Caribbean Cooperation in Health Phase III (CCH III)

Regional Health Framework 2010 - 2015

MEETING REPORT

Review of CCH III and Preparation for CCH IV

Pan American Health Organization
World Health Organization
Regional Office for the Americas

CARICOM

Caribbean Public Health Agency
CARPHA

Caribbean Regional Consultation
22-23 February 2016, Trinidad Hilton Hotel,
Port of Spain, Trinidad and Tobago

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ADVANCING THE CARIBBEAN COOPERATION IN HEALTH: REVIEW OF CCH III AND PREPARATION FOR CCH IV

Caribbean Regional Consultation
22-23 February 2016, Trinidad Hilton Hotel,
Port of Spain, Trinidad and Tobago

REPORT

March 2016

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List of Acronyms

ATG	Antigua and Barbuda
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
CDB	Caribbean Development Bank
CMO	Chief Medical Officer
COHSOD	Council for Human and Social Development (CARICOM)
CSME	Caribbean Single Market and Economy
CSO	Civil society organization
DFID	Department for International Development (United Kingdom)
EU	European Union
HCC	Healthy Caribbean Coalition
HIV	Human immunodeficiency virus
HSS	Health systems strengthening
ICT	Information and communication technology
IDB	InterAmerican Development Bank
M&E	Monitoring and evaluation
MoH	Ministry of Health
MOH	Minister of Health
NCD	Non-communicable disease
NGO	Non-governmental organization
PAHO	Pan American Health Organization
RPG	Regional public goods
SC	Steering Committee
SDG	Sustainable Development Goal
SDoH	Social determinants of health
SIDS	Small Island Developing States
TTO	Trinidad and Tobago
UN	United Nations
UWI	University of the West Indies
WHA	World Health Assembly (WHO)
WHO	World Health Organization

Introduction

The Caribbean Cooperation in Health (CCH) is the regional framework through which Member States of the Caribbean Community (CARICOM) cooperate with each other, regional institutions, and development partners to improve the health and wellbeing of the Caribbean people. The concept promotes collective and collaborative action to solve critical health problems best addressed through a regional approach, which might include concerted action across Member States.

The CCH is one of the significant functional cooperation achievements of the CARICOM regional integration process, and its third phase, CCH III 2010-2015, "Investing in Health for Sustainable Development" has ended. Given the advances in the response to vaccine-preventable diseases, HIV, and non-communicable diseases (NCDs) fostered by the CCH, CARICOM mandated the evaluation of CCH III and preparation for the next phase, CCH IV.

The CCH III evaluation was commissioned by the CARICOM Secretariat, in collaboration with the Pan American Health Organization/World Health Organization (PAHO/WHO), the Caribbean Public Health Agency (CARPHA), and the University of the West Indies (UWI), Cave Hill Campus, Barbados, to identify achievements, lessons learned, and challenges. A Caribbean Regional Consultation was held in February 2016 in Port of Spain, Trinidad and Tobago (TTO) to review the preliminary evaluation results and make recommendations for CCH IV, emphasizing the production of regional public goods (RPG) that will contribute to countries' achievements of their national health and development objectives, as well as the sub-regional, regional, and global health goals to which they have committed. CCH IV will be presented for approval to the CARICOM Council for Human and Social Development (COHSOD) in September 2016.

The two-day regional consultation included more than 50 regional and national stakeholders representing CARICOM Member States, academia, non-governmental organizations (NGOs), civil society, and development partners, including the United Nations (UN), from health and non-health sectors. The agenda of the meeting and the list of participants are in **Annexes 1 and 2**, respectively.

The expected results of the consultation were:

1. Consolidated feedback on the draft CCH III evaluation report, focusing on validation of the results and the recommendations for CCH IV.
2. Agreement and consensus on the priority areas to be addressed in CCH IV, focusing on areas of common concern to CARICOM Member States that can be addressed more effectively at regional level and/or through collective action and cooperation among countries and health development partners.
3. Roadmap for the formulation of CCH IV, including consultation processes, tools, and indicative timelines.
4. Recommendations for the governance, implementation, communication, monitoring, and resourcing of CCH IV.

This report summarizes the main issues raised at, and recommendations from, the consultation.

Opening

The Opening Ceremony, chaired by Dr. Glen Beneby, Chief Medical Officer (CMO) of The Bahamas, featured remarks from several persons:

- *Dr. James Hospedales, Executive Director, CARPHA*, recounted successes related to the first and second phases of CCH, and committed CARPHA to the regional approach that will help its Member States to achieve their international commitments.
- *Ms. Jessie Schutt-Aine, Subregional Program Coordinator-Caribbean, PAHO/WHO*, encouraged partnerships and multisectoral, genuine collaboration among CARICOM Member States for the production of regional public goods.
- *Dr. Douglas Slater, Assistant Secretary General for Health and Human Services, CARICOM Secretariat*, noted that health is reflected in the third Sustainable Development Goal (SDG 3) and must be seen as a regional public good. He spoke of the importance of marketing health to policymakers, placing emphasis on associated financial and economic issues, so that health receives the priority attention it deserves.
- *Dr. Rohit Doon, Advisor on Public Health, Ministry of Health, TTO*, gave the Feature Address on behalf of the Minister of Health. He highlighted the "Caribbean identity", emphasized the need for collaborative solutions to priority health issues in the region, and stated that the main CCH guiding principle is leadership. Dr. Doon noted that TTO's health manifesto included all the priority areas in CCH III; he identified the main issues influencing health in the country as the demographic transition; injuries and violence; the NCD epidemic; and emerging and re-emerging diseases, such as Zika virus.

Background of the CCH

In his presentation, *Dr. Rudolph Cummings, Manager, CARICOM Health Program*, gave the background and history of the CCH. He emphasized functional cooperation in health as an important aspect of CARICOM integration, noting its inclusion in the various CARICOM declarations and strategic plans, starting with the Treaty of Chaguaramas (1973) which established the Caribbean Community and Common Market. The CCH remains relevant, particularly given the challenging economic situation with less donor interest, the nature of Small Island Developing States (SIDS), and the Caribbean Single Market and Economy (CSME), a key aspect of regional integration.

Dr. Cummings noted that the CCH aligns with CSME expectations regarding regional integration, acknowledges capacity gaps in most Member States, and provides the opportunity for joint regional solutions, including the establishment of "centers of excellence", where countries can benefit from shared expertise. The CCH also serves as a regional reference document for partners, a roadmap for regional health institutions, and a guide to countries for inter-country cooperation. It requires a robust governance structure, with endorsement from Heads of Government and Ministers of Health, and should be managed through a CCH Secretariat co-chaired by the CARICOM Secretariat and the PAHO/WHO Caribbean subregional program. Dr. Cummings' PowerPoint presentation is in **Annex 3**.

CCH III Evaluation Preliminary Results and Recommendations for the Way Forward with CCH IV

Dr. Stephanie L. Ferguson and *Dr. Yvonne Owens Ferguson*, consultants for the CCH III Evaluation, presented the preliminary evaluation results, noting the limitations of the exercise. These latter included the large number of indicators (192) for the 8 CCH III priority areas, many of which were not measured, which led to challenges in finding evidence for the evaluation; lack of a robust regional monitoring and evaluation (M&E) and accountability framework; limited awareness of the CCH III by many key informants; and limitations in time and resources for the evaluation, given relatively short lead times for presentation to stakeholders, consultations, and the development of CCH IV.

The evaluation involved review of over 40 organizational documents; interviews with 21 key stakeholders; consultations at regional meetings of Environmental Health Officers (EHOs) in St. Lucia and Nurse Educators (NEs) in Belize; review of over 70 peer-reviewed abstracts and articles; and an online media analysis of 97 total webpages.

Overall, the CCH III preliminary evaluation results revealed that between 2010 and 2015, the CARICOM Region made progress on 12 regional cooperation initiatives, exemplified by the formal establishment and operationalization of CARPHA; the strong regional, multisectoral, collaborative response around the Port of Spain Declaration on Non-Communicable Diseases; a roadmap for strengthening the Caribbean health workforce; and the establishment of the Healthy Caribbean Coalition (HCC), an umbrella organization for Caribbean civil society organizations working in the prevention and control of NCDs. The online media analysis showed that CARPHA is very active, while a search for the CCH III initiative yielded few results.

Interviews with key stakeholders identified strengths, challenges, and gaps in implementing the CCH III, and an analysis of all extant data of progress made on the 8 priority areas also informed the evaluators' recommendations for CCH IV. Recommendations included the development of an M&E framework, an improved governance and accountability structure, and a communication strategy.

Consultation participants were encouraged to provide their reactions and feedback to the CCH III evaluation's preliminary results, to inform the final evaluation report that would be presented in March 2016 to the CCH III Evaluation Steering Committee (SC), comprised of representatives from CARICOM, CARPHA, and PAHO/WHO.

More details on the CCH III evaluation results, which highlight achievements in regional cooperation, are included in **Annex 4.1**. The CCH III evaluation PowerPoint presentation is in **Annex 4.2**, while the executive summary of the CCH III evaluation preliminary results and recommendations for CCH IV can be found in **Annex 4.3**.

Panel Discussion – CCH Evaluation Preliminary Results

The evaluation presentation was followed by a panel discussion.

- *Dr. Rhonda Sealey-Thomas*, CMO, Antigua and Barbuda (ATG), noted benefits to ATG from regional health initiatives, but also expressed surprise at the lack of CCH III awareness at the national level. She stressed the importance of a communication and dissemination strategy for CCH, noting that though CMOs must play a role, they would need support. Dr. Sealey-Thomas recommended that CCH IV reflect and adapt to the global environment, including the use of relevant terminology, such as resilience and universal health coverage. She indicated that the 8 CCH III priorities remained relevant, and stated that health system strengthening (HSS) would be critical, with health financing highlighted as a priority. Her complete address is in **Annex 5**.

- *Mr. Ian Ho-A-Shu, Senior Health Specialist, Inter-American Development Bank (IDB)* reminded the meeting of the value of the work done under CCH I, II, and III; there were notable achievements which should be publicized and celebrated. He stated that streamlining would be important for the way forward to CCH IV; reporting on 192 indicators is an onerous task. In addition, there should be synergies between each country's national health policy/strategy/plan and CCH IV, and crises, such as with Ebola, chikungunya, and Zika, bring opportunities that should be taken advantage of, as development partners seek to assist and contribute resources.

  He suggested the following key steps:

  i. Undertake a gap analysis for each country with respect to achieving the CCH IV targets,
  ii. Cost the requirements to bridge these gaps,
  iii. Identify sources of funding,
  iv. Determine the implementation capacity of countries,
  v. Explore sustainability mechanisms, and
  vi. Develop an M&E strategy.

  Mr. Ho-A-Shu also suggested that once the gaps were costed, development partners could be approached with a view to establishing a regional funding mechanism – a grant facility – to which they could all contribute. Partners might include the IDB, Caribbean Development Bank (CDB), World Bank, Global Fund, and United Kingdom Department for International Development (DFID). A possible model is the Compete Caribbean Fund that is managed by the IDB from its Barbados office. In addition, the IDB has a Regional Pubic Goods initiative which could provide useful insights for structuring this regional funding mechanism. Possible components of a proposal to the regional funding mechanism include: (i) achieving International Health Regulations core capacities (ii) prevention and control of NCDs and childhood obesity and (iii) environmental health issues.

- *Mr. Richard Blewitt, Resident Coordinator, UN*, stressed that the outcome of this consultation and the roles of the different UN Agencies can be framed in the new UN Multi-country Sustainable Development Framework for the Caribbean (MSDF). There is need for regionally strategic – but nationally relevant – approaches, and the MSDF is working with SDG indicators, to avoid

overburdening Member States. There are also cross-cutting issues in the MSDF that include gender, equity, human resources, governance, education, data for decision-making, and youth. He noted that there is an overall lack of awareness of the new MSDF and that there is scope for the processes for further development of the MSDF and the CCH IV to be strongly forged and linked, given that the CCH process has many lessons that the UN can learn from.

Mr. Blewitt also mentioned the intention to convene an annual meeting involving the UN, Member States, and regional bodies regarding the MSDF, which would provide an important opportunity for collaboration. The UN also has a publicly available mapping of development partners in the Caribbean that may be useful to the CCH IV development process.

The participants recognized and applauded the work of the CCH III evaluation consultants, despite the limitations noted, and engaged in lively discussions following the panel presentation. Overall, it was felt that CCH IV should focus on the SDGs, and proposals for this next phase of the CCH included:

- Objectives of "eliminating the *Aedes Aegypti* mosquito" and "eliminating cervical cancer";
- HSS as a cross-cutting issue;
- Making climate change explicit in the priority areas;
- Healthy ageing;
- A communication strategy; and
- Strengthening regulatory capacity.

Other comments are summarized as follows:

- Consider the role of universities – including tertiary institutions other than the UWI – and research in the implementation of CCH; training across the region is a good example of CCH and the annual Caribbean Health Research Conference is celebrating 60 years of achievements.
- Health must be included in national development policies or plans.
- The CCH strategies should be rolled up from the national to the regional level.
- There needs to be greater coordination among UN agencies in addressing issues relevant to the region, and the CCH can facilitate that; local and international agencies should align their work accordingly.
- The UN MSDF can be a framework for action in NCD prevention and control.
- There are many spinoffs of CCH that may not have been measured in the CCH III evaluation, evident in individual country achievements and reports.
- There is need to develop SMART (specific, measurable, achievable, relevant, and time-bound) indicators in order to measure the achievements of CCH IV.
- There is need for funding for universal health coverage.
- Health information systems (HIS) must be strengthened, especially to facilitate M&E, but caution must be taken to ensure that this is not only vendor-driven; it must reflect national and regional needs. A web-based user-friendly HIS for the Caribbean is a possibility and countries must ensure that quality data are available to populate the HIS.

- There is a lack of focus on adolescents and youth, and the CCH IV must take advantage of synergies; there is a CARICOM framework for the prevention of youth pregnancies.
- Create closer collaboration with the Chronic Disease Research Centre (CDRC) in Barbados, which can offer assistance in the translation of data into information, and information into policy.
- Resource mobilization will be critical, and not only from traditional donors.
  - The Green Climate Fund is raising billions of dollars, but these funds are not for public health directly – funds are available to SIDS, and Health has to work with Environment to be able to access the resources. The CARICOM Climate Change Centre is accredited for direct access to these funds, and the CDB is expected to be similarly accredited in the future – these institutions can help with resource mobilization.
  - There is also a fund of over 300 million Euros available through the EU, primarily for climate change, crime prevention and security, economic integration, and cooperation. Hence, there is need to be creative and frame CCH IV priorities appropriately, with submissions for funding made through CARICOM. Possible themes include adaptation to climate change; strengthening surveillance to measure impact of climate change on health, and on food, nutrition, and water security; disaster risk reduction; and alternative transport.
- A communication strategy for CCH is very important; in general, the importance and benefits of CARICOM are not well known.

Workgroup Sessions 1-4

In the afternoon of Day One and the morning of Day Two, the participants divided into five groups to discuss the top five priority areas to be addressed by CCH IV, and to recommend an indicative draft outcome statement and two key regional public goods for each priority area.

CCH IV Priority Areas, Draft Outcomes, and Proposed Regional Public Goods

There was overall consensus of the priority areas as themes in which the production of regional public goods would contribute to the achievement of the desired outcomes, and complement national actions.

Priority areas to be addressed in CCH IV are:

1. **Health systems for universal health coverage**
2. **Safe, resilient, healthy environments to mitigate climate change**
3. **Health and well-being of Caribbean people throughout the life course**
4. **Data and evidence for decision-making and accountability**
5. **Partnership and resource mobilization for health**

Table 1 below summarizes the draft outcome statements and RPGs proposed by the groups for each priority area, to be refined through subsequent consultations and technical working sessions.

Table 1: Proposed CCH IV Priority Areas, with draft outcomes and proposed regional public goods

Priority areas	Draft outcomes	Proposed regional public goods
1. Health systems for universal health coverage	• Portability of health benefits across the region • Minimum package of services established • No financial barriers to accessing health care services	• Regional health insurance • Development of regional health information system • Menu by which Member States can choose basket of essential services
2. Safe, resilient, healthy environments to mitigate climate change	• All Caribbean countries IHR compliant. • All citizens and visitors live, work, and play in safe, resilient environments	• Protocols for activating regional response mechanisms • Regional fully functioning and regulated public health laboratory network • Adequate accessible supplies of safe water and food • Built and sustained regional disaster response that includes Smart Health Care Facilities • Aedes aegypti elimination • Environment impact assessment for all new projects • Social impact assessments
3. Health and wellbeing of Caribbean people throughout the life course	• Ensuring health and wellbeing at all stages of life for all citizens	• Implementing a public health policy for childhood obesity • Improved standards of care for the elderly • Establishment of regional dietary standards to reduce the risk of chronic diseases • Regional trade policies to support dietary standards (6-point agenda) • Innovative and effective communication strategies and approaches to reach people with healthy lifestyle messages across the life course • Establishment of functional, efficient and adequately resourced secretariat for driving the implementation of the CCH IV agenda • Elimination of cervical cancer
4. Data and evidence for decision-making and accountability	• Enhanced regional capacity to use quality data to inform decisions and monitoring • Minimum standard data set on annual basis	• Establishment of simple regional platform for health information systems; standardized web-based information system • Regional monitoring and evaluation accountability mechanism for health • Centres of Excellence for data management, e.g. CARPHA, CDRC
5. Partnership and resource mobilization for health	• Percentage of GDP allocated for health • Regional health agenda is adequately, sustainably, and predictably resourced	• Regional health fund • Implementation and accountability framework

In discussing the draft outcomes and proposed RPG, participants made the following points related to the priority areas:

- Health systems for universal health coverage
    - Consider health technology assessment – health should use other e-technologies, beyond an information platform.

- Safe, resilient healthy environments to mitigate climate change
    - Adaptation of the health sector to climate change should be a strategic approach.
    - Indoor air quality is an issue in the Caribbean.
    - Identify a minimum package of health services to be provided during disasters or emergencies.

- Health and well-being of Caribbean people throughout the life course
    - Include protocols to address gender-based violence.
    - Social marketing is needed to address behaviour change; there should be mention of a well-grounded and informed population, leveraging information and communication technology (ICT) – the associated public goods would be social marketing campaigns.
    - Identify high-risk and vulnerable groups to be targeted.
    - The existing framework for the prevention and control of childhood obesity provides important guidelines for this population group and the multi-sector response that is needed.

- Data and evidence for decision-making and accountability
    - Standardized indicators, reporting formats, and reporting mechanisms should be implemented. The instrument for periodic assessment of progress in fulfilling the Port of Spain Declaration on NCDs might be a model for other areas.
    - Establishment of a centre of excellence for information management and the introduction of eHealth should be considered.

- Partnership and resource mobilization
    - There should be focus on areas other than finances – networking and negotiations with partners are important, as are the "who" and "how" of partnering; asking for money without having adequate capacity is a waste.
    - Consider and include the contribution of the private sector and the increasing role of civil society; institutions in the region, such as the UWI and others, must be recognized.
    - Regional institutions should be strengthened, not only financially, but also in their capacity to build stronger institutional and professional networks.
    - Define how countries will work and cooperate with each other; work toward a more even distribution of RPG across all countries.

Workgroup Recommendations for CCH IV

The workgroups also developed recommendations on CCH IV governance; implementation, including resource mobilization and allocation; accountability (monitoring and evaluation); and communications. They emphasized policymakers' likely reluctance for, and resistance to, the creation of new institutions, and **urged the use of existing structures, systems, and processes wherever feasible**, **taking advantage of ICT advances**.

Governance

- CARICOM leadership and coordination, with a fully functioning and resourced CCH Secretariat, avoiding the creation of parallel structures in the CARICOM Secretariat.
- Steering Committee to include representation from CARICOM, CARPHA, UWI, PAHO/WHO, and civil society.
- Structuring of the agendas of regional meetings related to health around the CCH priority areas.
- National multisectoral CCH committees (which could be national COHSODs), with the participation of representatives of civil society and technical working groups.
- CMOs as national focal points.
- Greater use of virtual meetings; dedicated CCH meeting "piggy-backing" on annual CMOs' meeting.

Implementation

- Resource mobilization and allocation to ensure success of the CCH IV:
    - Inclusion of health in national development plan,
    - Development of costed implementation plan (including administrative costs) to facilitate discussion with development partners, current and potential,
    - Taxes on "unhealthy" foods, such as sugar-sweetened beverages, to reduce demand,
    - Resource mobilization at both regional and national levels,
    - Use of existing mechanisms for human capital development, such as CDB and the Caribbean Development Fund,
    - Engagement of business community and private sector, with strict conflict of interest guidelines,
    - Establishment of fund for contributions from Caribbean residents and diaspora,
    - Caribbean philanthropy,
    - Contributions from social security funds and insurance,
    - Receipt of percentage of tourism-related fees – cruise ships, airline tickets.
- Ensuring that all partners have up to date information on CCH and are motivated to contribute to its achievements:
    - Media support for public service announcements,
    - Use of existing telecommunication companies to raise awareness,
    - Communications strategy.

Accountability

- Development of workplans with roles, responsibilities, and time frames.
- Development of standardized reporting tools.

- Regular reporting against an M&E framework.
- Transparency in accessing available funding.
- Optimizing the capacity for virtual meetings.

Communications

- Development of communication strategy with involvement of target audiences.
- Persuasion and advocacy with political level using economic data.
- Identification of funding for implementation of the strategy.
- Official launch with Heads of Government at national and regional levels.
- Partnerships with regional media entities.
- Segmentation of the strategy by target audience, including internal stakeholders such as professional associations and ministries, highlighting their possible contributions to CCH IV's success.
- Production of CCH IV in different formats/versions for different audiences.
- Use of communications expertise available in various organizations, such as CARPHA.
- Use of CCH Champions, online fora, social media, slogans, competitions, and links to existing events, such as Caribbean Wellness Day/Week.
- Framing of health initiatives using CCH IV for better linkages.
- Development and promotion of stories on CCH IV successes, best practices, and benefits.

The guidelines and reports of these four workgroup sessions are in **Annexes 6-9**.

Panel Discussion – Partners' Perspectives on CCH IV

Dr. Virginia Asin-Oostburg, Head, Collective Prevention/CMO, Ministry of Health, St. Maarten, chaired this panel discussion on "Advancement of the Caribbean Cooperation in Health: Partners' Perspectives on the Way Forward with CCH IV".

- *Dr. Roger McLean, Economist, UWI*, noted that the CCH IV should not only be linked to SDG 3, but to at least 8 other SDGs that impacted health. He framed his remarks in the agreed CCH IV priority areas:
  - In reference to universal health coverage, he highlighted the difference between financing and access – while the former addressed the supply side, the latter dealt with factors related to the social determinants of health (SDoH), and key factors in access must be analyzed.
  - Environment also addresses SDoH.
  - Health and wellbeing encompass the role of non-health sectors such as agriculture, education, trade, and social security.
  - Data for decision-making emphasizes the use of existing systems and partners should avoid duplication of available information.
  - Regarding partnership, there should be differentiation between money and resources; partnerships with the private sector are not just for money, since the expertise available is also an important resource.

- *Mr. Vincent Atkins, Trade Policy Advisor, CARICOM*, stated that within the CCH context, mechanisms for trade negotiations should take cognizance of the relevant health objectives, and that health sector representation should be facilitated and encouraged. He noted that the health-in-all-policies approach already presents a framework for such action.
- *Professor Sir Trevor Hassell, President, HCC*, spoke of the roles that civil society organizations (CSOs) can play in CCH IV, one of which could be in M&E, with partners conducting parallel monitoring of CCH IV. Sir Trevor suggested that a component of CCH IV could be to build CSOs' capacity to carry out such functions. He agreed that the private sector has a critical role to play, and suggested that ways be found to make public health "sexy", such as identification of a theme that everyone could rally around. One such theme could be "The Caribbean – a Tobacco-Free Zone".

In plenary after the panel discussion, the following points were made:

- Implementation is one of the key weaknesses of the CARICOM structure; the CARICOM Secretariat is not an implementing agency. Thus, there needs to be a mechanism that gives life to the decisions taken by the COHSOD on Trade-Health issues, and communication between Trade and Health should be improved.
- There should be strengthening of the capacity of health sector representatives at both national and regional levels to participate in discussions in other sectors – such as Trade – that have an impact on health, advocating and presenting evidence-based, justified arguments for health, as appropriate.
- The legal framework should be strengthened at the highest level to facilitate alignment of actions among sectors and greater accountability.

Roadmap to CCH IV Development and Presentation to COHSOD

Dr. Cummings presented the "Roadmap to Success" for CCH IV, including consultation processes, tools, and indicative timelines, as shown below. The Roadmap highlights further opportunities for consultation with Member States to ensure that CCH IV responds to national priorities, while also aligning with the SDGs, CARICOM frameworks, and other global and regional strategies for health.

Roadmap for CCH IV

In comments on the Roadmap,

- MoH representatives expressed interest in receiving guidelines for the national consultations;
- It was noted that some Caribbean countries, such as the Overseas Territories of the Kingdom of the Netherlands, are not CARICOM members, so that a complementary process for them to receive information on CCH IV would be useful; and
- One participant observed that the Steering Committee for the CCH III evaluation had no CMO representation; it was suggested that this be corrected in the membership of the SC for the CCH IV development process. The Subregional Program Coordinator-Caribbean indicated that the current SC would be expanded for CCH IV.

Conclusion

Overall, the regional consultation was deemed a success – the expected results were achieved, and participants were pleased with the outcomes of the meeting. They also appreciated the opportunity to actively engage in designing priorities for CCH IV, building on the conclusions of the CCH III evaluation. The participants reaffirmed the need for, and importance of, regional cooperation in health, and it was agreed that a Steering Committee would oversee the further development of CCH IV based on the outcomes of the consultation and the activities outlined in the CCH IV Roadmap.

Annex 10 includes photographs taken at the consultation.

List of Annexes

Annex 1

Advancing the Caribbean Cooperation in Health to Benefit the Regional Public Good: Review of the CCH III and Strategic Planning for CCH IV

Caribbean Regional Consultation

Trinidad Hilton Hotel, Port of Spain, Trinidad and Tobago

22-23 February 2016

Agenda

Objectives

Goal: Continued improvement in the health and wellbeing of the Caribbean people.
Purpose (Outcome): Identification of the way forward for the development of CCH IV.

Expected results

1. Feedback provided on the draft CCH III evaluation report, focusing on validation of the findings and the recommendations for CCH IV.
2. Agreement and consensus reached on the priority areas to be addressed in CCH IV, focusing on areas of common concern to CARICOM Member States that can be addressed more effectively at regional level and/or through collective action and cooperation among countries and health development partners.
3. Roadmap developed for the formulation of CCH IV, including consultation processes, tools, and indicative timelines.
4. Recommendations made for the governance, implementation, communication, monitoring, and resourcing of CCH IV.

Meeting Facilitator: Dr. Karen Sealey, International Health Consultant

Day 1: Monday, February 22, 2016

TIME	ACTIVITY	SPEAKER/PRESENTER/FACILITATOR
08:00 – 08:30	Registration	
08:30 – 09:15	Chair: Dr. Glen Beneby, Chief Medical Officer, Bahamas Opening Ceremony: Welcome remarks Feature Address	 Dr. James Hospedales, CARPHA Ms. Jessie Schutt-Aine, PAHO SPC Dr. Douglas Slater, CARICOM Dr Rohit Doon, Advisor on Public Health, Trinidad and Tobago
09:15 – 9:45	Coffee Break	
9:45 – 10:00 10.00 – 10:45	Chair: Dr Patrick Martin, Chief Medical Officer, St Kitts and Nevis Introduction of participants Why Regional Cooperation in Health is Key to Advancing the Public Good of the Caribbean; and the background and history of CCH Plenary	 Dr. Rudy Cummings, CARICOM
10:45 – 12:15	CCH III Evaluation Results and Recommendations for the Way Forward with CCH IV Discussants : • Dr Rhonda Sealey-Thomas, CMO, Antigua and Barbuda • Mr Ian Ho-A-Shu, Inter-American Development Bank • Mr. Richard Blewitt, Resident Coordinator, UN • Permanent Secretary, St. Lucia Plenary Discussion	Dr. Stephanie L. Ferguson Dr. Yvonne Owens Ferguson

12:15 – 1:15	Lunch	
1:15 – 2:30	Facilitator: Dr Karen Sealey Process for Group Work Work Group Session I (5 groups) Key Question: What are the top five priority areas to be addressed by CCH IV? • Consider the recommendations • Consider the health situation in the Caribbean • Consider the common areas of concern to CARICOM Member States • From a regional cooperation perspective. • Consider the context of the SDGs	Facilitator
2:30 – 3:00	Report Back Group Session I Preliminary Agreement regarding the priority areas for CCH IV	Facilitator Co-facilitator: Dr Shamdeo Persaud, Chief Medical Officer, Guyana
3:00 – 3:30	Coffee Break	
3:30 - 4:45	Work Group Session 2 Key Question: Now that we have preliminary agreement on the priority areas to be addressed in CCH IV, provide an indicative draft outcome statement and list 2 key regional public goods for each priority area	
4:45 - 5:45	Report Back Group Session 2	Facilitator Co-facilitator: Dr David Johnson, Chief Medical Officer, Dominica
5:45	Adjourn	

Day 2: Tuesday, February 23, 2016

TIME	ACTIVITY	SPEAKER/PRESENTER/FACILITATOR
08:30 – 8:45	Re-cap of Day 1 Activities & Overview of Day 2	Dr Karen Sealey
8:45 – 10:00	Facilitator: Dr Karen Sealey Work Group Session 3 Key Questions: 1. What recommendations do you have for governance? 2. What recommendations do you have for implementation, monitoring and evaluation to ensure success of the CCH IV?	Facilitator
10:00 – 10:30	Report Back Group Session 3	Facilitator Co-facilitator: Dr Irad Potter, Chief Medical Officer, British Virgin Islands
10:30 – 11:00	Coffee Break	
11:00 – 12:00	Work Group Session 4 Key Questions: 1. What recommendations do you have for resource mobilization and allocation to ensure success of the CCH IV? 2. What recommendations do you have to ensure that all partners have up to date information re CCH and are motivated to contribute to its achievements?	Facilitator
12:00 – 1:00	Lunch	

1:00 – 1:30	Report Back Group Session 4	Facilitator Co-facilitator: Dr Marvin Manzanero, Chief Medical Officer, Belize
1:30 – 2:45	Chair: Dr. Virginia Asin, Chief Medical Officer, St Maarten Panel Discussion Advancing the Caribbean Cooperation in Health: Partners' Perspectives on the Way Forward with CCH IV	Mr. Vincent Atkins, Trade Policy Advisor, CARICOM Sir Trevor Hassell, Healthy Caribbean Coalition Dr. Roger McLean, University of the West Indies
2:45 – 3:15	Coffee Break	
3:15 – 4:30	Next steps: Creating a Roadmap for Success (e.g., consultation processes, tools and indicative timelines)	Dr. Rudy Cummings, CARICOM
4:30	Adjourn	

Annex 2

"Advancing the Caribbean Cooperation in Health to Benefit the Regional Public Good: Review of the CCH III and Strategic Planning for CCH IV"
Caribbean Regional Consultation – Trinidad Hilton Hotel, Port of Spain, Trinidad and Tobago, 22-23 February 2016
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Annex 3

Advancing the CCH IV: Caribbean Regional Strategic Planning Consultation

Co-sponsored by
PAHO/WHO, CARICOM & CARPHA

Facilitator: Dr. Karen Sealey
Port of Spain, 22-23 February 2016

Advancing the CCH IV: Caribbean Regional Strategic Planning Consultation

Why Caribbean Cooperation in Health?

Background and History

An Overview

Dr Rudolph Cummings
Program Manager, Health Sector Development
CARICOM Secretariat

History

- Health Cooperation among the countries of the English Speaking Caribbean predates the WI Federation;
- The mandate for CARICOM to have a strategic framework for the development of the health sector in Member States was established in the Treaty of Chaguaramas (1973)which identified functional cooperation in health as an important area for integration. (Restated in chapter 4 of the Revised Treaty)
- Strategic Plan of Action for the Control of Gastro-enteritis and Malnutrition was developed in collaboration with PAHO
- 1978 - The 4th Meeting of the Council of Minister Responsible for Health adopted – "Declaration on Health for the Caribbean Community" in St. Lucia

HISTORY

- This was then updated to incorporate the Alma Ata Declaration (Health for All) in 1982;
- "Declaration on Health for the Caribbean Community" -A policy guide for the Community.
- At the 9th Meeting of CMH in Roseau, they agreed that the Director of PAHO would work with the CARICOM Secretariat to prepare a Plan for Health Cooperation..
- The CMH received the Plan at a side meeting of the 31st Meeting of the Directing Council of PAHO 1985 and it was approved at their10 Meeting in 1986 in Georgetown.
- July 1986 in Guyana10th Meeting of the Conf of Heads approved CCH I

Backgound

- History of Cooperation with its demonstrated advantages and opportunities
- Worsening economic situation with less donor interest;
- Was of particular significance to the SIDs of the Caribbean
- The pre-existence of OCPC, CFNI and CAREC to support a structured cooperation intitiative

CCH 1 - Objectives

- Identification of priority for cooperation which respond to TCDC;
- Development of specific project vehicle for improving health;
- Stimulation of inter-country, inter-agency and inter-institutional;
- Resource mobilisation;

There were six priority areas:

1. Environmental Protection incl VC
2. HRM.
3. NCD and Accident Prevention
4. Health System Strengthening;
5. Food and Nutrition and 6. MCH
7. HIV added in1988

Analysis of CCH I

- UNICEF joined the partnership to support MCH
- IDB had preparatory Projects in some CMS –Bahamas, TT and Guyana
- Government of Italy, France contributed
- Measles elimination developed
- HIS project developed
- Environmental Health did not attract much addition funding (GTZ);
- Growing funding for HIV
- Full evaluation done in 1995 Dr. A. W. Patterson

CCH II

- Developed here in this Hotel 1996
- Significantly more participatory in its approach;
- Moved away form project vehicle to thematic approach;
- Eight thematic priorities
- Approved in 1999 - 'A vision for Caribbean Health'
- Heads acknowledged in CCH II in 2001 in Nassau:
- "the health of the region was the wealth of the region".
- HIV, NCDs, Mental Health and Info Sys identified as 'super priorities'
- Launched Caribbean Commission on Health and Development in response to MDGs

CCH II

CCH II defined as a mechanism through which Member States of the Caribbean Community can:

- Collectively focus action and resources over a given period towards the achievement of agreed objectives in priority health areas of common concern
- Identify the approaches and activities for joint action and / or Technical Cooperation among Countries (TCC) in support of capacity building for the achievement of objective

CCH II defined

The countries participating in this CCH Initiative were required to:

- Access, mobilise and optimise national and external funds to address selected health issues;
- Jointly identify and implement appropriate and sustainable projects and programmes in collaboration with regional institutions;
- Share expertise and experience with other Caribbean countries especially in addressing similar problems. Professionals in any one country will be less isolated and better able to develop partnerships with colleagues in neighbouring countries

CCH II defined

- Create mechanisms for sustained involvement of relevant social partners;
- Reduce costs by pooling ideas and resources so that countries will benefit from economies of scale;
- Contribute to regional integration in a meaningful way in the health sector

CCH II further defined

- It emphasised more each country's responsibility in finding the financial resources to make the CCH II Initiative a reality.
- It also placed a clear responsibility on regional health organisations and institutions along with the CARICOM Secretariat for developing regional projects and strengthening collaboration between countries in the health sector.

CCH II evaluated

- Inspite of CCS, OCPC, CAREC, CFNI ad CEHI –TCC not fulfilled
- After 1997 PAHO sub-regional Budget dwindled
- Regional focus drifted into country focus
- No sharing of best practices and lessons learnt
- Evaluated by Peter Carr and Dr. Elizabeth Warde

CCH III priniciples

- - People-centred development
- - User involvement and participation
- - Leadership in public health co-ordinated across the region
- - Outcome oriented planning, delivery and evaluation
- - Stable resourcing for health and social protection for the people of the sub-region.

CCH III Functional approach

1. **Creation of a Healthy Caribbean environment conducive to promoting the health of its** people and visitors
2. **Improved health and quality of life for Caribbean all people throughout the life cycle** *Adding years to life and Life to Years*
3. **Responsive Health Services - effectively meeting and adapting to the needs of the** Caribbean people
4. **Human resource capacity developed to support infrastructure development in health in** the Region
5. **Evidence-based decision making to be the mainstay of policy development in the Region**

CCH III Programmatic themes

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

CCH III Robust Governance

- **Heads of Government**
- **COHSOD**
- **CARICOM Secretariat**
- **CCH Secretariat**
- **CCH Steering Committee**
- **CCH Secretariat – Caribbean Co-operation in Health secretariat. Composed of representatives from the CARICOM**
- secretariat and Office of Caribbean Programme Co-ordination (Pan-American Health Organisation / World Health – coordination, Resource mobilisation, Communication.
- **CCH Steering Committee – Caribbean Co-operation in Health Steering Committee. Composed of Executive** committee of the Chief Medical Officers (CMOs); Regional Focal Point representatives including the Caribbean Public Health Agency (CARPHA); regional tertiary institutions; and CCH secretariat – implementation

Why CCH?

- Fulfils CSME expectations on issues of regional integration. From common standards to centres of excellence;
- It acknowledges capacity gaps in most MS and provides opportunity for solution;
- Regional reference document for partners;
- Road map for Regional Health Institutions;
- Guide to countries for inter country cooperation;

CCH III - Evaluation, Preliminary Results and Recommendations

STRATEGIC PRIORITY AREAS	PROGRAMS	REGIONAL ACHIEVEMENTS
1. Creation of a healthy Caribbean environment condu+cive to promoting the health of its people and visitors.	*1) Communicable Diseases* *4) Environmental Health* *5) Food and Nutrition*	✓ **Establishment of the Caribbean Public Health Agency (CARPHA)** ✓ Emerging and re-emerging vector borne communicable diseases are being addressed at HOG level (Ebola, Dengue, Chikungunya and Zika) ✓ Situational Analysis of Regional Environmental Health
2. Improved health and quality of life for Caribbean people throughout the life cycle.	*1) Communicable Diseases* *2) Non-Communicable Diseases* *6) Mental Health* *7) Family and Community Health*	✓ **Establishment of the Caribbean Public Health Agency (CARPHA)** ✓ High-Levels of Vaccination Coverage ✓ Near elimination MTCT; decreased deaths due to HIV ✓ IHR capacity improvements ✓ Continued Progress Toward Implementing Commitments to Prevent and Control NCDs: • Caribbean Wellness Day • Multisectoral plans; improved governance • HCC convenes multi-sectoral partners • POA 2014-19 for Prevention & Control of Childhood Obesity
3. Health services that respond effectively to the needs of the Caribbean people.	*3) Strengthening Health Systems*	✓ **Establishment of the Caribbean Public Health Agency (CARPHA)** ✓ Increasing Capacity of Laboratory Services for the Region ✓ Development of Integrated Care for Chronic Conditions ✓ Legislation & Policies : Tobacco control, Labeling foods, reduction salt consumption ✓ Caribbean Pharmaceutical Policy ?approved; TECHPHARM establishd ✓ Health Information Systems Policy Framework developed ✓ Drug procurement for 5 essential pharmaceuticals ✓ Caribbean Regulatory System (CRS) for pharmaceuticals developed ✓ Disaster mgt. policies/plans developed/updated & implemented. ✓ Smart Hospitals

STRATEGIC PRIORITY AREAS	PROGRAMS	REGIONAL ACHIEVEMENTS
4. Adequate human resource capacity to support health development in the Region.	*8) Human Resource Development*	✓ **Establishment of the Caribbean Public Health Agency (CARPHA)** ✓ Building Capacity in Human Resources for Health: • RENR • HRH Roadmap
5. Evidence-based decision making as the mainstay of policy development in the Region.	*3) **Strengthening Health Systems***	✓ **Establishment of the Caribbean Public Health Agency (CARPHA)** ✓ Peer reviewed articles in all areas (most in CD and lest in F&N) ✓ POS Declaration GRID

CCH III 8 PRIORITY AREAS

CCH III EVALUATION STEERING COMMITTEE

- The Caribbean Community Secretariat (CARICOM),
- The Caribbean Public Health Agency (CARPHA),
- The Pan-American Health Organization/World Health Organization (PAHO/WHO),
- The University of the West Indies (UWI), Cave Hill Campus

METHODOLOGY

- Desk review
- Key stakeholder interviews via teleconferences
- Consultation meetings in St. Lucia and Belize
- Consultation meeting in Trinidad and Tobago 22-23 February 2016
- Final report for CCH III with recommendations for the CCH-IV

SOURCES OF EVIDENCE

1. Reviewed existing CCH III documents and or other relevant reports and strategic plans from key regional entities
2. Reviewed CARPHA's CCH III indicator annual reports
3. Conducted CCH III evaluation consultation meetings
   - ✓ 2015 Environmental Health Workshop in St. Lucia-implemented and analyzed an Environmental Health Survey
   - ✓ 2015 Nurse Educators Sub-Regional Workshop in Belize
4. Key stakeholder comments and recommendations
5. Conducted a CCH III thematic peer-reviewed literature search
6. On-line media analysis

LIMITATIONS OF THE EVALUATION

- The CCH III's 8 priority area matrices included 34 sub-priority areas and a total of 192 indicators.
- Many of the indicators were not measured.
- Only 27 of the 192 indicators were collected from countries.
- CCH III lacked a regional monitoring, evaluation and accountability framework and therefore it was a challenge finding evaluation evidence.
- Many key informants were not aware of the CCH III.
- Limited time and resources available for evaluation.

EVALUATION RESULTS REGIONAL COOPERATION

- CARPHA
- *Port-of-Spain Declaration* on NCDs
- Healthy Caribbean Coalition (HCC)
- Immunizations and Communicable Diseases
- Regional Examination for Nurse Registration (RENR)
- Operationalization of the Caribbean Regional Strategic Framework 2014-2018 on HIV/AIDS - (PANCAP)
- Laboratory Services (PAHO/WHO/CARPHA/Member States)
- Road Map for Strengthening the Caribbean Health Workforce (PAHO/WHO/CARICOM)
- International Health Regulations
- Creating SMART (Safe and Green) Hospitals

REGIONAL COOPERATION EXAMPLE: CARPHA[1]

- Caribbean Public Health Agency (CARPHA) established in 2011
- CARPHA has been operational since 2013
- Previously five regional institutions are now one united regional agency:

CAREC, CEHI, CFNI, CHRC, CRDTL

REGIONAL COOPERATION EXAMPLE: CARPHA[2]

CARPHA serves the public health needs of CARICOM Member States by providing access to the following core functions:

- Laboratory Systems
- Surveillance and Health Analysis
- Policy Development
- Information and Communication
- Emergency Preparedness and Response
- Human Resource Development and Training
- Public Health Research

REGIONAL COOPERATION EXAMPLE: *PORT-OF-SPAIN DECLARATION ON NCDs[1]*

Regional, multi-sectoral, collaborative response around the prevention and control of NCDs.

- Governments (NCD Focal Points)
- Civil Society (Healthy Caribbean Coalition)
- Private Sector (Caribbean Association of Industry and Commerce)
- Regional and International Organizations
- Community Residents

REGIONAL COOPERATION EXAMPLE: *PORT-OF-SPAIN DECLARATION ON NCDs[2]*

- **Legislation & Policies**
  - Adopted tobacco-free policies using the WHO Framework Convention on Tobacco Control (FCTC)
  - Labeling foods with nutritional content
  - Reduced salt consumption
  - Workplace/faith-based/healthy schools wellness initiatives
- **Regional Awareness**
  - Caribbean Wellness Day

REGIONAL COOPERATION EXAMPLE: *PORT-OF-SPAIN DECLARATION ON NCDs*[3]

- **Strengthening Health Systems/Human Resource Development**
  - Development of Integrated Care for Chronic Conditions
  - Drug procurement for 5 essential pharmaceuticals
  - Caribbean Civil Society Health Systems Strengthening Meeting and Civil Society Organizations Health Systems Strengthening Statement of Commitment (2015)
- **Risk Factor Surveillance**
  - PAHO/WHO and CARPHA provide on-going technical assistance to Member States to collect data on chronic, non-communicable diseases and adult risk factors
  - PAHO/WHO STEPS approach was implemented

EVIDENCE SUPPORTING NCDs AS A MAJOR FINDING[1]

Peer Reviewed Articles

- Quality and quantity of peer-reviewed articles (21) in the area of NCDs demonstrates the cooperation among all sectors coming together to develop policy, conduct research, and disseminate findings.

Stakeholder Interviews

- Most key stakeholders identified policy and program efforts within the region around the prevention and control of NCDs as the major strength of the CCH III.

EVIDENCE SUPPORTING NCDs AS A MAJOR FINDING[2]

On-Line Media Analysis

- On-line media analysis revealed that most website and social media postings centered around Caribbean Wellness Day promoting physical activity and optimal nutrition.

CCH III Indicators

- Of the 21 indicators tracked annually by CARPHA, 8 (38.0%) were directly related to Non-Communicable Diseases and the related CCH III priority areas of Food & Nutrition and Human Resource Development.

REGIONAL COOPERATION EXAMPLE: HEALTHY CARIBBEAN COALITION (HCC)

- HCC was created in 2008 as a response to the *2007 Port-of Spain Declaration* for the purpose of addressing NCDs from a civil society view.
- Its mission is to harness the power of civil society, in collaboration with government, private sector, academia and international partners in the development and implementation of plans for the prevention and better control of chronic diseases.
- As of 2015, HCC serves over 60 Caribbean-based health NGOs and over 65 not-for-profits and over 250 individuals.

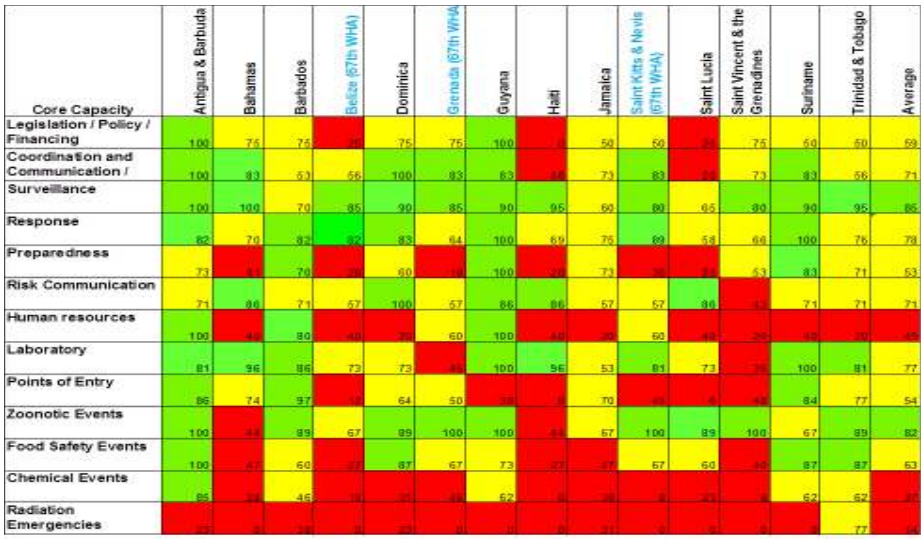
HCC REGIONAL INITIATIVES AND ACHIEVEMENTS

- HCC hosted Caribbean Civil Society Health Systems Strengthening Meeting Report, (January 2015)
- HCC Caribbean Civil Society Organisations, Statement of Commitment on Health Systems Strengthening (March 2015)
- HCC hosted Commonwealth Secretariat funded meeting: 'Measuring and Engaging the Business Sector Response to NCDs: The Caribbean NCD Private Sector Forum in partnership with CARPHA and the NCD Alliance in Barbados (June 2015)
- HCC hosted Commonwealth Secretariat funded meeting: 'Strengthening The Multi-Sectoral Response to NCDs in the Caribbean: National NCD Commissions' in partnership with CARPHA, PAHO and the NCD Alliance in Barbados (June 2015)
- HCC, A Civil Society Regional Status Report, "Responses to NCDs in the Caribbean Community" (March 2014)

INTERNATIONAL HEALTH REGULATIONS (IHR)

- The IHR is a legal instrument and tool to support CONTINUOUS public health preparedness processes in all States Parties and globally, sustainable across political administrations.
- Reports from the 14 Caribbean States Parties to the 64th to 68th World Health Assemblies (WHA) show that there has been overall improvement in all the core capacities during the five year period 2011-2015, with some areas showing significant improvement over time. However, there remains great variation in capacities among the States Parties.
- The latest reports to the 68th WHA in 2015, submitted by all States Parties of the Caribbean show that preparedness for Chemical and Radiological Emergencies and Human Resources remains the three most challenging areas for the Caribbean. Additionally, Preparedness, Points of Entry and Food Safety Events remains a challenge in several countries.

STATES PARTIES ANNUAL REPORTS, 68th WHA, 2015



Core Capacity	Antigua & Barbuda	Bahamas	Barbados	Belize (67th WHA)	Dominica	Grenada (67th WHA	Guyana	Haiti	Jamaica	Saint Kitts & Nevis (67th WHA)	Saint Lucia	Saint Vincent & the Grenadines	Suriname	Trinidad & Tobago	Average
Legislation / Policy / Financing	100	75	75	50	75	75	100	0	50	50	25	75	50	50	59
Coordination and Communication /	100	83	53	56	100	83	63	38	73	83	25	73	83	56	71
Surveillance	100	100	70	85	90	85	90	95	60	80	65	90	90	95	86
Response	82	70	82	92	83	64	100	69	76	89	58	66	100	76	78
Preparedness	73	33	70	33	60	33	100	20	73	33	33	53	83	71	53
Risk Communication	71	86	71	57	100	57	86	86	57	57	86	43	71	71	71
Human resources	100	40	80	40	20	60	100	40	20	60	40	20	40	20	45
Laboratory	81	96	86	73	73	65	100	56	53	81	73	70	100	81	77
Points of Entry	86	74	97	32	64	50	38	8	70	43	4	42	84	77	54
Zoonotic Events	100	44	89	67	89	100	100	44	67	100	89	100	67	89	82
Food Safety Events	100	47	60	27	87	67	73	27	47	67	60	40	87	87	63
Chemical Events	85	38	46	15	31	38	62	0	38	8	23	8	62	62	37
Radiation Emergencies	23	0	28	0	23	0	0	0	21	0	0	0	0	77	14

KEY - % implementation
80-100%
50-79%
0-49%

ON-LINE MEDIA ANALYSIS

Google search was conducted to determine on-line media presence and reach.

- Caribbean Wellness Day
  - Had the most social media coverage in 2015 on Twitter and Facebook
  - Majority coverage on YouTube with 8 videos
- Caribbean Cooperation in Health Initiative
  - Website had limited media coverage in 2011 and 2012
- CARPHA
  - Active Twitter since 2011 with over 600 followers, Facebook (4,007 likes), LinkedIn and over 600 direct or related video YouTube postings
  - App-Zap-a-quito! Zap mosquitos to keep your surroundings free from dengue, Chikungunya and Zika

HIGHLIGHTS OF PROGRESS MADE ON THE 8 CCH III PRIORITY AREAS

COMMUNICABLE DISEASES[1]

- Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018 (Pan Caribbean Partnership Against HIV and AIDS-PANCAP, CARICOM, 2014)
- Consistent decrease in deaths due to HIV/AIDS
- Immunizations
- Near elimination of Mother to Child Transmission of HIV
- Expansion of treatment in the region at CD4 count of 500 or to "test and treat" will further reduce the transmission of new infections
- Emerging and re-emerging communicable diseases are being addressed (Ebola, Dengue, Chikungunya and Zika)

COMMUNICABLE DISEASES[2]

- The Caribbean has made significant progress in reducing the HIV epidemic. 2014 data shows regional prevalence at 1.1%
- Treatment coverage dramatically improved, with 70% of eligible people living with HIV receiving ARVs; and AIDS-related deaths declined to an estimated 11,000. New infections among children reduced by 52%
- The Caribbean has the potential to become the first sub region in the world to eliminate vertical transmission of HIV and congenital syphilis as most countries are reporting data consistent with the regional targets.
- Scale-up and standardization of the management of other STIs occurring much slower than HIV
- In the region of the Americas 14% of all TB cases are from the Caribbean. The estimated prevalence of HIV infection among incident TB cases was 20%. (TB in the region of the Americas 2011)

COMMUNICABLE DISEASES[3]

Peer-Reviewed Abstracts/Articles = 14
Regional CCH III Indicators
85% (17/20) had resourced mechanisms for effective surveillance and monitoring of its food and water safety programs.
100% (20/20) of countries had installed capacity to implement a vaccine preventable disease program to vulnerable populations.
80.0% (16/20) of countries had a National HIV M&E Plan linked to national strategic plans. This indicator is from the Caribbean Regional Strategic Framework for HIV/AIDS (CRSF).

NON-COMMUNICABLE DISEASES[1]

- Strategic Plan of Action for the Prevention and Control of Non-Communicable Diseases for countries of the Caribbean Community 2011-2015 (PAHO/WHO, CARICOM, 2011)
- United Nation's High Level Meeting on Non-Communicable Diseases (September 2011)

NON-COMMUNICABLE DISEASES[2]

Peer-Reviewed Abstracts/Articles = 21
Regional CCH III Indicators
40.0% (8/20) of countries had developed and is implementing a national plan of action based on the Regional Non-Communicable Diseases Strategic Plan.
25.0% (5/20) of countries had a chronic disease behavioural risk factor surveillance system operating.
60.0% (12/20) of countries had implemented an integrated evidence-based guidelines and protocols for prevention and control of chronic diseases.
95.0% (19/20) of countries had essential, accessible, affordable and high quality chronic disease medicine formularies.

HEALTH SYSTEMS STRENGTHENING[1]

- Caribbean Pharmaceutical Policy presented at 18th Meeting of Chief Medical Officers (2010)
- Technical Advisory Committee on Pharmaceutical Policy (TECHPHARM) developed
- Health Information Systems Policy Framework to assist national governments developed by PAHO/WHO
- Regional Caribbean Regulatory System (CRS) for pharmaceuticals developed and managed by CARPHA and PAHO/WHO
- Healthy Caribbean Coalition hosted first Caribbean Civil Society Health Systems Strengthening Meeting in July 2015 (supported by PAHO/WHO and CARPHA)
- Civil Society Organisations Health Systems Strengthening Statement of Commitment developed and distributed January 2015

HEALTH SYSTEMS STRENGTHENING[2]

Peer-Reviewed Abstracts/Articles = 7
Regional CCH III Indicators
50.0% (10/20) of countries had established administrative structures for implementation and monitoring of a legislative framework.
55.0% (11/20) of countries report that their national health expenditure budget is at least 6% of GDP and is distributed to address priority health needs.
55.0% (11/20) of countries had identified additional (new) financial resources for health financing.
80.0% (16/20) of countries had developed, implemented and updated disaster management policies and plans.

ENVIRONMENTAL HEALTH[1]

- Climate Change and the Caribbean: A Regional Framework for Achieving Development Resilient to Climate Change (2009-2015) (Caribbean Community Climate Change Centre, June 2009)
- Situational Analysis of Regional Environmental Health (CARICAD, CARPHA, 2013)
- CARPHA and PAHO/WHO Environmental Health Conference, St. Lucia (November 2015)

ENVIRONMENTAL HEALTH[2]

- Creating SMART (Safe and Green) Hospitals
  - A hospital is considered "Smart" when it links structural and operational safety and disaster resilience with resource reducing interventions (less energy, water efficiency and reduced costs) at a reasonable cost-benefit ratio and reduces greenhouse gas (GHG) emissions.
- In "green" hospitals, air quality improves, water and energy costs decline, and people's working conditions improve thru enhanced physical access to hospitals, improved access to safe water and improved safety conditions.
- There was a successful pilot project in St. Vincent and the Grenadines and in St. Kitts and Nevis from 2012-2014.
- Generated donor interest: DFID funds (8.3 million UK £) are expanding this concept to Dominica, St. Lucia, Grenada and St. Vincent.
- UK PM David Cameron committed 30 million UK £ of UK's Climate Change funds for SMART Hospitals in Belize, Jamaica and Guyana.

Pan American Health Organization / World Health Organization Americas

CARICOM

CARPHA

ENVIRONMENTAL HEALTH[3]

Peer-Reviewed Abstracts/Articles = 5
Regional CCH III Indicators
64.3% (9/14) of countries had established effective and functioning Port Health programs.
35.7% (5/14) of countries has a functioning Integrated Water Policy program in place that incorporates the principles of water safety and Integrated Water Resources Management (IWRM).
80.0% (16/20) of countries had an adequately resourced and fully operationalized enhanced Integrated Vector Control plan and programme.
14.3% (2/14) of countries had developed strategic national Environmental Health plans with defined programmes and budget allocation.
42.8% (6/14) of countries reported that their Environmental Health Unit uses regional guidelines for liquid waste and excreta disposal as national guidelines.
64.2% (9/14) of countries reported that they had inter-sectoral plans and programmes for managing solid waste that were fully resourced and operationalized.
14.3% (2/14) of countries had Occupational Health & Safety policies, legalization, plans and programmes implemented that have incorporated insurance coverage for occupational accidents.

FOOD AND NUTRITION

Safeguarding Our Future Development-Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019 (CARPHA, CARICOM, 2014)

Peer-Reviewed Abstracts/Articles = 3
Regional CCH III Indicators
60.0% (12/20) of countries had promoted and disseminated National Food Based Dietary Guidelines.
0.0% (0/20) of countries had developed and implemented trans-fat free policies and strategies.
20.0% (4/20) of countries had legislation and regulations that aim to improve dietary and lifestyle behaviors (i.e. physical activity).

MENTAL HEALTH

Strategic Plan of the Pan American Health Organization 2014-2019, Mental Health Action Plan/Strategy (PAHO, 2013)

Peer-Reviewed Abstracts/Articles = 10
Regional CCH III Indicators
60.0% (12/20) of countries developed a document outlining the national strategic objectives and priority areas for action on mental health.
20.0% (4/20) of countries had developed a document stating the Code of Ethics and national standards and continuum of care for mental health.

FAMILY AND COMMUNITY HEALTH

Strategic Plan of the Pan American Health Organization 2014-2019, Family and Community Health Action Plan/Strategy (PAHO, 2013)

Peer-Reviewed Abstracts/Articles = 6

Regional CCH III Indicators

100.0% (20/20) of countries had implemented a standardized, easy to use perinatal system.

55.0% (11/20) of countries have provided comprehensive primary health care to adolescents by implementing at least one youth friendly facility.

45.0% (9/20) of countries had developed national policies and action plans for healthy ageing.

HUMAN RESOURCE DEVELOPMENT

Road Map for Strengthening the Caribbean Health Workforce 2012-2017 (CARICOM, 2012)

High Level Meeting on Human Resources for Health in the Caribbean March 19-20, 2012, Barbados (CARICOM, 2012)

Provides Human Resources Development and Training to support the health care workforce (CARPHA & PAHO/WHO, 2014)

Peer-Reviewed Abstracts/Articles = 7

Regional CCH III Indicators

75.0% (15/20) of countries report that their training of public health care professionals also includes management of cancer, hypertension, diabetes management risk approach and tobacco.

CCH III EVALUATION WORKSHOP CCH IV RECOMMENDATIONS NURSE EDUCATORS

PROPOSED HUMAN RESOURCES FOR HEALTH PRIORITY AREAS:

1. Reducing maternal mortality
2. Preventing NCDs
3. Substance abuse
4. Training of the health workforce
5. Universal health coverage
6. Children's mental health
7. Climate change

HOW TO TRANSLATE CCH IV AGENDA INTO NATIONAL PLANS?

- Need an increase awareness of the CCH framework and advocacy by nursing and midwifery associations and regulatory bodies.
- Have nurses positioned in key places within the CARICOM Health Desk.
- Need more support from national and regional entities.

KEY STAKEHOLDER INTERVIEWS

SECTOR (Selected Leadership Roles)	NUMBER OF INTERVIEWS
Notable Public Health Leaders and Government Officials PAHO/WHO/CARICOM/CARPHA, including architects and implementers of CCH and CARPHA	11
Ministry of Health (including retired and current Chief Medical Officers)	**8**
Civil Society and Academia (including President of HCC, UWI Professor)	**2**
TOTAL	**21**

CCH III EVALUATION WORKSHOP CCH IV RECOMMENDATIONS ENVIRONMENTAL HEALTH OFFICERS

PROPOSED ENVIRONMENTAL HEALTH PRIORITY AREAS:

1. Water Resource Management
2. Vector Control
3. Solid Waste Management
4. Food Security/Food Safety
5. International Health Regulations (Port Health)
6. Climate Change
7. Liquid Waste

HOW TO TRANSLATE CCH IV AGENDA INTO NATIONAL PLANS?

- Increase in collaboration needed between environmental health and environmental management, communication via virtual tools and face-to-face meetings, education, advocacy, and accountability.
- More support needed from national and regional entities in implementing the CCH IV.

CCH III EVALUATION RESULTS & RECOMMENDATIONS FOR THE WAY FORWARD CCH IV

STEPHANIE L. FERGUSON, PhD, RN, FAAN | YVONNE OWENS FERGUSON, PhD, MPH 22 FEBRUARY 2016

KEY STAKEHOLDER FINDINGS[1]

STRENGTHS

- CCH III is a needed framework to ensure regional cooperation.
- Regional cooperation has and is occurring as a result of CCH III.
- Examples of regional cooperation cited the most included: the POS NCDs, CARPHA, Immunizations, PANCAP, Laboratory services and PAHO/WHO's HRH and HSS strategic plans.

KEY STAKEHOLDER FINDINGS[2]

CHALLENGES

- Burden on Ministries of Health to gather and report on all indicators to different agencies.
- Countries have decreased capacity to deploy their own surveillance systems to capture risk factor indicators.
- "No One Caribbean"

  Acknowledged that countries are very diverse in terms of population size, health system needs and political geography.
- Indicators were not flexible and difficult to fit country needs and national strategic plans.
- Some were not aware of the CCH III framework.
- Some noted there was no communication and dissemination strategy.
- Many noted there was no monitoring, evaluation or accountability framework.

KEY STAKEHOLDER FINDINGS[3]

RECOMMENDATIONS

- Create a CARICOM/CARPHA-mandated basic indicator set that is better aligned to the UN SDGs and all other required country-level indicators.
- Re-organize the CCH III 8 priority areas for CCH IV:
  - Suggested that the Food and Nutrition priority area be a sub-priority area of the NCDs.
  - Suggested that Human Resources for Health and Health Systems Strengthening become cross-cutting issues not separate themes.
- Consider including new priority themes or refocusing existing priority themes in the context of the UN SDGs to address the following areas:
  - ✓ Climate Change
  - ✓ Men's Health
  - ✓ Aging
  - ✓ Violence and Injury Prevention
  - ✓ Childhood Obesity
  - ✓ Food Insecurity
  - ✓ Alcohol Abuse
  - ✓ Health Financing
  - ✓ Tourism and Health
  - ✓ Enhance Regional Laboratory Services
  - ✓ Emergency and Disaster Preparedness

KEY STAKEHOLDER FINDINGS[4]

RECOMMENDATIONS

- The CCH IV should be a living document that is useful, realistic, with a "regional" strategic focus on selected priority areas that countries can partner and cooperate with each other to achieve success.
- Indicators should be flexible and harmonized so nations can choose those that are relevant to their national strategic plans.
- Consider a broader roadmap for the next 10-15 years so that each 5 year interval of CCH can build up and sustain activities.
- Suggested that technical assistance and support be provided to those countries who cannot afford to develop and house their own independent surveillance system.
- Called for CARPHA to house the CCH indicator surveillance system.
- Develop a monitoring, evaluation and accountability framework for CCH IV. Evaluation and accountability measurements should be on a monthly, quarterly, and yearly basis.

CCH IV EVALUATOR RECOMMENDATIONS[1]

- **Multi-Sectoral Approach Needed**
  - Involve diverse sectors in the planning, implementation and evaluation of CCH IV, make sure to include representatives from regional civil society, trade, legal, and tourism organizations.
- **Better Governance and Accountability System**
  - Designate entities responsible for managing and reporting on the CCH IV progress, in the context of regional cooperation, indicators, and resources/mobilization. There needs to be designated coordinator(s) to ensure regional cooperation and results.
  - Develop a comprehensive monitoring, evaluation and accountability framework for the CCH IV.
  - Update legislation and policies to improve and/or replace outdated policies that may hinder CCH IV implementation efforts.
- **Increase CCH Awareness**
  - Develop and execute a five year communication and dissemination strategy for CCH IV.
  - Consider Healthy Caribbean Coalition for translating CCH IV framework into easy to understand/accessible information for the public good

CCH IV EVALUATOR RECOMMENDATIONS[2]

- **Develop an Achievable Timeline**
  - Consider changing the next timeframe of CCH to fit the SDGs. There could be two or three five year periods (CCH IV, V). The 10-15 year roadmap similar to the length of the SDGs could provide an opportunity to better achieve and sustain regional goals and objectives important for the Caribbean public good.
- **Create or Select Indicators Aligned with PAHO/WHO Basic Indicators and SDGs**
  - Decrease data collection burden on countries. CARPHA can champion collaboration with PAHO/WHO,CARICOM and HCC to create a comprehensive basic indicator set as a guide for all countries to use.
  - Develop or select indicators that are specific, measureable, achievable, realistic, time-bound (SMART).
  - Develop less themes and indicators.
- **Need Centralized Surveillance System for Data Collection**
  - Countries need CARPHA-housed surveillance system that is easy to use and access.

CCH IV EVALUATOR RECOMMENDATIONS[3]

- **Re-Organize Priority Areas**
  - The 8 themes/priority areas are still relevant.
  - Consider refocusing some of the priorities. For instance: Food & Nutrition as a sub-priority area under Non-Communicable Diseases. Add to Environmental Health, Climate Change.
  - Consider other focus area priorities/partners in CCH IV: Men's Health, Violence and Injury Prevention, Food Insecurity, Alcohol Abuse, Aging, Health Financing, Laboratory Services, Emergency and Disaster Preparedness, Tourism and Trade partners. Need to strengthen mental health services.
  - Develop cross-cutting themes/enablers for success such as Health Systems Strengthening-Health Information Systems, Human Resources Development.
- **Resource Mobilization**
  - Actively involve all sectors in utilizing the CCH IV framework as a way to garner more resources (human, money and materials).
- **Partnerships**
  - More partnerships are needed to develop CCH IV and realize its overall cooperative goals to benefit the public good. Examples include: global, regional and national entities from all private, public and civil society sectors.

EVALUATION NEXT STEPS

- ✓ Incorporate feedback from today's presentation regarding CCH-III findings into the final CCH-III evaluation report.
- ✓ Record working group ideas and recommendations during this meeting.
- ✓ Create brief report based on this meeting's working group outcomes.
- ✓ CCH III Evaluation and CCH IV Recommendation Report will be completed in March 2016.

CCH BRIEF HISTORY & ACHIEVEMENTS

The purpose of the CCH-III Evaluation was to:

- Provide a comprehensive evidenced-based report on CCH III, which includes feedback from consultations and recommendations for CCH IV.

CCH III AREAS FOR FUNCTIONAL COOPERATION

1. Creation of a healthy Caribbean environment conducive to promoting the health of its people and visitors.
2. Improved health and quality of life for Caribbean people throughout the life cycle.
3. Health services that respond effectively to the needs of the Caribbean people.
4. Adequate human resource capacity to support health development in the Region.
5. Evidence-based decision making as the mainstay of policy development in the Region.

THANK YOU

STEPHANIE L. FERGUSON & ASSOCIATES, LLC

Pan American Health Organization

World Health Organization

CARICOM

CARPHA

Annex 4.3

EXECUTIVE SUMMARY

CARIBBEAN COOPERATION IN HEALTH (CCH) III EVALUATION RESULTS & RECOMMENDATIONS FOR THE WAY FORWARD

CARIBBEAN REGIONAL CONSULTATION

22-23 FEBRUARY 2016

Stephanie L. Ferguson & Associates, LLC

Pan American Health Organization
World Health Organization Americas
CARICOM
Caribbean Public Health Agency CARPHA

EXECUTIVE SUMMARY

The Pan American Health Organization/World Health Organization (PAHO/WHO) awarded the Service Contract to Stephanie L. Ferguson & Associates, LLC to conduct the *Evaluation of the Regional Health Framework 2010-2015 for Implementation of the Caribbean Cooperation and Health Phase III (CCH III)* in October 2015. The principals of Stephanie L. Ferguson & Associates, LLC for the contract are its President and CEO, Stephanie L. Ferguson, PhD, RN, FAAN, and Yvonne Owens Ferguson, PhD, MPH, Senior Associate for Program Evaluation.

Introduction & Background

The purpose of the CCH III 2010-2015 evaluation is to provide a comprehensive evidence-based report on the CCH-III, which includes feedback from consultations and recommendations for the CCH-IV. The CCH-III evaluation is being guided by a Steering Committee, which includes the following entities: The Caribbean Community Secretariat (CARICOM), the Caribbean Public Health Agency (CARPHA), the Pan-American Health Organization/World Health Organization (PAHO/WHO), and the University of the West Indies, Cave Hill Campus (UWI, Cave Hill).

The CCH initiative was developed in the framework of functional cooperation. It was adopted by the 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 selected priority health areas. The first framework, CCH I, was adopted in 1986 and its evaluation outcome recognized the region's eradication of the indigenous transmission of measles. The CCH II (1999-2005) evaluation outcome recognized the scaling up of the national and regional response to HIV/AIDS. The CCH III (2010-2015) was informed by a series of regional events, most notably the *2007 Port-of-Spain Declaration: Uniting to Stop the Epidemic of Chronic Non-communicable Diseases (NCDs)* (CARICOM, 2007).

The CCH III contains five areas for functional cooperation and retained eight priority areas defined in the CCH II. The five areas for functional cooperation in the CCH III 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.
- ✓ Health services that respond effectively to the needs of the Caribbean people.
- ✓ Adequate human resource capacity to support health development in the Region.
- ✓ Evidence-based decision making as the mainstay of policy development in the Region.

The CCH III eight priority areas are: 1) Communicable Diseases, 2) Non-Communicable Diseases, 3) Strengthening Health Systems, 4) Environmental Health, 5) Food and Nutrition, 6) Mental Health, 7) Family and Community Health, and 8) Human Resource Development. In addition to the eight priority areas, there are 32 sub-priority areas and 192 indicators (CARICOM, 2010).

To inform the CCH III evaluation, the evaluation team used a 3-pronged approach which included: 1) communication with the CCH III Steering Committee, 2) review of extant documents, indicator data on-line media and peer reviewed literature, and 3) interviews and consultations with key stakeholders. Key stakeholder input was collected via teleconferences and consultations at a 2015 CARPHA and PAHO/WHO Environmental Health Conference and a 2015 PAHO/WHO and CARICOM Sub-Regional Workshop on the Development of Competencies for Nurse Educators. All data were analyzed to assess the extent of CCH III implementation and provide data-informed recommendations for the CCH IV process.

The work for this evaluation was completed over a 5-month time period and with limited resources. Many of the indicators were not measured. Only 27 of the 192 indicators were collected from countries. CCH III lacked a regional monitoring, evaluation and accountability framework and therefore it was a challenge finding evaluation evidence. Many key informants were not aware of the CCH III.

Summary of Regional Cooperation Evaluation Findings

As part of the review of extant literature, the evaluation team reviewed over 40 key organizational documents, over 70 peer reviewed publications and conducted an on-line media analysis that resulted in viewing 97 webpages from on-line news outlets and social media platforms. Additionally, results of 27 of the 192 CCH III indicators were reported. Specific examples of these CCH III indicators will be presented at the 22 February 2016 regional consultation.

Analysis of the above mentioned data concluded the following advancements in regional cooperation:

Establishment of the Caribbean Public Health Agency (CARPHA)

- The formal establishment of the Caribbean Public Health Agency (CARPHA) in 2011. CARPHA has been operational since 2013 and in this brief two-year time frame; CARPHA has seamlessly transitioned the highly functional capacities of the five institutions into one united regional public health agency. Grounded in the principle of regional cooperation, CARPHA serves the public health needs of CARICOM Member States by providing access to the following core public health functions: Laboratory Systems, Surveillance and Health Analysis, Policy Development, Information and Communication, Emergency Preparedness and Response, Human Resource Development and Training, Public Health Research. In addition to providing these core public health services to Members States, CARPHA has also established strategic alliances and partnerships with global public health entities, civil society, as well as the public and private sectors to mobilize resources and work cooperatively through these partnerships to improve the health of the CARICOM region (CARICOM/CARPHA, 2011) (CARPHA, 2013).

Maintaining Success in High-Levels of Vaccination Coverage and Decreasing the Transmission of Communicable Diseases

- The region's childhood immunization program continues to demonstrate high rates of coverage for vaccine preventable diseases (CARPHA, 2014) (CARPHA, 2015).
- Deaths due to HIV/AIDS are continuously decreasing and the region has nearly eliminated their rates of Mother-to-Child Transmission of HIV (Pan Caribbean Partnership Against HIV and AIDS-PANCAP/CARICOM, 2014).
- A renewed commitment is outlined in the Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018 (PANCAP/CARICOM, 2014).
- Expansion of treatment in the region at CD4 count of 500 or to "test and treat" will further reduce the transmission of new infections.

Continued Progress Toward Implementing the Commitments to Prevent and Control Non-Communicable Diseases

- Continued progress toward implementing the *2007 Port-of-Spain Declaration, "Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases"* (CARICOM, 2007) and commitments made at the United Nations High-Level Meeting (UNHLM) on the Prevention and Control of Non-Communicable Disease (Samuels and Hospedales, 2011) included the extensive regional, multi-sectoral, collaborative response around the prevention and control of NCDs. Examples of continued progress include the appointment of NCD focal points within governments, involvement of the private sector, regional and international organizations, civil society and community residents. Conducting a formal regional evaluation of the Port-of-Spain (POS) Declaration has also supported the sustained awareness and efforts around the prevention and control of NCDs in the region.
- The Healthy Caribbean Coalition (HCC), created in 2008 as a response to the POS Declaration, continues to bring government, private sector, academic and international partners together in the development and implementation of activities around the prevention and control of chronic NCDs (Healthy Caribbean Coalition, 2014).

Building Capacity in Human Resources for Health

- The development and implementation of the Caribbean Examinations Council® (CXC®)-managed Regional Examination for Nurse Registration (RENR), which upon successful completion, among other benefits, provides reciprocity for employment purposes in any RENR-participating CARICOM country (Caribbean Examinations Council, 2014).
- The development of an analysis of the workforce situation within the area of Human Resource Development in 2011 (PAHO/WHO, 2011), along with the Road Map for Strengthening the Caribbean Health Workforce, provides information and focuses on milestones to move the region toward broadening primary health care access, enhancing public health competencies, as well as strengthening the human resources in health planning and management capacity of CARICOM Members States and the region (PAHO/WHO, 2012).

Increasing Capacity of Laboratory Services for the Region

- The increase capacity of laboratory services and networks through CARPHA, with support from PAHO/WHO and other global entitles, has allowed CARPHA to provide CARICOM Member States with specialized laboratory testing services for not only measles, rubella and respiratory viruses, but also emerging and re-emerging communicable diseases such as Dengue, Chikungunya, and Zika. Environmental health testing services, drug testing services and the latest addition of a Biosafety Level 3 Laboratory, improves CARPHA's laboratory capabilities in serving CARICOM Member States (CARPHA, 2013, CARPHA News Article, 2014).

Caribbean Wellness Day Received the Most On-Line Media Coverage

- The most on-line media coverage directly related to a CCH III priority area between 2010-2015 was Caribbean Wellness Day, with eight YouTube videos and the most Twitter coverage in 2015 with eight Tweets. On Facebook there were three pages found with albums and postings on Caribbean Wellness Day in 2015. There was more news coverage found in 2015 with 10 news postings in comparison to previous years.

International Health Regulations (IHR)

- The IHR is a legal instrument and tool to support CONTINUOUS public health preparedness processes in all States Parties and globally, sustainable across political administrations.
- Reports from the 14 Caribbean States Parties to the 64th to 68thWorld Health Assemblies (WHA) show that there has been overall improvement in all the core capacities during the five year period 2011-2015, with some areas showing significant improvement over time. Howerver, there remains great variation in capacities among the States Parties.
- The latest reports to the The latest reports to the 68th WHA in 2015, submitted by all States Parties of the Caribbean show that preparedness for Chemical and Radiological Emergencies and Human Resources remains the three most challenging areas for the Caribbean. Additionally, Preparedness, Points of Entry and Food Safety Events remains a challenge in several countries.

Creating SMART (Safe and Green) Hospitals

- A hospital is considered "SMART" when it links structural and operational safety and disaster resilience with resources reducing interventions (less energy, water efficiency and reduced costs) at a reasonable cost-benefit ration and reduces green house gas (GHG) emissions (PAHO PED Office, 2012).
- In "green" hospitals, air quality improves, water and energy costs decline, and people's working conditions improve thru enhanced physical access to hopsitals, improved access to safe water and improved safety conditions.
- There was a successful pilot project in St. Vincent and the Grenadines and in St. Kitts and Nevis from 2012-2014,

which generated donor agency interstes: DFID funds (8.3 million UK £) are expanding this concept to Dominica, St. Lucia, Grenada and St. Vincent. UK PM David Cameron committed 30 million UK £ of UK's Climate Change funds for SMART Hospitals in Belize, Jamaica and Guyana.

Summary of Key Stakeholder Findings

- For this evaluation, 21 key stakeholders were individually interviewed. The stakeholders occupied various leadership roles and included: notable public health leaders and government officials (including architects of CCH and CARPHA), Ministry of Health representatives from selected CARICOM Member States, as well as representatives from academia and civil society. In addition, the evaluation team conducted consultations at two regional meetings with over 30 nurse educators and over 30 environmental health officers.
- During the consultations at the 2015 Environmental Health Conference in St. Lucia and the 2015 Sub-Regional Workshop on the Development of Competencies for Nurse Educators in Belize, attendees were asked to identify, in order of importance, their priority topic areas within their respective CCH III priority area. Below are lists of their topic areas in order of priority.

Top Environmental Health Priority Areas as Identified by Environmental Health Officers

1. Water Resource Management
2. Vector Control
3. Solid Waste Management
4. Food Security/Food Safety
5. International Health Regulations (Port Health)
6. Climate Change
7. Liquid Waste

Top Human Resources for Health Priority Areas as Identified by Nurse Educators

1. Reducing Maternal Mortality
2. Preventing NCDs
3. Substance Abuse
4. Training of the Health Workforce
5. Universal Health Coverage
6. Children's Mental Health
7. Climate Change

The 21 key stakeholders interviewed provided additional data on the strengths of the CCH III, as well as challenges and recommendations for the CCH IV process.

CCH III Strengths

- CCH III is a needed framework to ensure regional cooperation.
- Regional cooperation has and is occurring as a result of CCH III.
- Examples of regional cooperation cited the most by stakeholders included: the 2007 Port-of-Spain Declaration, CARPHA, Immunizations, PANCAP, Laboratory services and PAHO/WHO's Human Resources for Health (HRH) and Health Systems Strengthening (HSS) strategic plans.

CCH III Challenges

- Burden on Ministries of Health to gather and report on all indicators to different agencies.
- Countries have decreased capacity to deploy their own surveillance systems to capture risk factor indicators.
- Acknowledged that countries are very diverse in terms of population size, health system needs and political geography.
- Indicators were not flexible and difficult to fit country needs and national strategic plans.
- Some were not aware of the CCH III framework.
- Some noted there was no communication and dissemination strategy.
- Many noted there was no monitoring, evaluation or accountability framework.

CCH VI Recommendations

- Create a CARICOM/CARPHA-mandated basic indicator set that is better aligned to the UN SDGs and all other required country-level indicators.
- The 8 CCH III priority areas remain relevant. However, consider re-organizing the CCH III 8 priority areas for the CCH IV as follows:
  - Include the Food and Nutrition priority area as a sub-priority area of the NCDs.
  - Capture Human Resources for Health (HRH) and Health Systems Strengthening (HSS) as cross-cutting issues, not separate priority areas.
  - Determine ways to address the following areas in CCH IV:

Climate Change
Aging
Childhood Obesity
Alcohol Abuse
Tourism and Health
Emergency and Disaster Preparedness
Emergency and Disaster Preparedness
Men's Health
Violence and Injury Prevention
Food Insecurity
Health Financing
Enhanced Regional Laboratory Services

Summary of Evaluator Recommendations & the Way Forward

Based on the analysis of the evaluation data, the evaluation team offers the following recommendations for the CCH IV.

A. Need Multi-Sectoral Approach

1. Involve diverse sectors in the planning, implementation and evaluation of CCH IV.
2. Include representatives from regional civil society, trade, legal, and tourism organizations.

B. Better Governance and Accountability System

1. Develop a comprehensive monitoring, evaluation and accountability framework for CCH IV.
2. Designate entities responsible for managing and reporting on the CCH IV progress, in the context of regional cooperation, indicators, and resource mobilization.
3. Designated coordinator(s) should be appointed to ensure regional cooperation and results.
4. Update legislation and policies to improve and/or replace outdated policies that may hinder CCH IV implementation efforts.

C. Increase CCH Awareness

1. Develop and execute a five-year communication and dissemination strategy for CCH IV.
2. Consider Healthy Caribbean Coalition for translating CCH IV framework into easy to understand/accessible information for the public good.

D. Develop an Achievable Timeline

1. Consider changing the next time frame of CCH to fit the SDGs.
2. There could be two or three five-year periods (CCH IV, V).
3. A 10-15 year CCH roadmap, similar to the length of the SDGs, could provide an opportunity to better achieve and sustain regional goals and objectives important for the Caribbean public good.

E. Create or Select Indicators Aligned with PAHO/WHO Basic Indicators and SDGs

1. The 8 CCH III priority areas remain relevant for CCH IV.
2. Consider re-organizing the CCH III 8 priority areas for the CCH IV as follows:
   a. Include the Food and Nutrition priority area as a sub-priority area of the NCDs.
   b. Capture Human Resources for Health (HRH) and Health Systems Strengthening (HSS) as cross-cutting areas not separate themes.
   c. Determine ways to address the following areas in CCH IV:
      - Climate Change
      - Men's Health
      - Aging
      - Violence and Injury Prevention
      - Childhood Obesity
      - Food Insecurity
      - Alcohol Abuse
      - Health Financing
      - Tourism and Health
      - Enhanced Regional Laboratory Services
      - Emergency and Disaster Preparedness
3. Decrease data collection burden on countries. CARPHA can champion collaboration with PAHO/WHO, CARICOM and HCC to create a comprehensive basic indicator set as a guide for all countries to use.
4. Develop or select indicators that are specific, measureable, achievable, realistic and time-bound (SMART).
5. Develop less sub-priority areas and indicators.

F. Need Centralized Surveillance System for Data Collection

1. Countries need a CARPHA-housed surveillance system that is easy to use and access.

Next Steps

This regional consultation provides stakeholders, governments, civil society, academic, donors, the private and public sectors an opportunity to provide feedback on the CCH III evaluation findings to date. Feedback from attendees, as well as the CCH III Evaluation Steering Committee Members, will be incorporated into the final document.

Selected References

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CCH III EVALUATION AND CCH IV FORMULATION

CARIBBEAN CONSULTATION

Panel Discussion

February 22nd 2016

Good Morning

Thanks for inviting me to be a member of the panel. I hope to bring to you the perspective of a Chief Medical Officer from a small Caribbean territory on the CCH III Evaluation Results and Recommendations for the Way Forward with CCH IV. Thanks to Ms. Ferguson and her team for conducting the exercise and for the documents.

CCH III

It is clear that the Caribbean Cooperation in health is integral to the region's strategy to improve the health and wellbeing of Caribbean people. Since its inception in 1984, the advancements in regional cooperation such as CARPHA, the Port of Spain Declaration and others have benefitted countries in the region including Antigua and Barbuda.

With respect to CARPHA, Antigua and Barbuda has received continued epidemiology and laboratory support particularly during the Chikungunya outbreak and more recently with our increased surveillance for Zika. In 2012 the Ministry of Health established its Institutional Review Board or IRB. Since then the capacity of the IRB has been increased through technical assistance from CARPHA particularly on the area of research ethics.

Chronic non-communicable diseases remain among the top five causes of morbidity and mortality in Antigua and Barbuda. The Port of Spain Declaration has provided the framework for the development of policies and activities that tackle NCDs. For example, in Antigua and Barbuda although we have not established a NCD Commission, we have used the Port of Spain Declaration and terms of reference from other countries to establish a wellness committee within the Ministry of Health. We have taken the concept of the NCD committee to a higher level and this will be extended to the National level as a Wellness Commission. We are in the final stages of drafting our Tobacco Control Act which will be enacted this year. Functional cooperation was particularly helpful on this area since we have been able to build on the lessons learnt from other countries that have successfully drafted and enacted similar legislation such as Trinidad, Jamaica and Suriname.

In the area of communicable diseases we have benefitted particularly in our HIV/AIDS programs where we are seeing a reduction in deaths due to HIV/AIDS. The Caribbean Regional Strategic Framework continues to provide guidance in the implementation of our local National Strategic Plan for HIV/AIDS.

Like other countries in the region nurses in Antigua and Barbuda have benefitted from the Caribbean Examination Council's Regional Examination for Nurse Registration. Although there have been challenges with the development and implementation of this exam, it is a true reflection of regional functional cooperation that has and will continue to build capacity in human resources for health in the region. It should be expanded to include other health care

personnel such as physicians. Reciprocity for employment purposes in any participating CARICOM country facilitates the free movement of people, an essential component of the CSME.

Antigua and Barbuda is in the process of developing a National Strategic Plan for Health for the period 2016 to 2020. We are working to have this plan aligned with regional plans and very importantly also with the CCH priorities. At the sub regional level the CMOs of the OECS have been working on the workplan for the recently approved OECS Health Unit. CCH has also been at the forefront of our discussions.

Time does not permit me to outline the many other examples of how Antigua and Barbuda has benefitted from Caribbean Cooperation in Health. However, in moving forward, the lessons learnt from CCHI, II, and III must be incorporated into CCH IV. There have been evaluation outcomes for I II III in the form of the region's eradication of the indigenous transmission of measles, the scaling up of the national and regional response to HIV/AIDS and the Port of Spain Declaration respectively. In the formulation of CCH IV, we must establish an outcome that as a region we will work towards.

- We will all agree that the global Public Health landscape changed over the last few years. The emergence of new diseases such Chikungunya and zika, the threat of Ebola, climate change, terrorism and the increasing effect of natural disasters mean that we need to ensure that we as a region are equipped to deal with these new public health threats and issues. One of the major lessons learnt from the Ebola outbreak in West Africa was that a strong and resilient health system is critical to any public health threat. In moving forward therefore health systems strengthening must remain a part of CCH IV.
- The lack of a monitoring and evaluation accountability framework for CCH III is worrisome. Although attempts were made to monitor and evaluate it is evident that they were not successful. As we move forward greater emphasis must be placed on M & E. This was a serious flaw in CCH II that should not be repeated. In developing the M& E framework including targets and indicators, we must remain cognizant of international and regional goals targets such as the sustainable development goals and the PAHO/WHO basic indicators. This would facilitate reporting at the country level.
- During the consultations for the development of Antigua and Barbuda's Strategic Plan for Health I discovered a lack of awareness of CCHIII the national level. To my surprise, the Chief Nutrition Officer and Chief Environment Officer were the only officers who were aware on CCH III. I believe was due to their participation in regional meetings. After all, the CNO from Antigua and Barbuda, as chair of the Regional Nursing Body would have been exposed to CCH. The unfamiliarity for other officers I believe was due in most part to a lack of a communication and dissemination strategy in CCH III. I take partial responsibility for this and moving forward with CCH IV it is an area that I will address. In 5 or 10 years when there is a CCH IV evaluation, all officers in the MOH will be more aware. However I will need help through the formulation of a communication and dissemination strategy as a critical component of CCH IV.
- The eight priority areas in CCH III remain relevant. However it is clear that Human resource development is a sub priority of health systems strengthening. It may be wise to highlight health care financing and access to essential medicine and technologies be placed as sub

priorities as well. The experience of the OECS Pooled Procurement Service can be used as a template and best practice for the latter.

- Similarly, food and nutrition can be included as a sub priority in NCD section. Communicable diseases as a priority needs to framed in the context of emerging diseases and the international health regulations. Climate change and its impact on health should be included under the Environmental Health.

Conclusion

From a country perspective, it is evident that the Caribbean Cooperation in Health remains an important strategy to optimize the utilization of resources to improve the health and wellbeing of the Caribbean people. CCH I, II and III have provides invaluable lessons that can be used in the formulation of CCH IV. Critical amongst these are the need for the development of an M & E Framework and a communication and dissemination strategy to be implementation at the national level.

ALTHOUGH the 8 PRIORITY AREAS OF CCH III REMAIN RELEVANT FOR CCH IV, THEY MUST REFLECT AND ADAPT TO THE CHANGING GLOBAL LANDSCAPE. Any formulation should include terms such as resilience, sustainable, development, universal health coverage and a life course approach etc. Some priorities can become sub priorities and others such as communicable diseases need to be broader and more comprehensive.

Thanks again for the opportunity to participate in this forum and look forward to participation in the formulating the road map and governance of CCH IV.

CCH IV: Caribbean Regional Consultation

Annex 6

WORK GROUPS: SESSION 1 PLENARY

Strategic Priority Area	Group 1	Group 2	Group 3	Group 4	Group 5
1	Life course approach through universal health care coverage	Health and well being of Caribbean people throughout life course	Healthy people	Health Promotion, and prevention throughout the life cycle	Wellness
2	Strengthening health systems for affordable quality health services	Quality health services that respond effectively to the needs of Caribbean people	Systems, processes, orientations	Health services that respond to the needs of Caribbean people	Health systems strengthening for quality health care
3	Resilience of health care systems through disaster management and mitigation of climate change risks	Safe, resilient, healthy environments	Healthy environment		Healthy environment healthy people
4	Health in all policy approaches	Evidence based decisions as the mainstay of policies, programmes and practices		Evidence based decision making as the mainstay of policy development in the region Health in all policies	
5	Strengthening partnerships				Health partnerships
6		Adequate human resource capacity to support health development in the region	Sufficient resources	Health financing for universal health coverage	
7					Disease, surveillance, prevention and control

CCH IV: Caribbean Regional Consultation **Annex 6**

WORK GROUPS: SESSION 1 PLENARY

CCH IV Priority Areas

1. Health Systems for Universal Health Coverage.

2. Safe, resilient, healthy environments

3. Health and well-being of Caribbean people throughout life course

4. Data and evidence for decision making and accountability

5. Partnership and Resource Mobilization for Health

CCH IV: Caribbean Regional Consultation

Annex 7

WORK GROUPS: SESSION 2 PLENARY

	STRATEGIC PRIORITIES AREAS				
	1	**2**	**3**	**4**	**5**
Strategic outcome/ objective	**WG 4: To establish a minimum package of services**	**WG 2: Safe, resilient health services**		**WG3: Enhanced regional capacity to use quality data to inform decisions and monitoring**	
	WG5: No financial barriers to accesses health services	**WG2; Health and wellbeing of Caribbean people throughout life course**		**WG4: to have available a regional std minimum dataset on an annual basis**	**WG 4:A percentage (TBD) of GDP allocated for health**
	WG1: Portability of health benefits across the region	**WG2; data and evidence for decision making…. WG5: all citizens and visitors live work and play in safe resilient healthy environments WG1:All Caribbean countries are IHR compliant**	**WG1: insuring health at all stages of life for all citizens**		**WG 5: Regional health agenda is adequate sustainably and predictably resourced**
Regional Public Goods	**WG 4: Ades mosquito elimination WG1: Implementing a regional insurance mechanism WG1: Implementation of a regional HIS**	**WG 2: Adequate accessible supplies of safe water and food WG 2: Build and sustain regional disaster response mechanisms which include SMART health care facilities WG1: Protocols for activating regional response mechanisms WG1: Regional fully**	**WG 3: Establish a functional efficient and adequately resourced secretariat for implementing the CCH agenda WG1: Implementing a regional policy on childhood obesity WG1: Improved std of care for the elderly**	**WG3: Keeping/creating the centres of excellence that we have WG3: Standardized web-based HIS**	**WG 5: Regional health fund WG5: regional implementation and accountability framework**

		functional and regulated public health laboratory network			
	WG5: A menu by which Member States can choose a basket of essential services **WG5: Regional health insurance**	**WG 2: Establish regional dietary stds to reduce the risk of chronic diseases** **WG 2: Regional trade policies to support dietary stds (6 pt agenda)** **WG2: Innovative and effective communication strategies and approaches to reach people with healthy lifestyle messages across the life course** **WG 5: environmental impact assessment for all new projects** **WG5: Social impact assessment (have tools, training, etc)**	**WG4: cervical cancer elimination**		
		WG2: Establish a simple regional platform for HIS **WG 2: Sub-regional M&E and accountability mechanism for health** **WG4: eliminate Ades**			

CCH IV: Caribbean Regional Consultation **Annex 8**

WORK GROUPS: SESSION 3 PLENARY

Recommendations for improved governance by Group No.

1	2	3	4	5
CARICOM to lead and coordinate the process; coordinate a	Engage heads of government thru standing item on the agenda	Multi-sectoral National CCH4 steering committee optimizing existing	Greater involvement of civil society and private sector including in Steering Committee	Political directorate guides Health Desk re polices and work plan – CCH IV Secretariat – CARPHA – Member States
Steering committee of CARICOM, CARPHA (execution, monitoring, communicating with CMOs), UWI, PAHO (wider UN reach also), civil society (rotating basis)	Standing Committee on CCH in COHSOD increasing civil society and multi-sectoral involvement. Responsible for strategic planning and RM.	CCH champion advocate, person of influence	Fewer tiers in governance structure – CCH and CARICOM Secretariat merged into one	National focal points are CMOs, accountable to political directorate
	National CCH multi-sectoral committee led by CMO (?) Determination of needs for RPG.	A CCH4 secretariat with dedicated resources for management: coordination of	SC led by Prime Minister Responsible for Health in CARICOM	

	Monitoring Alignment national and regional level of CCH4. Ensure wide involvement of national stakeholders thru establishment of forum	implementation, management advocacy, mobilizing resources		
CMOs should be focal point (evaluate CCH IV)		Dedicate resource mobilization RM as a process	Deeper involvement in policy development work to impact issues e.g tobacco, led by CCH Secretariat	
Workplans to be developed, with M&E framework Ministers' role determined by COHSOD – 6-monthly virtual meetings, stand-alone CCH meeting piggybacking on CMOs' meeting		Development of communication strategy inclusive of	Further strengthening of management skills at CCH Secretariat level	

			Better promotion of CCH and public links to related initiatives at national level	
			National multi-stakeholder committees to address and drive CCH execution an d communication – use existing mechanisms, e.g national COHSOD	

WORK GROUPS: SESSION 3 PLENARY

Recommendations for improved Accountability by Group No.

1	2	3	4	5
Work plan with roles and responsibilities and time frames		Shared responsibility for planning programming, M&E, communication and negotiation	Work plan and budget to guide implementation, communication, and M&E	Leadership and responsibility at political level, nationally and regionally
Transparency with respect to funding available- right mechanisms to get to the resources		Reporting against M&E framework		
Product is RPGs to facilitate countries' work – how many RPGs produced for the countries? (M&E)		Regular meetings among persons responsible, optimizing capacity for virtual meetings		
		Development of standardized reporting tools		

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WORK GROUPS: SESSION 4 PLENARY

Recommendations for Resource Mobilization and Allocation by Group No.

1	2	3	4	5
Health should be included in the national development plan	Resources to be mobilized at regional and country levels	Resource mobilization and sustainability	Seek percentage of Caribbean cruise arrivals' fees, airline tickets	Stress outcomes, get endorsement from HoGs
Taxing "unhealthy" foods to reduce demand, e.g. sugar-sweetened beverages	Use existing mechanisms for human capital development, e.g. CDB, Caribbean Development Fund	Engage business community and private sector	Establish fund for Caribbean residents and diaspora to donate	Reduce competition among various sectors for same resources – traditional development partners. Integrate programs for more collaborative approach, e.g. CARPHA and IMPACS (*Dialogue with all relevant development partners for demand-driven fund)*
	EU mechanisms – EDF	Involve local investors	Explore partnerships to tap into Caribbean partners' resources – be creative, e.g. Green Climate Fund	Emphasize regional approaches (*with structured, costed, evidence-based plans, e.g. economic burden of NCDs*)

1	2	3	4	5
	Caribbean philanthropy		Pursue SIDS (*and climate change*) funding	
	Private sector, with strict guidelines re conflict of interest and support for CSOs		Discuss contributions from social security funds and insurance	
	Media support re PSAs		Ask donors to remove conditionalities and route funds through Caribbean entities, e.g. CARPHA, CDB	
	Use of existing telecom companies to raise awareness		Develop a costed plan to facilitate discussions with development partners and potential development partners (*include administrative costs*)	

WORK GROUPS: SESSION 4 PLENARY

Recommendations for communications greater country awareness, engagement & ownership by Group No.

1	2	3	4	5
Differentiate between risk communication and CCH IV communication for visibility	Identification of funding for the communications plan	Develop communications strategy segmented by target audience, with participation of audience	Utilize communication specialist expertise within CARPHA and other organizations	Increase awareness of, and engagement in, CCH IV
Frame CCH IV for public consumption – may need different name/title/brand	Official launch with HoGs next year; versions for health, general public, others	Social marketing strategy – need relevant expertise	Build partnerships with regional media entities in getting messages out	Elements – look at CARPHA's platform and use of multi-tiered messages for different audiences
Align political and public health agendas	Use online, social media; regional competitions; Champions, local and regional; slogans; tying to existing events, e.g. CWD	Creative ways to include media as part of communications strategy	Greater sense of ownership at various levels – ministerial, national, CSOs, communities	CMOs and Ministers should be stronger advocates for CCH IV and tailor messages to respective audiences
Obtain economic data to persuade political level		Include CCH IV in education system – to be ingrained in the minds of Caribbean people. Build a story about its benefits for them	National committees and CCH secretariat to play role in getting messages out at national level	

Ministers are key lobbyists at regional and local level			Better linkage of initiatives with CCH IV - framing	
Need national focal point for CCH IV			Ensure message target various audiences using various approaches including social media	
Target internal stakeholders regarding CCH IV and contents, and possible roles and responsibilities e.g. nursing associations, MoHs, etc			Ensure positive health interventions successes, and best practices	
Target CSOs, FBOs, etc re their role in promoting and implementing CCH IV			High-profile launch of CCH IV at national and regional levels	

1	2	3	4	5
CCH Champions for its promotion				
Invest necessary resources in marketing CCH IV – some outsourcing needed				
Packaging of tailored messages for respective audiences				
Use new media to promote CCH IV re-branding – social media				
Enhance skills of staff; reorient staff as needed to change attitudes; re-design university curricula				
Alignment of regional and national plans; use plans to inform funding requests				

Picture Gallery

Annex 10

Fltr: Virginia Asin (St. Maarten), Roger McLean (UWI), Vincent Atkins (CARICOM), Trevor Hassell (HCC)

Dr. Karen Sealey, Meeting Facilitator