



Global Health Diplomacy Program

2007 Port of Spain Summit Compliance: Strengthening Regional Health Institutions

Alissa Wang, September 30, 2015

This report assesses compliance with the commitment below from the 2007 Port of Spain Declaration based on actions taken by the Caribbean countries between 15 September 2007 and 15 September 2008.

Commitment

2007-01: [We declare] our full support for the initiatives and mechanisms aimed at strengthening regional health institutions, to provide critical leadership required for implementing our agreed strategies for the reduction of the burden of Chronic, Non-Communicable Diseases as a central priority of the Caribbean Cooperation in Health Initiative Phase III (CCH III), being coordinated by the CARICOM Secretariat, with able support from the Pan American Health Organisation/World Health Organisation (PAHO/WHO) and other relevant partners.

Compliance

Member	No compliance	Partial compliance	Full compliance
Anguilla	-1		
Antigua and Barbuda		0	
Bahamas		0	
Barbados		0	
Belize		0	
Bermuda	-1		
British Virgin Islands		0	
Cayman Islands	-1		
Dominica		0	
Grenada		0	
Guyana		0	
Haiti	-1		
Jamaica		0	
Montserrat		0	
Saint Kitts and Nevis		0	
Saint Lucia	-1		
Saint Vincent and the Grenadines			+1
Suriname		0	
Trinidad and Tobago		0	
Turks and Caicos	-1		
Average		-0.25	

Background

On 15 September 2007, the heads of government of the Caribbean Community (CARICOM) attended a summit at Port of Spain, Trinidad and Tobago, focusing on the theme of “Uniting to stop the epidemic of chronic NCDs.” Recognizing that the Caribbean region is one of the worst affected regions by non-communicable diseases (NCDs) in the Americas, the leaders took on the challenge of preventing and controlling the NCDs of heart disease, stroke, diabetes, hypertension, obesity and cancer by addressing the causal risk factors: lack of physical activity, tobacco use, alcohol abuse and unhealthy diets.¹

The main health problems of the Caribbean region are reflected in the Caribbean Cooperation in Health Initiative (CCH), which consists of priorities set by CARICOM’s strategic framework for cooperation in health. Phase III covers the period from 2007 to 2015.² Its central priorities are communicable disease, non-communicable disease, health systems strengthening, environmental health, food and nutrition, mental health, family and child health, and human resource development.³

Commitment 2007-01 looks at one of the central priorities of the CCH III: Non-Communicable Diseases. Specifically, it focuses on the role of regional institutions in addressing the challenge of NCDs.

Commitment Features

The commitment requires the CARICOM members to support any initiative or mechanism to strengthen regional health institutions. Members committed to support the regional health institutions to be able to lead the implementation of strategies to reduce the burden of NCDs.

This commitment can be broken down into three parts.

The first part of this commitment requires full support for the initiatives and mechanisms aimed at strengthening regional health institutions. The relevant Caribbean regional health institutions are the following:

- The Caribbean Epidemiology Centre (CAREC), a public health information, service and consulting organisation, which provides information needed to improve health and prevent disease in the Caribbean.
- The Caribbean Food and Nutrition Institute (CFNI), a specialized centre of the Pan American Health Organization (PAHO) established in 1967 to forge a regional approach to solving the nutrition problems of the Caribbean.
- The Caribbean Environmental Health Institute established by the leaders to address the environmental health concerns of the English-speaking Caribbean.
- The Caribbean Health Research Council mandated to promote and coordinate health research in the Caribbean and serving CARICOM members.
- The Caribbean Drug Research and Testing Laboratory.

¹ COMMUNIQUE ISSUED AT THE CONCLUSION OF THE REGIONAL SUMMIT OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (CARICOM) ON CHRONIC NON-COMMUNICABLE DISEASES (NCDs), 15 September 2007, Caribbean Community Secretariat. Date accessed: 6 August 2015.

http://www.caricom.org/jsp/communications/communiques/chronic_non_communicable_diseases.jsp

² Health in the Americas 2012 Edition, PAHO. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_content&view=article&id=9&Itemid=14&lang=en

³ Caribbean Cooperation in Health Phase III (CCHIII) Summary, CARICOM. Date accessed: 30 September 2015.

http://www.caricom.org/jsp/community_organs/health/cch_iii_summary.pdf

Since July 2011, these five regional institutions have been united under the new Caribbean Public Health Agency (CARPHA), a single regional public health agency for the Caribbean. Support must take the form of a direct reference to a regional health institution embedded in the country's health policies. Participation in a relevant institution or implementation of policies to support mechanisms and initiatives established by one of the above institutions or other relevant regional health institutions count toward compliance. A general reference to regional institutions or a reference to international level institutions counts as partial compliance in this respect. No reference to any institutions in a country's health policies count as lack of compliance. PAHO's 2012 "Health in the Americas" report provides the most comprehensive outline of members' overall health policies during the compliance period. Thus, this will be the primary source used to access whether members implemented health policies that support the initiatives and mechanisms of regional institutions.

The second part of the commitment requires that members provide critical leadership required for implementing the agreed strategies for the reduction of the burden of chronic NCDs as a central priority of the CCH III. In the CCH III's programme area of NCDs, the stated goals are 1) to reduce the morbidity and mortality due to chronic diseases; 2) to reduce deaths from chronic diseases by 2% per year; and 3) to reduce avoidable, costly morbidity from chronic disease.⁴ The sub-priorities identified in this area include promoting development and implementation of public policies and action plans, supporting chronic disease surveillance systems to assess risk factors and support implementation of strategies of prevention and risk factor reduction, support development of communication strategies and information dissemination for the strategies in areas such as healthy eating, active living and tobacco control, empower people with chronic conditions and risk factors and encourage self-management, and support integrated management of chronic diseases and risk factors. These strategies were embedded into subsequent commitments made at the Port of Spain Summit. This section of the commitment will thus draw on results from the subsequent commitments (2 to 27), each with a specific focus on one of the aspects of the CCH III strategies for NCDs. Compliance with this aspect of the commitment requires demonstration of leadership by complying with (partial or full, therefore score of 0 or 1) at least half of the 26 identified commitments (13 or more). Compliance (partial or full) with 12 or less commitments out of the 27 total counts as a lack of compliance in this aspect.

The third aspect of the commitment requires that members complete the first two parts of the commitment with support from PAHO and other relevant partners. This aspect is monitored by the "Health in the Americas" publication, which reports on the type of support each member receives from relevant international institutions such as PAHO and the World Health Organization (WHO). The 2012 edition covers the period of 2006–10. Thus, compliance information is drawn from this edition. Compliance takes the form of direct assistance, technical cooperation or an active relationship with these organizations. Compliance with this section builds on compliance with the first two sections. Compliance with this section alone does not affect the overall compliance score.

⁴ CCH III Programme Area: Non-Communicable Diseases, CARICOM. Date accessed: 30 September 2015. http://www.caricom.org/jsp/community_organs/health/cch_iii_non_communicable_diseases.pdf

Scoring Rubric

-1	The CARICOM member did not support any of the Caribbean regional health institutions to reduce the burden of NCDs AND did not comply with any commitments to implement the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.
0	The CARICOM member supported Caribbean regional health institutions to reduce the burden of NCDs AND/OR complied with more than half the subsequent commitments to implement the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.
+1	The CARICOM country supported (partially or in full) the Caribbean regional health institutions to provide leadership to reduce the burden of NCDs AND complied with more than half of the subsequent commitments to implement the agreed strategies to reduce chronic NCDs as a central priority of CCH III AND the CARICOM member received support from PAHO or other relevant institutions.

Anguilla: -1

Anguilla did not comply with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support any of the Caribbean regional health institutions in reducing the burden of NCDs, and it did not comply with more than half of the relevant commitments on specific strategies on NCDs.

According to the review of Anguilla’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.⁵ Thus, Anguilla did not comply with the first section of this commitment.

Anguilla complied either partially or in full with eight subsequent commitments on specific strategies addressing the challenge of NCDs.⁶ This is fewer than half of the subsequent relevant commitments. Thus, it did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners

According to the “health and international cooperation” section of the “Health in Americas” report, Anguilla participated in technical cooperation programs for health with funding support from PAHO.⁷ Thus, Anguilla complied with the third aspect of this commitment of securing able support from PAHO or other relevant partners.

Overall, Anguilla has been assigned a score of -1 for lack of compliance.

⁵ Anguilla country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. <http://www2.paho.org/saludenlasamericas/dmdocuments/hia-2012-anguilla.pdf>

⁶ Bracht and Kirton, CARICOM Scores.

⁷ Anguilla country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. <http://www2.paho.org/saludenlasamericas/dmdocuments/hia-2012-anguilla.pdf>

Antigua and Barbuda: 0

Antigua and Barbuda partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It implemented policies that support Caribbean regional health institutions in reducing the burden of NCDs, and it complied with more than half the relevant commitments on specific strategies on NCDs. However, it did not do so with support from PAHO and other relevant partners.

According to the review of Antigua and Barbuda's health policies by the "Health in Americas" publication, the government participated in the Pharmaceutical Procurement System of the Organization of Eastern Caribbean States.⁸ Although this is not one of the identified regional institutions, in the context of pharmaceutical procurement the Organization of Eastern Caribbean States counts as a relevant regional institution. Thus, Antigua and Barbuda complied with the first aspect of the commitment.

Antigua and Barbuda complied either partially or in full with 13 subsequent commitments on specific strategies to address the challenge of NCDs.⁹ Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, Antigua and Barbuda received funding support mostly in the area of HIV/AIDS. No support has been reported from PAHO or other relevant partners that focus on addressing the challenge of NCDs.¹⁰

Overall, Antigua and Barbuda has been assigned a score of 0 for partial compliance.

Bahamas: 0

The Bahamas partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. The Bahamas did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half of the relevant commitments on specific strategies on NCDs.

According to the review of the Bahamas's health policies by the "Health in Americas" publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.¹¹

Bahamas complied either partially or in full with 13 subsequent commitments on specific strategies to address the challenge of NCDs.¹² Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

⁸ Antigua and Barbuda country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. <http://www2.paho.org/saludenlasamericas/dmdocuments/hia-2012-ant-barbuda.pdf>

⁹ Bracht and Kirton, CARICOM Scores.

¹⁰ Antigua and Barbuda country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. <http://www2.paho.org/saludenlasamericas/dmdocuments/hia-2012-ant-barbuda.pdf>

¹¹ Bahamas country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=113&Itemid=

¹² Bracht and Kirton, CARICOM Scores.

According to the “health and international cooperation” section of the “Health in Americas” publication, the Bahamas received support from many entities for technical cooperation and direct financial of health projects including PAHO.¹³

Overall, the Bahamas has been assigned a score of 0 for partial compliance.

Barbados: 0

Barbados partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half of the relevant commitments on specific strategies on NCDs.

According to the review of Barbados’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.¹⁴

Barbados complied either partially or in full with 13 subsequent commitments on specific strategies to address the challenge of NCDs.¹⁵ Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Barbados received support on implementing its Strategic Plan for Health 2002–12, which covers the problem of chronic NCDs, family health services and strengthening health systems, from the European Development Fund.¹⁶ This counts as compliance because Barbados secured able support from relevant partners on addressing the challenge of NCDs.

Overall, Barbados has been assigned a score of 0 for partial compliance.

Belize: 0

Belize partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. Belize did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Belize’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.¹⁷

¹³ Bahamas country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=113&Itemid=

¹⁴ Barbados country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=114&Itemid=

¹⁵ Bracht and Kirton, CARICOM Scores.

¹⁶ Barbados country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=114&Itemid=

¹⁷ Belize Country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=115&Itemid=

Belize complied either partially or in full with 16 subsequent commitments on specific strategies to address the challenge of NCDs.¹⁸ Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Belize receives support in the form of technical cooperation and assistance from the Central American Integration System and Caribbean Community Council for Human and Social Development on strengthening health projects, health surveillance system, and so on.¹⁹ Thus, it complied with the third aspect of the this commitment of securing able support from relevant partners on addressing the problem of NCDs.

Overall, Belize has been assigned a score of 0 for partial compliance.

Bermuda: -1

Bermuda did not comply with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, and it did not comply with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Bermuda’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions

Bermuda complied either partially or in full with eight subsequent commitments on specific strategies to address the challenge of NCDs.²⁰ Thus, it did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Bermuda maintains an active relationship with the CCH, CAREC, PAHO and WHO.²¹ Thus, Bermuda complied with the third aspect of this commitment by maintaining an active relationship with the relevant organizations.

Overall, Bermuda has been assigned a score of -1 for lack of compliance.

British Virgin Islands: 0

The British Virgin Islands partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. The British Virgin Islands implemented policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it did not comply with more than half the relevant commitments on specific strategies on NCDs.

¹⁸ Bracht and Kirton, CARICOM Scores.

¹⁹ Belize Country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=115&Itemid=

²⁰ Bracht and Kirton, CARICOM Scores.

²¹ Bermuda country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=116&Itemid=

According to the review of British Virgin Island's health policies by the "Health in Americas" publication, the government participates in the Organization of Eastern Caribbean States Pharmaceutical Procurement System, and also purchases vaccines from PAHO's Revolving Fund for Vaccine Procurement.²² Although the Organization of Eastern Caribbean States and PAHO not one of the identified regional institutions, in the context of pharmaceutical procurement they both count as relevant regional institutions. Thus, British Virgin Islands complied with the first aspect of the commitment.

British Virgin Islands complied either partially or in full with eight subsequent commitments on specific strategies to address the challenge of NCDs.²³ Thus, British Virgin Islands did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, the British Virgin Islands has been excluded from many regional projects because of its status as an overseas territory of the United Kingdom. It receives funding support mainly in the area of HIV/AIDS. There has been no mention of support for general health initiatives or a focus on NCDs.²⁴ Thus, the British Virgin Islands did not comply with the third aspect of this commitment of securing able support from PAHO or relevant partners.

Overall, the British Virgin Islands has been assigned a score of 0 for partial compliance.

Cayman Islands: -1

The Cayman Islands did not comply with their commitment to support regional health institutions, to provide critical leadership required for implementing to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions on reducing the burden of NCDs, and it did not comply with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Cayman Islands' health policies by the "Health in Americas" publication, there were efforts to meet requirements of WHO's International Health Regulations 2005, with government policies passed in 2011.²⁵ However, this refers to an international-level organization and the policies did not take place within the compliance period. Thus, the Cayman Islands did not comply with the first aspect of this commitment.

The Cayman Islands complied either partially or in full with 11 subsequent commitments on specific strategies to address the challenge of NCDs.²⁶ Thus, Cayman Islands did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, the Cayman Islands received support from PAHO in the form of technical cooperation

²² British Virgin Islands country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=119&Itemid=

²³ Bracht and Kirton, CARICOM Scores.

²⁴ British Virgin Islands country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=119&Itemid=

²⁵ Cayman Islands country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=120&Itemid=

²⁶ Bracht and Kirton, CARICOM Scores.

through in-country consultancies, fellowship and workshops.²⁷ Thus, Cayman Islands complied with the third part of this commitment.

Overall, Cayman Islands has been assigned a score of -1 for lack of compliance.

Dominica: 0

Dominica partially complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions on reducing the burden of NCDs, but it complied with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Dominica's health policies by the "Health in Americas" publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.

Dominica complied either partially or in full with 14 subsequent commitments on specific strategies towards addressing the challenge of NCDs.²⁸ Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, Dominica established alliances and receives support from many regional and international organizations including from the Caribbean Environmental Health Institute, the CFNI, the Caribbean Regional Drug Testing Laboratory and CAREC.²⁹ Thus, Dominica complied with the third part of this commitment.

Overall, Dominica has been assigned a score of 0 for partial compliance.

Grenada: 0

Grenada partially complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half the relevant commitments on specific strategies on NCDs. However, it did not do so with support from PAHO and other relevant partners.

According to the review of Grenada's health policies by the "Health in Americas" publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.

Grenada complied either partially or in full with 17 subsequent commitments on specific strategies addressing the challenge of NCDs.³⁰ Thus, Grenada complied with the second part of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

²⁷ Cayman Islands country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=120&Itemid=

²⁸ Bracht and Kirton, CARICOM Scores.

²⁹ Dominica country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=126&Itemid=

³⁰ Bracht and Kirton, CARICOM Scores.

According to the “health and international cooperation” section of the “Health in Americas” publication, Grenada receives technical and financial support for strengthening health systems, health promotion and disease prevention from organizations such as PAHO and CAREC.³¹ Thus, Grenada complied with the third part of this commitment.

Overall, Grenada has been assigned a score of 0 for partial compliance.

Guyana: 0

Guyana partially complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Guyana’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.

Guyana complied either partially or in full with 16 subsequent commitments on specific strategies addressing the challenge of NCDs.³² Thus, it complied with the second part of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Guyana receives support from Caribbean regional bodies including the CFNI and CAREC.³³ Thus, Guyana complied with the third part of this commitment.

Overall, Guyana has been assigned a score of 0 for partial compliance.

Haiti: -1

Haiti did not comply with its commitment to support regional health institution, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support any of the Caribbean regional health institutions in reducing the burden of NCDs, and it did not comply with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Haiti’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.

Haiti complied either partially or in full with four subsequent commitments on specific strategies addressing the challenge of NCDs.³⁴ Thus, it did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

³¹ Grenada country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=131&Itemid=

³² Bracht and Kirton, CARICOM Scores.

³³ Guyana country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=133&Itemid=

³⁴ Bracht and Kirton, CARICOM Scores.

According to the “health and international cooperation” section of the “Health in Americas” publication, Haiti received support from more than 20 international agencies to provide materials and help for community health, child health, immunization, neglected diseases, epidemiology and health surveillance.³⁵ Thus, Haiti complied with the third part of this commitment.

Overall, Haiti has been assigned a score of –1 for lack of compliance.

Jamaica: 0

Jamaica partially complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It implemented policies that support Caribbean regional health institutions to reduce the burden of NCDs, and it complied with more than half the relevant commitments on specific strategies on NCDs. However, it did not do so with support from PAHO or other relevant partners.

According to the review of Jamaica’s health policies by the “Health in Americas” publication, the Ministry of Health collaborated with PAHO to evaluate essential public health functions. The government’s policies also outline an approach to restructuring the health system with greater involvement both within and outside the Ministry of Health, and with international partners. These policies refer generally to strengthening the role of regional and international institutions and thus, Jamaica complied partially with the first part of the commitment.

Jamaica complied either partially or in full with 19 subsequent commitments on specific strategies addressing the challenge of NCDs.³⁶ Thus, it complied with the second part of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

There were no references to “health and international cooperation” in Jamaica’s country chapter in PAHO’s “Health in Americas” publication.

Overall, Jamaica has been assigned a score of 0 for partial compliance.

Montserrat: 0

Montserrat partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It implemented policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it did not comply with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Montserrat’s health policies by the “Health in Americas” publication, Montserrat has reciprocal social security agreements with Organization of Eastern Caribbean States and CARICOM members. It also participates in the organization’s Pharmaceutical Procurement Service. Thus, through participatory support and engagement in relevant regional health institutions Montserrat complied with the first part of the commitment.

Montserrat complied either partially or in full with seven subsequent commitments on specific strategies addressing the challenge of NCDs.³⁷ Thus, it did not comply with the second section of the commitment.

³⁵ Haiti country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=134&Itemid=

³⁶ Bracht and Kirton, CARICOM Scores.

³⁷ Bracht and Kirton, CARICOM Scores.

According to the “health and international cooperation” section of the “Health in Americas” publication, Montserrat has very limited access to funding programs. There has been no reported support outside of limited support to HIV/AIDS programs.³⁸ Thus, Montserrat did not comply with the third of this commitment.

Overall, Montserrat has been assigned a score of 0 for partial compliance.

Saint Kitts and Nevis: 0

Saint Kitts and Nevis partially complied with its commitment to support regional health institutions, to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half of the relevant commitments on specific strategies on NCDs.

According to the review of Saint Kitts and Nevis’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.

Saint Kitts and Nevis complied either partially or in full with 14 subsequent commitments on specific strategies addressing the challenge of NCDs.³⁹ Thus, it complied with the second part of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Saint Kitts and Nevis received funding support for mainly projects dealing with HIV/AIDS, with no mention of support from relevant organizations on general health initiatives or those that focus on NCDs.⁴⁰ Thus, Saint Kitts and Nevis did not comply with the third part of this commitment.

Overall, Saint Kitts and Nevis has been assigned a score of 0 for partial compliance.

Saint Lucia: -1

Saint Lucia did not comply with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support any of the Caribbean regional health institutions in reducing the burden of NCDs, and it did not comply with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Saint Lucia’s health policies by the “Health in Americas” publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.

Saint Lucia complied either partially or in full with 12 subsequent commitments on specific strategies addressing the challenge of NCDs.⁴¹ Thus, it did not comply with the second aspect of this

³⁸ Montserrat country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=138&Itemid=

³⁹ Bracht and Kirton, CARICOM Scores.

⁴⁰ Saint Kitts and Nevis country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.

http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=145&Itemid=

⁴¹ Bracht and Kirton, CARICOM Scores.

commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Saint Lucia received support from many international and regional health institutions. Specifically, PAHO provided continued technical assistance to strengthen programs dealing with NCDs of the Ministry of Health.⁴² Thus, Saint Lucia complied with the third part of this commitment.

Overall, Saint Lucia has been assigned a score of -1 for lack of compliance.

Saint Vincent and the Grenadines: +1

Saint Vincent and the Grenadines complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It implemented policies that support Caribbean regional health institutions in reducing the burden of NCDs, and it complied with more than half the relevant commitments on specific strategies on NCDs. It did not do so with support from PAHO or other relevant partners.

According to the review of Saint Vincent and the Grenadines’ health policies by the “Health in Americas” publication, the country’s health policies are based on the context of the Millennium Development Goals, the essential public health functions and CCH III. Health legislation was also prepared for amendment in order to comply with requirements of the WHO’s International Health Regulations 2005. By referring generally to international and regional institutions in health policies, Saint Vincent and the Grenadines partially complied with the first part of the commitment.

Saint Vincent and the Grenadines complied either partially or in full with 13 subsequent commitments on specific strategies addressing the challenge of NCDs.⁴³ Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the “health and international cooperation” section of the “Health in Americas” publication, Saint Vincent and the Grenadines received support from a range of international and regional institutions including PAHO, CFNI, CAREC and the Pan Caribbean Partnership against HIV and AIDS for technical assistance in many different health areas including disease surveillance, policy setting and health projects in general.⁴⁴ Thus, Saint Vincent and the Grenadines complied with the third part of this commitment.

Overall, Saint Vincent and the Grenadines has been assigned a score of +1 for full compliance.

Suriname: 0

Suriname partially complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III. It implemented policies that generally support international institutions to reduce the burden of NCDs, but it did not comply with more than half the relevant commitments on specific strategies on NCDs.

⁴² Saint Lucia country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=146&Itemid=

⁴³ Bracht and Kirton, CARICOM Scores.

⁴⁴ Saint Vincent and the Grenadines country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=147&Itemid=

According to the review of Suriname's health policies by the "Health in Americas" publication, the Ministry of Health was committed to implementing the WHO's International Health Regulation 2005 and the Framework Convention on Tobacco Control. By referring to relevant international health institutions, Suriname partially complied with the first part of this commitment.

Suriname complied either partially or in full with nine subsequent commitments on specific strategies towards addressing the challenge of NCDs.⁴⁵ Thus, it did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, Suriname received support from a wide range of international and regional institutions. Of these, the organization with full representation and longest presence in the country is PAHO.⁴⁶ Thus, Suriname complied with the third part of this commitment.

Overall, Suriname has been assigned a score of 0 for partial compliance.

Trinidad and Tobago: 0

Trinidad and Tobago partially complied with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did not implement policies that support Caribbean regional health institutions in reducing the burden of NCDs, but it complied with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Trinidad and Tobago's health policies by the "Health in Americas" publication, the government did not pursue and specific health policies aimed at supporting regional health institutions.⁴⁷

Trinidad and Tobago complied either partially or in full with 20 subsequent commitments on specific strategies addressing the challenge of NCDs.⁴⁸ Thus, it complied with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, Trinidad and Tobago received support from PAHO specifically focused in the areas of chronic NCD prevention and control, promotion of healthy lifestyles, quality of care, and so on.⁴⁹ Thus, Trinidad and Tobago complied with the third part of this commitment.

Overall, Trinidad and Tobago has been assigned a score of 0 for partial compliance.

Turks and Caicos: -1

Turks and Caicos did not comply with its commitment to support regional health institutions to provide critical leadership required for implementing strategies to reduce the burden of chronic NCDs as a central priority of CCH III, with support from PAHO and other relevant partners. It did

⁴⁵ Bracht and Kirton, CARICOM Scores.

⁴⁶ Suriname country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=148&Itemid=

⁴⁷ Trinidad and Tobago country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=149&Itemid=

⁴⁸ Bracht and Kirton, CARICOM Scores.

⁴⁹ Trinidad and Tobago country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015.
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=149&Itemid=

not implement policies that support any of the Caribbean regional health institutions in reducing the burden of NCDs, and it did not comply with more than half the relevant commitments on specific strategies on NCDs.

According to the review of Turks and Caicos's health policies by the "Health in Americas" publication, the government did not pursue any specific health policies aimed at supporting regional health institutions.⁵⁰

Turks and Caicos complied either partially or in full with three subsequent commitments on specific strategies addressing the challenge of NCDs.⁵¹ Thus, it did not comply with the second aspect of this commitment to provide critical leadership in implementing the agreed strategies to reduce the burden of chronic NCDs as a central priority of CCH III.

According to the "health and international cooperation" section of the "Health in Americas" publication, Turks and Caicos received support from PAHO through its country office and regional institutions in the form of technical assistance and training in relevant health areas of strategic planning and health information.⁵² Thus, Turks and Caicos complied with the third part of this commitment. However, compliance with this section alone does not affect overall compliance score.

Overall, Turks and Caicos has been assigned a score of -1 for lack of compliance.

⁵⁰ Turks and Caicos country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=150&Itemid=

⁵¹ Bracht and Kirton, CARICOM Scores.

⁵² Turks and Caicos country chapter, PAHO Health in Americas, 2012. Date accessed: 30 September 2015. http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=150&Itemid=