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TACKLING THE LEADING CAUSES OF DEATH IN THE AMERICAS: LAUNCH OF THE INTER-AMERICAN TASK FORCE ON NCDs

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Response to question: *The Caribbean as a sub-region, and Jamaica at the national level, has really placed NCDs very high on the public health agenda. This commitment was recently reaffirmed at the NCD Forum of Caribbean Leaders, convened by PAHO. Can you describe how this political commitment is being sustained in Jamaica.*

The Caribbean Community Heads of Government including Jamaica nine years ago, on the 15, September 2007, committed to stop the epidemic of the chronic noncommunicable diseases. This was the first Region to make such a political commitment on NCDs. Since then, we have not looked back and further reconfirmed our commitment in 2011 by endorsing the United Nations Political Declaration on Non-communicable Diseases, playing a key role in facilitating the negotiation of this global political commitment.

Jamaica has been working assiduously towards meeting this political commitment made. Recognizing that NCDs in not just a health problem but a development problem we have included strategies to address NCDs and their risk factors in the National Development Plan Vision 2030 and medium-term economic framework. More recently we have integrated these strategies into a “Whole of Government” national Plan which is under development.

In 2013, we promulgated a multisectoral national Strategic and Action Plan for the prevention and control of NCDs 2013-2018 approved by Cabinet and tabled in parliament under the leadership of a multisectoral National Committee on Noncommunicable Disease, that is aligned to national and global commitments. This plan address the four global major risk factors and NCDs and we have also gone beyond those identified under the political declaration to include violence and injuries, sickle cell disease and psycho-neurological disorders that have been identified as national priorities.

Recognizing that we cannot treat our way out of this situation, Jamaica has commenced implementation of strategies to reduce exposure to modifiable risk factors and started with the main one tobacco use. We have begun to accelerate the implementation of the WHO framework convention on Tobacco Control and promulgated the Public (Health Tobacco Control) Regulations 2013 and its amendments in 2014 protecting over 2.7 million persons from the health effects of tobacco smoke. National surveys reported an unprecedented support for this Regulation. We are now moving towards the development of a comprehensive tobacco control legislation.

Jamaica conducted also conducted a Joint Needs Assessment with the Head of the Conference of the Parties, Convention Secretariat, and World Health Organization (WHO) on the implementation of the World Health Organization Framework Convention on Tobacco Control in August 2014. This resulted in an action plan to address the gaps identified.



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To address the other risk factors such as unhealthy diet , physical inactivity and harmful use of alcohol, Jamaica has promulgated a number of policies, guidelines, strategies and plans these include: the National Food and Nutrition Security Policy (2013) and Action Plan (in draft); National Infant and Young Child Feeding Policy (2014) and Strategic Action Plan (in development); National School Feeding Policy (draft) and Programme Standards (in development) and recently launched a National Food Based Dietary Guideline, national guideline for the promotion of Physical Activity in the Workplace and for prescribing of physical activity by Health Care Providers, National Sports Policy (2013) and Strategic and Action Plan (under development); and revised Road Traffic Bill and Regulation.

Additionally, Jamaica has reengaged the food industry through the re-establishment of a Food Industry Task Force. These risk factors have been addressed in partnership with the government agencies and their departments.

Jamaica has reconfirmed its commitment to Universal Health Coverage, which is critical for attaining the nine (9) voluntary targets for NCDs and we have commenced national consultations in collaboration with PAHO/WHO. In this context, we have conducted national consultations on health financing, established a Primary Care renewal policy, centres of excellence in primary care, continued to strengthen institutional and human resource capacities and financial resource, make advances towards developing a National Cancer Centre of Excellence. This year the Government of Jamaica granted a budgetary increase to address Health Promotion and Education.

We continue to forge new relationships and strengthen existing ones with our government departments and agencies, civil society, international development partners such as PAHO/WHO, FAO, UNDP, Inter-American Development Bank, World Bank and by engaging in south-south cooperation with Brazil, Chile and other countries with best practices in the area of health.

As articulated by our Hon. Minister of Health Dr Fenton Ferguson at the “High-Level Meeting Of The General Assembly on The Comprehensive Review And Assessment Of The Progress Achieved in the Prevention And Control Of Non-Communicable Diseases” in 2014, we subscribe to the view that health must be an integral component of the post 2015 development agenda and that NCDs must be adequately addressed therein or the commitment to reducing NCD-related premature deaths by 25% by 2025 “*will remain but a fleeting illusion to be pursued, but never attained...*”, in words popularised by Jamaica’s reggae icon Bob Marley.

Jamaica reaffirms its commitment to achieve a reduction of NCDs by 25% by 2025, there is much more work to be done, however this cannot be achieved without engaging all partners in this response, as many of the solutions and response lie outside of the health sector. “We are only as strong as we are united, as weak as we are divided.” *in words popularized by JK Rowlings.* Let us continue to do everything possible to nurture these partnerships.