



ANTIGUA BARBUDA



Non Communicable Diseases (NCD) Policy
and Action plan 2015–2019

Factors^{to}
prevent
NCD's

No Smoking
Physical Activity
Reduce Alcohol
Healthy Diet





As of 3 April, 2015

MINISTRY OF HEALTH AND ENVIRONMENT

**National Policy and Multisectoral Action Plan for
the Prevention and Control of Non-Communicable
Diseases
in Antigua and Barbuda**

2015

FOREWORD

The Port-of-Spain declaration came into being at a CARICOM Heads of Government meeting in Port-of-Spain Trinidad on 15th September, 2007. As its mandate, the Declaration seeks to unite Caribbean nations and work towards ending the epidemic of chronic Non-Communicable Diseases (NCDs). Moreover, it aspires to lend leadership and support to the implementation of the agreed strategies for the reduction of the burdens of chronic non-communicable diseases. This Declaration along with other regional and international resolutions and mandates forms the legal framework of the guiding principles for developing and coordinating efforts to address the NCDs epidemic.

Cardiovascular disease, cancer, chronic respiratory diseases, and diabetes are the leading causes of premature deaths in Antigua and Barbuda. The morbidity and mortality rates on island have reached alarming proportions. Of the 490 deaths reported in 2010, 83 of these deaths occurred before the age of 70 years as a result of chronic diseases. Cancers accounted for 44 deaths. In the same year there were 48 amputations due to Diabetes related complications and 65 patients received dialysis. These premature deaths and debilitating illnesses have a serious negative socioeconomic impact on our development. The country has made some progress in the prevention, control, coordination and management of NCDs; however several challenges and gaps still exist. Additional public awareness concerning NCDs risk factors, health system response, surveillance and research is vital.

Taking up the charge from the Port-of-Spain Declaration, Antigua and Barbuda took a significant step by gathering a broad range of governmental and private stakeholders to devise a comprehensive multi-sectoral approach to address the prevention, control and management of NCDs. After several months of collaborations and consultations the National Policy and Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases was formulated.

I acknowledge the dedication of individuals who worked diligently and tirelessly to produce this document. I extend sincerest gratitude to representatives from the Pan American Health Organization who journeyed to Antigua on several occasions to lend support and to validate the contents of this Policy. Special appreciation is also expressed towards the enthusiastic and competent team of local health professionals who assisted during the development stages of this Policy and Action Plan. Working collectively these individuals were able to generate a comprehensive document which paves the way in the fight against NCDs and their risk factors; and holds the potential of engineering a transformative framework for Public Health in Antigua and Barbuda.

As Minister of Health and the Environment, I reaffirm the government's commitment towards the full implementation of the National Policy and Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases as we unite to stop the epidemic.

Honourable Molwyn Joseph
Minister of Health and the Environment

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LIST OF ACRONYMS

AUA	American University of Antigua
BAC	Blood Alcohol Concentration
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCP	Chronic Care Passport
CDC	Centers for Disease Control and Prevention
CHOSOD	Council on Human and Social Development
CHS	Community Health Services
CARDI	Caribbean Agriculture Research Development Institute
CLAC	Community of Latin America and Caribbean
CMO	Chief Medical Officer
CNCDS	Chronic Non-Communicable Diseases
CRD	Chronic Respiratory Disease
CVD	Cardiovascular Disease
FCTC	WHO Framework Convention on Tobacco Control
FBOs	Faith-Based Organizations
GIS	Government Information Services
GSHS	WHO Global School-Based Health Survey
MBS	Medical Benefits Scheme
MoE	Ministry of Education, Science & Technology
MoH	Ministry of Health & Environment
MOH	Medical Officer Health
MoA	Ministry of Agriculture, Lands, Fisheries and Barbuda Affairs
MoS	Ministry of Trade, Commerce, Industry, Sports, Culture & National Festival
MSJMC	Mount St. John's Medical Center
MST&HRD	Ministry of Social Transformation & Human Resource Development
NCDs	Non-Communicable Diseases
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PanAm STEPS	Pan American STEPwise Risk Factor Survey
PHC	Primary Health Care
POSD	Port of Spain Declaration
QOL	Quality of Life
SPHN	Superintend Public Health Nurse
UNHLM	United Nations High Level Meeting
WHO	World Health Organization
WHO PEN	World Health Organization Package of Essential NCDs
UNDP	United Nation Development and Program

EXECUTIVE SUMMARY

Due to a constant global increase in the prevalence of non-communicable diseases, NCDs, there is an urgent necessity to develop and implement plans to handle the issue. To best combat the problem of NCDs, a coordinated and multi-level approach should be adapted. In addition to addressing a particular NCD directly, this approach also sheds light on the major risk factors associated with NCDs. By effectively managing and eliminating factors such as tobacco use, physical inactivity and unhealthy diets, the amount of observed cases of NCDs will significantly decrease.

With the formulation of the National Policy and Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases, the government of Antigua and Barbuda, in collaboration with other partners and stakeholders, has joined the global fight against NCDs and the social and economic ramifications which they possess. Although the overall goal of this Policy is to reduce preventable morbidity and premature mortality due to non-communicable diseases and the control of the risk factors attributed to these diseases, the Plan also sets a more attainable short-term aim of achieving a twenty percent (20%) reduction in NCD related deaths by 2019.

To ensure the viability and sustainability of this Strategic Action Plan in Antigua and Barbuda a few key areas are being targeted and suitably acceptable objectives have been developed in each instance. Among other intentions the plan will see to the strengthening, coordination and management of NCD prevention and control; health system strengthening to NCDs and risk factors at all levels and sectors; and considerable improvement in the surveillance, research, information and education on non-communicable diseases.

From all estimations Antigua and Barbuda is on course to meeting the 2019 target outlined in the NCD Action Plan. Thus far several initiatives and policy decisions have been successfully undertaken. It is notable to mention the development of the Tobacco Control Bill which serves as a comprehensive piece of legislation in curbing the use of tobacco and tobacco products. Additionally, the nation has already seen the appointment of a NCD Focal Point and the commissioning of a Wellness Committee which will oversee coordinated efforts and initiate policy implementation. All of these initiatives when appraised collectively are tangible assets in combating NCDs within our island and region.

With further technical assistance being provided by the Pan American Health Organization, PAHO, it is safe to say that the framework has been laid and a successful outcome is anticipated in Antigua and Barbuda's fight against non-communicable diseases.

INTRODUCTION

According to World Health Organization (WHO), an estimated 36 million of the 57 million global deaths were due to non-communicable diseases (NCDs), principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, including about 9 million before the age of 60, and that nearly 80 per cent of those deaths occurred in developing countries. NCDs are among the leading causes of major mortality and morbidity and of related disability in Antigua and Barbuda.

The major risk factors associated with NCDs, that is, tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol are the conditions driving the epidemic. Comorbidities include overweight, obesity, mental health conditions, oral disease and renal disease. Premature deaths due to NCDs are noted in younger age groups and complications from these diseases are more common. There is a recognized and urgent need for a coordinated effort for the entire community including workplace, schools, and churches to promote and encourage healthy lifestyle behaviors of individuals and families through the life course, to prevent the onset of NCDs.

In 2007, the Caribbean Community (CARICOM) Heads of Government assembled in Port of Spain (Trinidad and Tobago) mandating the approaches and solving the problems of NCDs as country's highest health priority agenda and made high level political commitment (***Port of Spain Declaration***) to combat prevention and control of NCDs. As a result Antigua and Barbuda became a signatory to the Declaration.

In 2011, Heads of State and Government and representatives of States and Governments, assembled at the United Nations (UN) High Level Meeting to address the prevention and control of NCDs worldwide: Antigua and Barbuda attended this meeting. At this meeting the specific focus was on developmental and other challenges and social and economic impacts, particularly for developing countries. In 2014, Antigua and Barbuda was represented at UN NCD Review in New York, USA to promise continued support for NCD prevention and control.

It was emphasized that NCDs are a threat to the economies of many WHO Member States including Antigua and Barbuda, and may lead to increasing inequalities between countries and populations. Thus, the Governments have the primary role and responsibility in responding to the challenge of NCDs and the essential need for the efforts and engagement of all sectors of society (Whole of Government, Whole of Society approaches) to generate effective responses for the prevention and control of NCDs (***Political Declaration***).

The development of a “**National Policy for the Prevention and Control of Non-Communicable Diseases**” represents the commitment of the Government of Antigua and Barbuda and other stakeholders and partners, through the Ministry of Health to the prevention and control of NCDs. The overall goal of this policy is to reduce avoidable premature mortality and morbidity due to NCDs, minimize exposure to risk factors, increase exposure to protective factors, and reduce socioeconomic burden of these

diseases through multisectoral approaches that improve quality of life of the Antiguan and Barbuda community, thereby contributing to national human and economic development.

In response to these challenges, the key strategic areas for this National Policy were identified based on a series of in-country consultations and multisectoral meetings such as the National Multi-stakeholder NCDs Health Summit held in June, 2011, and the Multi-Sectoral NCD Consultation held 2-3 September, 2012. All concerned stakeholders were included for the development process.

Those strategic areas are:

1. Strengthening coordination and management of NCD prevention and control
2. Health system strengthening to NCDs and risk factors at all levels and all sectors
3. NCD risk factors and protective factors
4. Healthy and active community through multisectoral policies and partnership
5. Surveillance, research, information and education

This National Policy for the Prevention and Control of Non-Communicable Diseases includes a Plan of Action under each strategic area with specific activities, targeted indicators, time frame, proposed budget and responsible organization(s) for efficient implementation, monitoring and evaluation.

SITUATION ANALYSIS

The situation analysis, comprising socio-demographic indicators, burden of diseases, risk factors, health response system to NCDs, current health information analysis, provides the context to guide policy development. It presents a summary of the existing situation in relation to NCDs and gives the rationale for the policy decisions.

Socio-demographic indicators

Total population (thousands)	87.9
Average annual deaths (thousands)	0.5
Life expectancy at birth (years)	Total: 75.5 (Male: 73.5, Female: 77.6)
Adult literacy rate (%)	99.0
Gross National Income US\$ per capita	12,130.0
% of population covered by any type health insurance: ...	...

PAHO Cancer in the Americas. Country Profile 2013

Antigua and Barbuda faces many challenges in the prevention and management of NCDs. Cardiovascular disease, cancer, chronic respiratory diseases and diabetes continue to be the leading cause of death in Antigua and Barbuda with cancer and heart disease being the top two leading causes.

Traditionally, Antigua and Barbuda as a small island developing state with a small economy, predominantly tourism service based has always encountered financial constraints in apportioning the overall annual budget (WTO Trade Policy June 2014).

Life-long treatments for NCDs which include dialysis, chemotherapy, medical and surgical interventions, etc. coupled with loss of productivity and disabilities increase the financial burden and continue to weigh heavily on the health budget.

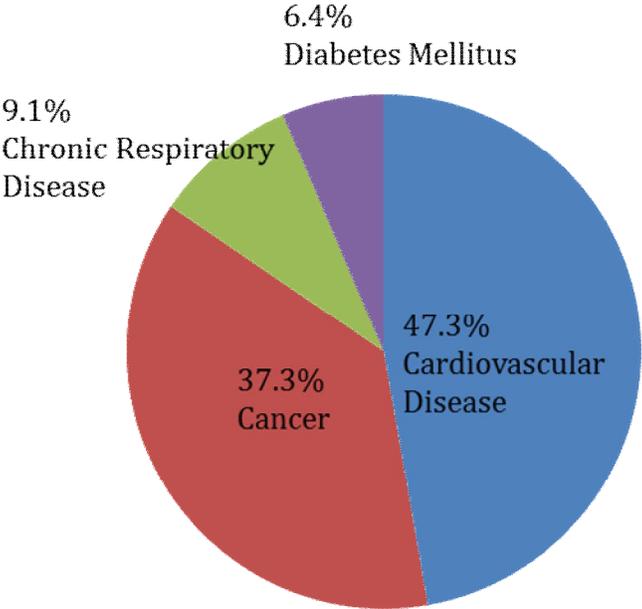
Mortality and morbidity due to NCDs in Antigua and Barbuda

Premature deaths from NCDs are major concern in Antigua and Barbuda. In examining the reported deaths for 2010 alone, of the 490 deaths reported, there were a total of 83 deaths occurring before age 70 years as a result of chronic diseases – 40 males and 43 females. Cancers alone accounted for more than 50 percent of those deaths with a total of 44 deaths. Premature deaths from NCDs (<70 yrs.) account for 22.0 % of all deaths in Antigua and Barbuda. Loss of people in their productive ages due to premature deaths caused by NCDs negatively affects country's socio, economic and developmental aspects.

It is also observed that while cancer and heart disease have been ranked as the top two leading causes of death, a significant number of deaths from cancer are noted in the younger age groups than that of heart disease. The Mount St. John Medical Centre reported a total of 47 new cancer cases for that year. There were 48 amputations performed in 2010

as a result of diabetes, and there are 65 patients currently on dialysis, resulting from NCD complications. For the period 2008 to 2009, there were 359 reported new cases of hypertension and 17 reported new cases of diabetes.

Premature Deaths (2007)



Source: Pan American Health Organization. Country Profiles on Non-Communicable Diseases. Washington, D.C.: 2012

Risk Factors

Reduction of risk factors and strengthening protective factors are keys to reduce avoidable premature mortality and morbidity due to NCDs. Due to lack of implementation of the population-based risk factor survey (WHO STEPwise approach to surveillance: STEPS), no population-based data available for tobacco use, physical inactivity and diet (fruit and vegetable intake) in adults aged 25 + years. The prevalence (%) of overweight and obesity among adults indicated relatively high figure particularly females (see Table 1). The prevalence (%) of tobacco use in adolescents (males 8.2%, females 6.1%) is relatively high as compared to other Eastern Caribbean Countries. The prevalence (%) of low physical activity in adolescents is significantly high (males 63.5%, females 73.0%).

The WHO Global School Health Survey (GSHS) conducted in 2009 revealed that 89% of the students who admitted smoking, tried their first cigarette before age 14 years. It was also revealed that 86% of those same students also had their first drink of alcohol before age 14 years.

Overweight/Obesity

Overweight and obesity, which are major risk factor attributing to NCDs, continue to be a challenge in in the adult population. The main nutrition-related problems among adults and the elderly are obesity and NCDs. On average 63.1% of adults 20 years and over, who were screened in community clinics from 2009 to 2013 were classified as overweight or obese.

Although there are some observations in recognizing overweight/obesity in children, Antigua and Barbuda has not established sustainable mechanism for a surveillance system collecting data on overweight, obesity and other risk factors particularly for school-aged children and young adolescents. With regard to the overweight/obesity data, population-based data for children over 5 years old until 24 years old need to be collected to appropriately address those risk factors by using cost-effective interventions and to develop specific policies and/or regulations for prevention and control of obesity in a timely manner.

A study conducted among 4000 students aged 5-20 years (West Indian Medical Journal 2009) shows a prevalence of overweight and obesity to be 25.6% which raised concern overwith the risk for early onset of type 2 diabetes. (Medical Benefits Scheme (MBS) .

Table 1 Risk Factors

Prevalence (%) of:	Total	Males	Females
Current adult tobacco smokers	...	...	...
Adolescent tobacco smokers	7.4	8.2	6.1
Fruit and vegetable intake in adults a	...	...	...
Fruit and vegetable intake in adolescents a	26.7	30.7	21.4
Binge drinking among adults	...	...	...
Low physical activity in adults b	...	...	...
Low physical activity in adolescents c	68.2	63.5	73.0
Overweight among adults (BMI 25-29.9)	59.0	54.4	63.3
Obesity among adults (BMI \geq 30)	25.8	18.1	33.1
Overweight among adolescents (BMI $>$ +1SD)	...	...	...
Obesity among adolescents (BMI $>$ +2SD)	...	...	...
Children <5 overweight	...	...	...
Adults with diabetes mellitus	...	...	...
Adults with raised BP and/or taking medication	42.4	47.1	37.8

Notes: a: % who eat \leq 5 servings of fruit and vegetables per day; b: physically active for <600 met minutes; c: physically active less than 60 min per day in 5-7 of the last 7 days; BP: Blood pressure. BMI: Body Mass Index

Source: Pan American Health Organization. Country Profiles on Non-Communicable Diseases. Washington, D.C.: 2012

Alcohol

A total alcohol per capita (15+) consumption in litres of pure alcohol was 5.4 (average 2008-2010). A total alcohol per capita (15+) consumption, drinkers only (in liters of pure alcohol), 2010 for males (15+) and females (15+) are 10.6 and 5.1, respectively. Recorded alcohol per capita (15+) consumption by type of alcohol beverage (2010) indicated that 47% of consumption is from spirits, 36% from beer and 17% from wine. However, no written national alcohol policy and action plan exist. There are no legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion which protect adolescents from being targets for marketing of alcohol in Antigua and Barbuda.

Health System Response

Accessible and effective health systems are critical to combating communicable diseases, achieving the Millennium Development Goals and tackling the growing threat of NCDs. Equitable and sustainable health improvement for all citizens of Antigua and Barbuda is the ultimate goal. The government maintains a commitment to providing health care for all citizens, as represented by the implementation of a Medical Benefits Scheme (MBS) that offers financial assistance toward the cost of medical services and pharmaceuticals for those living with NCDs. However, an increasing population with NCDs gives new challenges for the Government to provide appropriate health care financing, human resources, health services development, available and affordable essential medicines and health technologies, and to strengthen evidence-based health information and research.

Shortage of trained health professionals (health care workers) is a challenge. Although the Ministry of Health provides refresher/capacity training for health professionals to improve their skills, a major challenge is securing finance for human resource development.

The primary health care provides a platform as the first entry point for citizens receiving health promotion, prevention, screening for early diagnosis and appropriate treatment for NCDs. Considering limited human resources, it is very important to integrate effective NCDs prevention and control into primary health care to be well harmonized with existing health services such as Expanded Program of Immunization and child and maternal health.

While a strong community programme exists, there is a gap in monitoring the health status of 6-19 age group which needs to be strengthened. In addition, it is critical to review and revise the School Health Programme and establish adolescent health programmes in collaboration with the Ministry of Education for early prevention of NCDs through a life-course approach which will prevent early onset of NCDs. Empowering entire nation with appropriate health education throughout their life course is critical.

An overall health budget captures the costs for NCD prevention and control. There is no budget specifically allocated for NCDs prevention and control. Thus, effective health financing for an integrated approach for the prevention and control of NCDs including health system response at all levels of health services both in public and private should be emphasized and prioritized.

Surveillance, Research, Information and Education

One of the major challenges in Antigua and Barbuda is that there is no well-structured surveillance system established yet for monitoring main risk factors for NCDs and health trends in Antigua and Barbuda. In addition, Antigua and Barbuda has never conducted a national survey on risk factors (PanAm STEPS Survey) due to budgetary constraints. Data are collected and maintained mainly on paper-basis and not being effectively utilized for development of health policies, regulations and legislations in a timely manner. The surveillance system in Antigua and Barbuda has been established mainly capturing health information of communicable diseases

The current health information system does not allow health professionals to utilize patients' medical record for effective referral, discharge and follow ups at all levels of health services for improving health outcomes. Although opportunities for the country to conduct national and/or sub-national surveys are provided by different International Agencies such as PAHO, CARPHA, UNAIDS etc., from time to time, there is no budget allocated for development of surveillance, active research and public advocacy and education for NCDs prevention and control.

Coordination, Multisectoral Policies and Partnerships for Tackling NCDs

The traditional way of dealing with NCDs was physician-driven, disease-oriented, cure-focused and segmented treatment and care provided by different levels of health services. However, the nature of NCDs and their risk factors (tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity, and overweight/obesity) involves a complexity of social determinants of health which are beyond individuals' control. Approaches for NCDs prevention and control have been shifting from health sector-focused setting to non-health sector fully engaged settings.

There is no existing multisectoral NCDs prevention and control policy, framework and action plan in Antigua and Barbuda. It is urgently requested to establish and implement such a policy and action plan and promote integration of NCDs prevention in sectors outside of health, at the government level and conducted in partnership with a wide range of non-state actors, as appropriate, (e.g. agriculture, trade, education, labor, development finance, urban planning, environment and transportation). This requires strong leadership and commitment led by the Government, a high level of coordination among all concerned stakeholders, a wide range of proactive partnerships and multisectoral approaches via "Whole-of-Government" and "Whole-of Society") to combat NCDs.

In an effort to address the complexity of NCDs prevention and control, the Ministry of Health has appointed a National NCD and Wellness Committee Chaired by the Chief Medical Officer, and a National Non-Communicable Diseases (NCD) Focal Point to assist with the coordinated efforts and initiatives in preventing and controlling NCDs. The Ministry of Health gained strong commitment, support and partnerships from other Ministries, civil society, NGOs, Faith-based Organizations (FBOs), academic institute, private sectors, media, International Agencies such as PAHO, WHO, CARPHA, FAO, UNFPA etc. It is time for

Antigua and Barbuda to strengthen a high level coordination mechanism and its operation to maximize all efforts to improve the nation's health status.

LIMITATIONS AND CONSTRAINS

Following are identifying limitations and constraints:

Due to lack of experience in development and implementation of multisectoral policies, it is observed that these imitations and constraints exists.

- Lack of appreciation for multisectoral policy
- Need for national prioritization, collaboration and coordination
- Need for dedicated national financial commitment on NCD prevention and control

POLICY FRAMEWORK

The policy framework sets out the scope and positions on key strategic areas for the prevention and control of NCDs in Antigua and Barbuda. This section identifies the policy issues that will inform the policy.

SCOPE

This policy provides a strategic framework to support improving health outcomes for people at risk of, or living with, all NCDs (cardiovascular diseases, diabetes mellitus, cancer, chronic respiratory diseases), significant co-morbidities (overweight and obesity, mental health conditions, especially depression and dementia, and oral and renal diseases) and major risk factors (tobacco use, harmful consumption of alcohol, unhealthy diet, physical inactivity). It covers all sectors and involves all the main stakeholders in the prevention and control of NCDs in Antigua and Barbuda.

This Policy provides a framework within which the activities of the health sector can be coordinated to address health promotion, primordial, primary, secondary and tertiary prevention and control. It covers both the public and private sectors and involves all concerned main actors including various Ministries, civil society, NGOs, media, Faith-Based Organizations, academic institutes and professional associations.

The programmes for the prevention of NCDs must have a financial foundation to support and sustain their service. An appropriate allocation of the national budget must include funding for health promotion, prevention, management (treatment and control), sustainable surveillance system, and research and information dissemination. In addition, appropriate budget should be allocated for a National NCD and Wellness Commission, which is an oversight body for effective policy implementation.

The National NCD Prevention and Control Policy also reinforces the Government of Antigua and Barbuda and the Ministry of Health's compliance with Global and Regional Initiatives, Resolutions and Mandate such as:

- Alma Ata and Primary Health Care Declaration 1978
- Ottawa Charter on Health Promotion 1986
- WHO Global Strategy for Prevention and Control of NCDs (2000)
- WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020)
- WHO Global Monitoring Framework and Global Action Plan (2013-2020)
- WHO Framework Convention of Tobacco Control (2005)
- PAHO Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, 2007
- PAHO Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas (2013-2019)
- PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents, 2014
- United Nation NCD Resolution, 2010
- United Nation High Level Meeting: Political Declaration, 2011
- CARICOM Port of Spain Declaration, 2007
- Caribbean Cooperation in Health Phase III (CCH III): Regional Health Framework (2010 – 2015)

POLICY LEGISLATIVE FRAMEWORK

Legislation is an important mechanism for supporting initiatives to reduce the incidence of NCDs as well as to promote healthy lifestyle by controlling tobacco use, harmful alcohol consumption, elimination of trans-fat and reduction of salt and sugar consumption. The mental health and aging policies are important supporting elements as these conditions are related to NCDs. Some supporting policies and legislation include but are not limited to the following:

- Public Health Act, 1957
- The Pharmacy Act 2007
- Aging Policy 2012
- Mental Health Policy 2014
- Mental Treatment Act, 1957
- Food and Nutrition Security Policy 2012
- National Tobacco Control Act 2014 (draft)

VISION, MISSION, GOAL, CORE VALUES AND OBJECTIVES

The **VISION** of the National Policy for Prevention and Control of Non-communicable Diseases is to make all citizens and residents enjoy healthy, happy and productive lives free from NCDs.

The **MISSION** is to lead a collaborative effort that engages all stakeholders to effectively prevent, control and manage NCDs and their associated risk factors.

The **CORE VALUES** guiding this policy are:

- *Equity*

All persons will be treated and considered fairly and justly.

- ***Respect***
The dignity and diversity of all persons, groups and communities will be embraced and preserved.
- ***Sustainability***
Programs and interventions will be structured and implemented in a manner that ensures that they can be maintained.
- ***Solidarity***
There will be the promotion of shared interests and responsibilities and collective efforts to achieve common goals.
- ***Integrity***
Transparent, ethical and accountable performance will be mandated.
- ***Excellence***
All efforts will be made to ensure the highest quality programmes and interventions.

The **GOAL** of the NCD Policy is to reduce preventable morbidity and premature mortality due to NCDs and control of the risk factors attributed to these diseases.

The **OBJECTIVES** are to:

1. Promote healthy lifestyles by creating a supportive healthy environment;
2. Improve overall quality of life in persons with NCDs;
3. Reduce exposure to risk factors that contribute to NCDs;
4. Prevent and delay early onset of NCDs for individuals and population groups;
5. Reduce incidence and prevalence of NCDs; and
6. Reduce morbidity associated with NCDs.

GUIDING PRINCIPLES:

Having the guiding principles derived from key International Commitments, Resolutions, Mandates and Declarations, the Government of Antigua and Barbuda is committed to the following operational guiding principles:

1. Raising NCDs as a priority on the national health and development agenda;
2. Addressing the social and environmental determinants of health that impact NCDs through advocacy and action for a whole of society response;
3. Creating sustainable, coordinated efforts/initiatives to address the NCD epidemic in Antigua and Barbuda;

4. Promoting cost-effective interventions to reduce the risk factors for NCDs and health promotion through life-course approach such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol;
5. Promoting partnerships and resource mobilization for the prevention and control of NCDs re-orienting the primary health care (PHC) services response by applying an integrated conceptual framework for improving quality of care (such as Chronic Care Model); and
6. Monitoring NCDs and their complications and evaluating progress made at community and national levels.

PROCESS

With technical support provided by Pan American Health Organization (PAHO), the Ministry of Health started the process for development of a National Policy for Prevention and Control of NCDs with wide range of stakeholders, various Ministries (Ministries of Education, Agriculture, Social Transformation, Transport, and Trade), MBS, civil society, NGOs, Faith-based Organization, academic institute, private sector and media etc. A series of consultations and stakeholder meetings were conducted to identify progress made, challenges, existing gaps and opportunities for “Whole-of-Government” and “Whole-of-Society’ approaches to tackle NCDs epidemic in Antigua and Barbuda. Preparation of the documents involved review of existing policies and strategies, international key resolutions, strategic plans of various programmes and general literature review to identify cost-effective interventions. Various drafts of the policy documents were developed based on input/contributions made by all concerned stakeholders, reviewed, discussed, revised and finally validated at stakeholder consensus meeting.

GOVERNANCE AND LEADERSHIP

The Ministry of Health and Environment shall:

- Take the leadership role and responsibility for policy formation, resource mobilization and allocation within the health sector, and monitoring and evaluation of the overall health sector performance;
- Set national goals and targets for the prevention and control of NCDs;
- Strengthen an intersectoral approach to the development of programmes and services for the prevention and control of NCDs, including national guidelines and protocols to standardize care provided;

- Foster partnerships with other government agencies, international agencies, NGOs, academic institutes, private sector, Faith-Based Organizations and media to promote healthy lifestyles and a create sustainable healthy environment;
- Establish mechanisms for the effective implementation, monitoring and evaluation of the NCD Policy and Multisectoral Action Plan for the Prevention and Control of NCDs.

KEY STRATEGIES

Considering challenges and gaps identified in the area of NCD prevention and control in Antigua and Barbuda, the following strategic areas are selected and prioritized for achieving the policy objectives:

- **Strategic Area 1:**
Strengthening coordination and management of NCD prevention and control
- **Strategic Area 2:**
Healthy and active community through multisectoral policies and partnership
- **Strategic Area 3:**
NCD risk factors and protective factors
- **Strategic Area 4:**
Health system strengthening to NCDs and risk factors at all levels and all sectors
- **Strategic Area 5:**
Surveillance, research, information and education

IMPLEMENTATION, MONITORING AND EVALUATION FRAMEWORK

The policy implementation will be monitored and evaluated through the Monitoring and Evaluation Framework, which will cover all aspects of the policy. An action plan is developed to operationalize this policy. The management and oversight of policy implementation, monitoring and evaluation will be effected through a National NCD and Wellness Committee. A mid-term and end-of the term report will be developed and widely disseminated for further policy development.

MULTISECTORAL ACTION PLAN (2015-2019)

GOAL

The ultimate goal is to achieve a 20% relative reduction in preventable premature deaths due to NCDs in Antigua and Barbuda by 2019.

OBJECTIVES

- To strengthen coordination and management of NCD prevention and control;
- To promote integration of NCD prevention policies, frameworks and actions through multisectoral approaches;
- To reduce risk factors (tobacco use, harmful use of alcohol, physical inactivity, obesity) and promote healthy and active living for health and well-being;
- To strengthen the health system at all levels in public and private sectors which improves access to quality health services and financial risk protection; and
- To improve the quality and breadth of NCD and risk factor surveillance system and strengthen operational research for planning, monitoring, and evaluation of NCD-related policies and programs.

STRATEGIES

In consideration of challenges and gaps identified in the area of NCD prevention and control in Antigua and Barbuda, the broad strategies were discussed and agreed upon in line with the PAHO Regional Plan of Action for the Prevention and Control of NCDs. The key strategies identified for tackling NCD prevention and control in Antigua and Barbuda are:

Strategic Area 1:

Strengthening coordination and management of NCD prevention and control

Strategic Area 2:

Healthy and active community through multisectoral policies and partnership

Strategic Area 3:

NCD risk factors and protective factors

Strategic Area 4:

Health system strengthening to NCDs and risk factors at all levels and all sectors

Strategic Area 5:

Surveillance, research, information and education

RESULTS FRAMEWORK

Level	Objectives	Indicators/Target	Means of Verification	Critical Assumption
Goal	To achieve a 20% relative reduction in the mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (NCDs) by 2019	A 20% relative reduction of premature mortality due to NCDs by 2019	<ul style="list-style-type: none"> National Health Surveys (Mini STEPS Survey, GSHS etc.) Surveillance in health centers 	MoH will conduct national periodic health surveys
Strategy 1: Expected Results	Coordination and management of NCD prevention and control strengthened	<ul style="list-style-type: none"> National NCD Focal Point appointed and program for NCD prevention and control established National NCD and Wellness Commission established and operationalized 	<ul style="list-style-type: none"> Formal appointment and approval Budget allocated for NCD program (Budgetary report by the Ministry of Finance & Health) Activity Report 	National NCD and Wellness Commission approved and operationalized
Strategy 2: Expected Results	Multisectoral policies and partnerships developed and implemented	<ul style="list-style-type: none"> National multisectoral policies, frameworks, actions in at least 3 sectors outside the health sector at the government level and partnership with a wide range of stakeholders developed and implemented 	<ul style="list-style-type: none"> National NCD and Wellness Commission Annual Report PAHO/WHO Country NCD Capacity Report (Biannual) 	National NCD and Wellness Commission with clear Terms of Reference including rule of procedure prepared and finalized

<p>Strategy 3: Expected Results</p>	<p>NCD risk factors reduced and protective factors strengthened</p>	<ul style="list-style-type: none"> • Tobacco Control Act enacted • GSHS conducted for baseline and 2% relative reduction of harmful use of alcohol by 2019 (15+) • Policies/cost-effective interventions to reduce the impact on children of marketing of foods and non-alcohol beverages high in saturated fats, trans-fatty acid, sugars and salt implemented • Baseline survey conducted for mean salt intake (sodium chloride) in grams per day in persons aged 18 + • A 5% relative reduction of salt intake from baseline by 2019 • # of national campaigns, 	<ul style="list-style-type: none"> • National Health Surveys (PanAM STEPS Survey, Mini- STEPS, GSHS etc.) • 	<p>MoH secures appropriate budget for national, sub-national survey (PanAm STEPS, Mini- STEPS, GSHS etc.), implement, collect data and prepare report(s)</p> <p>Antigua and Barbuda has a mechanism to respond to risks in real time</p> <p>Regional institutional infrastructural (CARICOM, CHOSOD, PAHO, CARPHA) support and multisectoral policies in place</p> <p>MoH and MoE conduct national awareness campaigns on healthy diets and increasing physical activity.</p> <p>MoH(HID) oversight and implement national survey</p>

		<p>sensitizations, public education on salt reduction conducted</p> <ul style="list-style-type: none"> • Baseline survey (population-based survey) conducted to identify prevalence of insufficient adult physical activity • A 20% relative reduction in prevalence of insufficient physical activity among adolescents by 2019 		
Strategy 4: Expected Results	Health system response to NCDs and risk factors strengthened at all levels of health services and accessibility and quality improved	<ul style="list-style-type: none"> • A model of integrated management for NCDs implemented (e.g. CCM, WHO PEN) • List of available essential medicines for NCDs from MBS and OECS/PPS updated and available • At least 75% of patients with hypertension and diabetes controlled • A 15% relative reduction in age-standardized 	<p>Annual report of prevalence of overweight/obesity prepared</p> <p>Annual report of # of women received screening for cervical and breast cancer prepared</p>	<p>MoH established a National NCD prevention and control programme</p> <p>Commitment from MoF for appropriate budget for NCD prevention and control programme secured</p> <p>MoH implement an integrated management of NCD prevention and Control programme</p> <p>Stakeholders (NGOs, FBOs, private sectors) support and “buy-in” to the National NCD programme</p>

		<p>prevalence of raised blood pressure</p> <ul style="list-style-type: none"> • A 15% relative reduction in age-standardized prevalence of raised blood glucose/diabetes • A 5% relative reduction of age-standardized prevalence of overweight/obesity in persons aged 18+ by 2019 • A 5% relative reduction in age-standardized prevalence of overweight/obesity in school-aged children and adolescents by 2019 • A 80% of women (aged 30-49) received cervical cancer screening • A 80% of women (aged 50-69) received breast cancer screening 		<p>A mechanism for data collection at PHC and reporting established</p> <p>MoH developed National Guidelines and Protocol for cancer screening and management of risk factors for NCDs</p>
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		<ul style="list-style-type: none"> • At least 75% of eligible people received drug therapy and counselling to prevent heart attacks and strokes 		
Strategy 5: Expected Results	Sustainable NCD surveillance system established and collected data utilized for effective policy and program development	<ul style="list-style-type: none"> • A 20 % relative reduction in premature mortality from the 4 leading NCDs by 2019 • High-quality mortality data for the 4 main NCDs collected • Quality cancer incidence data, by type of cancer per 100,000 population collected • At least one nationally representative population survey by 2019 conducted • Regular reports with analysis on NCDs and risk factors produced and disseminated • Research agendas that include operational research studies on NCDs and risk factors for strengthening 	Annual report of NCD minimum data set prepared and submitted to PAHO and CARPHA	<p>MoH (HID) will establish systematic data collection mechanism (surveillance, survey) on mortality and morbidity due to NCDs.</p> <p>Appropriate human and financial resource will be allocated for surveillance.</p>

		evidence-based policies, program development set		
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Activity Plan

Strategic Line of Action 1:

Strengthening coordination and management of NCD prevention and control

(Impact: Coordination mechanism strengthened)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
1.1 Strengthen Multisectoral coordination and leadership for NCD prevention and control	1.1.1 Establish a National NCD program coordinated by Medical Officer Health (MOH)	Approved Cabinet paper	Implementation Agency: MoH Executing Agency : MoH, Cabinet of the Government of Antigua and Barbuda	2nd quarter, 2015	\$ 2,500
	1.1.2 Establish a NCD and Wellness Commission with clear Terms of Reference to coordinate response to NCDs	A responsible person appointed by the Ministry of Health	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2015	\$ 5,000
	1.1.3 Establish a Multisectoral Task Force to coordinate response	A responsible person appointed by Chairman of National NCD and Wellness Commission	Implementation Agency: MoH Executing Agency : MoH	3 rd quarter, 2015	\$2,500
1.2 Advocacy	1.2.1 Conduct public education campaign and advocacy on prevention and control of NCDs and risk factors	Policy and Plan of Action approved and disseminated	Implementation Agency: MoH Executing Agency : MoH, Govt	2 nd quarter, 2015	\$ 40,000

			Information Services (GIS)		
	1.2.2 Conduct dialogue with other sectors and NGOs in understanding policy and action plan and developing joint programmes for implementation	Policy and Plan of Action widely disseminated	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2015 (3months)	\$ 10,000
1.3 Strengthen resource mobilization	1.3.1 Establish an earmarked tax for prevention and control of NCD programmes	Approved Cabinet paper	Implementation Agency: MoH Executing Agency : MoH, Cabinet of the Government of Antigua and Barbuda, National Economic and Social Council	4 th quarter, 2015	\$ 25,000
	1.3.2 Establish diversion of existing taxes (sales tax from tobacco, snacks high in salt, trans fat, sugar etc.)	Approved Cabinet paper	Implementation Agency: MoH Executing Agency : Cabinet of the Government of Antigua and Barbuda, National Economic and Social Council	4 th quarter, 2015	\$ 20,000

(Currency in Eastern Caribbean Dollars)

Strategic Line of Action 2:

Healthy and active community through multisectoral policies and partnerships

(Impact: Multisectoral policies developed and implemented through wide range of partnerships)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
2.1 Strengthen Multisectoral policies and partnerships	2.1.1 Secure budgetary allocations for prevention and control of NCDs to be implemented via multisectoral approaches	Cabinet, NGOs, FBOs, private sectors allocated budget (including in-kind contributions)	Implementation Agency: MoH Executing Agency : MoH, MoF	2 nd quarter, 2015	\$ 2,000
	2.1.2 Develop and implement National multisectoral policy and plan for the prevention and control of NCDs	National multisectoral policy and plan approved and implemented	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2015	\$ 50,000
	2.1.3 Assess national capacity for prevention and control of NCDs	National Capacity for NCDs assessed	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2015	\$ 20,000
	2.1.4 Conduct effective resource mobilization via partnerships with various sectors including civil society, NGOs, media	Resources allocated for NCD prevention and control programmes	Implementation Agency: MoH Executing Agency : MoH	4 th quarter, 2015	\$ 5,000
	2.1.5 Establish an “Alliance” for health promotion, prevention and control for NCDs	Alliance established partnership with MSJMC, Med Ben, Insane Boot Camp,	Implementation Agency: MoH Executing Agency	4 th quarter, 2015	\$ 5,000

		Diabetes Association and Rotary Club	MoH		
	2.1.6 Develop structure year-long community-based prevention programme and implement via partnerships	Programmes established in collaboration with NGOs, FBO, private sector	Implementation Agency: MoH Executing Agency : NGOs, civil society	2 nd quarter, 2015	\$ 60,000
2.2 Advocacy	2.2.1 National campaigns to raise public and political awareness on NCD prevention and control conducted	Cabinet Committee engaged Public supported to combat NCDs as national priority	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2015	\$ 20,000

(Currency in Eastern Caribbean Dollars)

Strategic Line of Action 3:

NCD risk factors and protective factors

(Impact: Policies in place and implemented to reduce prevalence of risk factors and strengthen protective factors)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
3.1 Strengthen legislative framework and support	3.1.1 Revise and implement Public Health Act	Public Health Act enacted	Implementation Agency: MoH Executing Agency : Legal Affairs	1 st quarter, 2016	\$ 200,000
	3.1.2 1Revise and strengthen enforcement of Liquor Licensing Act	Liquor Licensing Act amended and enforced	Implementation Agency: MoH Executing Agency : Legal Affairs	2 nd quarter, 2015	\$ 200,000
	3.1.3 Assess, revise, develop and implement a National School Health Policy	School Health Policy approved and implemented	Implementation Agency: MoE, MoH Executing Agency : MoE, MoH	3 rd quarter, 2015	\$ 100,000
	3.1.4 Implement WHO FCTC (Tobacco Control Act.)	Tobacco Control Act enacted and enforced	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2015	\$ 400,000
	3.1.5 Develop Legislation on increased tax on foods in high fat, salt and sugar and utilize tax revenue for strengthening school health promotion (healthy diets,	Legislation developed, enacted	Implementation Agency: MoH Executing Agency : Legal Affairs	4 th quarter, 2015	\$ 400,000

	PA)				
3.2 Advocacy	3.2.1 Conduct sensitization and public awareness for alcohol-attributable burden and reduce the harmful use of alcohol and tobacco use	Political commitment and leadership engaged and public supported	Implementation Agency: MoH Executing Agency : MST&HRD	2 nd quarter, 2015	\$ 20,000
	3.2.2 Conduct national campaign for prevention and control of obesity (particularly focused on childhood obesity)	# of educational campaigns conducted and assessed	Implementation Agency: MoE, MoH, MoS Executing Agency : MoE, MoH, MoS	1 st quarter, 2016	\$ 100,000
	3.2.3 Conduct national campaign, sensitization and education on healthy diets and physical activity	# of educational campaigns conducted and assessed	Implementation Agency: MoE, MoH, MoS, MoA Executing Agency : MoE, MoH, MoS, MoA	2 nd quarter, 2015	\$ 20,000
3.3 Reduce risk factors and strengthen protective factors via cost-effective interventions	3.3.1 Analyze available data on breast feeding, identify the gaps and develop action plan for strengthening exclusive breast feeding	Report prepared and at least 70% of mothers exclusive breast feeding	Implementation Agency: MoH Executing Agency : MoH	3 rd quarter, 2015	\$ 5,000
	3.3.2 Incorporate recommendations for strengthening school feeding programs for prevention and control of diet-related diseases	Monitoring and evaluation conducted on school feeding programs	Implementation Agency: MoE, MoA Executing Agency : MoE, MoA	2 nd quarter, 2015	\$ 10,000
	3.3.3 Implement Child Friendly School Initiative to prevent and reduce obesity to protect children from marketing of foods and non-	At least 70% of schools joined and implemented the initiative	Implementation Agency: MoH Executing Agency :	2 nd quarter, 2015	\$ 400,000

	alcoholic beverages high in saturated fats, trans fatty acids, free sugars		MoH, MoE, MoA		
	3.3.4 Develop and implement cost-effective interventions on salt reduction at population level by using WHO Tool Kit for salt reduction	<p># of public and school education and training conducted on understanding food labeling and FBDG</p> <p>National salt targets for each food category identified</p> <p>Use of salt, saturated fat and sugars reduced</p> <p># of School Cafeteria Meals reviewed and reformed for reduction of salt intake</p> <p>A 5 % relative reduction of salt consumption in population by 2019</p>	<p>Implementation Agency: MoH, MoE</p> <p>Executing Agency : MoH, MoE, MoA</p>	1 st quarter, 2016	\$ 400,000

	3.3.5 Scale up open spaces for physical activity at school and community	Sporting facilities scaled up	Implementation Agency: MoS, MoH Executing Agency : MoS, MoE	4 th quarter, 2015	\$ 150,000
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(Currency in Eastern Caribbean Dollars)

Strategic Line of Action 4:

Health system strengthening to NCDs and risk factors at all levels

(Impact: Accessibility to quality of care and affordability for essential medications and technologies improved)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
4.1 Strengthen health system response to NCDs and risk factors at all levels	4.1.1 Implement and scale up a model of integrated management for NCDs (e.g. CCM, WHO PEN)	Chronic Illness Care Assessment conducted In-country audit conducted for quality of care and patients' satisfaction	Implementation Agency: MoH Executing Agency: MoH, CMO, MOH,PNO, SPHN, Quality Department-MSJMC	2 nd quarter 2015	\$ 100,000
	4.1.2 Develop tracking system for patients	Unique patient ID established and used in all levels of health services	Implementation Agency: MoH Executing Agency : MBS, MSJMC, HID	2 nd quarter, 2015	\$ 400,000
	4.1.3 Develop a mechanism for effective referral, discharge, follow-up and feed-back and implement	Guidelines and protocols for referral, discharge, feed-back and follow-up developed and in use	Implementation Agency: MoH Executing Agency : MOH, MSJMC, Private Healthcare Facilities	2 nd quarter, 2015	\$100,000
	4.1.4 Standardize and implement screening for NCDs (cancer, cardiovascular diseases, kidney diseases/failure etc.) and its	Screening for NCDs implemented	Implementation Agency: MoH Executing Agency : MOH, NGOs	2 nd quarter, 2015	\$ 400,000

	reporting format		(Partnership Donors)		
	4.1.5 Restructure and re-define existing primary health services in Antigua and Barbuda for integrated approach for NCD prevention and control	Restructured organizational chart with terms of reference	Implementation Agency: MoH Executing Agency : MoH/MOH	1st quarter, 2016	\$ 5,000
4.2 Continue empowering patients and strengthen community linkage	4.2.1 Provide health education and promotion for all and counselling for patients with NCDs and their family with healthy lifestyle education (diet, PA, maintain healthy weights, quit smoking etc.)	# of health education provided	Implementation Agency: MoH Executing Agency : MoH/HID	2 nd quarter, 2015	\$ 50,000
	4.2.2 Promote timely and specific medical interventions (patients and providers) for management and care for NCDs	At least 75% of patients with CVDs and DM received effective drug therapy and counselling	Implementation Agency: MoH Executing Agency : SPHN, CMO, Private Healthcare Facilities, DPS	2 nd quarter, 2015	\$ 100,000
	4.2.3 Improve patients adherence to medications, follow-up care through health education	CCP being utilized and patient record updated	Implementation Agency: MoH Executing Agency : MoH/CMO, SPHN	2 nd quarter, 2015	\$ 500,000
4.3 Scale up health professionals skills and	4.3.1 Provide continued training for health professionals to effectively deal with NCD prevention and control	# of training provided	Implementation Agency: MoH Executing Agency : MOH, (Partnership	2 nd quarter, 2015	\$ 500,000

motivation			Donors)		
	4.3.2 Provide incentives and motivational packages for health care providers	Packages developed and approved	Implementation Agency: MoH Executing Agency : MOH, MOT	1 st quarter, 2016	\$ 10,000

(Currency in Eastern Caribbean Dollars)

Strategic Line of Action 5:

Surveillance, research, information and education

(Impact: High quality mortality data due to major NCDs collected and a 20% relative reduction in premature mortality from the 4 leading NCDs achieved by 2019)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
5.1 Strengthen sustainable NCDs surveillance system	5.1.1 Conduct assessment for capacity of health professionals and quality of existing data	Assessment report produced	Implementation Agency: MoH Executing Agency : MOH ,HID	2 nd quarter, 2015	\$ 5,000
	5.1.2 Provide training for health professionals to collect and report quality data routinely.	# of training sessions conducted	Implementation Agency: MoH Executing Agency : MOH, HID	4 th quarter, 2015	\$ 15,000
	5.1.3 Conduct training and implement National Population-Based Survey (PanAM STEPS, Mini-STEPS etc.)	# of training sessions conducted, resources secured and survey implemented	Implementation Agency: MoH Executing Agency : MoH, PAHO, CARPHA	4 th quarter, 2015	\$ 1,000,000
5.2 Secure appropriate budget allocated for sustainable surveillance	5.2.1. Secure appropriate budget allocation for establishment of sustainable surveillance system for NCDs and monitoring risk factors	Budget allocated for surveillance on NCDs and risk factors	Implementation Agency: MoH Executing Agency : MoH, MOH	2 nd quarter, 2015	\$ 400,000

system	5.2.2 Obtain support from various sectors such as academia to strengthen surveillance system	Support obtained (including in-kind contributions)	Implementation Agency: MoH Executing Agency : MoH, MOH	1 st quarter, 2016	\$ 400,000
	5.2.3 Secure appropriate resources for development of Chronic Diseases Registries (Cancer Registry)	Budget allocated for establishment of cancer registry Cancer Registry established and in operation	Implementation Agency: MoH Executing Agency : MoH, MOH	2 nd quarter, 2016	\$ 600,000
5 Advocacy	5.3.1 Develop communication strategy for sensitization of surveillance on NCDs and risk factors	# of national sensitization, advocacy, public education conducted	Implementation Agency: MoH Executing Agency : MoH, MOH	2 nd quarter, 2015	\$ 50,000
	5.3.2 Conduct national sensitization for surveillance and national survey on NCDs and risk factors	# of national sensitizations conducted	Implementation Agency: MoH Executing Agency : MoH, MOH	4 th quarter, 2015	\$ 100,000
	5.3.3 Utilize the media (audio, visual) to reach out entire population	# of media being utilized	Implementation Agency: MoH Executing Agency : MoH, Communication Specialist	3 rd quarter, 2015	\$ 15,000

(Currency in Eastern Caribbean Dollars)

Implementation

Role of Ministry of Health and Environment

The Ministry of Health and Environment is the lead agency for intersectoral collaboration for the implementation of the multisectoral policies and plans on NCD prevention and control.

1. Strengthen an intersectoral approach to the development of programmes and services for the prevention and control of NCDs, including national guidelines and protocols to standardize care provided;
2. Foster partnerships with other government agencies, Regional and International Agencies, NGOs, academic institutes, private sector, Faith-Based Organization, media to promote healthy lifestyle and create sustainable healthy environment;
3. Establish mechanisms for the effective implementation, monitoring and evaluation of the NCD policy;

Roles of National NCD and Wellness Commission

1. The Ministry of Health will transform existing National NCD and Wellness Committee to the National NCD and Wellness Commission which will be approved by the Cabinet.
2. A National NCD & Wellness Commission will be the body responsible for the oversight of implementation, monitoring, evaluation and dissemination of the findings (report).
3. A Chairman of the Commission will report recommendations and advise to Minister of Health via Chief Medical Officer.

Monitoring and Evaluation

1. The management and oversight of this plan will be effected through a National NCD and Wellness Commission on NCD prevention and control. Data collection to monitor implementation of this Plan of Action will be included as part of the national monitoring system. In addition, data will be collected through PanAm STEPS Survey, mini-STEPS, GSHS, and other available data collection mechanisms on a routine basis.
2. Output indicators and means of verifications will be collected through different data sources.
3. A baseline survey will be needed in order to establish several of the indicators and to evaluate relative reduction. Accordingly, progress will be evaluated every two years.

Summary Budget

This summary budget needs to be completed based on discussions and agreement with all concerned stakeholders.

Action	Source of Funding				Unfunded Budget	Funded Budget	Total Budget
	MoH	MoE	MoA	NGO Others			
S1: Strengthening coordination and management of NCD prevention and control							105,000
S2: Healthy and active community through multisectoral policies and partnership							162,000
S3: NCD risk factors and protective factors							2,405,000
S4: Health system strengthening to NCDs and risk factors at all levels							2,165,000
S5: Surveillance, research, information and education							2,585,000
Total Budget							7,422,000

(Currency in Eastern Caribbean Dollars)

3 Acknowledgements

The Ministry of Health and Education wishes to express its appreciation for the support rendered by the various stakeholders in planning, developing and finalizing this National Policy for the Prevention and Control of NCDs and its Multisectoral Action Plan (2015-2019).

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ANNEX 1: Policy links for NCD prevention and control with various sectors

The table below connects the response to NCDs with the priorities of other sectors, making these links explicit and preparing for harmonization of policies across sectors.

Sector	Policy Links
Finance and Trade	<ul style="list-style-type: none"> • Approving dedicated staff and budget for NCD's. • Granting concessions on monitoring equipment to persons with NCD's • Endorsing Trade treaties supporting ban of trans fat
Social Policy	<ul style="list-style-type: none"> • Ensuring the equity of access to prevention and care for services related to NCDs • Reducing the disparities in burden of NCDs among people of different social class (defined by age, sex, income, occupation, education, and geographic location)
Education	<ul style="list-style-type: none"> • Enhancing the academic performance of school children through promotion of healthy behaviours • Strengthening the work on health promoting schools and related activities to improve the health of students, teachers using the Food Based Dietary Guidelines • Finalizing the Draft Health and Family Life Education Policy
Agriculture, Lands & the Environment	<ul style="list-style-type: none"> • Ensuring food availability and security as outlined in the Food and Nutrition Security Policy. (e.g. introduction of new fruits and vegetables for agriculture, promotion of local products) • Promoting the messages of the Food Based Dietary Guidelines
Civil society	<ul style="list-style-type: none"> • Work with civil society and women's groups to enhance the social norms to adopt behaviours that reduce the risk of NCDs • Empower individuals and communities to manage and cope with existing burdens of NCDs through education, self-management to enjoy improved health and wellness.
Private sector	<ul style="list-style-type: none"> • Seeking opportunities for work place health promotion extending the concept of occupational health to cover the prevention of NCDs • Seeking opportunities for consultation and cooperation where appropriate (e.g. physical activity promotion, salt reduction, food product reformulation) • Seeking opportunities for resource mobilization (financing) • <u>Setting standards and enforcing these as and where appropriate</u>
Health	<ul style="list-style-type: none"> • Developing the capacity for health policy makers and civil society to understand the policy concerns of other sectors and to engage in meaningful and lasting dialogue • Health in All Policies takes into account health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. It ensures that the health implications of all policies are considered in the policymaking process, regardless of the sector in which the policies are being developed. It recognizes that public policies and decisions made in policy areas other than health have a significant impact on population health and health equity.

ANNEX 2: Summary of Responsible Organization for the Prevention and Control of NCDs and Risk Factors

Stakeholders address Risk Factors	Tobacco	Unhealthy Diet	Harmful use of alcohol	Physical inactivity
Ministry of Health & Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Education, Science & Technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Agriculture, Lands, Fisheries and Barbuda Affairs	<input type="radio"/>	<input type="radio"/>		
Ministry of Trade, Commerce, Industry, Sports, Culture & National Festival	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Foreign Affairs & International Trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ministry of Information, Broadcasting, Telecommunication & Information Technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Public Utilities, Civil Aviation & Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Tourism, Economic Development, Investment & Energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Legal Affairs, Public Safety, Immigration and Labor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Works & Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Social Transformation & Human Resource Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Finance & Corporate Governance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NGOs, FBOs, Civil Society, Private Sectors, Academic Institute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International Organizations: PAHO/WHO, UNCEF, FAO, UN Women, WTO, UNFPA, UNDP, CARPHA, IICA, JICA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANNEX 3: Summary of Stakeholder Analysis

Assumption of potential collaboration to tackle NCD prevention and control

Stakeholder	Institutional Interest	Capacity (Human, Financial & Technical resources)	Political Influence	Motivation to Produce Change	Possible Actions
Government: Ministry of Health & Environment	Promote and support risk factors reduction, protective factors strengthening for prevention and control of NCDs and health improvement and overall wellness	H: Medium F: Medium T: High	High	Strengthening multisectoral policies and actions for an integrated approach for prevention and control of NCDs	Provide adequate resources (human, financial, technical); Provide leadership and coordination
Government: Ministry of Education, Science & Technology	Promote students' performance by eliminating risk factors which might cause absenteeism, bullying, lack of interest in academics	H: Medium F: Low T: Medium	Medium	Strengthen holistic approach for human development for Antigua and Barbuda	Provide a setting for supportive environment for children and network with community
Government: Ministry of Agriculture, Lands, Fisheries and Barbuda Affairs	Promote and support creating healthy food environment (food and nutrition security-food safety, availability, accessibility, affordability)	H: High F: Low T: High	Medium	Strengthen infrastructure development for food production for all	Provide leadership and technical support for agricultural development
Government: Ministry of Trade, Commerce, Industry, Sports, Culture & National	Reduce national and regional importation level of	H: Low F: Medium T: High	Medium	Creating a culture encompassing health, physical activity and	Provide technical support for implementation of the

Festival	unhealthy, energy-dense processed foods high in sugar, salt, trans fat			healthy eating	multisectoral action plan
Government: Ministry of Foreign Affairs & International Trade	Ensure that health, trade, agriculture sectors executing the policy in accordance with multilateral, regional standards and WTO trade agreement	H: Medium F: Medium T: Medium	High	Strengthen compliance of the national products and importations in line with WTO	Provide implementation support
Government: Ministry of Information, Broadcasting, Telecommunication & Information Technology	Sensitize nation by disseminating policy, health information, messages	H: Medium F: Medium T: High	High	Increasing awareness of healthy lifestyle and prevention and control of NCDs	Provide health information to various sectors both private and public
Government: Ministry of Legal Affairs, Public Safety, Immigration and Labor	Ensure Public Health Act. to be revised and in place and domestic Tobacco Control Legislation enacted	H: Low F: Low T: Medium	High	Ensuring Antigua and Barbuda legally comply with Regional (Port of Spain Declaration) and International Conventions	Provide timely technical review of legislations related to NCDs to facilitate the approval process
Government: Ministry of Social Transformation & Human Resource Development	Promote social safety net for vulnerable population to ensure access to healthy foods	H: Low F: Medium T: Medium	Medium	Strengthen community linkage to address NCDs and risk factors	Provide access to families at risk and share assessment and referral mechanism to other sectors and agencies
Ministry of Finance & Corporate Governance	Ensure appropriate budget allocations for cost-effective programmes for NCD	H: Medium F: Medium T: High	High	Executing the national budget for cost-effective impact	Provide financial support for cost-effective programme on NCD prevention and control

	prevention and control				
International Organizations: PAHO/WHO, UNCEF, FAO, UN Women, JICA, IICA, WTO, UNFPA, UNDP, CARPHA, CARDI, CLAC,	Promote and provide health for all and human and social development	H: High F: Medium T: High	High	To achieve ultimate UN Goal	Provide technical support and guidance and resource mobilizations
Civil Society Groups Diabetes Association, Breast Friends, Association of Persons with Disabilities, Rotary Club, FBOs, Lion Club	Promote and support risk factors reduction, protective factors strengthening for prevention and control of NCDs through community out reach	H: Low F: Low T: Medium	High	Strengthening multisectoral policies and actions through community-based networking	Provide advocacy and support for people living with NCDs Provide partnerships, resource mobilization and networking
Private Sectors Banks, private companies, Hotels, Restaurants, Chambers of Commerce , Insurance, retail and whole sellers, distributors	Ensure high level of productivity Make a profit by reducing medical costs due to NCDs Health and well-being of the nation	H: High F: High T: High	High	Increase cooperate image	Provide sponsorships and partnerships for NCD prevention and control programme
Academia AUA, UWI (Medical School, Schools of Public Health and Epidemiology) Other universities and research institutes	Conduct research for evidence-based decision making	H: High F: Medium T: High	Medium	Contribute to reduce premature deaths due to NCDs and risk factors via research	Provide technical support for research, education and publication on NCDs prevention and control

ANNEX 4: REFERENCE

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