



PRESENTATION TO THE CARIBBEAN WORKSHOP ON SCHOOL HEALTH PROMOTION POLICY, MARCH 25-27, 2009

POLICY DECISIONS OF THE CARIBBEAN COMMUNITY

By

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Focus of Presentation

- ◆ Port of Spain Declaration (September, 2007)
- ◆ Georgetown Declaration (March, 2008)
- ◆ Seventeenth COHSOD (November, 2008)
- ◆ Civil Society Action Plan on on NCDs (March 2009)
- ◆ Caucus of Ministers of Health Decision (September 2008)
- ◆ School Health Contribution of Health Sector
- ◆ ECD and CCH III
- ◆ Joint Regional Action Strategies
- ◆ National Level Intervention Points

Distribution of Deaths by Major Cause in the World

Mass killers

1

Deaths, % of world total, 2005

Chronic diseases:

Heart disease

30.2

Cancer

15.7

Diabetes 1.9

Other chronic diseases

15.7

Infectious diseases:

HIV/AIDS 4.9

Tuberculosis 2.4

Malaria

1.5

Other

infectious

diseases

20.9

Injuries 9.3

Total:
58.0m

Source: WHO

Leading Causes of Death in CARICOM Countries by Sex, 2004 (MINUS Jamaica)

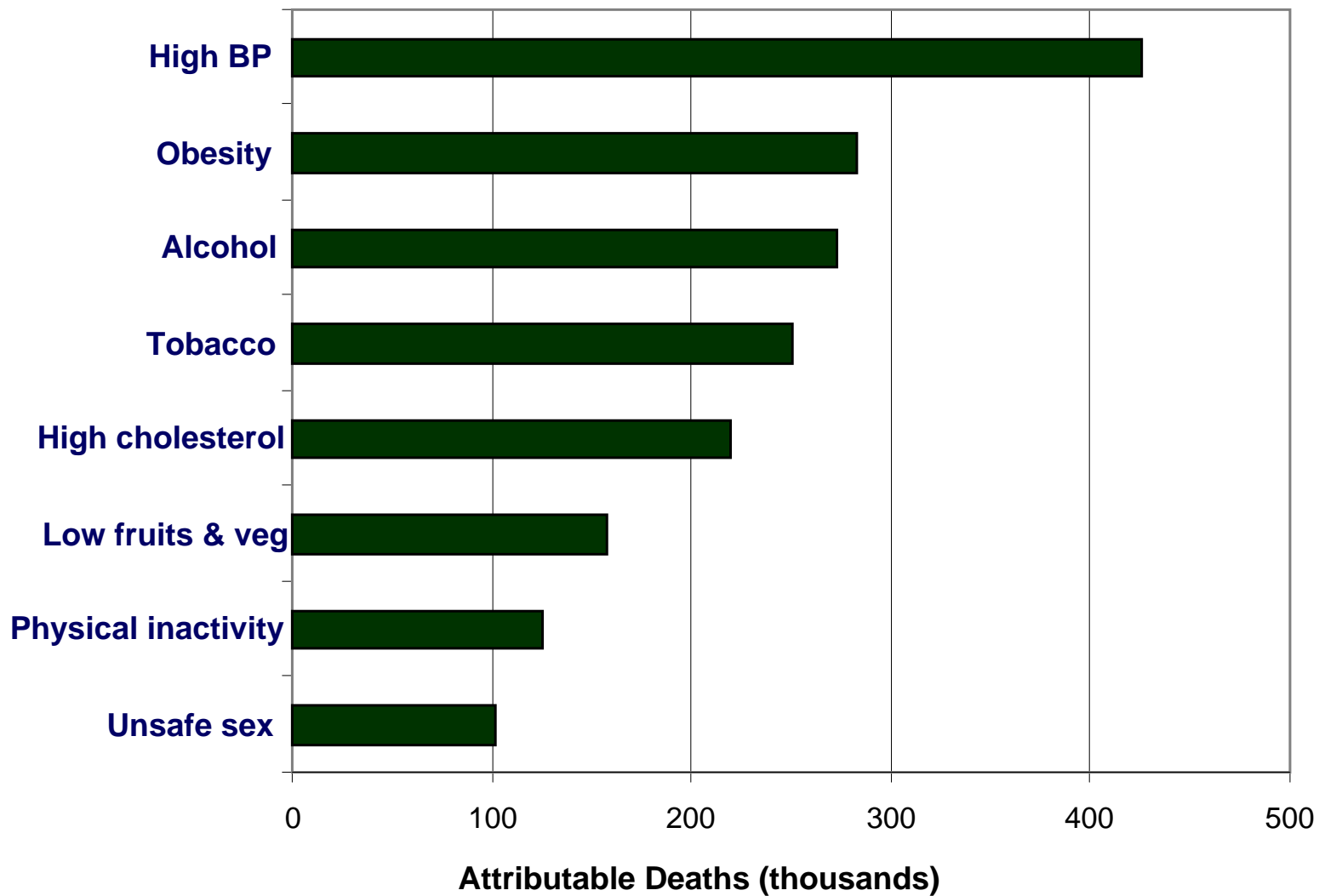
MALES

1. Heart Disease
2. Cancers
3. Injuries and violence
4. Stroke
5. Diabetes
6. HIV/AIDS
7. Hypertension
8. Influenza/pneumonia

FEMALES

1. Heart Disease
2. Cancers
3. Diabetes
4. Stroke
5. Hypertension
6. HIV/AIDS
7. Influenza/pneumonia
8. Injuries and violence

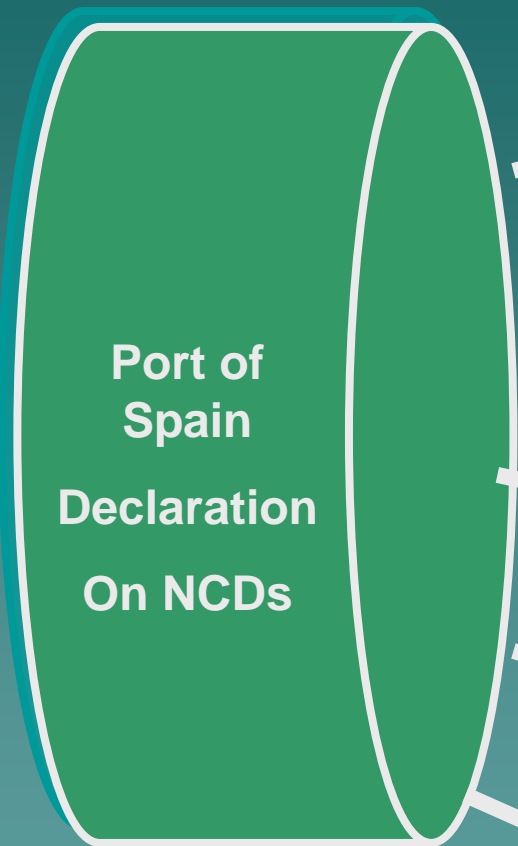
Mortality Attributable to Select Risk Factors (Latin America & Caribbean) from DCP2



Estimated Economic Burden (\$US Million, 2001)

	BAH	BAR	JAM	TRT
Diabetes	27.3	37.8	208.8	494.4
Hypertension	46.4	72.7	251.6	259.5
Total	76.7	110.5	460.4	753.9

ELEMENTS OF POS DECLARATION OF HEADS OF GOVERNMENT (2007)



Support initiatives to strengthen RHIs to reduce NCDs under CCH III

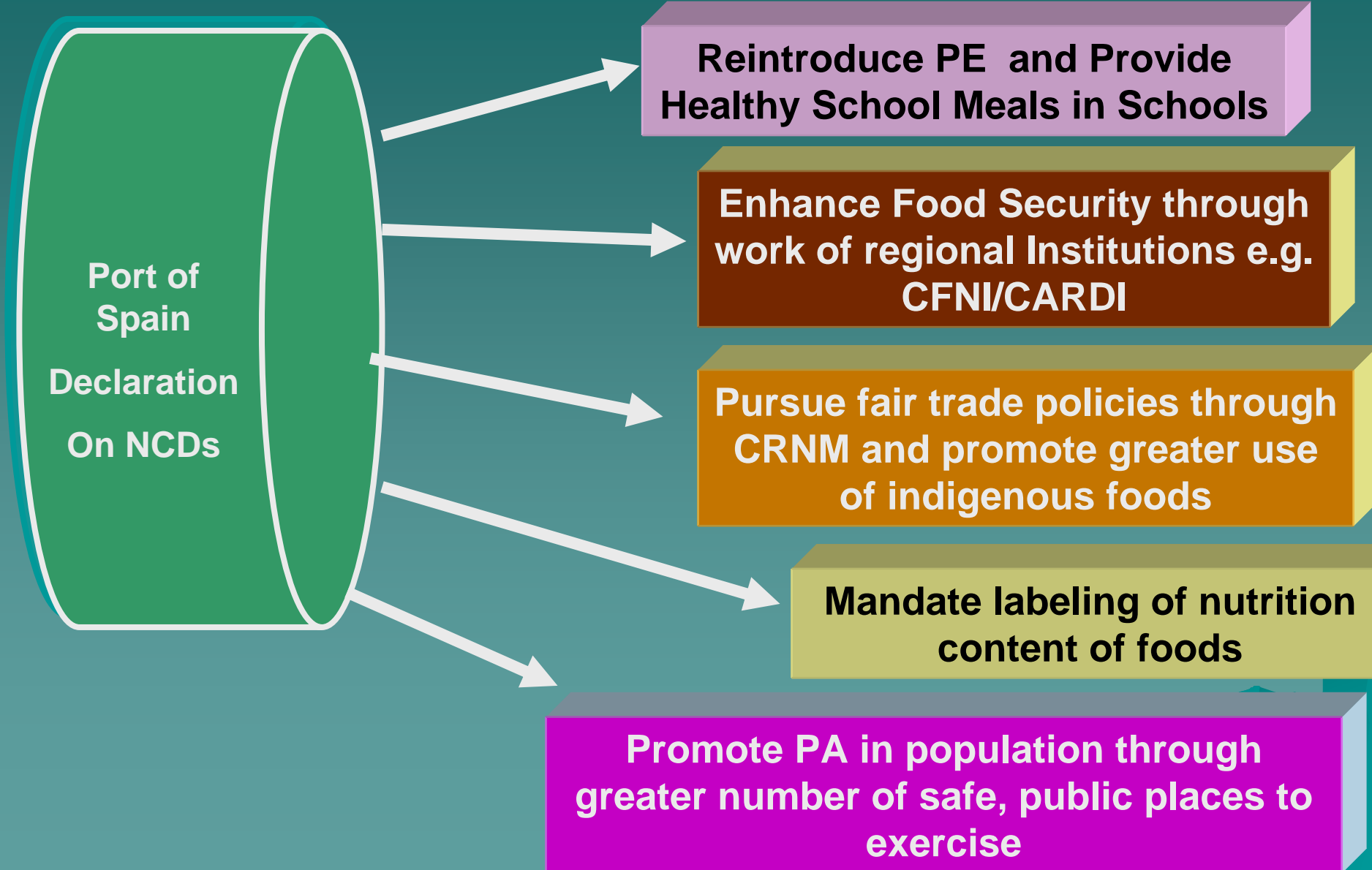
Support National NCD Commissions

Legislative Agenda for FCTC

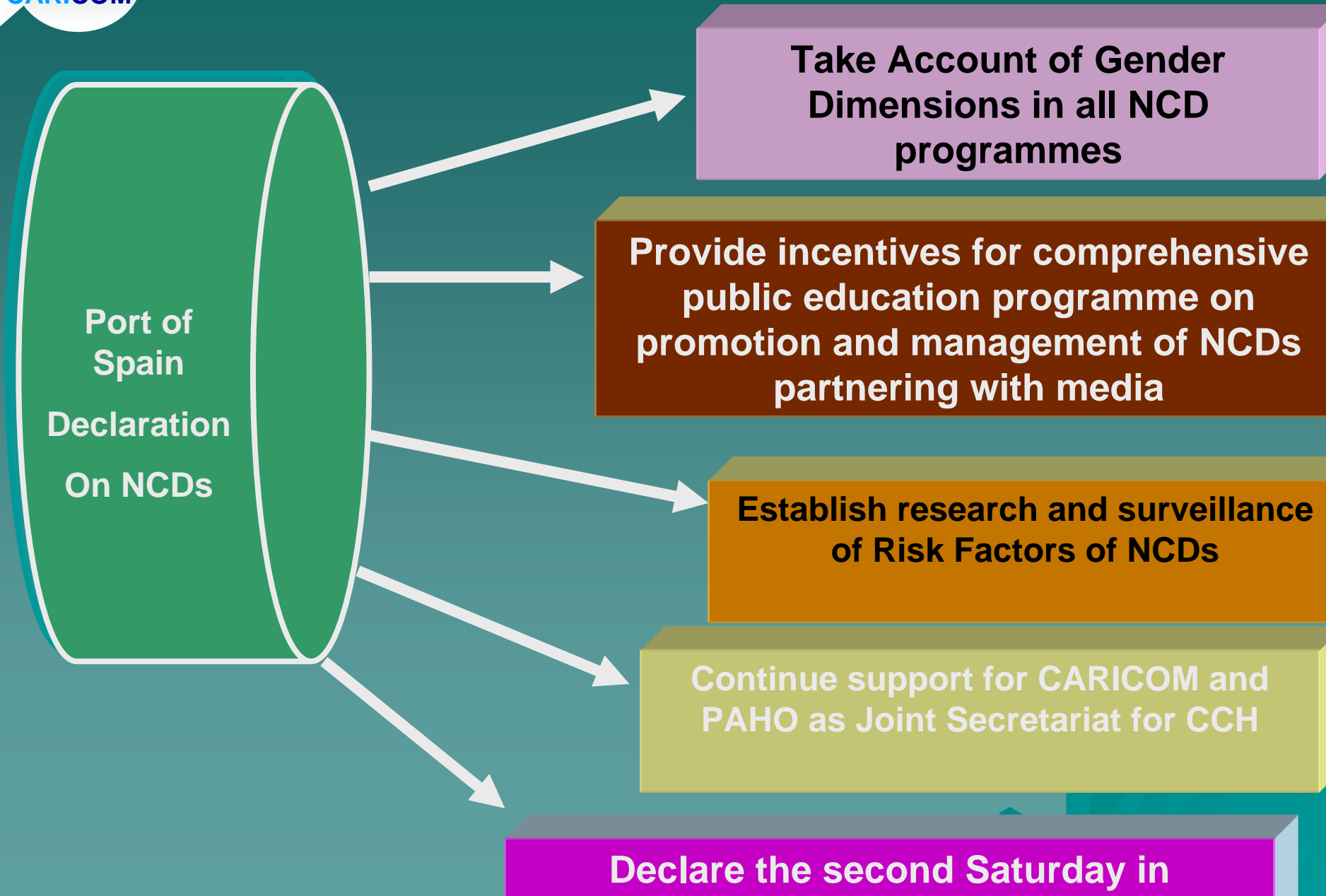
Public Revenue from taxes on Tobacco /alcohol for Health Promotion

Develop Comprehensive Plans for Screening and Managing NCDs

ELEMENTS OF POS DECLARATION OF HEADS OF GOVERNMENT (2007)



ELEMENTS OF POS DECLARATION OF HEADS OF GOVERNMENT (2007)



GEORGETOWN DECLARATION OF TWELFTH SPECIAL MEETING OF COHSOD ON CHILDREN, MARCH 2008

Ministers with responsibility for Children:

Noting with grave concern the adverse effects on children of natural disasters, climate change, violence, HIV and AIDS, child abuse and exploitation, family separation and migration, malnutrition including obesity and other lifestyle related diseases

Recognising that the development of children from early childhood to adolescence, through health care, early stimulation, development and monitoring, parenting and community support, quality of education and safe and protective environments is fundamental to determining the well being and life chances of our children

GEORGETOWN DECLARATION OF TWELFTH SPECIAL MEETING OF COHSOD ON CHILDREN, MARCH 2008: A REGION FIT FOR CHILDREN

Ministers with responsibility for Children:

Commit, *inter alia*, to

The establishment of mechanisms to improve the quality of and increase access to inclusive early childhood care, education, and developmental services and , in particular, for the vulnerable and marginalised children

The Strengthening of protective environments in homes, schools and communities

The implementation of HFLE for children in and out of Schools

GEORGETOWN DECLARATION OF TWELFTH SPECIAL MEETING OF COHSOD ON CHILDREN, MARCH 2008: A REGION FIT FOR CHILDREN

Ministers with responsibility for Children:

Commit, *inter alia*, to

The completion and adoption of CCH III with a particular focus on continued reduction of child and infant mortality, nutritionally-related non-communicable diseases and increased physical activity in and out of schools

The consideration of children and their particular needs in the revision of the Caribbean Strategic Framework for HI and AIDS

GEORGETOWN DECLARATION OF TWELFTH SPECIAL MEETING OF COHSOD ON CHILDREN, MARCH 2008: A REGION FIT FOR CHILDREN

Ministers with responsibility for Children:

Also Commit, *inter alia*, to

Raising the awareness of the importance of acting now to address the causes and consequences of climate

Educating our children of all age groups on the dangers of substance use and abuse

Caribbean Civil Society Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs): March 2009

ACTION LINES:

- 1. Establishment of Caribbean Civil Society CNCD Coalition/Network**
- 2. Advocacy**
- 3. Development of a Communications Strategy for and Among the Healthy Caribbean CNCD Coalition/Network**
- 4. Healthy Caribbean CNCD Public Education Programme**

Caribbean Civil Society Action Plan for tackling Chronic Non-Communicable Diseases (NCDs)

ACTION LINES:

5. Support for Caribbean Wellness Day

6. Advocacy and support for CNCNCD Risk Factor Reduction:

- Tobacco Control and Implementation of FCTC**

- Increase Physical Activity among Caribbean People**

- Improved Dietary Intake including reduction of trans fats**

- Enhanced Identification and Management of CNCNCDs and salt intake**

7. Support of Initiatives, Plans and Programmes at Country and Organisation Level

Caucus of Ministers of Health 2008: Decision on ECD

The Caucus:

“Mandated CCS and PAHO to explore the requirements for involvement of the Regional Health Sector in support of Early Childhood Development activities.”

“Agreed that modalities of intra-regional cooperation as a means of building national capacity and expertise should be explored.”

Caucus of Ministers of Health 2008: Decision on ECD

The Caucus:

“Noted the links between the development of the childhood Passport and the CCH III framework.”

“Requested the CARICOM Secretariat to work with Prof Samms-Vaughan and Jamaica to distribute the ECD Strategy to all CARICOM Ministries of Health .”

**Contribution
of
Health Sector
To ECD**

**Access to Quality Health Care
and PH Services**

**Integrated System
for ECD**

Injury Prevention


Contribution of Health sector to ECD: **Access to Quality Care and Services**

- ◆ Improve access to services for children and families in rural and remote areas
- ◆ Explore various practice models in partnership with communities

Contribution of Health sector to ECD: **Integrated System for ECD**

- ◆ Not only health but other sectors needed
- ◆ Health care professionals should know:
 - ECD
 - Determinants of Health
 - Range of services and support
 - Timely and appropriate referrals

STAGES OF HEALTH SECTOR INTERACTION AND EARLY CHILDHOOD DEVELOPMENT

- ◆ Pre-conception
 - ◆ Pregnancy
 - ◆ Birth
 - ◆ Infancy
 - ◆ Childhood
- 

Contribution of Health sector to ECD: Integrated System for ECD

Preconception

- ◆ HFLE
- ◆ Healthy Lifestyles
- ◆ Need to target children, children, youth, parents, caregivers and general population

Contribution of Health sector to ECD: Integrated System for ECD

Families with Young Children

- ◆ ID of health and psycho-social problems and refer to appropriate service
- ◆ Teachers have a role to play

Contribution of Health sector to ECD: Injury Prevention

- ◆ Childhood Injuries are preventable
- ◆ Governments, communities, and industry all play a crucial role in ensuring children are safe
- ◆ Parents and care givers need to be aware of common safety hazards

Contribution of Health sector to ECD: Injury Prevention

Actions required across sectors

- ◆ Safe homes
- ◆ Safe child care settings
- ◆ Safe communities
- ◆ Reduced accidents
- ◆ Reduced deaths and disabilities caused by suffocation, burns, poisoning, drowning and falls

Contribution of Health Sector to ECD:

Actions required across sectors

Health Sector and Other Sectors
to Work in Partnership

ECD and CCH III

Priority Areas of CCH III

- NCDs
- Mental Health
- Communicable Diseases (HIV/AIDS)
- Family and Community Health

Priority Areas of CCH III

- Food and Nutrition
- Environmental Health
- Health Systems Development
- Human Resource Development

Possible Selected ECD Interaction with Priority Areas of CCH III

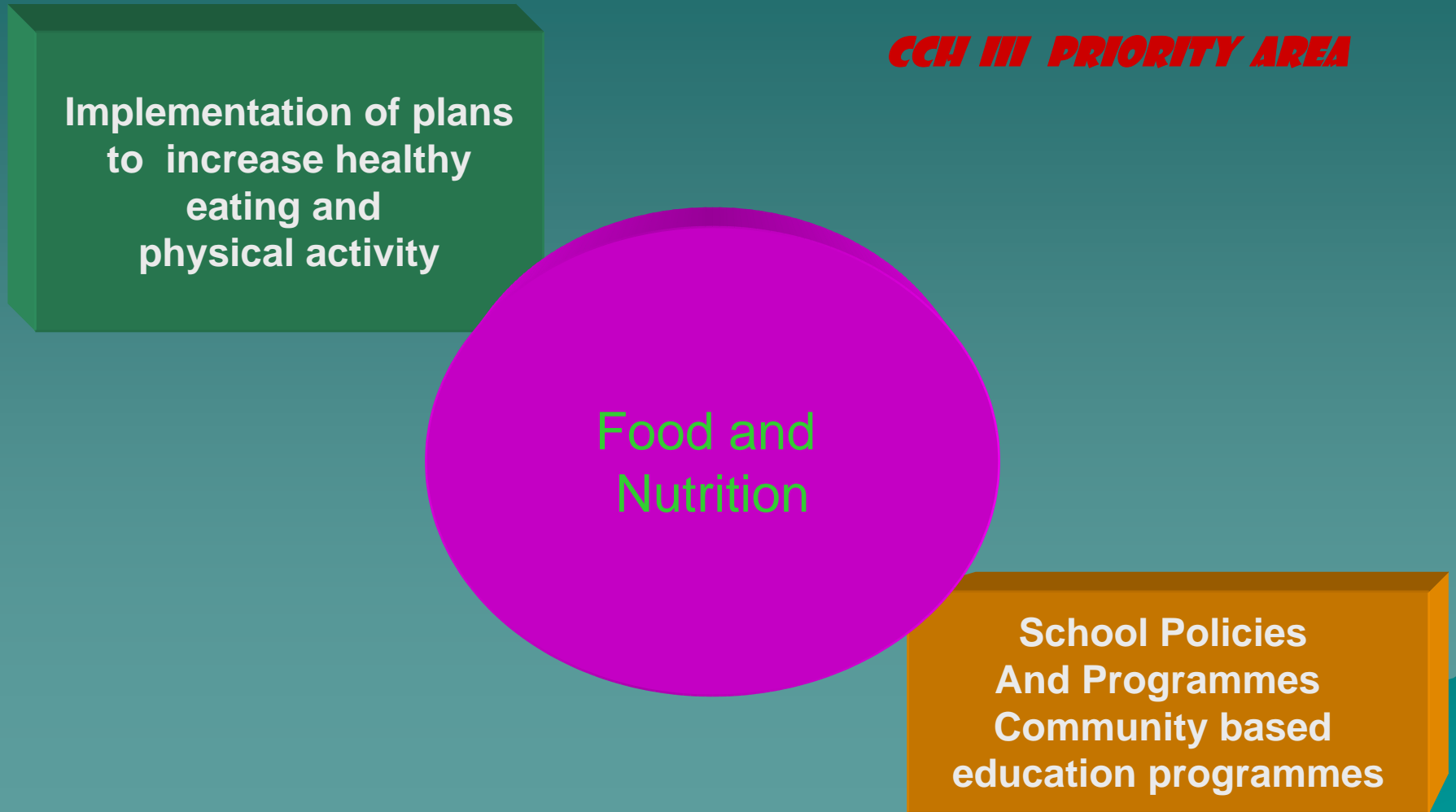
CCH III PRIORITY AREA

**Sensitive and Effective
Perinatal monitoring
System operational**

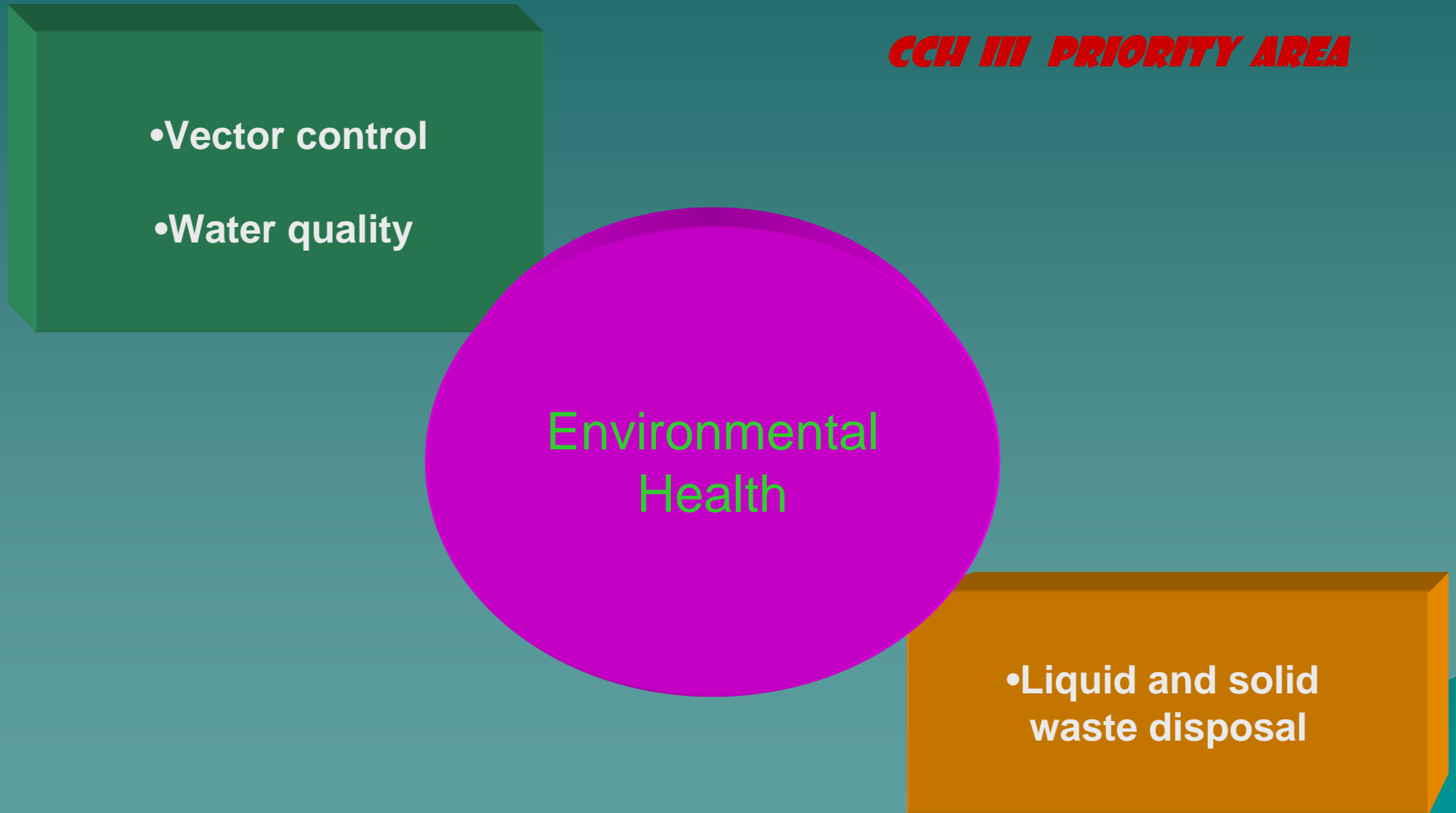
**Family and Community
Health services**

**Multisectoral Programme
For prevention and early
Detection of developmental
And learning disabilities**

Possible Selected ECD Interaction with Priority Areas of CCH III



Possible Selected ECD Interaction with Priority Areas of CCH III



Possible Selected ECD Interaction with Priority Areas of CCH III

CCH III PRIORITY AREA

- Integration of Mental Health and Primary care and training of primary care staff in mental health

Mental Health



Possible Selected ECD Interaction with Priority Areas of CCH III

•Appropriate Primary Health Care and Administrative and integrated Programme structures implemented

CCH III PRIORITY AREA

Health Systems Development

•Improved national capacity for collection and analysis of health information for decision making and policy formulation

Possible Selected ECD Interaction with Priority Areas of CCH III

•Skills and competencies of health work force in primary care strategies improved

CCH III PRIORITY AREA

Human Resource Development

•Identify and Promote existing trans-disciplinary primary health care model

**Health Sector
Observatory
(integrated
surveillance and
monitoring)**

**Development of
Technical capacity
To support
Essential
research**

**Exploration of inclusion
Of ECD into existing
training modules
For primary care and
Experiences in
the Region**

**Agreement on types of
Screening services
In PHC**

**Joint Regional
Action Strategies of
CCH III**

**Resource mobilisation
To support MCH Progs i
Underserved population
in Member States**

**Development and
promotion of TCC
to evaluate quality of
MCH and Child health
Programmes**

**Development of
Comprehensive and
Integrated Chronic
Diseases
Management**

**Development of
Regional Standards
For Healthy School
Meals**

**Coordination of
Schools for
strengthening
of training in the
health
professions to meet
Development needs**

**Joint Regional
Action Strategies of
CCH III**

**Strengthen capacity
To deal with emerging
Paradigms, esp
Realted to
Inter-professional
approaches for capacities
in PHC teams**

Coordinating Early Childhood Development across the CCH Priority Areas

**There should be a Coordinator for Early
Childhood Development activities across the
Priority Areas of the Caribbean Cooperation
Initiative III**

AT NATIONAL LEVEL: INTERVENTION POINTS

A: Policy and Programming Level

- ◆ National multi-sector committees e.g. ECD Commission, NCD Commission, nutrition committee, youth commission

B: Operational Level

- ◆ Health Centres and Clinics
- ◆ Schools,
- ◆ Social Welfare Dept (including Probation)
- ◆ Youth Dept
- ◆ TLIs which offer training programmes for Health Professionals
- ◆ Partnerships with Community Organisations e.g. churches, service organisations, PTAs

END OF
PRESENTATION