



Living Our Best Life: A Call to Action to Avoid Premature Death

2017-2025 National Chronic Disease Policy
SAINT LUCIA

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FOREWORD



Non-communicable Diseases (NCDs) such as cancer, cerebrovascular diseases and diabetes continue to challenge our country's socioeconomic development. Over the past ten years these diseases have become an increasing public health burden, impacting us negatively at all levels; from households to state agencies. In 2014, the Ministry of Health estimated 81% of all deaths were due to chronic disease conditions. Further, not only are our people dying during the prime of their lives, but their quality of life is being worsening due to illness and disability. This strains pockets of individuals, their families as well as the public purse. As a nation, this is a serious concern for every one of us.

The Government of Saint Lucia is committed to taking decisive and immediate action to create an environment to protect and preserve the lives of all persons living in Saint Lucia. We embrace the recommendations made by the heads of governments at the Port of Spain Declaration in 2007 and the High Level NCD Meeting of the United Nations in 2011.

It is imperative that all sectors and agencies of our government as well as civil society organizations unite with the common purpose of halting the threat of NCDs to our lives. By embedding a focus on health and wellness in all policies and programmes, we can ensure the availability of healthy food choices, secure spaces for physical activity, and a city, towns and communities suited to health. It is imperative that we all take action to discouraging the consumption of unhealthy foods and beverages and foster an environment free from pollutants. At the most impactful level this will result in the government enacting and enforcing legislation geared towards protecting all persons, especially the most vulnerable and voiceless in our society.

This national call to action charts the path for our country to work as one to reduce the number of persons who are affected by NCDs. This shall include the creating a citizenry knowledgeable and skilled to protect their health, providing integrated health care system, and health in all policies aimed ultimately at reducing risk factors for NCDs.

As we work together to achieve health for all, in all and by all, let us all take action to ensure that we can all live our best lives in Saint Lucia!

Mary Isaac
Minister of Health
Ministry of Health and Wellness

Call to Action

- i. There is an imperative for Saint Lucia to lower premature death due to NCDs by 15% by 2025. This translates to us each year from 2018 to 2025 preventing 67 premature deaths from NCDs. To do so, we must improve access to a health care system and ensure this system is responsive the NCD needs of our people.
- ii. The Ministry of Health (MOH) shall provide leadership and coordinate the efforts of public and private sector agencies, and civil society organizations working to achieve a population of optimum health and wellbeing. This shall be inclusive of improved systems for initiating, planning, implementing and monitoring national NCD programmes.
- iii. The NCD Commission shall coordinate multi-sector action to support healthy lifestyles specifically addressing the wider determinants of health which underpin this disease epidemic.
- iv. The expertise of public, private and civil society agencies will be harnessed to support to the NCD Commission. This will aid in deriving action to tackle NCDs.
- v. This call to action is issues to all sectors, segments and stakeholders holding all responsible to demand the very best of health service delivery. Reducing the number of people who die too young from NCDs and creating an environment that supports healthy lifestyles are ambitions that can unite us all behind a common goal. We must all act now to help people live their best life.

Executive Summary

According to the World Health Organization (WHO), the main NCDs continue to be responsible for the leading causes of death worldwide. Among these are Cardiovascular Disease, Cancer, Chronic Obstructive Pulmonary Disease and Diabetes. Unfortunately, death due to NCDs in the Americas continues to be the highest in the Caribbean. Saint Lucia is no exception. For the past ten years, the National Epidemiology Unit of the Ministry of Health has reported NCDs as being the leading cause of illness and death. Disease trends in 2014 indicate that Cancer, Heart Disease and Cerebrovascular Diseases (Stroke) as leading causes of mortality. In 2014, NCDs were found to contribute to 81% of total mortality; 58% of premature deaths and 73% of total preventable deaths, when infant mortality was excluded. Alarming, in the recently published WHO Country Profiles 2016, the total prevalence of Diabetes in St Lucia was estimated to be 14.6%. NCD risk factors such as obesity and physical inactivity were estimated to be at a prevalence of 27% and 41.5% respectively.

Non-communicable diseases continue to drain the local economy with a significant amount of funds. Of government revenue, 6.7% of Gross Domestic Product (GDP) is being used for health expenditure. The WHO Global Health Expenditure Database 2014 indicates that out of pocket expenditure on health being in the range of 45.57%.

Since the Port of Spain Declaration (POSD) in 2007, Saint Lucia has made some strides in tackling the NCD situation. These have included ensuring an affordable primary health care system staffed with highly competent and skilled personnel. Additionally, all pharmaceutical drugs obtained through the public sector are also offered free to persons living with diabetes and at low cost for other patients. Other interventions include health promoting School Feeding Programmes and the adoption of physical activity programmes in schools delivered through the Ministry of Education.

An assessment of programme indicates that opportunities continue to exist to improve efforts to reverse the NCD epidemic does not only continue to worsen in the adult population. The growing trend in overweight and obesity in children witnessed over recent years presents marked risk of further worsening the NCD epidemic. It has been noted by local pediatricians that risks of diseases like Diabetes and Essential Hypertension have markedly increased. This increasing prevalence of NCDs and the associated burden to national development has mandated Saint Lucia, like its global counterparts, to adopt a multi-sectoral, policy aligned to the recommendations made by the WHO.

This policy outlines the steps necessary for population wide interventions which will reduce the impact of the major NCDs through decreasing risk factors such as unhealthy eating habits, tobacco and alcohol use, and physical inactivity.

This Multisectoral NCD Policy aims to decrease morbidity and premature NCD-related deaths by:

1-Improving risk reduction through the development of public policies and legal frameworks in all sectors aimed at decreasing harmful use of tobacco and alcohol, unhealthy diet and physical inactivity. It is also aimed at promoting health through the creation of environments conducive to health.

2-Adopting an all-of-government, all-of-society, approach aimed at strengthening the role and responsibility of all in addressing NCDs

3-Strengthening the health care system with the provision of an integrated health care system which is people centered and responsive to NCDs

4-Enhancing NCD surveillance and research components of health for improved observance of trends and prompt preventive responses in the management and control of NCDs

The policy endorses a participatory and citizenry-centred approach in the reversing the national NCD epidemic.

ABBREVIATIONS/ACRONYMS

CARICOM	The Caribbean Community
CCH III	Caribbean Cooperation in Health III
FBO	Faith Based Organizations
FCTC	Framework Convention on Tobacco Control
GDP	Gross Domestic Product
GOSL	Government of Saint Lucia
GSHS	Global School-based Student Health Survey
GYTS	Global Youth Tobacco Survey
MOH	Ministry Of Health
NCD	Noncommunicable Diseases
POSD	Port of Spain Declaration
PS	Permanent Secretary
SMBG	Self-Monitoring Of Blood Glucose
STEPS	STEPwise Approach to Surveillance
UN	United Nations
WHO	World Health Organization

1 BACKGROUND AND POLICY STATEMENT

The Caribbean epidemic of Non-Communicable Diseases (NCDs) principally, cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, is the worst in the region of the Americas. This contributes significantly to premature loss of life, lost productivity and spiralling health care costs.

The development of the National Non-Communicable Disease Policy and Action Plan for Saint Lucia, emphasizes commitment to creating a supportive environment for healthy lifestyles and overall well-being. The goal of this document is to outline measures for improving the overall quality of life of people living in Saint Lucia, with the expected outcome of improving human and economic development.

This policy and plan provides a framework for the planning, organizing, managing and delivering public health goods and services aimed at reducing the burden of NCDs. It is framed within the Saint Lucian context and defines the health vision for the future, by establishing short, medium and long term targets. It also identifies and defines the expected roles of the various partners.

The health sector's vision, as outlined in the National Health Strategic Plan¹, continues to be “*A proactive, productive and healthy society*” which forms part of the Government of Saint Lucia's (GOSL) broader socioeconomic development goals. The policy and plan delineates the linkages between an environment protective of health, with economic growth and productivity, social safety nets, food security and safety. It recognises health as a human right, addressing its determinants by focusing on issues of poverty alleviation and sustainable development. The policy is recognizes the adverse health effects of globalization and urbanization which are often outside of the immediate control and influence of the health sector.

Through this policy, the four main modifiable NCD risk factors; smoking (tobacco), poor nutrition, excess alcohol consumption and physical inactivity, by improving changes in lifestyle and behavior are directly addressed. A whole-of-society approach is provided adopted and this will include involvement of civil society, faith based organizations, communities, schools, workplaces and state agencies in a coordinated multi-sector national response. This is aimed at facilitating the development of a supportive environment which promotes the prevention, control and management of NCDs.

¹ 2006-2011 National Strategic Plan

1.1 ***Justification for Immediate Action***

1.1.1 ***Aging Population***

The Saint Lucia population is increasing; although the rate of increase has slowed due to lower fertility rates. United Nations (UN) projections indicate that Saint Lucia's population will grow by 21% by 2050. Due to demographic shifts observed from 1990 to 2014, the proportion of those aged 60 and older has begun to increase, and is expected to grow very rapidly in the coming years as populations live longer (Figure 1). Since NCDs disproportionately affect the older age groups, it can be expected that the incidence of these diseases will increase in the future.

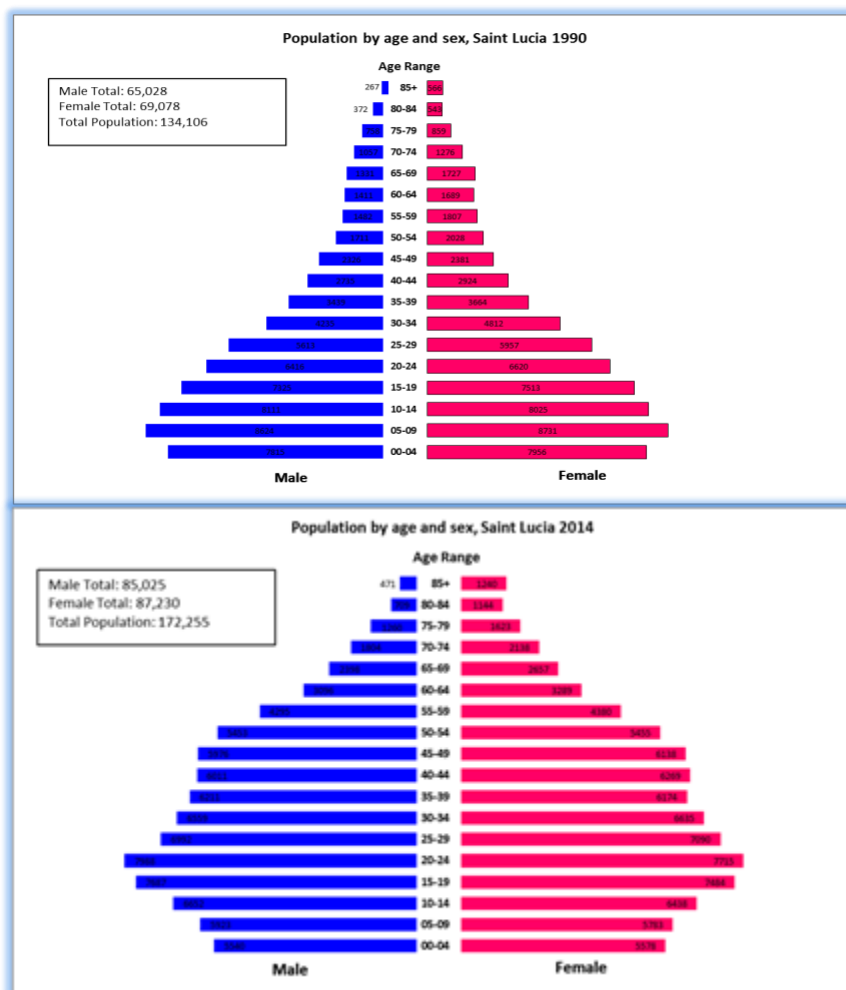


Figure 1: Saint Lucia's Population Pyramid, by Age and Sex 1990 and 2015

1.1.2 Mortality

The mortality burden and the premature mortality burden of NCDs were disproportionately high for Saint Lucia in 2012-2014 (2). In 2012, NCDs represented 81% of all-cause mortality, (Figure 2) and represented 73% of premature or preventable deaths, compared to a global average of less than 50% (3). Adding urgency to the NCD debate is the likelihood that the number of people affected by NCDs will increase substantially in the immediate future, if urgent action is not taken.

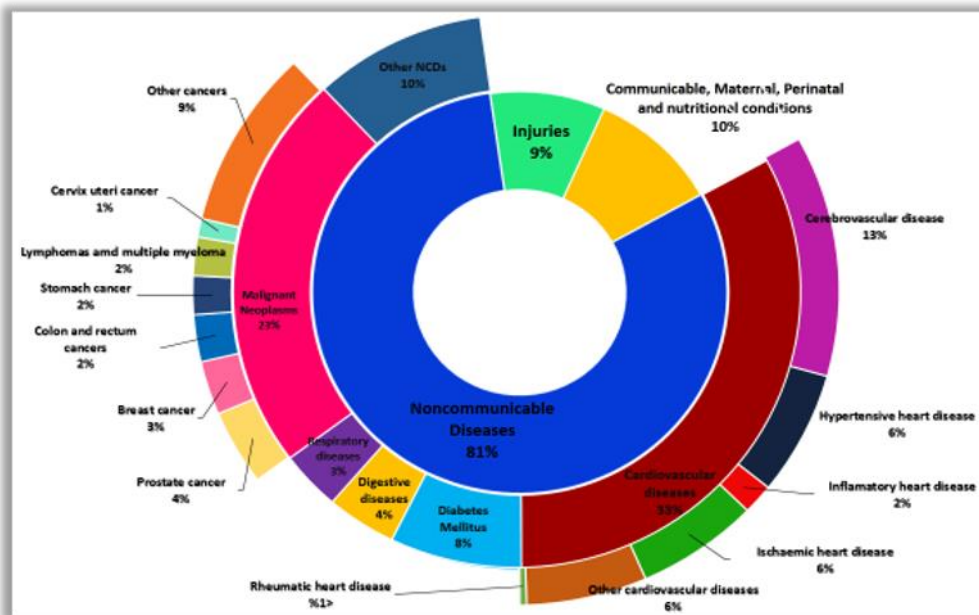


Figure 2: Leading Causes of Death, 2012

1.1.3 Risk Factors

An increase in the prevalence of key risk factors such as obesity, physical inactivity and poor diet also contribute to the NCD burden in Saint Lucia. These risk factors, being preventable, can be strategically addressed through a coordinated and integrated approach. Addressing NCDs require a multi-sectoral commitment for the development of effective interventions. This collaboration with health and non-health partners facilitates greater ease in making healthier choices. This will foster a national supportive environment that will build individual resilience and skills.

1.2 ***Scope of the NCD Policy and Action Plan Document***

Cardiovascular Disease, Chronic Respiratory Disease, Diabetes, and Cancers are the non-communicable diseases (NCDs) leading to the highest prevalence of mortality globally. In Saint Lucia, the major causes of death in 2016 were Cancer, Cardiovascular Diseases and Diabetes. The development of the National Non Communicable Disease Policy and Plan for Saint Lucia, emphasizes commitment to creating supportive environments for healthy lifestyles and wellness.

The policy and plan seek to ensure the development of an integrated multi-sectoral approach to health with greater synergies between the private and public sector, to ensure access to quality health interventions for prevention and management of NCDs and the reduction of the risk of disability and the improvement of quality of life.

A National NCD Policy and key strategic focus areas supported by action plans, are essential for ensuring that strategies and guidelines are in place for prevention and control of NCDs in Saint Lucia.

1.3 ***National Obligations, Regional and International Agreements***

In 2007, the Caribbean Community (CARICOM) instituted the Port of Spain Declaration, to which Saint Lucia was a signatory. This bound the state authorities to institute policies which foster an environment conducive to adopting healthy lifestyles practices which impede the onset of NCDs. Saint Lucia also committed to the resolutions of the 2011 United Nations High Level Meeting on NCDs to strengthen and support interventions to prevent and control NCDs.

The National Social Protection Policy² was approved in 2014 with the express intent of promoting equity and enhancing the well-being of vulnerable population segments. It recognizes that social, economic and environmental deprivation, are influencing factors for NCDs. This policy therefore advances the NCD agenda by addressing the social determinants which underpin the national epidemic. The 2030 Sustainable Development Goals broaden the agenda of NCDs into a developmental context, with focus on the social determinants driving this epidemic. This takes action beyond the scope of national health authorities, fostering the participation of all.

The consumption of tobacco products is a primary modifiable risk factor for chronic non communicable diseases. In November 2005, Saint Lucia ratified the Framework Convention on Tobacco Control (FCTC) and it came into force in-country in February 2006. The local tobacco manufacturing industry was phased out in the 1990s; which means locally consumed tobacco products are being imported. The state has been successful in instituting fiscal policies to reduce consumption of tobacco products. Through Article 6 of the FCTC, taxes have been applied as a

² Saint Lucia Social Protection Policy 2014

strategy to reduce the demand and consumption of tobacco products. Ad valorem taxes have resulted in a 63% tax being applied to the cost of all tobacco cigarette brands. Article 11 of the Treaty requiring graphic Tobacco Labelling was adopted in St. Lucia in 2016 by the Council of the Saint Lucia Bureau of Standards. As of August 16, 2017 graphic labels are required on all tobacco products at 50% of the label, which is a ranking A under the WHO standards. However, there has been less success with other articles of the treaty. Of note is the need for priority action with regards to Article 8, as to date, there has been no national legislation on prevention of exposure to second-hand smoke. . The collective gains of these legislative changes and their enforcement will foster an environment conducive to reducing the impact of NCDs on population health outcomes.

1.3.1 Unfinished Agenda: Nutrition and Tobacco

The FCTC declares that there is no safe level of exposure to tobacco smoke. Provision of near 100% smoke-free environments is absolutely essential to reduce the risk of NCDs such as cancer and other Pulmonary Diseases. Saint Lucia is obligated by Treaty and duty to protect its people from the dangers of second-hand tobacco smoke and to provide services to individuals to quit use of tobacco. Public Health Legislation is underway to prevent smoking in public places and work places. This effort needs to be taken up by all of society and stringently enforce in order to be successfully ensure gains in life years and quality of life. Other aspects of FCTC addressing tobacco sale, sponsorship and advertising need to adopted and implemented urgently.

The 2011 UN High-Level Meeting on NCDs called for multisectoral action including private sector and industry. It recognized the need to reduce the consumption of unhealthy commodities, such as ultra-processed foods and drinks which are major drivers of the NCD epidemic (4). The consumption of energy-dense ultra-processed foods promotes obesity, while low energy foods such as fruits and vegetables promotes healthy growth and development. Likewise, the consumption of sugar-sweetened beverage is associated with increased rates of obesity and diabetes, childhood obesity, long-term weight gain, and cardiovascular disease (4). Reducing the consumption of these unhealthy products if we are to stem the growth of the NCD epidemic. This would require public regulations on the food industry using a ‘whole-of-society’ approach. The gains made in the regulation of the tobacco industry can be translated to the food industry if we address sale through fiscal policies and restricted access to children, sponsorship and advertising.

2 POLICY FRAMEWORK

2.1 Policy Vision

Health for all, by all; living your best life in Saint Lucia.

2.2 Policy Goal

To ensure an environment conducive for long, healthy living, using an ‘all-of-society’ approach to enable individuals to make healthy choices.

2.3 Policy Objective

To reduce premature mortality due to NCDs by 15%, and prevent the increase of life-threatening complications from NCDs by 2025 through an ‘all-of-society’ approach.

2.4 Specific Policy Objectives

There are five strategic programme areas under which the policy and plan will be implemented. Key priority areas will be identified for action. The five strategic areas covered by the policy and plan are consistent with the PAHO Strategic Plan for NCDs, informed by the WHO resolutions, in the context of Caribbean Cooperation in Health III (CCH III) and the CARICOM Heads of Government NCD Summit Declaration.

Strategy 1: Risk Reduction

- i. To implement cost-effective interventions to reduce risk factors for NCDs within our ability to change: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

Strategy 2: Integrated Disease Management

- i. To standardize NCD management through national protocols and guidelines
- ii. To equip individuals with appropriate tools for self-management
- iii. To utilize screening for early detection and prevention of complications of NCDs
- iv. To provide equitable access to safe, affordable, comprehensive health care

Strategy 3: Programme Management

- i. To strengthen national capacity to respond using a whole of society approach

Strategy 4: Surveillance and Research

- i. To establish surveillance systems to monitor NCD trends and their determinants, and evaluate progress at the national level
- ii. To promote research for the prevention and control of NCDs

Strategy 5: Multi-sectoral Capacity and Coordination

- i. To integrate prevention and control of NCDs into all national policies
- ii. To establish a coordinating structure for multi-sectoral collaboration for NCD prevention and control
- iii. To promote partnerships for the prevention and control of NCDs

2.5 Guiding Principles

The guiding principles of the NCD policy serve as the bridge between broader social values and the structural and functional elements of the Saint Lucia health system. The following core principles will guide the formulation of this NCD policy and action plan:

- Equity and social justice
- Affordability, accessibility and accountability
- Sustainability
- Evidence-based culturally sensitive and client-focused
- Ethical and participatory

3 Priority AREAS

Priority # 1: Risk Factor Reduction and protective environment

Strategic Objective: *To reduce exposure to modifiable risk factors for non-communicable diseases throughout the lifecycle through Health promotion and the creation of health-promoting environments.*

Health promotion and reduction of exposure to modifiable risk factors for NCDs is critical to its prevention. This requires the strengthening of media and social marketing strategies to promote healthy lifestyles and to increase knowledge and awareness of NCD risk factors. Workplace and community based programmes shall be expanded to facilitate the empowerment of individuals at high risk or with chronic diseases to develop health literacy, take on self-care responsibilities and become a resource for themselves and others in disease prevention and management. NCD prevention and control interventions will be incorporated into the 'Healthy Policy' approach; this will include expanding policies to include nutrition, exercise promotion, cardiovascular risk and early intervention to create healthy environments to reduce the adaptable risk factors for NCDs

1.1. No Tobacco, No Harmful Use of Alcohol

- 1.1.1. Government, pursuant to the Framework Convention of Tobacco Control signed commitment dated February 2006, shall seek to implement and report on the FCTC as mandated within the scope of the document (Appendix 1) and available resources.
- 1.1.2. Tobacco legislation on advertising promotion, sponsorship shall be developed and enforced and 'Smoke Free' indoor air policies shall be enforced.
- 1.1.3. Alcohol legislation on minimum age limit for consumption and purchase, and the regulation of advertising and promotion shall be enforced.
- 1.1.4. Government shall enact and enforce legislation for the monitoring of blood alcohol level limits and establish penalties.
- 1.1.5. Government shall seek to regulate taxation and trade agreements to reduce the availability and consumption of alcohol and tobacco products.
- 1.1.6. Government will make available tobacco cessation clinics and community based substance dependence interventions.

1.2. Healthy Eating

- 1.2.1. Healthy food policies consistent with national dietary guidelines shall be adopted and strictly enforced in the school setting.
- 1.2.2. The Ministry of Agriculture shall ensure and promote the availability of fresh local fruits, vegetables and other locally grown foods.
- 1.2.3. The Ministry of Health in collaboration with the Ministries responsible for trade, commerce and agriculture shall, through fiscal policies and marketing controls, regulate and influence demand, access and affordability of foods and drinks high in saturated fats, trans-fats, salt and sugar in line with WHO guidelines.

1.3. Physical Activity

- 1.3.1. Ministry of Sports with support from the Ministry of Health shall develop and enforce a National Physical Activity Policy as part of the wider National Sports Policy.
- 1.3.2. The Ministry of Health shall promote increased physical activity and reduced sedentary behavior.
- 1.3.3. The Ministry responsible for Infrastructure shall support with the provision of environmental modifications and spaces for physical activity.
- 1.3.4. The Ministry responsible for transportation shall implement policies and mechanisms to promote the use of public transportation in order to encourage physical activity.

1.4. Integrated Programmes Especially in Schools, Workplaces and Faith-Based Settings

- 1.4.1. School health programmes shall be strengthened to include family and community involvement with emphasis on:
 - Increasing and reorienting physical education in the school curriculum
 - Promotion of extra-curricular physical activity
 - Regulate sale and consumption of sugar sweetened beverages and unhealthy snacks at schools
 - Install safe drinking water facility at schools
 - Provide alternative healthy choices (local fruits)

1.4.2. Workplace-based and other settings-based health promotion and prevention programmes shall be strengthened with emphasis on:

- Zero tolerance for alcohol use
- Complete ban on indoor smoking
- Promoting physical activity
- Improving access to healthy food and increase barrier to unhealthy food
- Community-based NCD risk factor screening and intervention

1.5. Health Promotion

1.5.1. The 'Caribbean Charter for Health Promotion' shall be the guideline for all health promotion strategy.

1.5.2. The content for health promotion shall be strengthened to convey messages that:

- Increase the awareness of overweight and obesity as a major threat to health
- Inculcate healthy eating habits
- Inculcate physical activity/active living and exercise
- Increase the awareness of other NCD risk factors and the importance of early and regular screenings

1.5.3. Media campaigns shall be intensified using all available media as well as new approaches such as social networking.

Priority #2: Integrated Disease Management and Patient Self-Management

Strategic Objective 2: *To reorient health systems to address prevention and control of non-communicable diseases through people-centered primary health care and universal health coverage*

Integrated disease management will involve strengthening health service delivery system, at the primary, secondary and tertiary levels, clinical practice guidelines and evidence-based decision-making support tools to ensure the appropriate and timely screening, diagnosis and treatment of chronic diseases.

Self-management programmes can assist in reducing the severity of symptoms, improving confidence, resourcefulness and self-efficacy of patients with chronic diseases. This however requires effective communication skills, behavioral change techniques, patient education and counselling skills of health care professionals and workers to deliver care to patients at risk for NCDs or living with NCDs.

2.1. Scaling Up Evidence-Based Treatment

- 2.1.1. The MOH shall ensure that all health facilities are equipped with the minimum clinical equipment and tools for assessment and management of NCD disease conditions and their modifiable risk factors as specified in their protocols and guidelines. This shall include increasing the capacity of laboratories to complete investigations in a timely manner.
- 2.1.2. The MOH shall ensure the availability and accessibility of affordable generic drugs for prevention and treatment regimens for NCDs in accordance with established protocols of care.
- 2.1.3. The MOH shall increase the usage of protocols and guidelines by making them widely available, and by continuous professional development for all health care personnel involved in patient care.
- 2.1.4. The MOH shall create a system for supervision of all health practitioners in appropriate and quality clinical management (disease conditions and their related complications), to ensure compliance with established protocols and drug formularies. reword

- 2.1.5. The MOH shall continue to reinforce the importance of screening for and prompt treatment of disease-related complications from NCDs in accordance with the guidelines.
- 2.1.6. The MOH shall advocate for and support and train agencies and individuals engaging in home-based care for patients with sequelae and other complications from NCDs.
- 2.1.7. The MOH shall strengthen and expand rehabilitation services for NCD related complications at all levels of care.
- 2.1.8. The MOH shall in collaboration with other partners implement workplace and community projects aimed at early diagnosis and treatment of conditions.

2.2. Chronic Disease Self-Management

Persons with chronic diseases play a major role in managing their diseases and influencing the level of control and outcome. It is important to establish a partnership between patients and their families together with health care teams. The traditional role of patients as passive recipients in health care, no longer holds true.

- 2.2.1. The MOH shall develop and implement inter-personal health education programmes at all MOH health care facilities.
- 2.2.2. The MOH shall in collaboration with existing Health NGOs develop and disseminate self-guided intervention packages to help patients NCD and NCD risk factors and their families monitor and manage their disease or condition.
- 2.2.3. The MOH shall ensure that all health regions have an NCD resource centre, staffed by appropriately trained NCD educators or have suitably trained health care personnel on site, and equipped with equipment, tools and Information, Education and Communication materials.
- 2.2.4. The MOH will make available subsidized blood glucose strips for Self-Monitoring of Blood Glucose (SMBG).
- 2.2.5. The MOH shall establish a system for monitoring the accuracy of the tests conducted by patients as well as the equipment being used at health and other clinics (calibration and uniformity).

Priority #3: Programme Management

Strategic Objective 3: *To strengthen national capacity for NCD programme management and multisectoral action coordination to accelerate country response for prevention and control of non-communicable diseases*

3.1. Programme Management, Partnerships and Coordination

Population-based lifestyle interventions require a ‘whole -of-society’ response. Political and community leadership, partnerships, and community mobilization are essential to ensuring acceptance and popular support for NCD prevention and control. The underlying determinants of NCDs are outside the exclusive purview of health ministries and the rest of the health sector, therefore partnerships across sectors are necessary for effectively addressing these determinants.

- 3.1.1. The scale of the NCD epidemic and the scope of the response required for effective prevention and control requires an appropriate high level, full time commitment of management resources. The MOH commits itself to establish well – staffed, strong and sustainable units/departments where necessary.
- 3.1.2. Leadership is critical to the success of responses to NCD prevention and control. The MOH Focal Point and NCD Commission shall be responsible for the coordination of the planning, management, and evaluation of policy and programmes at the national level.
- 3.1.3. The National Strategic Plan for Health shall encompass NCD prevention activities consistent with the Policy and Action Plan.
- 3.1.4. The MOH shall ensure the continuous improvement of the knowledge, attitudes and skills of health care personnel in the primary care and hospital settings to effectively manage chronic diseases.
- 3.1.5. The MOH shall seek to maintain adequate numbers of health care providers trained in the prevention and management of NCDs.
- 3.1.6. The MOH shall train all categories of staff for health promotion and prevention in core areas of focus (No Tobacco Use, No harmful Alcohol Use, Healthy Eating, Physical Activity, Obesity, Screening of risk factors etc.)
- 3.1.7. The MOH shall train other stakeholders to increase their capacity to actively participate in the prevention and control of NCDs (Teachers, Parent/Teachers Associations, Community groups, Employers, Trade Unions, Private sector, FBOs, NGOs, etc.).

- 3.1.8. The MOH shall advocate for the inclusion of NCD prevention and control in the curricula for pre-service education and in-service education of local education institutions and agencies.
- 3.1.9. The MOH shall foster multisectoral partnerships and encourage stakeholder participation in the development, implementation and evaluation of NCD prevention and control programmes.
- 3.1.10. The MOH shall ensure that the contents of this policy and the national action plan are communicated to all relevant stake holders and that they have access to copies of the documents.

3.2. Resource Mobilization/Health Financing

Health sector resources for prevention and control are limited. Partnerships and collaboration across sectors can help mobilize critical resources to augment health budgets.

- 3.2.1. The MOH will be expected to plan for and mobilize resources from within the country and also external sources to support the NCD action plan.
- 3.2.2. The MOH will also mobilize and advocate for adequate resources for prevention and promotion activities for NCD prevention and control.
- 3.2.3. The MOH shall ensure that management structures at all levels are capable of planning, developing and coordinating partnerships and interventions within and outside the government.
- 3.2.4. Resource utilization at all levels will be carefully prioritized to ensure that interventions have maximum impact and are sustainable.
- 3.2.5. The government shall ensure that the NCD response will gain from the finance obtained from taxes on tobacco and alcohol.

3.3. Pharmaceuticals

- 3.3.1. The MOH shall undertake to ensure the availability of safe, affordable, efficacious medicines for NCD prevention and control, supported by the relevant Drug Formularies.

4 Priority #4: Public Policy, Advocacy and Communications

Strategic Objective 4: *To strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of non-communicable diseases in the development agenda and in internationally agreed development goals*

Strategic Objective 5: *Build health-promoting public policies through health in all policies*

Many policies and policy recommendations relevant to NCD prevention and control exist across several sectors. Opportunities for merging of NCD prevention and control into related health and non – health policy areas, such as those that address urban development, poverty alleviation, and sustainable development shall be identified and utilized. Economic policies that reinforce healthy lifestyle choices through pricing, taxation, subsidies and other market incentives shall be established.

4.1. Advocacy and Healthy Public Policy

- 4.1.1. The MOH shall raise the priority status of NCD within the Health Sector and non-health sector by 2020.
- 4.1.2. Government shall adopt and fully implement existing policy recommendations relevant to NCD prevention and control.
- 4.1.3. Government shall promote the availability of fresh fruits and vegetables, via subsidies for farmers and public awareness campaigns, zero rated vat on butter and other healthy food products
- 4.1.4. Government shall establish and also legislate for the establishment of facilities in communities to promote physical activity and exercise in safe environments e.g. public parks, sports complexes, public gymnasiums, cycling paths.
- 4.1.5. The MOH shall review all relevant government policies to ensure consistency with NCD prevention and control measures in keeping with the concept of ‘Health in All Policies’ and consistent with WHO guidelines.

4.2. Media and Social Communications

- 4.2.1. Government shall provide the necessary supports and financing for the development and implementation of a comprehensive public education programme for the prevention and control of NCDs.
- 4.2.2. Government shall lay claim to free air time as contained in licensing agreements with media houses and determine portion to be designated to NCD prevention and control.
- 4.2.3. Government shall provide the Bureau of Health Education with the necessary staff, equipment and finance for Health Promotion programmes.

Priority #5: Surveillance, Research, Monitoring and Evaluation

Strategic Objective 6: *To strengthen national capacity for NCD surveillance high quality research for prevention and control of non-communicable diseases*

Research and surveillance perform a vital function across the intervention pathway for NCD prevention and control. Research into the economic costs of NCD, the cost – effectiveness and cost – benefits of prevention strategies, and other health economics analyses supply powerful arguments for instituting policy and regulatory interventions to reduce NCD burden.

Prevalence studies for both risk factors and chronic disease conditions provide critical information on which to base priority setting and the selection of specific population and clinical interventions on population and clinical interventions for particular communities and target groups. Surveillance data, collected over time, also give an indication of the effectiveness of interventions on population risk factor and disease end – points. Health information systems must better integrate the collection of NCD and risk factor data from multiple sources for effective surveillance and strengthen competences for analysis and use of the information. Surveillance itself requires ongoing commitments supported by adequate funding.

Monitoring and Evaluation studies complement surveillance data by examining efficacy, cost-effectiveness and impact more thoroughly. Behavioural studies and applied research, including community-based participatory research, result in greater understanding of the behavioral process, which is fundamental to prevention.

Valid, reliable data is central to monitoring and evaluation. Health information systems must better integrate the collection of NCD and risk factor data from multiple sources for effective monitoring and evaluation.

5.1. Health Information Systems

- 5.1.1. The MOH shall implement policies to adequately address NCD information needs within the context of a national Health Information system.
- 5.1.2. The MOH shall implement a system to monitor degree of control and quality of management of specific NCD patients at health care facilities.
- 5.1.3. The MOH shall oversee the implementation of a National Disease Registries for NCDs.

5.2. Surveillance

- 5.2.1. The MOH in collaboration with regional and international partners shall implement behavioral surveys such as the GYTS, GSHS, STEPS and other population-based surveys to monitor risk factors for NCDs
- 5.2.2. The MOH shall encourage the use of surveillance data to inform policy, monitor and evaluate progress towards achieving targets in the policy and action plan
- 5.2.3. The MOH shall work with other agencies for establishing and maintaining of disease and risk factor registries

5.3. Research

- 5.3.1. The MOH shall encourage research in Diabetes, Obesity, and NCD risk factors, including aspects of:
 - Health economics of population-based interventions
 - Novel approaches for behavioral modifications
 - Novel approaches for clinical management

5 Further Policy Development and Review

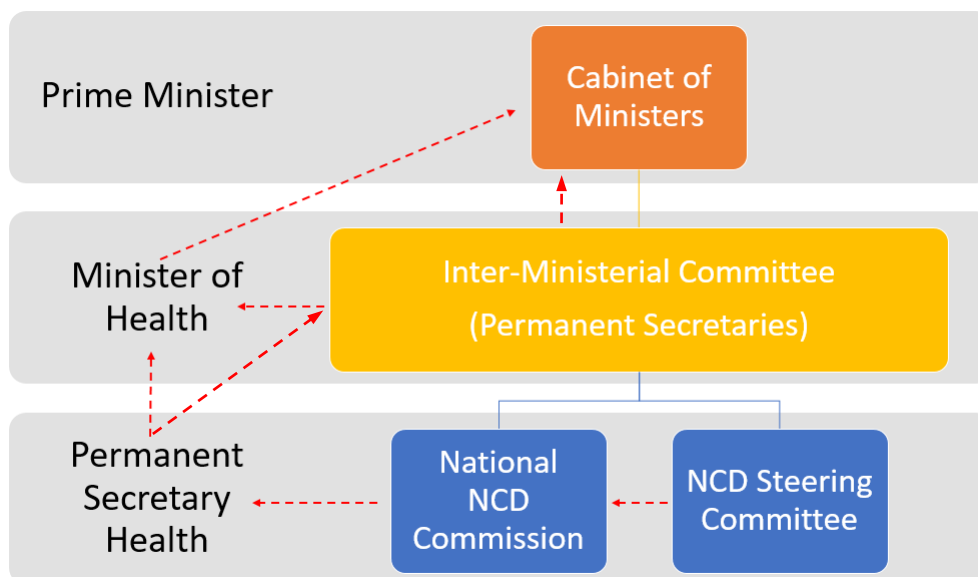
- 4.1. This policy will be reviewed from time to time to ensure that it remains relevant to the needs of the country.
- 4.2. All sectors are expected review and develop their own specific policies that are pro-health and consistent with the national policy.
- 4.3. Revisions to the policy will be submitted to the Cabinet of Ministers for approval.

6 Implementation, Monitoring and Evaluation

Successful implementation of the National NCD Policy, proposed strategic approaches and the NCD Action Plan will be achieved through the development of appropriate coordination mechanisms at the national and regional levels. The policy and Action Plan implementation will be monitored and evaluated through the Monitoring and Evaluation Framework. The plan will be evaluated at mid-term and again at the end of the implementation period in 2025. The Epidemiology Unit of the Ministry of Health will provide support for the monitoring and evaluation over the course of the policy implementation. Monitoring and evaluation will capture the data required for the various levels of indicators (process, output, outcome and impact) which will help guide programme implementation. Overall impact will be evident through demonstration of NCD risk reduction and reduction in morbidity and mortality compared to base year 2017.

6.1 Coordination mechanisms

Appropriate coordination mechanisms will be established at the national and regional levels. The NCD Steering Committee of the Ministry of Health will serve as the only permanent committee to the National NCD commission, the operational and overall coordination body in implementing the National NCD Policy and Action Plan. The NCD Commission through the NCD Committee of the Ministry of Health and Wellness will be responsible for the operationalization of the Policy and Plan.



6.1.1 Inter-ministerial Committee

The Inter-Ministerial Committee, which comprises of the Permanent Secretaries of the partner ministries functions as the supreme body for promoting inter-ministerial/inter-sectoral collaboration and multi-sectoral partnerships. Decisions taken by the National NCD Committee regarding implementation of strategies involving multi-sectors will be discussed at the Inter-Ministerial Committee of the Committee of PS.

6.1.2 National NCD Commission

The National NCD commission will function as the national advisory and monitoring body on National NCD Policy and Plan implementation. The committee will constitute high level representation from all relevant government agencies, private sector partners and civil society groups and non-governmental organizations. The National NCD Commission will meet every month and be accountable to the Minister of Health for policy implementation.

The National NCD Commission will undertake the following functions.

- Strengthen advocacy to raise the priority accorded to the prevention and control of non-communicable diseases on the national development agenda
- Advocate for financial resources for implementation of the National NCD Policy
- Approve and support inter-sectoral actions required for prevention and control of chronic NCDs
- Evaluate the impact of implementation of policy measures and advise on modifications of the National NCD Policy as necessity arises
- Monitor the implementation of the NCD policy measures across the sectors and provide yearly reports for the Cabinet and Parliament

6.1.3 Ministry of Health NCD committee

The Ministry of Health's NCD steering committee, chaired by the NCD Focal Point will responsible for the policy and action plan implementation, monitoring and evaluation. The Health sector NCD steering committee will undertake the following functions.

- Develop strategic targets and outcomes to be achieved at national, regional levels
- Develop a routine management information system to identify resource needs in effective implementation of the National NCD Policy
- Coordinate with different sectors for proper implementation of the National NCD Policy and Action Plan
- Monitor and evaluate prevention and control activities of NCD programmes

- Advocate and ensure that the national NCD Policy and Action plan is implemented through regional health plans

6.2 ***Monitoring and Evaluation***

A results-based monitoring and evaluation system will be established to evaluate the implementation of the National NCD Policy and the Action plan. Monitoring and evaluation of the national program, policy and implementation plan will be done by the Monitoring and Evaluation unit within the Ministry of Health. Annual reports which will include the status of implementation and achievement of expected results will be prepared on an annual basis and presented by the NCD Focal Point and Alternate to the National Steering Committee for NCD.

7 Acknowledgements

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