

# **Ministry of Health**

## **Barbados**

National Action Plan for the Prevention  
and Control of Non-communicable  
Diseases (NCDs)

2015–2019



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## List of acronyms

BAMC	Barbados Agricultural Management Company, Ltd
BAMP	Barbados Association of Medical Practitioners
BDS	Barbados Drug Service
BNR	Barbados National Registry for Chronic Non-communicable Disease
BNSI	Barbados National Standards Institute
CARPHA	Caribbean Public Health Agency
CDRC	Chronic Disease Research Centre
CVD	Cardiovascular disease
CARICOM	Caribbean Community
CME	Continuing medical education
CROSQ	CARICOM Regional Organisation for Standards and Quality
FBO	Faith-based organisation
FCTC	Framework Convention on Tobacco Control
FP	Focal point
FMS	Faculty of Medical Sciences
FTE	Full-time equivalent
GIS	Government Information Service
GSHS	Global School Health Survey
H&SFB	Heart & Stroke Foundation of Barbados
HBV	Hepatitis B vaccine
HIS	Health Information System
HotN	Health of the Nation
HPU	Health Promotion Unit
MAFFW	Ministry of Agriculture, Food, Fisheries & Water Resource Management
M&E	Monitoring and evaluation
METI	Ministry of Education, Science, Technology & innovation
MFE	Ministry of Finance and Economic Affairs
MH	Ministry of Health
MPH	Master of Public Health
NCD	Non-communicable disease
NNC	National Nutrition Centre
NNCDC	National NCD Commission, Barbados
NTFPA&E	National Task Force on Physical Activity & Exercise
PAHO	Pan American Health Organization
POS	Port of Spain
QEH	Queen Elizabeth Hospital
SOP	Standard operating procedure
SSB	Sugar-sweetened beverage
TCDPO	Town & Country Development Planning Office
UWI	The University of the West Indies
WHO	World Health Organization
WWP	Workplace wellness programme

## Executive summary

Barbados has the lowest age-adjusted death rate from non-communicable diseases (NCDs) in the Caribbean Community (CARICOM). Despite this, however, mortality from the main CVDs affecting the island's population and prevalence of risk factors for most NCDs is high, particularly in those aged < 60 years. The Barbados Ministry of Health (MH) is aware that NCD control cannot be the responsibility of the MH alone, and is therefore refocusing healthcare service delivery towards a model of chronic care for the population, with a strong emphasis on a coordinated response through partnerships with other sectors of the government, civil society and the private sector.

The NCD response covers four main areas: (1) strengthening strategic management; (2) surveillance and research; (3) integrated disease management and patient education; and (4) risk factor reduction. The target is to reduce premature mortality from NCDs by 25% by 2025 as well as to diminish the avoidable, costly morbidity from NCDs. This Action Plan, like the Strategic Plan, stems from the priority of the Barbados MH to develop a patient-centred, equitable, efficient, accessible, high-quality health care system. The MH's NCD response is led by the NNCDCC through a combined and collaborative approach to the guiding principles, encompassing "all-of-government, all-of-society".

This NCD Action Plan outlines the activities required annually for the MH and its partners to take to effectively tackle NCDs in Barbados during 2015–2019. The activities have been translated from the Barbados Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2015–2019, prepared by the National NCD Commission (NNCDCC) and the MH. Activities are outlined in tabular format, for each strategic line of action by year. The Appendix provides a brief outline of each year's activities required by all four strategic plans. In this way the Action Plan provides the "road-map" to operationalising the Strategic Plan, including a checklist of performance indicators for measuring whether the activity has been achieved.



## Development of the action plan

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### Introduction and rationale

Although the age-adjusted death rate from non-communicable diseases (NCDs) in Barbados, at 363 per 100,000 per year, is the lowest in the Caribbean Community (CARICOM), it is still 37% higher than that of Canada.<sup>1</sup> In addition, in Barbados about 20% of these deaths occur prematurely<sup>2</sup> (i.e. in persons under the age of 60 years). The Ministry of Health (MH) spearheaded a national, population-based registry for surveillance of the three NCDs causing most of the mortality in Barbados (stroke, heart attack and cancer). Latest data from the cardiovascular disease (CVD) components of this registry show that although heart attack incidence and death rates have been stable between 2009 and 2013, the mortality was about three times higher than that for a similar population in the US. Further, stroke mortality in 2015 was significantly higher than it was in 2009.<sup>3</sup> The most up-to-date national data on the prevalence of NCD risk factors in adults aged at least 25 years are from a recent national, cross-sectional survey commissioned by the MH (the “Health of the Nation” Survey, HotN). Although the population in Barbados has low prevalence of daily tobacco smoking (11% in men; 5% in women), results show high rates, particularly in women, of diabetes (16% men; 21% women), hypertension (19% men; 33% women) and obesity (23% men; 43% women) across all age-groups. Almost everyone surveyed (92% men; 89% women) consumed fewer than five daily portions of fruit and vegetables, while 30% of men and 67% of women were physically inactive.<sup>4</sup>

The high mortality from the main CVDs affecting Barbados and the high prevalence of risk factors for most NCDs in the population underscore the priority given to their prevention and control by the MH. This NCD epidemic is fueled not just by personal factors like health literacy, gender, education, employment, or individual income, but also is affected more broadly by factors like globalization, international trade and economic development, which have a high impact on a small-island state such as Barbados. In addition, the transportation, food and work environments are not all currently conducive to NCD prevention and control. Combatting NCDs cannot therefore be the responsibility of the MH alone: an “all-of-government, all-of-society”

approach is required to effectively diminish the grip NCDs have on the nation. A health ministry may provide health education and promotion for a population, in which smoking cessation, consumption of a healthy diet and increased physical activity are advocated. But the MH must work together with other governmental sectors and civil society to enable and support healthy behaviours in the population, by ensuring there are healthy options available at reasonable prices, accessible, safe and green spaces for individuals to exercise, and laws in place to ensure a clean and safe environment, free of excessive pollution and tobacco smoke. In addition, the MH will strive towards refocusing healthcare service delivery towards a model of chronic care for the population, with a strong emphasis on a coordinated response through partnerships with other sectors of the government, civil society and the private sector.

This NCD Action Plan outlines the steps required annually for the MH and its partners to take, supported by the Pan American Health Organization/World Health Organization (PAHO/WHO), over the 5 years from 2015 to 2019, in order to effectively tackle NCDs in Barbados. These steps have been translated from the Barbados Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2015–2019, prepared by the National NCD Commission (NNCDC) and the MH.<sup>5</sup>



## Scope

The Strategic Plan for NCDs in Barbados outlined an NCD response covering four main areas: (1) strengthening strategic management; (2) surveillance and research; (3) integrated disease management and patient education; and (4) risk factor reduction. The Strategic Plan describes a target of reducing premature mortality from NCDs by 25% by 2025 as well as reducing avoidable, costly morbidity from NCDs. The seven key priorities listed in the Strategic Plan for controlling NCDs at the national level are:

1. Control raised blood pressure to target
2. Reduce physical inactivity
3. Reduce salt intake
4. Reverse the upward trend in obesity
5. Stop the increase in incidence of diabetes
6. Reduce harmful use of alcohol
7. Promote abstinence from all forms of tobacco

This Action Plan therefore focuses on the above seven priorities under the four main NCD response areas.

## Relationship to existing strategies and declarations

The Barbados Action Plan was born out of the Barbados Strategic Plan, which itself was grounded in the principles articulated in the Caribbean Charter for Health Promotion and aligned with the overall strategic direction of the MH. The Strategic Plan was derived from several key national, regional and international declarations for NCD prevention and control (e.g. the Declaration of Port of Spain, 2007; the Political Declaration of the United Nations High Level Meeting on NCDs, 2011). Together these declarations and frameworks highlighted the links between the main NCD risk factors and various individual (gender, socioeconomic, behavioural) and country-specific (political, environmental) determinants. They have also called for an integrated and multi-sectoral approach to NCD control, utilizing surveillance and promoting equitable access to adequate and cost-effective prevention and treatment through integrated NCD management.

## **Guiding principles**

This Action Plan, like the Strategic Plan, stems from the priority of the Barbados MH to develop a patient-centred, equitable, efficient, accessible, high-quality health care system. The MH's NCD response is supported and led by the NNCCDC by these guiding principles through a combined and collaborative approach, encompassing "all-of-government, all-of-society", which includes private, public and civil society sectors.

## Plan of action 2015–2019

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### Goal

The goal of this Plan of Action is to enable the Barbados Ministry of Health (MH) to reach its targets of reducing premature mortality from NCDs by 25% by 2025 and reducing the avoidable, costly morbidity from NCDs. This will be done by providing a framework of active steps to be taken by the MH and its partners during 2015–2019 to fully operationalise the Strategic Plan.

### Strategic lines of action

There are four strategic lines of action, which are listed with their objectives below.

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Strategic lines of action	Objectives
1: Strengthening strategic management	To facilitate and implement an effective and efficient “all-of-society” and “all-of-Government” national response to NCDs and their risk factors, inclusive of adequate financial and human resources
2: NCD surveillance and research	To continue strengthening Barbados’ capacity for high quality surveillance of (data management, analysis and reporting) and relevant research on chronic diseases, their risk factors, social determinants and consequences to enhance the capacity for monitoring and evaluation of the impact of public health interventions
3: Integrated disease management	To facilitate and support strengthening the capacity and competencies of the health system for the integrated management of chronic diseases
4: Risk factor reduction	To develop and implement public policies and programmes, supported by adequate resources and a comprehensive communication strategy and programme, to facilitate risk factor reduction interventions

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Each Strategic line of action is presented on the following pages in tabular format, listing numbered activities per year, performance indicators, partners and cost. Where activities are repeated in subsequent years, the original number of that activity is indicated in parentheses, but it is also counted as a separate activity.



## Action 1: Strengthening strategic management

### Strategic line of action 1: Strengthening strategic management

**Objective:** To facilitate and implement an effective and efficient “all of society” and “all of Government” national response to NCDs and their risk factors, inclusive of adequate financial and human resources.

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Lobby government for passing of new notifiable diseases act including CVDs	CVD added to notifiable diseases list; new act passed by end 2017	MH, UWI, Attorney General's Office		1 Barbados Drug Service (BDS) lecture; 2 Town Hall meetings
	2. Preparation of Annual Report for the NNCD	Dissemination of the report	MH, NNCD		Prepared by Deputy Chair and electronically distributed
	3. Review seminar on evaluation of POS NCD Summit Declaration in 2013 and 2014	Review report produced	MH, UWI, NNCD		
	4. Complete evaluation of financial expenditures for NCD prevention and control	Report completed by mid-2016	UWI CDRC, MH, UN Task Force team		Input from Planning Unit
2016	5. (1) from 2015	CVD added to notifiable diseases list; new act passed by end 2017	MH, UWI, Attorney General's Office		1 BDS lecture; 2 Town Hall meetings
	6. Biannual high level meeting among senior management of MH and NNCD	Monthly multi-sectoral National NCD Commission Meeting minutes available within 30 days of meeting, and Action Points distributed within a week of the meeting	MH, NNCD	-	Half-day meeting
	7. Establish biannual forum for Medical Officers of Health to meet with NNCD	First forum conducted by end 2016	MH, NNCD	-	Half-day meeting
	8. Identify mechanisms to strengthen MH/NGO stakeholder engagement	Policy to guide relationship with health NGOs and the MH published and implemented by end of 2016	MH, NNCD	-	No post for NGO desk exists – to be done by HPU and Planning Unit

Action 1: Strengthening strategic management

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
<b>2016 cont'd</b>	<b>9.</b> Hire consultant for evaluation of Strategic NCD Plan 2009–2012	Draft by end of 2016, with final valuation report completed by mid-2017	MH, NNDCDC	\$10,000	
	<b>10.</b> Complete NCD health manpower needs projections	Completion of working document by end of 2016	MH, NNDCDC	-	In progress by Planning Unit
<b>2017</b>	<b>11.</b> (1) from 2015	CVD added to notifiable diseases list; new act passed by end 2017	MH, UWI, Attorney General's Office		1 BDS lecture; 2 Town Hall meetings
	<b>12.</b> (6) from 2016	Reports from two meetings per year	MH, NNDCDC	-	Half-day meeting
	<b>13.</b> (7) from 2016	Reports from two fora per year	MH, NNDCDC	-	Half-day meeting
	<b>14.</b> Hire consultant to evaluate performance of NGOs vs subventions, including Heart and Stroke Foundation (HSFB) and Diabetes Foundation	Evaluation of either HSFB or BDF completed by end of 2017	MH, NNDCDC, H&SFB or BDF	\$10,000	
	<b>15.</b> NNDCDC to conduct seminar/meeting/consultation with strategic partners (especially NGOs) to discuss NCD prevention and control measures	Documentation of effective approaches to more fully engage "all-of-Government" and "all-of-society"; e.g. inter-ministerial committee, NNDCDC	MH, NNDCDC	\$5000	Half-day seminar with refreshments
	<b>16.</b> Hire staff member to strengthen SMOH NCD Office to liaise with polyclinics for obtaining data in order to prepare regular NCD reports	Monthly reports of NCD patients seen in polyclinics prepared by SMOH NCD Office	MH, NNDCDC		One person hired for half a day a week (0.25 FTE)

Action 1: Strengthening strategic management

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2018	17.(6) from 2016	Reports from two meetings per year		-	Half-day meeting
	18.(7) from 2016	Reports from two fora per year		-	Half-day meeting
	19.(14) from 2017	Evaluation of either HSFb or BDF completed by end of 2018		\$10,000	
	20.Training of PHC staff in relevant new diagnostic areas using evidence from BNR/HotN	At least one CME-accredited training session per year		\$7500	\$75 per person x 100 (includes refreshments)
	21.Training of medical records clerks in documentation and reporting of NCDs	At least one training session per year		\$1500	Four half-day seminars with refreshments
	22.Training for chronic care model implemented in at least two polyclinics with initial two external introductory meetings; follow-up meetings at polyclinics	Resources and training secured to ensure training and implementation by end of 2018	MH	\$750	At least 4 meetings with doctors, nurses, rehab, podiatrists, etc.; first with refreshments, rest in-house without
2019	23.(6) from 2016	Reports from two meetings per year	MH, NNCCDC	-	Half-day meeting
	24.(7) from 2016	Reports from two fora per year	MH, NNCCDC	-	Half-day meeting
	25.Building capacity in public health leadership, strategic planning, monitoring and evaluation of health sector performance	At least one CME-accredited training session per year	MH, PAHO/CARPHA	\$10,000	One 1-day CARPHA-run M&E seminar in Barbados

## Action 2: NCD surveillance and research

### Strategic line of action 2: NCD surveillance and research

**Objective:** To continue strengthening Barbados' capacity for high quality surveillance (data management, analysis and reporting) and relevant research of chronic diseases, their risk factors, social determinants and consequences; to enhance the capacity for monitoring and evaluation of the impact of public health interventions.

**Targets:** Morbidity and mortality rates from NCDs reduced

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Assist BNR in creating more efficient modes of data collection from QEH, to permit more complete data collection from the private sector	Improved timeliness of BNR reporting; increased proportion of cases notified from the private sector from 2016	MH, QEH, UWI, NNCCDC, BAMP		- Partly achieved in 2014–2015 (BNR Annual Reports 2011–13 delivered in 2014; electronic data collection from QEH to begin Jan 2016)
2016	2. Agreement for services with QEH (e.g., to operationalise the cardiac suite)	Reduced mortality from CVDs by 2018	MH, QEH, UWI		- Stroke Unit continues fully functional operation; cardiac suite functional by end of year
	3. Establish guidelines for utilising NCD data, including regular audit/review of NCD surveillance system	Completed audit report (surveillance system evaluation) by end of 2016	MH, QEH, UWI, NNCCDC	\$5,000	Required to ensure relevance of data and timeliness of reporting and to encourage data use; EPIET Fellow recruited to perform evaluation from European CDC
	4. Establish a policy review committee to be held responsible with policy development from and implications of NCD surveillance data	Policy review committee established and action taken on at least one NCD or risk factor by end of each year	MH, QEH, NNCCDC	\$1000	



Action 2: NCD surveillance and research

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2017	5. Provide continuous funding for the BNR	BNR funding added as a line item to MH budget	MH, QEH, UWI, NNDC	\$650,000 pa	Essential to perform monitoring and evaluation of interventions in the future
	6. Improve efficiency of mortality data collation, analysis and reporting from MH to CARPHA	At least two persons in MH trained in statistical analysis and reporting of mortality data	MH	\$50,000	
	7. Health Information Policy planned, adopted and implemented to strengthen HIS, data management, analysis and reporting in the public healthcare sector	Published health information policy and plan by MH; with routine reporting from QEH on NCD burden, service utilisation and costs, and electronic discharge summaries; and routine reporting from polyclinics on attendance for NCD clinics, BP checks, HbA1c testing and results	MH, polyclinics, QEH, NNDC	\$450,000	
	8. Repeat the Health of the Nation Survey	Final report for HotN2 completed by end of 2019	MH, UWI	\$450,000	HotN2 starts in 2017
2018	9. Define, initiate and participate in NCD research projects	Research agenda updated; published research in peer-reviewed journals, public lectures and the popular media	MH, QEH, UWI, NNDC, BAMP, health NGOs, CARPHA, CARICOM, PAHO	\$5000	Public lecture; publishing of one article per year
	10. Define working group to ensure timely preparation of annual morbidity and mortality reports	Timely annual morbidity and mortality reporting (by gender) for international agencies (CARPHA, PAHO/WHO), including minimum NCD dataset	MH, UWI, QEH, NNDC		- Working group comprises new NCD Project Officer (PO), Biostatistician and Records Officer
	11. Implementation of selected modules of HIS from primary through to tertiary healthcare	Electronic capture of discharge summaries from QEH, with QEH reports on NCD burden, service utilization and costs	MH, QEH, NNDC		-

Action 2: NCD surveillance and research

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2019	12. Designation of officer for preparation of reports on surveillance system and capacity assessment	Standardized reports produced of in-country assessment of NCD surveillance system and capacity	MH, NNDCDC	-	NCD Officer with new PO
	13. Incentive for private practitioners for reporting acute MI, stroke and cancer to the BNR: reduced entry fee to CME-accredited BNR seminars	Increased reporting of key NCDs to BNR from private sector	MH, UWI, NNDCDC		Call in to BNR Hotline or email BNR to notify cases for up to \$20 entry fee reduction for private physicians

### Action 3: Integrated disease management

#### Strategic line of action 3: Integrated disease management

**Objective:** To facilitate and support the strengthening of the capacity and competencies of the health system for the integrated management of chronic diseases.

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Review patient component of chronic care model and distil self-management information for patients in a user-friendly format	Preparation of passports, brochures, leaflets, flyers by end of 2016	MH	\$100,000	
	2. Determine elements of chronic care model for implementation; provide necessary resources – staff, training, equipment	Effective management structure based on the chronic care model implemented in 50% of polyclinics by end of 2017	MH	\$5,000	Refreshments for four polyclinic training sessions (two per year)
	3. Strengthen HPV vaccination programme through production of leaflets, flyers, TV information	Increased uptake of HPV by end 2016 to at least 50%	MH	\$10,000	
2016	4. Hire external body to conduct “pre-survey” of polyclinic attendees with NCDs to obtain prevalence of self-management	% of people with NCDs who report self-management as critical to their care, e.g through measuring their own blood pressure	MH, CDRC	\$10,000	MPH student project enabled through CDRC
	5. Create incentives and tools for self-care and self-management	Preparation and dissemination of toolkit by end of 2016	MH, PAHO	\$20,000	HPU to hire external agency
	6. Collaborate with media to translate technical content through popular multi-media communications	Production of appropriate media messages	MH	\$25,000	To be done through GIS

Action 3: Integrated disease management

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
<b>2016 cont'd</b>	<b>7.</b> Adopt new cervical cancer screening guidelines in public and private sectors	New guidelines disseminated to all care providers; series of up to five CME-accredited workshops to train in new cervical cancer detection guidelines		\$50,000	
<b>2017</b>	<b>8.</b> Revise and update NCD Formulary and complete a national pharmaceutical plan	Barbados National Pharmaceutical Plan and Policy implemented by end 2017	MH, BDS	-	Policy already in progress; formulary updated annually
	<b>9.</b> Design and develop public education campaigns, e.g. informing about the signs of stroke, heart attack and key cancers	Production and dissemination of key messages and signs	MH, GIS, private sector	\$60,000	Utilise Giggert & Boo, social media, newspapers
	<b>10.</b> Implement an IT service that integrates primary and tertiary care in both public and private healthcare sectors	HIS implemented and operational by end of 2017	MH, QEH, polyclinics, private healthcare sector		In progress
<b>2018</b>	<b>11.</b> Conduct “post-survey” of polyclinic attendees with NCDs to obtain prevalence of personal health skills and self-management	% of people with NCDs who report improved personal skills and self-management	MH	\$10,000	MPH student project enabled through CDRC
<b>2019</b>	<b>12.</b> Hire contractor (e.g. public health nurse) to review provider records for uptake of Pap smears according to guidelines	At least 50% of sexually active women nationwide have had recommended Pap smear by 2019	MH	\$10,000	Public and private included
	<b>13.</b> Hospice services for terminally ill patients introduced	30% of all terminally ill patients in hospice care; 80% with access to morphine-equivalent medications	MH, palliative care provider(s)		Fee-for-service from private provider and provision of pain medications

Action 4: Risk factor reduction; (a) tobacco and alcohol

### Strategic line of action 4: Risk factor reduction

**Objective:** To develop and implement public policies and programmes to facilitate risk factor reduction interventions, supported by adequate resources and a comprehensive communication strategy and programme.

#### 4a. Tobacco and alcohol

**Objective:** FCTC compliant legislation enacted and enforced, and strategies to reduce the harmful use of alcohol supported.

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Advocate for legislation to ban alcohol advertising, promotion and sale to minors	At least one meeting each with relevant government agency and stakeholders in alcohol production and distribution held by mid-2016	Ministries of Health, Finance, Trade, Attorney-General, Legal Affairs, CROSQ, PAHO  Private: Bloomberg, tourism, health/life insurance companies  Civil society: health NGOs, universities	\$10,000	Two half-day meetings with refreshments
2016	2. (1) from 2015	At least one meeting each with relevant government agency and stakeholders in alcohol production and distribution held by mid-2016		\$10,000	Two half-day meetings with refreshments
	3. Facilitate and promote legislation for FCTC compliant labels on cigarette packs	Legislation to be enacted by end of year followed by promotion	MH, NNCCDC	\$10,000	TV and newspaper advertisements; BDS or H&SFB lecture
	4. Review 1974 liquor License Act and recommend legislation to establish an increase in minimum age for consumption and purchase	Letter written to relevant agency and meetings held	MH, NNCCDC	-	

Action 4: Risk factor reduction; (a) tobacco and alcohol

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2017	5. (1) from 2015	At least one meeting each with relevant government agency and stakeholders in alcohol production and distribution held by mid-2016	Ministries of Health, Finance, Trade, Attorney-General, Legal Affairs, CROSQ, PAHO	\$10,000	Two half-day meetings with refreshments
	6. (2) from 2016	At least one meeting each with relevant government agency and stakeholders in alcohol production and distribution held by mid-2016	Private: Bloomberg, tourism, health/life insurance companies Civil society: health NGOs, universities	\$10,000	Two half-day meetings with refreshments
	7. Survey of cigarettes sold to check for FCTC compliant labels	90% cigarettes sold carrying FCTC compliant labels			
2018	8. (1) from 2015	At least one meeting each with relevant government agency and stakeholders in alcohol production and distribution held by mid-2016		\$10,000	Two half-day meetings with refreshments
	9. (2) from 2016	At least one meeting each with relevant government agency and stakeholders in alcohol production and distribution held by mid-2016		\$10,000	Two half-day meetings with refreshments
	10. Facilitate and promote legislation to ban tobacco advertising, promotion and sponsorship	Complete ban on tobacco ads, promotion and sponsorship by 2019	MH, NNCD, Ministries of Culture, Sports & Youth, Social Care, Constituency Empowerment & Community development, Tourism, and Commerce		Meetings with Ministries of Culture, Sports & Youth, Social Care, Constituency Empowerment & Community development, Tourism, and Commerce; Public lectures, TV, radio

Action 4: Risk factor reduction; (a) tobacco and alcohol

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
<b>2018 cont'd</b>	<b>11.</b> Hire consultant to review existing alcohol treatment programmes and develop national guidelines; continue to ensure treatment access at community level	Establishment of national guidelines and counselling programme	MH, NNCD, C,	\$5000	Hire consultant
	<b>12.</b> Repeat GSHS to obtain new proportion of 13-15 yr olds consuming alcohol	Proportion of youth consuming alcohol	MH	\$11,000	Field worker training, payment (\$80/day), printing of questionnaires and publishing report
	<b>13.</b> Support MPH student to conduct survey to assess compliance with ban on smoking in public places	Survey completed and recommendations adopted	MH, UWI		
<b>2019</b>	<b>14.</b> Advocate for increased cigarette taxes to 75% of sale price	Sale price of cigarettes increased	Ministries of Health, Finance, Trade, Attorney-General, Legal Affairs, CROSO, PAHO		
	<b>15.</b> Advocate for enactment for breathalyser legislation	Breathalyser legislation enacted	Private: Bloomberg, tourism, health/life insurance companies Civil society: health NGOs, universities		
	<b>16.</b> Hire external company to perform survey to investigate existence of any alcohol advertising, promotion and sale to minors	Legislation to ban alcohol advertising, promotion and sale to minors enforced	MH	\$25,000	Field worker hiring, training, stipend and publishing of final result; MH to procure

Action 4: Risk factor reduction; (b) healthy eating

**4b. Healthy eating**

**Objective:** To stimulate inter-sectoral action that promotes the availability, accessibility and consumption of safe, healthy, tasty foods.

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Ensure national levels of salt intake and sources of sodium are estimated and produced in report	Report on salt intake from national salt study to be prepared and disseminated by year-end; policy brief by mid-2016	Ministries of Health, Finance, Trade, Attorney-General, Legal Affairs; Private: food manufacturers Civil society: health NGOs, universities	\$10,000	National Nutrition Centre (NNC) to implement proposal for policy and research aligned with NCD burden
	2. Promote tax on sugar-sweetened beverages(SSB) by providing evidence to support public health rationale for same to Ministry of Finance and Economic Affairs (MFE)	SSB tax introduced by end of 2015		-	
	3. Survey of marketing to children on unhealthy foods	Survey report produced by 2016		\$10,000	
2016	4. Meet with five largest bakeries to advocate for decreased salt in all baked goods and salt labelling for all baked goods	Record of meeting; less salt noted on labels for bread; salt labels on baked goods other than bread and biscuits	MH, NNDC	-	NNC to strengthen policy and research areas to reflect burden of unhealthy diets on NCDs and to equip centre to respond in all dimensions to epidemic
	5. National consultation on salt with public and restaurateurs to remove salt shakers from tables	Agreement from at least 50% of restaurants to remove salt shakers	MH, NNDC	\$15,000	One half-day seminar with lunch; two Town Hall meetings
	6. Provide evidence for public health benefit from SSB tax	Survey report produced by 2017	MH, NNDC, CDRC, FMS	\$26,000	SSB tax evaluation study is completed in 2016
	7. Reduce or ban marketing of unhealthy foods and drinks (high sugar, high salt, high fat) to children	Policy recommendation produced by end of 2016 to ban marketing of these foods to children	MH, METI	-	



Action 4: Risk factor reduction; (b) healthy eating

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
<b>2016</b> <b>cont'd</b>	<b>8.</b> Social marketing campaign to increase daily consumption of fruits and vegetables	Campaign materials prepared and campaign completed by end 2016		\$60,000	
	<b>9.</b> Dialogue with Ministry of Agriculture and partners to enhance supply of locally produced fruits and vegetables	More locally available and affordable fruits and vegetables by end 2016 (from BAMC list price of vegetables)	MH, NNCCDC, MAFFW	-	
<b>2017</b>	<b>10.</b> Policy dialogue with manufacturers and suppliers about sources and dangers of trans-fats	Strategies for reduction and eventual elimination of trans-fats to be produced by 2018	Private sector, MH	\$5000	Half-day seminar with refreshments
	<b>11.</b> Identify main sources of trans-fats in the Barbadian diet	Report from study produced by end 2018	MH, CDRC	\$5000	Secondary analysis of National Salt Study data
	<b>12.</b> Conduct national risk factor survey to include consumption of fruit and vegetables	Evidence showing increased fruit and vegetable consumption to at least 15% overall (e.g. HotN2 results)	Barbados National Standards Institute (BNSI), MH, UWI		To be done as part of HotN2; starting in 2017
<b>2018</b>	<b>13.</b> Advocate for legislation to ban industrial partially hydrogenated vegetable oils from food supply	Policy recommendation for banning trans-fats in industrial manufacturing of foods by end of 2019	MH, NNCCDC, Ministries of Commerce, Finance, Education	\$5000	Raising public awareness through TV, radio, (GIS); one half-day seminar with producers and manufacturers
	<b>14.</b> Provide and implement standards for salt, fat and sugar in locally produced foods and restaurant foods by requiring nutritional labelling for salt, fat and sugar in locally produced and restaurant foods	Standards implemented by 2018; 50% of locally produced foods with required nutritional labelling by 2019	BNSI, MH		To be done through BNSI
<b>2019</b>	<b>15.</b> Study to test random sample of locally produced foods for salt, sugars and fat content	80% of samples meet standards	BNSI, MH		To be done through BNSI
	<b>16.</b> Second survey on marketing of unhealthy foods to children	Survey report by end of 2019	NNC, MH	\$10,000	NNC to hire consultant(s) for survey

Action 4: Risk factor reduction; (c) physical activity

**4c. Physical activity (PA):** Continuing support for community and population initiatives to promote physical activity and exercise

**Objective:** Continuing support for community and population initiatives to promote physical activity and exercise

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Annual Caribbean Wellness Day (CWD); mass exercise activity	Increase numbers of sponsors by 10% annually	MH, Constituency Councils, NTFPA&E, NNCCDC, private sector	\$15,000	
2016	2. (1) from 2015	Increase numbers of sponsors by 10% annually	MH, Constituency Councils, NTFPA&E, NNCCDC, private sector	\$15,000	
	3. Stakeholder meeting with Town & Country Planning Office (TCDPO)	Plans agreed to support safe outdoor spaces	MH, NNCCDC, NTFPA&E, TCDPO, Urban & Rural Development Commission	\$1000	One meeting with refreshments
2017	4. (1) from 2015	Increase numbers of sponsors by 10% annually	MH, Constituency Councils, NTFPA&E, NNCCDC, private sector	\$15,000	
	5. (3) from 2015	Plans agreed to support safe outdoor spaces	MH, NNCCDC, NTFPA&E, TCDPO, Urban & Rural Development Commission	\$1000	One meeting with refreshments
	6. Exercise by prescription (EBP)	50% public sector HCP trained in EBP (with CME* credits)  Recruitment of exercise consultant to conduct exercise sessions for public 3x/week, covering south and north of the island	MH, NNCCDC, NTFPA&E, Dr Carl Ward, Dr Rene Best	\$5000  \$30,000	

Action 4: Risk factor reduction; (c) physical activity

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2018	7. (1) from 2015	Increase numbers of sponsors by 10% annually	MH, Constituency Councils, NTFPA&E, NNCCDC, private sector	\$15,000	
	8. (3) from 2015	Plans agreed to support safe outdoor spaces	MH, NNCCDC, NTFPA&E, TCDPO, Urban & Rural Development Commission	\$1000	One meeting with refreshments
	9. Increase physical activity programmes in polyclinics by 25%	Provide resources to support 25% more polyclinics in establishing physical activity programmes	MH, Polyclinics, NTFPA&E, NNCCDC	\$10,000	
2019	10.(1) from 2015	Increase numbers of sponsors by 10% annually	MH, Constituency Councils, NTFPA&E, NNCCDC, private sector	\$15,000	
	11.(3) from 2015	Plans agreed to support safe outdoor spaces	MH, NNCCDC, NTFPA&E, TCDPO, Urban & Rural Development Commission	\$1000	One meeting with refreshments
	12. Revise age-specific guidelines on physical activity and exercise for Barbados	Guidelines have been revised	MH, NTFPA&E	\$20,000	

Action 4: Risk factor reduction; (d) integrated programmes

**4d: Integrated programmes:** Build capacity with media and other partners to promote healthy lifestyles

**Objective:** Integrated Programmes, especially in schools, workplaces and faith-based settings:

1. Build capacity with media and other partners to promote healthy lifestyles
2. School based prevention initiatives facilitated and promoted
  - a. Health-Promoting Schools programme implemented
3. Workplace wellness programmes supported and embraced

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2015	1. Appoint Focal Points in Ministries of Health and Education for Health Promoting Schools	At least one meeting with Focal Points held by end of 2015	MH, METI, NNCCDC	\$4000	One meeting with HPU and ministries to introduce Focal Points to each other and explain their remit; with refreshments
2016	2. Secure 0.1% health budget for training to implement chronic care model	At least two training sessions conducted by end of 2016	MH, NNCCDC		See Strategy 1
	3. Train FPs in Ministries of Health and Education for Health Promoting Schools	At least two schools designated Health Promoting Schools by year-end	MH, METI, NNCCDC		- Technical and other assistance from PAHO for training and guidance, possibly overseas
	4. Expand Health and Family Life Education curriculum to embrace NCD prevention	Curriculum expanded and disseminated by year-end; including quality physical education with opportunities for physical activity before, during and after the formal school day	MH, METI, NNCCDC		Budgeted from METI
	5. Develop tool kit for Faith-based organisations (FBOs) and health NGOs	Tool kit for faith-based organisations (FBOs) and health NGOs developed and distributed	MH, NNCCDC	\$5000	

Action 4: Risk factor reduction; (d) integrated programmes

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2017	6. Conduct training workshops for faith based organisations (FBOs) and community organisations in creating and maintaining health promoting environments	At least two new community-based health promotion programmes implemented by FBOs		\$5000	Half-day seminar with refreshments
	7. Procure consultant to establish criteria for workplace wellness programmes (WWPs) for unions, small, medium and large enterprises	Standard operating procedure (SOP) with criteria and toolkit for WWPs prepared and disseminated by end of 2017	MH, NNDC	-	Through NNDC/PAHO
	8. Provide training for employers and trades unions to promote, implement and evaluate workplace wellness programmes	At least two training sessions for employers and trades unions in promotion, implementation and evaluation of workplace wellness programmes by end of 2017		\$20,000	
	9. FPs to convene workshops to train representatives from the education sector in best practices, including NCD risk education, health-promoting schools components, implementation and evaluation	At least two training sessions for education sector representatives in best practices by end of 2017		\$20,000	
	10. Conduct the next Global School Health Survey	GSHS report prepared and disseminated by end of 2018		\$20,000	12 field workers @ \$80 per day for 1 month

Action 4: Risk factor reduction; (d) integrated programmes

Year	Activities	Performance Indicators	Partners	Cost	Comments and assumptions
2018	11. Conduct national audit of all workplace wellness programmes	% Public and % private sector with structured workplace wellness programmes	MH	-	Repeat of telephone survey conducted by MH employee
	12. Define and quantify potential high-risk population to receive Hep B vaccine	Survey report prepared and disseminated by end of 2018	MH	-	All health care workers and care givers (public and private); public health nurse on assignment to collect data
2019	13. FPs to work with National Nutrition Centre to develop and implement strategies and programmes for promoting innovative, healthy fast food opportunities and options in schools; including strategy for food-sellers at school gates	Schools' Healthy Eating Programme guidelines developed and implemented by end of 2019	MH	-	
	14. Administer HBV to high-risk population	90% of high-risk population vaccinated for HBV by end of 2019	MH		Cost of vaccine x 90% of high-risk population

## References

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Appendix 1: Activities for each strategic line of action by year (Actions 1–3)

## Appendix 1: Activities for each strategic line of action by year

Year	1: Strengthening strategic management	2: NCD surveillance and research	3: Integrated disease management
2015	<ol style="list-style-type: none"> <li>1. Lobby government for passing of new notifiable diseases act including CVDs</li> <li>2. Preparation of Annual Report for the NNCD</li> <li>3. Evaluate POS NCD Summit Declaration in 2013 and 2014</li> <li>4. Evaluate financial expenditures for NCD prevention and control</li> </ol>	<ol style="list-style-type: none"> <li>1. Assist BNR in creating more efficient modes of data collection from QEH, to permit more complete data collection from the private sector</li> </ol>	<ol style="list-style-type: none"> <li>1. Review patient component of chronic care model and distil self-management information for patients in a user-friendly format</li> <li>2. Determine elements of chronic care model for implementation; provide necessary resources – staff, training, equipment</li> <li>3. Strengthen HPV vaccination in schools programme</li> </ol>
2016	<ol style="list-style-type: none"> <li>5. (1) from 2015</li> <li>6. Biannual high level meeting among senior management of MH and NNCD</li> <li>7. Establish biannual forum for Medical Officers of Health to meet with NNCD</li> <li>8. Identify mechanisms to strengthen MH/NGO stakeholder engagement</li> <li>9. Evaluate Strategic NCD Plan 2009–2012</li> <li>10. Complete NCD health manpower needs projections</li> </ol>	<ol style="list-style-type: none"> <li>2. Agreement for services with QEH (e.g., to operationalise the cardiac suite)</li> <li>3. Establish guidelines for utilising NCD data, including regular audit/review of NCD surveillance system</li> <li>4. Establish a policy review committee to be held responsible with policy development from and implications of NCD surveillance data</li> </ol>	<ol style="list-style-type: none"> <li>4. Conduct “pre-survey” of polyclinic attendees with NCDs to obtain prevalence of self-management</li> <li>5. Create incentives and tools for self-care and self-management</li> <li>6. Collaborate with media to translate technical content through popular multi-media communications</li> <li>7. Adopt new cervical cancer screening guidelines in public and private sectors</li> </ol>

Appendix 1: Activities for each strategic line of action by year (Actions 1–3)

<b>Year</b>	<b>1: Strengthening strategic management</b>	<b>2: NCD surveillance and research</b>	<b>3: Integrated disease management</b>
<b>2017</b>	<p><b>11.</b>(1) from 2015</p> <p><b>12.</b>(6) from 2016</p> <p><b>13.</b>(7) from 2016</p> <p><b>14.</b> Performance of NGOs vs subventions evaluated, including Heart and Stroke Foundation (HSFB) and Diabetes Foundation</p> <p><b>15.</b> NNCD to conduct seminar/meeting/consultation with strategic partners (especially NGOs) to discuss NCD prevention and control measures</p> <p><b>16.</b> Identify resources to strengthen SMOH NCD Office to liaise with polyclinics for obtaining data in order to prepare regular NCD reports</p>	<p><b>5.</b> Provide continuous funding for the BNR</p> <p><b>6.</b> Improve efficiency of mortality data collation, analysis and reporting from MH to CARPHA</p> <p><b>7.</b> Health Information Policy planned, adopted and implemented to strengthen HIS, data management, analysis and reporting in the public healthcare sector</p> <p><b>8.</b> Repeat the Health of the Nation Survey</p>	<p><b>8.</b> Revise and update NCD Formulary and complete a national pharmaceutical plan</p> <p><b>9.</b> Design and develop public education campaigns, e.g. informing about the signs of stroke, heart attack and key cancers</p> <p><b>10.</b> Implement an IT service that integrates primary and tertiary care in both public and private sectors</p>

Appendix 1: Activities for each strategic line of action by year (Actions 1–3)

Year	1: Strengthening strategic management	2: NCD surveillance and research	3: Integrated disease management
2018	17.(6) from 2016	9. Define, initiate and participate in NCD research projects	11. Conduct “post-survey” of polyclinic attendees with NCDs to obtain prevalence of personal health skills and self-management
	18.(7) from 2016	10. Define working group to ensure timely preparation of annual morbidity and mortality reports	
	19.(14) from 2017	11. Implementation of selected modules of HIS from primary through to tertiary healthcare	
	20. Training of PHC staff in relevant new diagnostic areas using evidence from BNR/HotN		
	21. Training of medical records clerks in documentation and reporting of NCDs		
2019	22. Chronic care model implemented in at least two polyclinics		
	23.(6) from 2016	12. Designation of officer for preparation of reports on surveillance system and capacity assessment	12. Review of providers records to examine uptake of Pap smears according to guidelines
	24.(7) from 2016	13. Incentive for reporting acute MI, stroke and cancer to the BNR: reduced entry fee to CME-accredited BNR seminars	13. Hospice services for terminally ill patients introduced
	25. Building capacity in public health leadership, strategic planning, monitoring and evaluation of health sector performance		

Appendix 1: Activities for each strategic line of action by year (Action 4 a–d)

Year	(a) Tobacco and alcohol	(b) Healthy eating	(c) Physical activity	(d) Integrated programmes
2015	<p>1. Advocate for legislation to ban alcohol advertising, promotion and sale to minors</p>	<p>1. Ensure national data on salt intake and sources of sodium</p> <p>2. Promote tax on sugar-sweetened beverages(SSB) by providing evidence to support public health rationale for same to Ministry of Finance (MFE)</p> <p>3. Survey of marketing to children on unhealthy foods</p>	<p>1. Annual CWD; mass exercise activity</p>	<p>1. Appoint Focal Points in Ministries of Health and Education for Health Promoting Schools</p>
2016	<p>2. (1) from 2015</p> <p>3. Facilitate and promote legislation for FCTC compliant labels on cigarette packs</p> <p>4. Review 1974 liquor License Act and recommend legislation to establish an increase in minimum age for consumption and purchase</p>	<p>4. Meet with five largest bakeries to advocate for decreased salt in all baked goods and salt labelling for all baked goods</p> <p>5. National consultation on salt with public and restaurateurs to remove salt shakers from tables</p> <p>6. Provide evidence for public health benefit from SSB tax</p> <p>7. Reduce or ban marketing of unhealthy foods and drinks (high sugar, high salt, high fat) to children</p> <p>8. Social marketing campaign to increase daily consumption of fruits and vegetables</p> <p>9. Dialogue with Ministry of Agriculture and partners to enhance supply of locally produced fruits and vegetables</p>	<p>2. (1) from 2015</p> <p>3. Stakeholder meeting with Town &amp; Country Planning Office</p>	<p>2. Secure 0.1% health budget for training to implement chronic care model</p> <p>3. Train Focal Points in Ministries of Health and Education for Health Promoting Schools</p> <p>4. Expand Health and Family Life Education curriculum to embrace NCD prevention</p> <p>5. Develop tool kit for Faith-based organisations (FBOs) and health NGOs</p>

Appendix 1: Activities for each strategic line of action by year (Action 4 a–d)

Year	(a) Tobacco and alcohol	(b) Healthy eating	(c) Physical activity	(d) Integrated programmes
2017	5. (1) from 2015	10. Policy dialogue with manufacturers and suppliers about sources and dangers of trans-fats	4. (1) from 2015	6. Conduct training workshops for faith based organizations (FBOs) and community organisations in creating and maintaining health promoting environments
	6. (2) from 2016	11. Identify main sources of trans-fats in the Barbadian diet	5. (3) from 2015	7. Establish criteria for workplace wellness programmes (WWPs) for unions, small, medium and large enterprises
	7. Survey of cigarettes sold to check for FCTC compliant labels	12. Conduct national risk factor survey to include consumption of fruit and vegetables	6. Exercise by prescription (EBP)	8. Provide training for employers and trades unions to promote, implement and evaluate workplace wellness programmes  9. FPs to convene workshops to train representatives from the education sector in best practices, including NCD risk education, health-promoting schools components, implementation and evaluation  10. Conduct the next Global School Health Survey

Appendix 1: Activities for each strategic line of action by year (Action 4 a–d)

Year	(a) Tobacco and alcohol	(b) Healthy eating	(c) Physical activity	(d) Integrated programmes
2018	8. (1) from 2015	13. Virtual elimination of partially hydrogenated vegetable oils from the food supply	7. (1) from 2015	11. Conduct national audit of all workplace wellness programmes
	9. (2) from 2016	14. Provide and implement standards for salt, fat and sugar in locally produced foods and restaurant foods	8. (3) from 2015	12. Conduct survey of employers to define and quantify potential high-risk population to receive Hepatitis B vaccine
	10. Facilitate and promote legislation to ban tobacco advertising, promotion and sponsorship		9. Increase physical activity programmes in polyclinics by 25%	
	11. Review existing alcoholic treatment programmes and develop national guidelines, and ensure treatment access at community level			
	12. Repeat GSHS to obtain new proportion of 13-15 yr olds consuming alcohol			
	13. Support MPH student to conduct survey to assess compliance with ban on smoking in public places			

Appendix 1: Activities for each strategic line of action by year (Action 4 a–d)

Year	(a) Tobacco and alcohol	(b) Healthy eating	(c) Physical activity	(d) Integrated programmes
2019	14. Advocate for increased cigarette taxes to 75% of sale price	15. Study to test random sample of locally produced foods for salt, sugars and fat content	10. (1) from 2015	13. Focal Points to work with National Nutrition Centre to develop and implement strategies and programmes for promoting innovative, healthy fast food opportunities and options in schools; including strategy for food-sellers at school gates
	15. Advocate for enactment for breathalyser legislation		11. (3) from 2015	14. Administer HBV to high-risk population
	16. Survey to investigate existence of any alcohol advertising, promotion and sale to minors		12. Revise age-specific guidelines on physical activity and exercise for Barbados	