



# **Grenada's Chronic Non-Communicable Disease (CNCD) Multi-sectoral Action Plan (2016 – 2019)**

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**Submission Date: October 19, 2015**

## Executive Summary

### Grenada's Overall CNCD Goal

The ultimate goal of this '**Chronic Non-Communicable Disease (CNCD) Multi-sectoral Action Plan (2016 – 2019)**', which has been developed as an addendum to the '**National Non-communicable Disease Policy & Multi-sectoral Action Plan 2013-2017**', is to achieve a **6%** relative reduction in overall mortality from cancer, diabetes, cardiovascular diseases and chronic respiratory diseases throughout Grenada, Carriacou & Petite Martinique by 2019.

### Strategic Areas & Strategic Objectives

Following consideration of strengths, weaknesses, challenges, gaps and opportunities identified in the area of CNCD prevention and management in the tri-island state of Grenada, **four (4) broad strategic areas** for action were discussed and agreed upon based chiefly on:

1. PAHO's Plan of Action for the Prevention & Control of NCDs 2013-2019.
2. WHO's NCD Global Monitoring Framework 2012.

The **Results Framework**, which follows the Strategic Areas & Strategic Objectives section, will highlight expected results through identified strategic objectives, indicators, targets and means for verifying when the expected results/strategic objectives have been achieved.

The key strategic objectives of the '**Chronic Non-Communicable Disease (CNCD) Multi-sectoral Action Plan (2016 – 2019)**' will be achieved through the implementation activities identified under each of the four (4) Strategic Areas in the Activity Plan section, which follows on from the Results Framework.

### **STRATEGIC AREA 1: Strengthen CNCD surveillance, monitoring, evaluation, research & information sharing.**

<b>Strategic Objectives for Strategic Area 1</b>	
<b>Strategy Objective 1.1</b>	To improve the quality and scope of CNCD and risk factor surveillance systems, including information on socioeconomic and occupation status.
<b>Strategy Objective 1.2</b>	To improve utilization of NCD and risk factor surveillance systems and strengthen operational research with a view to improving the evidence base for planning, monitoring, and evaluation of CNCD-related policies and programs.

*"Measurement is the first step that leads to control and eventually to improvement. If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it."* ~ H. James Harrington James

## **STRATEGIC AREA 2: Improve Health & Wellness through multi-sectoral partnerships, policies & legislation.**

<b>Strategic Objectives for Strategic Area 2</b>	
<b>Strategy Objective 2.1</b>	To develop strong multisectoral partnerships to promote CNCD prevention and control in all sectors.
<b>Strategy Objective 2.2</b>	To control the availability of alcoholic beverages and tobacco.
<b>Strategy Objective 2.3</b>	To control the marketing and promotion of alcoholic beverages and tobacco.
<b>Strategy Objective 2.4</b>	To revise and update pricing and/or taxation policies for food, alcoholic beverages and tobacco.
<b>Strategy Objective 2.5</b>	To promote environmental and occupational health and safety.
<b>Strategy Objective 2.6</b>	To build the capacity of the health workforce in relation to CNCD.

*“The evidence that primary care can deliver better health outcomes at lower cost is strong. People with NCDs or at risk of developing NCDs require long-term care that is proactive, patient-centred, community based and sustainable.”* ~ World Health Organization. (2010). ‘Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings’.

## **STRATEGIC AREA 3: Reduce CNCD risk factors & increase exposure to protective factors.**

<b>Strategic Objectives for Strategic Area 3</b>	
<b>Strategy Objective 3.1</b>	To reduce the harmful use of alcohol and tobacco, and exposure to second-hand smoke.
<b>Strategy Objective 3.2</b>	To promote healthy eating and active living in communities, schools, workplaces, and health facilities for health and well-being.
<b>Strategy Objective 3.3</b>	To promote targeted and sustainable health sector programs for CNCD.

*“An ounce of prevention is worth a pound of cure.”* ~ Benjamin Franklin

## **STRATEGIC AREA 4: Strengthen Health System Response to CNCD prevention & management.**

<b>Strategic Objectives for Strategic Area 4</b>	
<b>Strategy Objective 4.1</b>	To improve access to and quality of early screening programs and diagnosis.
<b>Strategy Objective 4.2</b>	To improve the quality of health services for CNCD Management.
<b>Strategy Objective 4.3</b>	To increase access to and rational use of essential medicines and technologies for treatment, rehabilitation, and palliative care of CNCDs.

*“...most major NCDs are not symptomatic until late in the development of the disease. A syndromic approach alone, therefore, is not appropriate for NCDs because such an approach will not detect NCDs early in the course of disease to avoid complications.”* ~ World Health Organization. (2010). ‘Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings’.

**Results Framework**

Strategic Areas	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
<p><b>OVERALL CNCD GOAL for GRENADA</b></p>	<p>To achieve a <b>6%</b> relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2019.</p>	<p>A 6% relative reduction of premature mortality due to NCDs by 2019.</p>	<ul style="list-style-type: none"> <li>* Cancer Registry</li> <li>* Epidemiology Website &amp; Reports</li> <li>* CMO's Report</li> <li>* CARPHA/PAHO/WHO core indicator reports.</li> <li>* WHO's NCD Global Monitoring Framework (25 indicators &amp; 9 targets)</li> </ul>	<p>The Ministry of Health (MoH) will conduct timely, periodic health surveys, forge necessary multi-sectoral partnerships, develop pertinent legislation &amp; strengthen the NCD health system.</p>
<p><b>Expected Results for Strategy 1:</b> Strengthen CNCD surveillance, monitoring, evaluation, research &amp; information sharing.</p>	<p>To improve the quality and scope of CNCD and risk factor surveillance systems, including information on socioeconomic and occupation status.</p> <p>To improve utilization of NCD and risk factor surveillance systems and strengthen operational research with a view to improving the evidence base for planning, monitoring, and evaluation of CNCD-related policies and programs.</p>	<ul style="list-style-type: none"> <li>* Comprehensive morbidity &amp; mortality data for the 4 main NCDs collected monthly, uploaded to the MoH website monthly &amp; reported annually.</li> <li>* All relevant nationally representative population surveys conducted by 2017.</li> <li>* Periodic reports with analysis of NCDs and NCD risk factors produced and widely disseminated.</li> <li>* No. of epidemiology and health information (statistics) personnel educated on NCD surveillance by 2019.</li> </ul>	<ul style="list-style-type: none"> <li>* Annual report of NCD minimum data set prepared &amp; submitted to PAHO &amp; CARPHA.</li> <li>* Updated WHO Global School-based Student Health Survey (GSHS)</li> <li>* Updated WHO STEP Chronic Disease Risk Factor Surveillance survey.</li> <li>* Updated Global Youth Tobacco Survey (GYTS)</li> <li>* Global Adult Tobacco Survey (GATS).</li> <li>* Global Health Professions Student Survey (GHPSS)</li> <li>* Up-to-date statistics on diabetes, chronic respiratory diseases and cardiovascular diseases on the MoH Epidemiology website.</li> <li>* Up-to-date statistics on cancer incidence, by type of cancer, per 100,000 population, age, sex, in Cancer Registry &amp; MoH website.</li> </ul>	<p>The Ministry of Health (MoH) will establish sustainable &amp; systematic data collection, reporting &amp; monitoring mechanisms for capturing, analyzing &amp; reporting on diabetes, cancer, chronic respiratory diseases and cardiovascular diseases and related NCD risk factors.</p>

Strategic Areas	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
<p><b>Expected Results for Strategy 2: Improve Health &amp; Wellness</b> through multi-sectoral partnerships, policies &amp; legislation.</p>	<p>To develop strong multisectoral partnerships to promote CNCND prevention and control in all sectors.</p> <p>To control the availability of alcoholic beverages and tobacco.</p> <p>To control the marketing and promotion of alcoholic beverages and tobacco.</p> <p>To revise and update pricing and/or taxation policies for food, alcoholic beverages and tobacco.</p> <p>To promote environmental and occupational health and safety.</p> <p>To build the capacity of the health workforce in relation to CNCNDs.</p>	<p>* No. of collaborative partnerships formed with NCD-related NGOs and other non-state actors for annual NCD prevention &amp; management activities.</p> <p>* No. of policies &amp; legislation revised, developed, enacted &amp; implemented to control taxation on &amp; the availability, marketing &amp; promotion of alcoholic beverages and tobacco.</p> <p>* A 10% increase in the no. of institutions educated about NCD prevention &amp; management by 2019.</p> <p>* No. of persons trained as Survey Coordinators for administration of the WHO Global School-based Student Health Survey by 2019.</p> <p>* No. of Senior health officials trained in NCD surveillance, management and planning by 2019.</p>	<p>* CMO's Report</p> <p>* Health Promotion Unit Report.</p> <p>* Revised/updated &amp; consolidated 'Liquor Dealers' Licences Act No. 7 of 1988, CAP 174' and the 'National Schools' Policy on Drugs 2002'.</p> <p>* Updated/revised 'Education Act No. 11 of 2003, CAP 86'.</p> <p>* Grenada National Alcohol Policy 2015.</p> <p>* Grenada Tobacco Control Act 2015.</p> <p>* Health Promotion Unit Reports on CNCND education programs.</p>	<p>The Ministry of Health (MoH) will proactively seek multi-sectoral partnerships to promote CNCND prevention &amp; control.</p> <p>The MoH will lobby heavily to have the developed legislation quickly enacted and effectively implemented.</p> <p>The Ministry of Health (MoH) will focus heavily on CNCND prevention programmes &amp; exposure to protective factors aimed at encouraging lifestyle changes that support CNCND prevention.</p>

Strategic Areas	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
<p><b>Expected Results for Strategy 3:</b> Reduce CNCD risk factors &amp; increase exposure to protective factors.</p>	<p>To reduce the harmful use of alcohol and tobacco, and exposure to second-hand smoke.</p>	<ul style="list-style-type: none"> <li>* A 15% relative reduction in prevalence of tobacco use among adolescents and adults by 2019.</li> <li>* A 2% reduction in the total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption, in litres of pure alcohol by 2019.</li> <li>* A 5% reduction in the age-standardized prevalence of heavy episodic drinking among adolescents and adults by 2019.</li> <li>* A 5% reduction in alcohol-related morbidity &amp; mortality among adolescents and adults by 2019.</li> <li>* No. of national policies revised &amp;/or developed &amp; adopted to reduce the harmful use of alcohol and tobacco, and exposure to second-hand smoke.</li> </ul>	<ul style="list-style-type: none"> <li>* Annual report of NCD minimum data set prepared &amp; submitted to PAHO &amp; CARPHA.</li> <li>* WHO Global Status Report on Alcohol &amp; Health</li> <li>* WHO Report on the Global Tobacco Epidemic</li> <li>* WHO Global School-based Student Health Survey (GSHS)</li> <li>* WHO STEP Chronic Disease Risk Factor Surveillance survey.</li> <li>* Global Youth Tobacco Survey</li> <li>* Global Adult Tobacco Survey</li> <li>* Grenada National Alcohol Policy 2015.</li> <li>* Grenada Tobacco Control Act 2015.</li> </ul>	<p>The Ministry of Health (MoH) will conduct all periodic health surveys in a timely manner and on an ongoing basis.</p> <p>The National Chronic Non-Communicable Disease Commission (NCNCDC) &amp; the MoH will lobby heavily for the speedy enactment of related alcohol &amp; tobacco legislation.</p>

Strategic Areas	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
<p><b>Expected Results for Strategy 3...continued</b>  <b>1:</b> Reduce CNCD risk factors &amp; increase exposure to protective factors.</p>	<p>To promote healthy eating and active living in communities, schools, workplaces, and health facilities for health and well-being.</p>	<ul style="list-style-type: none"> <li>* A 50% increase in the number of persons who have access to the 'Food-based Dietary Guidelines for Grenada'.</li> <li>* No. of policies developed &amp; implemented to reduce the impact on children &amp; adults of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt.</li> <li>* No. of local food and drink manufacturers using FSA Traffic Light Scheme front-of-package nutrition labels.</li> <li>* No. of supermarkets selling food and drinks with FSA Traffic Light Scheme front-of-package nutrition labels.</li> <li>* No. of Secondary Schools selling local fruits &amp; fruit juices at least twice a week.</li> </ul>	<ul style="list-style-type: none"> <li>* CMO's Report</li> <li>* National School Nutrition Policy for Grenada 2015</li> <li>* National Policy for the Promotion of a Healthy Diet</li> <li>* Grenada Bureau of Standards Report.</li> <li>* Price &amp; Consumer Affairs Dep't. Report.</li> <li>* Ministry of Education Schools' Report.</li> <li>* Expansion of the 'Health Promoting Schools Initiative' pilot project to all Secondary Schools in Grenada, Carriacou &amp; Petite Martinique.</li> </ul>	<p>The Ministry of Health (MoH) will meaningfully analyze the data/statistics received from Health Centres, Medical Stations, schools &amp; supermarkets in order to discover useful trends, anomalies, information, etc. that will help to strategically fight NCDs and support NCD decision-making and policy development backed by strong field evidence.</p>

Strategic Areas	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
<p><b>Expected Results for Strategy 3...continued</b>  <b>2:</b> Reduce CNCD risk factors &amp; increase exposure to protective factors.</p>	<p>To promote targeted and sustainable health sector programs for CNCD.</p>	<p>* No. &amp; type of active health promotion programs spearheaded by the MoH.</p> <p><b>By 2019:</b></p> <ul style="list-style-type: none"> <li>* A 10% relative reduction in prevalence of insufficient physical activity.</li> <li>* A 2% relative reduction in obesity prevalence.</li> <li>* A 10% relative increase in fruit &amp;/or vegetable consumption.</li> <li>* A 20% relative reduction in prevalence of raised blood pressure.</li> <li>* A 10% relative reduction in prevalence of diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>* WHO STEP Chronic Disease Risk Factor Surveillance survey.</li> <li>* CNCD statistics on the MoH Epidemiology website.</li> <li>* Health Promotion Unit Report.</li> <li>* CMO' Report.</li> </ul>	<p>The Health Promotion Unit (MoH) create customized promotional material and forge strategic partnerships with existing local NCD-related NGOs in order to effectively promote targeted &amp; sustainable CNCD awareness, prevention &amp; control programmes.</p>

Strategic Areas	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
<p><b>Expected Results for Strategy 4:</b> Strengthen Health System Response to CNCD prevention &amp; management.</p>	<p>To improve access to and quality of early screening programs and diagnosis.</p> <p>To improve the quality of health services for CNCD Management.</p> <p>To increase access to and rational use of essential medicines and technologies for treatment, rehabilitation, and palliative care of CNCDs.</p>	<p>* A 100% increase in the number of persons, 15 years and over, screened for NCDs for the first time by 2019.</p> <p>* A 25% relative increase in the number of women, between the ages of 30–59, screened for cervical cancer at least once by 2019.</p> <p>* No. of Nurses &amp; Nursing Assistants educated on NCDs, NCD risk factors, care, diagnosis, prevention, management, surveillance, reporting, etc.</p> <p>* 80% availability of affordable basic technologies and essential medicines, including generics, required to treat the four main NCDs in public facilities by 2017.</p>	<p>* CMO's Report.</p> <p>* Accountant General/Ministry of Finance Report.</p> <p>* T. A. Marryshow Community College (TAMCC) annual graduation list for the Associate's Degree in Nursing programme.</p> <p>* A comprehensive list of the core technologies available at public health facilities for implementing essential NCD prevention in primary care <i>(based on WHO's core list of 11 technologies)</i>.</p> <p>* A comprehensive list of the core medicines available at public health facilities for implementing essential NCD prevention in primary care <i>(based on WHO's core list of 34 medicines)</i>.</p>	<p>The Ministry of Finance (MoH) will undertake a comprehensive inventory assessment of core NCD technologies, medicines &amp; health workers in order to appropriately inform decisions and interventions to strengthen the Health System Response.</p>

## Activity Plan

### Strategic Line of Action 1:

#### Strengthen CNCD Surveillance, Monitoring, Evaluation, Research & Information Sharing.

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
1.1 Improve the quality and scope of CNCD and risk factor surveillance systems, including information on socioeconomic and occupation status.	1.1.1 Conduct the following surveys: * WHO Global School-based Student Health Survey (GSHS). * WHO STEP Chronic Disease Risk Factor Surveillance Survey. * Global Youth Tobacco Survey (GYTS). * Global Adult Tobacco Survey (GATS). * Global Health Professions Student Survey (GHPSS).	* 2016 GSHS Survey * 2016 STEP Survey * 2016 GYTS Survey * 2016 GATS Survey * 2016 GHPSS Survey	Ministry of Education Ministry of Health Secondary School Principals Survey Coordinators	(GSHS, STEP & GYTS) by 4th quarter, 2016 (GATS & GHPSS) by 2nd quarter, 2017	
	1.1.2 Review, revise, consolidate & standardize existing CNCD data capture forms in hospitals, health centers and medical stations, based on international criteria for completeness and coverage.	Comprehensive data collection/reporting forms created for each of the 4 major NCDs & used by all public health facilities.	Director of Hospital Services Chief Community Health Nurse Director of Primary Health Care	By the 2nd quarter, 2016	
	1.1.3 Provide training for personnel in the Epidemiology & Information Unit and Cancer Registry, Oncology Unit, using relevant Surveillance modules in the Noncommunicable Diseases (NCD) INTRODUCTORY & ADVANCED Training Modules developed by the CDC.	No. of epidemiology and health information (statistics) personnel educated on NCD surveillance.	Epidemiology Unit Oncology Unit	By Jan. 2017 and ongoing each year.	
	1.1.4 Update the Cancer Registry, Oncology Unit and provide the Epidemiology Unit with monthly cancer statistics.	Monthly updated cancer incidence, by type of cancer per 100,000 population, age, sex & other useful categories.	Epidemiology Unit Oncology Unit	By January 2017 and ongoing.	

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
1.2 Improve utilization of NCD and risk factor surveillance systems and strengthen operational research with a view to improving the evidence base for planning, monitoring, and evaluation of CNCD-related policies and programs.	1.2.1 Publish detailed, categorized, monthly statistics on all 4 major NCDs on the MoH Epidemiology website.	Monthly production and publication of NCD statistics on the MoH Epidemiology website.	Epidemiology Unit Oncology Unit	By the 1st quarter, 2017 and ongoing.	
	1.2.2 Produce & disseminate comprehensive, up-to-date quarterly and annual reports with detailed analysis of each of the 4 major NCDs & risk factors, including demographic, socioeconomic and environmental determinants and their social distribution.	Quarterly & Annual NCD analytical reports on all 4 major NCDs & risk factors produced.	CNCD Focal Point Medical Officer Epidemiology Unit Oncology Unit	Beginning in the 4th quarter, 2016 and ongoing.	

**Strategic Line of Action 2:****Improve Health & Wellness through multi-sectoral partnerships, policies & legislation.**

<b>Strategies</b>	<b>Implementation Activities</b>	<b>Performance Indicators</b>	<b>Responsible Parties</b>	<b>Timelines</b>	<b>Cost</b>
2.1 Develop strong multisectoral partnerships to promote CNCD prevention and control in all sectors.	2.1.1 Organize well-planned and targeted public activities in closer collaboration with related NGOs, leading up to 'World Cancer Day' (Feb. 4); 'World Kidney Day' (Mar. 12 or 2nd Thursday in March); 'World Health Day' (Apr. 7); 'World Hypertension Day' (May 17); 'World No Tobacco Day' (May 31); 'World Heart Day' (Sept. 29); 'World Diabetes Day' (Nov. 14); using or adapting available global promotional resources.	* No. of collaborative partnerships formed with NCD-related NGOs and other non-state actors for annual NCD prevention & management activities.	Senior Health Promotion Officer NCD-related NGOs Other Non State Actors	By January 2016 and ongoing.	
2.2 Control the availability of alcoholic beverages and tobacco.	2.2.1 Revise and consolidate the 'Liquor Dealers' Licences Act No. 7 of 1988, CAP 174' (last amendment) and the 'National Schools' Policy on Drugs 2002'.	Liquor Dealers' Licences Act No. 7 of 1988, CAP 174' and 'National Schools' Policy on Drugs 2002' consolidated and enacted.	NCNCDC Ministry of Health Drug Control Secretariat (MoE) Magistracy Department Royal Grenada Police Force (RGPF)	By the 1st quarter, 2018	
	2.2.2 Update the 'Education Act No. 11 of 2003, CAP 86' (last amendment) to reflect appropriate sections of the revised and consolidated 'Liquor Dealers' Licenses Act No. 7 of 1988, CAP 174' (last amendment) and the 'National Schools' Policy on Drugs 2002'.	'Education Act No. 11 of 2003, updated to include relevant alcohol & tobacco revisions.	NCNCDC Ministry of Health Ministry of Education	By the 2nd quarter, 2018	

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
2.3 Control the marketing and promotion of alcoholic beverages and tobacco.	2.3.1 Complete development of the 'Grenada National Alcohol Policy 2015' & the 'Grenada Tobacco Control Act 2015'.	Grenada National Alcohol Policy 2015' & 'Grenada Tobacco Control Act 2015' enacted & implemented.	Ministry of Health National Chronic Non-Communicable Disease Commission (NCNCDC)	(Alcohol) by 2nd qtr 2016  (Tobacco) by 4th qtr 2016	
2.4 Revise and update pricing and/or taxation policies for food, alcoholic beverages and tobacco.	2.4.1 Increase the excise tax on beers & spirits by 25% from EC\$4.40 per absolute alcohol litre to \$5.50 per absolute alcohol litre and lobby for the increase in taxation to be allocated to the MOH for the prevention & management of CNCDs.	Excise tax on beers & spirits increased by 25%.	NCNCDC Customs & Excise Division Ministry of Finance Ministry of Health	By the 4th quarter, 2016.	
2.5 Promote environmental and occupational health and safety.	2.5.1 Increase awareness of employees' right to paid time off for doctor visits.	*No. of sensitization campaigns conducted. * No. of employees sensitized.	WHO Collaborating Center (SGU) Ministry of Health Trade Union Council Employers' Federation	By the 3rd quarter, 2016 and ongoing.	
	2.5.2 Conduct two (2) epidemiological studies on obesity at two (2) major employers in Grenada and undertake two (2) subsequent Worker Health Intervention Programmes.	*No. of epidemiology studies on workplace obesity conducted. *No. of Worker Health Intervention Programs undertaken.	WHO Collaborating Center (St. George's University) Employers Ministry of Health	By the 4th quarter, 2018.	

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
2.6 Build the capacity of the health workforce in relation to CNCD.	2.6.1 Access GSHS training from the World Health Organization (WHO) for 2 persons from Grenada to be trained as Survey Coordinators through the WHO Global School-based Student Health Survey (GSHS) Implementation & Data Analysis & Reporting Workshops.	* No. of persons trained as Survey Coordinators for administration of the WHO Global School-based Student Health Survey.	Ministry of Health Ministry of Education World Health Organization	By the 2nd quarter, 2016.	
	2.6.2 Provide training for the Chief Health Planner, Senior Planning Officers, Chief Medical Officer, Director of Primary Health Care, Chief Nursing Officer, Chief Community Health Nurse & Senior Health Promotion Office in order to increase noncommunicable disease program management, using relevant Noncommunicable Diseases (NCD) MANAGEMENT Training Modules developed by the Centers for Disease Control and Prevention (CDC).	* No. of Senior health officials trained in NCD surveillance, management and planning.	Ministry of Health	By the 2nd quarter, 2017.	

**Strategic Line of Action 3:**  
**Reduce CNCND Risk Factors & Increase Exposure to Protective Factors.**

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
3.1 Reduce the harmful use of alcohol and tobacco, and exposure to second-hand smoke.	3.1.1 Raise students' awareness & increase their understanding of the harmful effects of alcohol, tobacco use and second-hand smoke through the MoH's 'Health Promoting Schools Initiative'.	<b>By 2019:</b> * A 15% relative reduction in prevalence of tobacco use among adolescents and adults. * A 2% reduction in the total ( <i>recorded and unrecorded</i> ) alcohol per capita (aged 15+ years old) consumption, in litres of pure alcohol.	Ministry of Health Ministry of Education	Beginning in the 1st quarter, 2016 and ongoing.	
	3.1.2 Raise awareness and increase public understanding of the harmful effects of alcohol, tobacco use and second-hand smoke at Workers' Union meetings.	* A 5% reduction in the age-standardized prevalence of heavy episodic drinking among adolescents and adults. * A 5% reduction in alcohol-related morbidity & mortality among adolescents and adults.	Ministry of Health Public Service Commission Trade Unions	Beginning in the 2nd quarter, 2016 and ongoing annually.	
	3.1.3 Raise workers' and employers' awareness of the local regulations on alcohol, tobacco use and exposure to second-hand smoke at Workers' Union meetings and Chamber of Commerce meetings.	* 'Liquor Dealers' Licences Act & 'National Schools' Policy on Drugs revised & consolidated.	Ministry of Health Grenada Chamber of Industry & Commerce Trade Unions Public Service Commission	Beginning in the 4th quarter, 2016 and ongoing annually.	
	3.1.4 Undertake two (2) Worker Health Intervention Programmes in relation to the harmful use of alcohol and tobacco, and exposure to second-hand smoke.	* 'Education Act' updated/revised. * Grenada National Alcohol Policy 2015 & Grenada Tobacco Control Act 2015 enacted.	WHO Collaborating Center (SGU) Employers Ministry of Health	By the 4th quarter, 2018.	
	3.1.5 Encourage the introduction of incentives/rebates, by at least two (2) Insurance Companies, for drivers who do not drink alcohol.		NCNCDC Insurance Companies Ministry of Health	By the 2nd quarter, 2016.	
	3.1.6 Revise &/or develop and enact relevant legislation to support reducing the harmful use of alcohol and tobacco, and exposure to second-hand smoke.		National Chronic Non-Communicable Disease Commission (NCNCDC) Ministry of Health Ministry of Education	By the 4th quarter, 2016.	

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
3.2 Promote healthy eating and active living in communities, schools, workplaces and health facilities for health and well-being.	3.2.1 Sensitize the public to the existence of GFNC's 'Food-based Dietary Guidelines for Grenada' and encourage its use.	A 50% increase in the number of persons who have access to the 'Food-based Dietary Guidelines for Grenada'.	Ministry of Health Grenada Food & Nutrition Council (GFNC) Ministry of Education	By the 4th quarter of 2019	
	3.2.2 Complete & implement the 'National School Nutrition Policy for Grenada 2015'.	National School Nutrition Policy for Grenada 2015' completed and implemented.	Ministry of Health Grenada Food & Nutrition Council Ministry of Education School Principals	By the 1st quarter of 2016	
	3.2.3 Encourage supermarkets/food and drink importers to purchase foods and drinks with colour coded, front-of package nutrition labels ( <i>voluntary standard</i> ).	* No. of supermarkets selling food and drinks with FSA Traffic Light Scheme front-of-package nutrition labels.	Grenada Bureau of Standards (GDBS) Ministry of Health Price & Consumer Affairs Dep't.	By the 4th quarter of 2017	
	3.2.4 Introduce and encourage the use of colour coding ( <i>FSA Traffic Light Scheme</i> ) on nutrition labels for locally manufactured foods and drinks ( <i>voluntary standard</i> ).	* No. of local food and drink manufacturers using FSA Traffic Light Scheme front-of-package nutrition labels.	Grenada Bureau of Standards (GDBS) Ministry of Health Price & Consumer Affairs Dep't.	By the 4th quarter of 2019	
	3.2.5 Introduce the sale of fresh, local fruits & fruit juices in all Secondary Schools, during the morning break, lunch break and after school, at least twice a week.	* No. of Secondary Schools selling local fruits & fruit juices at least twice a week.	Marketing & National Importing Board Ministry of Education Ministry of Health School Tuck Shops	By the 1st quarter of 2017	
	3.2.6 Develop a 'National Policy for the Promotion of a Healthy Diet'.	National Policy for the Promotion of a Healthy Diet developed & implemented.	Ministry of Health NCNCDC GFNC	By the 4th quarter of 2019	

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
3.3 Promote targeted and sustainable health sector programs for CNCD.	3.3.1 Develop &/or adapt and disseminate flyers with targeted messages on CNCD prevention & management to all public offices, statutory bodies and secondary schools for prominent and permanent public display.	* No. & type of active health promotion programs spearheaded by the MoH.  <b>By 2019:</b>	Senior Health Promotion Officer Permanent Secretaries School Principals	By the 2nd quarter, 2016 and ongoing.	
	3.3.2 Launch daily radio & television campaigns with targeted CNCD prevention & management messages to the public, using radio & television advertisements during prime time.	* A 10% relative reduction in prevalence of insufficient physical activity. * A 2% relative reduction in obesity prevalence. * A 10% relative increase in fruit &/or vegetable consumption.	Senior Health Promotion Officer Private Sector Sponsors Radio & Television Stations	By the 1st quarter, 2016 and ongoing.	
	3.3.3 Expand the 'Health Promoting Schools Initiative' pilot project to all parishes in Grenada with specific emphasis on the deliver of at least one 45-minute to 1-hour talk and presentation on CNCD prevention & management each month at a different Secondary School.	* A 20% relative reduction in prevalence of raised blood pressure. * A 10% relative reduction in prevalence of diabetes.	National Chronic Non-Communicable Disease Commission Ministry of Health Ministry of Education Secondary School Principals	By the 3rd quarter, 2017.	

**Strategic Line of Action 4:  
Strengthen Health System Response to CNCD Prevention & Management.**

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
4.1 Improve access to and quality of early screening programs and diagnosis.	4.1.1 Introduce compulsory annual CNCD Testing or Screening for all Public Sector employees and employees of Statutory Bodies for diabetes, hypertension, breast cancer ( <i>women</i> ), cervical cancer ( <i>women</i> ), prostate cancer ( <i>men</i> ), heart disease and chronic respiratory disease.	*A 100% increase in the no. of persons, 18 years and over, screened for NCDs for the first time. *A 25% relative increase in the no. of women, between the ages of 30–59, screened for breast & cervical cancer at least once by 2019.	Public Service Commission Grenada Trades' Union Council Ministry of Health Ministry of Finance Accountant General	By the 1st quarter, 2019.	
4.2 Improve the quality of health services for CNCD Management.	4.2.1 Expand the current Associate's Degree in Nursing programme offered by TAMCC to include relevant targeted Noncommunicable Diseases (NCD) INTRODUCTORY & ADVANCED Training Modules developed by the CDC through a revision of the regional curriculum to increase focus on CNCDs.  <i>(The CNCD training can be done during 1 or more of the Summer Semesters).</i>	* No. of Nurses & Nursing Assistants educated on NCDs, NCD risk factors, care, diagnosis, prevention, management, surveillance, reporting, etc.	Department of Nursing Education (TAMCC) Chief Medical Officer Director of Primary Health Care Epidemiology Unit	By the 2nd quarter, 2018.	

Strategies	Implementation Activities	Performance Indicators	Responsible Parties	Timelines	Cost
<p>4.3 Increase access to and rational use of essential medicines and technologies for treatment, rehabilitation, and palliative care of CNCDS.</p>	<p>4.3.1 Conduct an Inventory Assessment and Gap Analysis at all public hospitals, health centers &amp; medical stations, of existing essential CNCDS equipment &amp;/or technologies and basic medicines for implementing essential NCD interventions in primary care, and mobilize funding for the additional medicines and technologies required.</p>	<p>* 80% availability of affordable basic technologies and essential medicines, including generics, required to treat the four main NCDs in public facilities by 2018.</p> <p>* No. of essential basic technologies and type &amp; amount of essential medicines available in public facilities for implementing essential NCD intervention in primary health care.</p>	<p>Procurement Unit (MoH)                      Director of Hospital Services                      Chief Community Health Nurse                      PAHO Strategic Fund</p>	<p>By the 1st quarter, 2016.</p>	

