

Chronic Disease Challenges in the Caribbean



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The first summit in the world to address non-communicable diseases (NCD) was convened by leaders of the Caribbean Community (CARICOM) in 2007. The resulting 15-point Port of Spain (POS) Declaration, “Uniting to stop the epidemic of chronic NCDs,” called for Caribbean governments to take actions and implement policies to prevent and control NCD [1].

Continued advocacy by CARICOM leaders was a major factor underpinning the first United Nations High-level Meeting on NCDs in 2011, which placed these conditions on the global public health agenda. The United Nations High-level Meeting Political Declaration included a set of commitments and led to the development of a monitoring framework to hold governments accountable in making progress [2].

An evaluation of advances in the agreed actions and mandates of the POS Declaration [3–5] and World Health Organization (WHO) recommended NCD best buys [6] shows that progress has been uneven among CARICOM countries.

Ten of the 15 WHO best buys involve the effective use of laws or regulations [7,8], and the Caribbean is still in the very early stages of implementation [6]. Although 13 countries are parties to the Framework Convention on Tobacco Control [9], a legally binding supranational treaty, only 4 have adopted at least 1 of the 4 tobacco demand reduction measures (raising taxes, creating by law smoke-free environments, warning of the dangers of tobacco, and banning all forms of tobacco advertising, promotion, and sponsorship) at their highest level of implementation [6]. Similarly, only 3 countries have fully implemented at least 1 of the 3 best buys to reduce harmful use of alcohol [6], perhaps reflecting the cultural and economic importance of rum to the region.

There are 4 best-buy interventions aimed at reducing unhealthy diets and physical inactivity. Ten Caribbean countries have implemented at least 1 public awareness campaign on diet or physical activity over the past 5 years. However, only 2 countries have implemented at least 1 of the other 3 measures (reducing salt intake, replacing trans fats with unsaturated fats, and protecting breastfeeding) [6].

Strengthening regulatory actions must become a priority for the Caribbean. To be effective, regulation must be led by governments and have clear legal frameworks and strong governance to protect the public health against competing profit-driven interests. Regulation however, faces tremendous challenges in a subregion mainly comprising small island developing states that are highly dependent on tourism, are extremely vulnerable to climate change and natural disasters, import the majority of goods consumed, are

dependent on fossil fuels, and are still experiencing the impact of the global economic recession [10,11].

However, there have been successful experiences in the Caribbean that can be shared and scaled up, including comprehensive tobacco control legislation implemented in Suriname [8], and soda taxes recently implemented in Barbados and Dominica. Multisectoral action is a key pillar in tackling NCD and several countries have established national NCD commissions to coordinate such efforts [12].

The Caribbean continues to be the subregion with the highest premature mortality from NCD in the Americas [13]. While the NCD best buys also include a set of interventions aimed at reducing the burden of cardiovascular diseases, diabetes and cancer, none of the 14 countries reporting to the WHO Progress Monitor Report provide drug therapy and counseling for high cardiovascular risk in at least 50% of health care facilities [6]. Improved care has been shown to have contributed to reductions in cardiovascular mortality in the United States [14,15]. Strengthened preventive services must be accompanied by the provision of fully accessible high quality disease management. Migration of healthcare workers has resulted in 3 times the number of Caribbean nurses working abroad than in the country where they were trained [16], while the rising costs of health care threatens the achievement of universal access to health and universal health [17].

To reverse the trend of high premature mortality from NCD in the Caribbean, there is a critical need for sustained political leadership, with coordination to ensure effective whole-of-government approaches. Countries must implement the required investments in health (projected at 6% of gross domestic product per annum) [18] to ensure the timely advance toward universal access and universal health coverage in the region [17].

The international community needs to be sensitized to the potential for NCD to reverse the developmental and economic gains of small island developing states such as those in the Caribbean, and the need to scale up technical and financial support. There must also be collaboration with an informed and empowered civil society and engagement with a committed private sector to ensure multisectoral implementation of the public policies needed to prevent and control NCD. Cognizant of the view that chronic diseases are not optimally prioritized and mindful of the need for political leadership, the Pan American Health Organization convened a Forum of Key Stakeholders on NCD in 2015 where Caribbean ministers reaffirmed their commitment to address NCD [19]. Now is the time for scaled-up action.

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