enforcement.” This assessment of the Barbados situation holds true for the majority of other territories.

Government has a major role to play through policy and legislation in the prevention and control of chronic non-communicable diseases. The traditional typology of legislation by form categorizes it into Acts also referred to as Statutes, enacted by Parliament; and Subsidiary Legislation also referred to as Statutory Instruments, implemented under the authority of the Act in question. Regulations, Rules and Guidelines are specific types of subsidiary legislation made under a delegated power which necessarily are construed in the light of the enabling provision of the primary legislation, the Act.

A typology according to subject is concerned with the contents of the several Acts and Regulations, Rules and other categories of subsidiary legislation. In a typology according to subject, risk factor reduction would be the predominant concern, Measures aimed at risk factor reduction may include, for example, matters relating to food availability and importation; codes of responsible conduct for the food and beverage industry, including commitments to develop healthier products, provision of improved food labeling to include specific caloric, nutrient and fat/cholesterol content, promotion of healthy lifestyles and consumption choices in their marketing; increase the encouragement of participation in physical activity; and other strategies to promote healthy lifestyles. The ***Pan-Canadian Healthy Living Strategy*** which was approved by the Federal, Provincial and Territorial Ministers of Health at their annual conference in 2005 may be a good source of information. The initial emphasis in that ***Strategy*** is on healthy eating, physical activity, and their relationship to healthy weight. Likewise, Caribbean policy makers should, if they have not already done so, peruse the Swedish Parliament’s

Public Health Objectives Bill passed in 2003 which launched a ***National Public Health Policy*** the overall aim of which is to ensure good health for the whole population in order to achieve among its several objectives “health and medical care that more actively promote good health: increased physical activity; and good eating habits and safe food.”

PART 3

NATIONAL STRATEGIC HEALTH PLANS

THE GESTATION OF NORMS FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

The Bahamas *Strategic Plan 2000-2004* outlines five strategic directions: healthy people; healthy environment; maximized resources; quality service; and health care planning. Among the priority areas is chronic non-communicable disease prevention and control. Relationships with nongovernmental organizations were established to improve intersectoral collaboration.

The Government of Trinidad & Tobago launched a Cabinet-appointed *Non-Communicable Diseases Advisory Committee* on September 19, 2008.

In Barbados, the *Strategic Plan 2009-2012 of the National Chronic Non-communicable Disease Commission* endorsed by the Ministry of Health, calls for the need for full governmental support for chronic non-communicable disease initiatives, not only increased funding but the appropriate legislative, regulatory and technical inputs. This Plan aims to achieve a reduction of chronic disease through the following strategies: Improved Organizational and Managerial Structures; Improved Epidemiological Data, Health Information Systems and Research; Risk Factor Reduction; Enhanced Quality of Treatment and Care. The Commission has been mandated to advise the Minister of Health on the strengthening of national chronic non-communicable diseases policies, plans and programmes. Among its terms of reference are: To advise the Minister of Health on chronic non-communicable disease policies and legislation, e.g. in relation to food availability and importation, environmental and workplace issues, measures to increase participation in physical activity, tobacco control and other strategies to promote healthy life styles.

The complete *Terms of Reference of the National Chronic Non-Communicable Diseases Commission (NCNCDC) of Barbados* are as follows:

1. To advise the Minister of Health on Chronic NonCommunicable Disease policies and legislation e.g. in relation to food availability, affordability and importation, environmental and work place issues, measures to increase participation in physical activity, tobacco control and other strategies to promote healthy life styles.
2. To broker effective involvement of all relevant sectors in programme implementation including the private sector, public sector, non-governmental organizations and civil society, including faith-based organizations.
3. To assist in the mobilization of resources to facilitate implementation of prevention and control programmes.
4. To recommend relevant research especially in relation to behaviour change and the prevention and management of chronic non-communicable diseases, and including monitoring and evaluation of chronic non-communicable diseases programmes, using for example, information generated from the records departments of the polyclinics and the Queen Elizabeth Hospital.

5. To promote the establishment of collaborations and partnerships with the UWI, CAREC, CARICOM, PAHO / WHO, CFNI and other international institutions and organizations, as appropriate for the pursuit of these goals.
6. To review the regional strategic plan and determine the applicability of priorities, expressed results, and activities to Barbados relative to the chronic non-communicable diseases.
7. To monitor regional and international trends and provide direction for national responses.
8. To facilitate the commissioning of audit and evaluation of aspects of chronic non-communicable diseases programmes.
9. To recommend to the Minister of Health a framework that encourages and promotes behaviour changes and the prevention of chronic non-communicable diseases.

PART 4

PAN AMERICAN HEALTH ORGANIZATION POSITIONING COMPASS IN THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

In 1995 the Pan American Health Organization (PAHO) established the Non-Communicable Disease Program within the division of Disease Prevention and Control with a mandate to strengthen the capacity of the organization in support of specific prevention and control activities in member countries.

In Abstract of an oration entitled ***Nutrition and Global Prevention on Non-Communicable Diseases*** delivered by the Director, Noncommunicable Diseases Prevention and Health Promotion, World Health Organization, Geneva in 2002, he states: “Over 60% of all mortality is attributable to non-communicable diseases. Over 80% of coronary heart disease and type 2 diabetes could be prevented by changes in lifestyle factors, included among them diet, weight maintenance and physical activity. There are multiple practical activities within a national policy framework to prevent NCD in various institutions including: health services; mass media; school curricula; voluntary associations; and food producers, supermarkets and restaurants, along with legislation and policy, and monitoring and research. ... The World Health Organization is now building a strong response to the growing burden of NCDs. The base is the ***Global Strategy on NCD Prevention and Control***, endorsed by the World Health Assembly in 2000. After that a more specific paper on ***Diet, Physical Activity and Health*** was prepared and endorsed by the World Health Assembly in 2002.”

The ***Strategic Plan for CNCD Prevention and Control (2002)*** prepared by CARICOM and PAHO/CPC lists Cardiovascular Diseases: Hypertension, Stroke and Heart Disease; and Diabetes Mellitus among the chronic non-communicable diseases, and sees modifiable risk factors as obesity, inappropriate nutrition and physical inactivity.

The WHO Global Report entitled ***Preventing Chronic Diseases: a Vital Investment (2005)***, makes the case for urgent action to halt and turn back the growing threat of chronic diseases; presents a state-of-the-art guide to effective and feasible interventions; and provides practical suggestions for how countries may implement these interventions to respond successfully to the growing epidemics.

The World Health Organization in its ***2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases*** (World Health Assembly document A61/8, April 2008), WHO has built on its

- 1) Resolution of the Fifty-third World Health Assembly 2000: Prevention and Control of Non-communicable Diseases (World Health Assembly resolution WHA53.17, May 2000),
- 2) Global Strategy for the Prevention and Control of Noncommunicable Diseases (World Health Assembly document A53/14, March 2000), and

- 3) Resolution of the Sixty-first World Health Assembly 2008: Prevention and Control of Non-communicable Diseases: Implementation of the Global Strategy (World Health Assembly resolution WHA61.14, May 2008).

As stated in the Introduction to the 2008-2013 Action Plan, its political framework endorsed in May 2008 by delegations from all 193 Member States, includes requirements to report on global progress in 2010 and 2012. In the closing pages of the Action Plan, PAHO acknowledges that it has “the unique authority and the clear mandate to lead the development and implementation of the global strategy for the prevention and control of noncommunicable diseases and thereby to create a better environment for world health in 2020 and beyond.”

Along with PAHO/WHO there are other organizations of crucial importance to Governments in the English-speaking Caribbean in guiding and assisting policy formulation concerned with prevention and control of non-communicable diseases in the various countries and territories. They are the Caribbean Epidemiological Research Centre (*CAREC*), the Caribbean Agricultural Research Institute (*CARDI*), The Caribbean Food and Nutrition Institute (*CFNI*), The Caribbean Cooperation for Health Initiative (*CCH*), the Caribbean Health Research Council (*CHRC*), the Caribbean Commission on Health and Development (*CCHD*), and the regional headquarters of the Pan American Health Organization for the Caribbean region (*CCPC PAHO/WHO*).

CAREC and PAHO/WHO provide a joint Secretariat with responsibility for the revision of the *Regional Plan for the Prevention and Control of Non-Communicable Diseases* and for the monitoring and evaluation of the *Port-of-Spain Declaration*.

PAHO acting through CAREC and CARICOM is coordinating a project in the area of public health and policy coordination, concerned with a *Caribbean Regional Non-Communicable Diseases (NCD) Surveillance System*. Beneficiaries are Jamaica, Barbados, The Bahamas, Trinidad & Tobago, Guyana and Belize. The Project aims to achieve improvements in the countries' capacity to deliver cost-effective health services associated with the major causes of morbidity and mortality. As stated in the project document: the purpose of the project is to develop a Caribbean Regional Non-Communicable Diseases (NCD) Surveillance System which will contribute to better plan, deliver and monitor programs and protocols targeting chronic disease prevention, control and health promotion. The Ministries of Health in each country are committed to support the system implementation after the project is completed.

As stated in *Campus News, May 9 2008* issued by the University of the West Indies, St. Augustine Campus, located in Trinidad and Tobago, on the subject of the above-mentioned *Caribbean Regional Non-Communicable Diseases (NCD) Surveillance System*, “The University of the West Indies (UWI) has received the approval of the Inter-American Development Bank (IDB) for a technical assistance grant in the amount of US\$650,000 to undertake a project to establish research and surveillance programmes for Non Communicable Diseases (NCD), ... the project will improve the region's capacity to deliver cost-effective health services associated with NCD, including cardiovascular disease, diabetes, obesity, cancer and respiratory diseases. ... The three-year project involves the establishment of National Registers on chronic NCD for the six countries, and the establishment and pilot testing of a regional NCD surveillance system. Policy guidelines to implement the Declaration of Port of Spain that emanated from the CARICOM Summit of Heads of State and Government on Chronic Non Communicable Diseases (Port of Spain, 15th September 2007) will also be undertaken as part of the

project. The UWI will execute the project, in close collaboration with the Caribbean Epidemiological Centre/Pan American Health Organisation (CAREC/PAHO).”

PART 5

RECOGNITION OF NORMS EMANATING FROM DECLARATIONS OF REGIONAL CONFERENCES: VERBATIM REPRODUCTION OF THE DECLARATION OF PORT-OF-SPAIN, AND THE DECLARATION OF ST. ANN'S PAHO'S REGIONAL STRATEGY AND PLAN OF ACTION ON AN INTEGRATED APPROACH TO THE PREVENTION AND CONTROL OF CHRONIC DISEASES

The *Port of Spain Declaration* was issued at the conclusion of the *CARICOM Heads of Government Summit: Uniting to Stop the Epidemic*, held in Trinidad and Tobago on September 15, 2007 to address the issue of chronic non-communicable disease. The Declaration called on Member States of CARICOM to establish National Commissions on chronic non-communicable diseases and to enact a number of other measures to address the epidemic. The full text of the Declaration is now given because of its recognition of crucial issues relating to the prevention and control of non-communicable diseases in the English-speaking Caribbean countries and territories.

DECLARATION OF PORT-OF-SPAIN: UNITING TO STOP THE EPIDEMIC OF CHRONIC NCDs

We, the Heads of Government of the Caribbean Community (CARICOM), meeting at the Crowne Plaza Hotel, Port-of-Spain, Trinidad and Tobago on 15 September 2007 on the occasion of a special Regional Summit on Chronic Non-Communicable Diseases (NCDs);

Conscious of the collective actions which have in the past fuelled regional integration, the goal of which is to enhance the well-being of the citizens of our countries;

Recalling the Nassau Declaration (2001), that “the health of the Region is the wealth of Region”, which underscored the importance of health to development;

Inspired by the successes of our joint and several efforts that resulted in the Caribbean being the first Region in the world to eradicate poliomyelitis and measles;

Affirming the main recommendations of the Caribbean Commission on Health and Development which included strategies to prevent and control heart disease, stroke, diabetes, hypertension, obesity and cancer in the Region by addressing their causal risk factors of unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening our health services;

Impelled by a determination to reduce the suffering and burdens caused by NCDs on the citizens of our Region which is the one worst affected in the Americas;

Fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, private sectors, NGOs and our other social, regional and international partners;

Declare -

- Our full support for the initiatives and mechanisms aimed at strengthening regional health institutions, to provide critical leadership required for implementing our agreed strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) and other relevant partners;
- That we strongly encourage the establishment of National Commissions on NCDs or analogous bodies to plan and coordinate the comprehensive prevention and control of chronic NCDs;
- Our commitment to pursue immediately a legislative agenda for passage of the legal provisions related to the International Framework Convention on Tobacco Control; urge its immediate ratification in all States which have not already done so and support the immediate enactment of legislation to limit or eliminate smoking in public places, ban the sale, advertising and promotion of tobacco products to children, insist on effective warning labels and introduce such fiscal measures as will reduce accessibility of tobacco;
- That public revenue derived from tobacco, alcohol or other such products should be employed, inter alia for preventing chronic NCDs, promoting health and supporting the work of the Commissions;
- That our Ministries of Health, in collaboration with other sectors, will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors so that by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines;
- That we will mandate the re-introduction of physical education in our schools where necessary, provide incentives and resources to effect this policy and ensure that our education sectors promote programmes aimed at providing healthy school meals and promoting healthy eating;
- Our endorsement of the efforts of the Caribbean Food and Nutrition Institute (CFNI), Caribbean Agricultural Research and Development Institute (CARDI) and the regional inter-governmental agencies to enhance food security and our strong support for the elimination of trans-fats from the diet of our citizens, using the CFNI as a focal point for providing guidance and public education designed toward this end;
- Our support for the efforts of the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies in all international trade negotiations thereby promoting greater use of indigenous agricultural products and foods by our populations and reducing the negative effects of globalisation on our food supply;

- Our support for mandating the labelling of foods or such measures as are necessary to indicate their nutritional content through the establishment of the appropriate regional capability;
- That we will promote policies and actions aimed at increasing physical activity in the entire population, e.g. at work sites, through sport, especially mass activities, as vehicles for improving the health of the population and conflict resolution and in this context we commit to increasing adequate public facilities such as parks and other recreational spaces to encourage physical activity by the widest cross-section of our citizens;
- Our commitment to take account of the gender dimension in all our programmes aimed at the prevention and control of NCDs;
- That we will provide incentives for comprehensive public education programmes in support of wellness, healthy life-style changes, improved self-management of NCDs and embrace the role of the media as a responsible partner in all our efforts to prevent and control NCDs;
- That we will establish, as a matter of urgency, the programmes necessary for research and surveillance of the risk factors for NCDs with the support of our Universities and the Caribbean Epidemiology Centre/Pan American Health Organisation (CAREC/PAHO);
- Our continuing support for CARICOM and PAHO as the joint Secretariat for the Caribbean Cooperation in Health (CCH) Initiative to be the entity responsible for revision of the regional plan for the prevention and control of NCDs, and the monitoring and evaluation of this Declaration.

We hereby declare the second Saturday in September “Caribbean Wellness Day,” in commemoration of this landmark Summit.

The **St. Ann’s Declaration: Implementing Agriculture and Food Policies to Prevent Obesity and Non-Communicable Diseases (NCDs) in the Caribbean Community, 9 October 2007** was declared by the Ministers of Agriculture of Caricom on the occasion of a special symposium on Food and Agriculture Policies and Obesity – Prevention NCDs in the Caribbean.

THE DECLARATION OF ST. ANN’S

We, the Ministers of Agriculture of CARICOM, meeting at the Grand Bahia Principe Hotel, Runaway Bay, St. Ann, Jamaica on 9 October 2007 on the occasion of a special Symposium on Food and Agriculture Policies and Obesity: Prevention of NCDs in the Caribbean;

Recalling the 1996 declaration in the Bahamas of the Region’s Ministers of Agriculture that “Food and nutritional security in the Caribbean is also related to chronic nutritional life style diseases [NCDs] such as obesity, stroke and heart attack”, and the 2007 Heads of Government Declaration of Port of Spain in which a commitment was made, “to provide critical leadership required for implementing ... agreed strategies for the reduction of the burden of Chronic Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative ...”;

Affirming the main recommendations of the Caribbean Commission on Health and Development which included strategies to prevent and control heart disease, stroke, diabetes, hypertension, obesity

and cancer in the Region by addressing their causal risk factors and unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening out health and agricultural policies;

Impelled by a determination to reduce the suffering and burdens caused by NCDs through the promotion and implementation of effective food and agricultural policies as part of our overall development plans;

Fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, private sectors, NGOs and other social, regional and international partners;

Declare –

- Our full support for the initiatives and mechanisms aimed at strengthening regional health and agricultural institutions, to provide critical leadership required for implementing our regional strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organization / World Health Organization (PAHO/WHO) and other relevant partners;
- Our determination to exhaust all options within Regional and WTO agreements to ensure the availability and affordability of healthy foods;
- Our support for the efforts of the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies in all international trade negotiations thereby promoting greater use of indigenous agricultural products and foods by our populations and reducing the negative effects of globalization on our food supply;
- Our commitment to develop food and agriculture policies that explicitly incorporate nutritional goals including the use of dietary guidelines in designing food production strategies;
- That we will explore the development of appropriate incentives and disincentives that encourage the production and consumption of regionally produced foods, particularly fruits and vegetables;
- That we will establish, as a matter of urgency, the programmes necessary for research and surveillance on the aspects of agricultural policy and programmes that impact on the availability and accessibility of foods that affect obesity and NCDs;
- Our support for the establishment of formal planning linkages between the agriculture sector and other sectors (especially, health, tourism, trade and planning) in order to ensure a more integrated and coordinated approach to policy and programme development aimed at reducing obesity;
- Our strong support for the elimination of trans-fats from our food supply using CFNI as a focal point for providing guidance and public education designed toward this end;

- Our support for mandating the labeling of foods or such measures necessary to indicate their nutritional content;
- That we will advocate for incentives for comprehensive public education programmes in support of wellness and increased consumption of fruits and vegetables and embrace the role of the media as a partner in all our efforts to prevent and control NCDs;
- Our continuing support for CARICOM, CFNI / PAHO, FAO, IICA and CARDI as the entities responsible for leading the development of the regional Food Security Plan for the prevention and control of NCDs, and the monitoring and evaluation of this Declaration.

The Regional Strategy and Plan of Action on an Integrated Approach to the prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health (CE138/17) was adopted during the 138th Session of the Executive Committee of the Pan American Health Organization/ World Health Organization, held in Washington, D.C., June 19-23 2006.

The Regional Strategy recognizes that chronic diseases are devastating to individuals, families, and communities, particularly poor populations; and that they are a growing threat to economic development and have staggering societal costs. The Strategy has four lines of action. It recognizes that chronic diseases need to be prioritized in the political and public health agendas, identifies surveillance as a key component; recognizes that health systems must be reoriented to respond to the needs of people with chronic conditions; and notes the essential role of health promotion and disease prevention. These four lines of action are interdependent since one without the other leaves tremendous gaps in reaching all sectors of the population and in achieving the goal of the Strategy.

The strategic approaches are:

1. ***Advocacy for policy changes and development of effective public policy***, with the aim to encourage and provide technical cooperation for the establishment of sound and explicit public policies that support better health status and a life free of chronic disease-related disability.
2. ***Build capacity for community-based actions*** that create supportive environments for risk-factor reduction, mobilize communities to change institutional policies, and to become active participants in the creation of enabling environments. It will also focus on healthy workplace and school settings. Interventions will be channeled through PAHO's CARMEN, an international network that shares the common goal of increasing technical capacity among Member States to reduce risk factors associated with chronic diseases through integrated, community-based preventive approaches; and through PAHO's initiatives on healthy settings and health-promoting schools.
3. ***Strengthen health services for integrated prevention and management of chronic diseases*** including the development, testing, and dissemination of effective chronic disease management approaches, guidelines, and tools.
4. ***Reinforce the competencies of the health-care workforce for chronic disease prevention and management*** since health care providers are instrumental in improving health and preventing and managing chronic diseases in individuals. To provide effective care for chronic conditions, multidisciplinary health teams with an appropriate skill mix are required. The skills of health

professionals must be expanded so that they can tackle the complexities of chronic conditions with a team approach. Curricula for health professionals should address the issues of prevention and management of chronic diseases and develop the appropriate abilities. This strategy considers the importance of continuing education for the health care work force to reinforce competencies for patient-centered care, partnering with patients and with other providers, using continuous quality-improvement methods, effectively using information and communications technology, and adopting a public health perspective.

5. ***Create Multisectoral Partnerships and Networks for Chronic Disease*** since the successful implementation of chronic disease policies and programs requires the concerted efforts of multiple partners and stakeholders from the social service, public and private, and health-related sectors such as the agricultural, economic, public works, trade, transportation, and parks and recreation. Furthermore, it requires action at the various levels of governmental and nongovernmental agencies, including international and multilateral organizations, and regional, subregional, national, and municipal organizations. Professional associations, academic institutions, civil society, patients' groups, and people affected by chronic diseases also have key roles to play in influencing chronic disease policies and programs. This strategy will facilitate dialogue and build partnerships among these key multisectoral stakeholders in order to advance the chronic disease agenda and to ensure stakeholder involvement in establishing policies and programs. The Strategy will also include working through existing regional networks such as CARMEN and the Physical Activity Network of the Americas (PANA).
6. ***Build Capacity for Chronic Disease Information Generation and Knowledge Management*** since timely and accurate information on risk factors, chronic disease occurrence, distribution, and trends is essential for policy-making, program planning, and evaluation. Therefore, this strategy will build capacity in countries to incorporate chronic disease surveillance into the public health system and will utilize surveillance information for program development and policy formulation. The strategy will encourage integration among the multiple data sources in order to access the complete range of information to determine the status of chronic diseases. Information will be analyzed, synthesized, and disseminated at the country, subregional, and regional levels. Improvements are needed with the current mechanisms for systematic surveillance and for tracking the trends of chronic diseases and their risk factors at the national and subregional levels. In addition, information on new and emerging knowledge for effective interventions for noncommunicable disease prevention and control will be gathered and disseminated.

PART 6

SUGGESTED READINGS

- Henry, F. **Public Policies to Control Obesity in the Caribbean:** Consultant Report presented to the Caribbean Commission on Health and Development. Kingston, Jamaica, 2004.
- **Non-Communicable Disease Prevention and Control in the Caribbean, Strategic Plan for the Region 2003-2007,** PAHO/WHO CCS, September 2002.
- Wilkes, R (and others). **Chronic Diseases: the New Epidemic.** West Indian Medical Journal, 1998; 47 Suppl. 4:40-44.
- World Health Organization. **Obesity: Preventing and Managing the Global Epidemic.** WHO Technical Report Series 894, WHO, Geneva, 2000.
- World Health Organization. **WHO Global Strategy for NCD Prevention and Control.** Report by Director General. WHO, Geneva, 2000. WHO/WHA/53.
- World Health Organization. 2002. **Diet, Physical Activity and Health.** WHO, Geneva, 2002. WHO/WHA/A55/016
- World Health Organization. **2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases** (World Health Assembly document A61/8, April 2008).



Pan American Health Organization (PAHO)
Regional Office of the World Health Organization (WHO)