

**Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases**



**Barbados
13–17 April 2015**

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Executive Summary

A joint mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Barbados was held between 13 - 17 April 2015.

Barbados faces a heavy burden of Noncommunicable Diseases (NCDs). NCDs cause premature mortality, significant disability and are a severe drag on the economy of Barbados. Ministries are aware of the economic impact of NCDs, and the need for a whole-of-government response. The challenge now is for ministries to move from responding to NCDs as individual entities to a truly intersectoral response.

The UN Country Team (UNCT) has included NCDs in the United Nations Development Assistance Framework (UNDAF) but still needs to develop joint programmes and prioritise NCDs in its collective actions to support government in multisectoral action. There is a sophisticated civil society, with a robust NGO community and strong academic partners that is willing to support government as well as challenge government in responding to the NCD crisis.

Barbados, along with other Caribbean countries has led the way in getting NCDs on the global development agenda. It can now show itself as a global leader in implementing evidence-based population-based policies for preventing NCDs and monitoring their impact. Such interventions are costs effective and eminently feasible. The scale of the NCD epidemic in Barbados means that government needs to work in extremely speedily. A strong civil society can encourage a rapid transition from policy to action and a focus on the most cost-effective interventions.

The Joint Mission was very concerned by the impact that the tobacco, alcohol, food and beverage industries are having on NCDs. The Joint Mission considers there is a significant opportunity for the government to work with regional partners to put in place a range of evidence-based measures to minimize the exposure of the population of Barbados to a range of products and practices that a number of private sector entities generate and undertake that increase the risk of NCDs.

The Joint Mission has made a series of recommendations. The priority should be the reduction of overweight, obesity and hypertension with urgent focus on the elimination of trans fats and a reduction of the consumption of salt and sugar. This will require the development of comprehensive regulatory, legislative and fiscal policy.

Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases to Barbados, 13–17 April 2015

1. A joint mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Barbados was held between 13 and 17 April 2015. In alphabetical order, the following agencies participated in the mission: FAO, UNDP, UNFPA, UNICEF, UN Women and WHO. Terms of Reference, members of the Joint Mission and the programme are provided in [Annex 1–3](#). The Joint Mission is grateful to the Ministry of Health and other government ministries that took time to meet with the Mission. The Mission also expresses its gratitude to NGOs, academic institutions, private sector entities and other stakeholders that participated in discussions during the week.

Background

2. The UNIATF was formed by the United Nations Economic and Social Council (ECOSOC) in 2013. In 2014, ECOSOC approved the UNIATF's terms of reference.¹ As part of this, a Division of Tasks and Responsibilities was adopted by UN agencies, funds and programmes to support implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013–2020. Activities identified in the UNIATF's 2014–15 work-plan² include a series of joint missions to selected countries to support governments and UNCTs scale up their response to NCDs. The Mission to Barbados was the fifth of these joint missions. Previous missions include Belarus, India, Kenya and Tonga. The need for UNCTs to prioritise the provision of support to governments around NCDs has been set out in two joint letters from the UNDP Administrator and the Director-General of WHO to UN Resident Coordinators and UN Country Teams in 2012 and 2014.³

Context

At the global level there are clear frameworks to guide national action...

3. The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs called upon UN agencies and key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts.⁴ The WHO Global Action Plan for the Prevention and Control of NCDs, 2013–2020 also highlights the role of the UN system in supporting Member States and highlights cost-effective and very cost-effective interventions for the prevention and control of NCDs ([Annex 4](#)) in four key areas: (i) tobacco control; (ii) harmful use of alcohol; (iii) unhealthy diet; and (iv) physical inactivity.⁵ These interventions save lives. They also save individuals, communities and government money in both the short and long term. They are all evidence-based, high impact, cost effective, affordable and feasible to implement.

4. Although these interventions are simple to execute, a number require political commitment and coordinated action across government. Acting alone, ministries of health are limited to remedial action through secondary prevention and treating the sick; a whole-of-government approach is

¹ E/2014/55, Appendix. <http://www.who.int/nmh/events/2014/ecosoc-20140401.pdf?ua=1> (pages 11–18)

² http://www.who.int/nmh/UN_Task_Force_on_NCDs_Workplan_2014_2015.pdf

³ http://www.who.int/nmh/media/undaf_20120329.pdf and

http://www.who.int/nmh/UNDP_WHO_Joint_letter_on_NCDs_24Feb2014.pdf

⁴ Paragraph 51 of the Political Declaration “calls upon WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts”. http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

⁵ http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

required for the societal causes of NCDs to be addressed. In parallel, a whole-of-UN approach must support a comprehensive national response. In addition, strategic engagement with civil society, academia, professional bodies and selected private entities are also important when it comes to tackling NCDs.

5. In July 2014, Member States undertook a comprehensive review and assessment on the prevention and control of NCDs and progress since the 2011 Political Declaration on NCDs.⁶ Key national commitments agreed at that meeting include: (i) setting national targets for NCDs for 2025; (ii) developing national multisectoral policies and plans to achieve the targets; (iii) considering establishing a national multisectoral mechanism for engaging policy coherence and mutual accountability of different spheres of policy-making that have a bearing on NCDs; (iv) reducing NCD risk factors by implementing interventions identified in the WHO NCD Global Action Plan, 2013-2020. The full set of national commitments is set out in Annex 5.

At the regional and subregional level, NCDs are accorded a high priority

6. Heart disease, stroke, diabetes and cancer are the leading causes of death in the Region of the Americas. Mortality from diabetes and strokes are higher in the Caribbean compared to the rest of the Region.⁷ In 2007, 85% of deaths in the Caribbean were due to NCDs, and more than half of these deaths occurred prematurely (i.e. in those aged under 70 years).

7. The PAHO/WHO Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019 is based on four strategic lines of action: (i) multisectoral policies and partnerships for NCD prevention and control; (ii) NCD risk factors and protective factors; (iii) health system response to NCDs and risk factors; and (iv) NCD surveillance and research.

8. PAHO launched its Plan of Action for the Prevention of Obesity in Children and Adolescents at the 2014 Directing Council in response to the increasing burden of obesity in the Region.

9. The majority of the 35 WHO American Region Member States have national NCD plans and programs. Eighteen have implemented integrated primary care strategies, 30 have ratified the WHO Framework Convention on Tobacco Control (FCTC) and all have adopted the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the Regional Plan of Action. Over 60 governments and non-governmental agencies have endorsed the policy statement on Preventing Cardiovascular Disease in the Americas by Reducing Dietary Salt Intake Population-Wide.⁸ Countries, such as Costa Rica and Mexico are making progress on food labeling, reducing the marketing of foods and beverages to children, as well as implementing measures around prepackaged foods high in saturated fats, sugars, and salt, including limiting their availability in schools. A number of countries have also included human papilloma virus (HPV) vaccine in their immunization program and are working towards universal access to screening for cervical cancer. Nevertheless, while member states in the region are making significant progress in their response to NCDs, urgent attention needs to be directed to implementation and the scaling up of effective, evidence-based and cost-effective NCD interventions.

10. The 2007 Summit of CARICOM Heads of State on NCDs and the historic Port of Spain Declaration highlight the leadership that has been played to date by Barbados and the rest of the Caribbean community. An NCD Progress indicator “Scorecard” was developed in 2008 to track the progress of CARICOM Member States in relation to the 26 commitments of the Port of Spain Declaration, for example, national plans and budget, tobacco control, diet/nutrition, physical activity,

⁶ <http://www.un.org/en/ga/68/resolutions.shtml>

⁷ Health situation in the Americas. 20 years Basic Indicators. PAHO 2014.

⁸ http://www.paho.org/hq/index.php?option=com_content&view=article&id=2022&Itemid=1766

surveillance and disease management. Over the past five years it has been a useful tool for assessing progress and highlighting areas of advancement and those in need of greater attention.

11. PAHO/WHO provides leadership for NCDs at the regional level with commitment to advance multisectoral actions in line with relevant global and regional resolutions and mandates.

Barbados faces a heavy burden of NCDs; NCDs cause premature mortality, significant disability and are a severe drag on the economy of Barbados...

12. The epidemiological disease profile in Barbados over the last few decades has shifted from communicable diseases to NCDs. Eight of the top ten causes of death are from NCDs and around 15% of all deaths from NCDs in Barbados are premature, i.e. occur in those under 70 years. One in four Barbadian adults has at least one chronic disease and this is expected to increase to one in three by 2025. Excluding maternal and child health visits, 80% of visits to the 8 Ministry of Health polyclinics are for NCDs.

13. The Barbados Health of the Nation Survey Core was conducted among adults over 25 years between 2011-2013 and demonstrates extremely high levels of diabetes, hypertension raised blood cholesterol and NCD risk factors (Table 1 and 2).

Table 1. Prevalence of diabetes, hypertension and raised blood cholesterol among Barbados adults aged over 25 years.⁹

	Men (%)	Women (%)
Diabetes	15.9	21.0
Hypertension	36.9	44.0
Raised cholesterol	59.9	46.4

Table 2. Levels of NCD risk factors among Barbados adults aged over 25 years.¹⁰

	Men (%)	Women (%)
Overweight & obesity	57.5	74.2
Obesity	23.4	43.4
Insufficiently physical activity	30.0	67.2
Inadequate fruit and vegetable intake	91.8	88.5
Daily Tobacco smoking	11.0	2.3
"Binge" alcohol consumption	25.2	5.4

14. Levels of NCD risk factors among children are worryingly high (Table 3). Nearly one in five students report consumption of fast food three or more times per week, three-quarters report having one or more daily carbonated drink and 16% claim not to have eaten fruit or vegetables in the last month.

Table 3. Levels of NCD risk factors among Barbados in students aged 13-15 years (95% confidence intervals in brackets).¹⁰

Risk Factors	Boys	Girls
Percentage of students who were overweight (>+1SD from	32.1	31.8

⁹ The Barbados Health of the Nation Survey (data collected 2011-2013)

¹⁰ 2011 WHO Global School Health Survey, Barbados, Fact Sheet

median for BMI for age and sex)	(27.0-37.6)	(27.9-36.0)
Percentage of students who were obese (>+2SD from median for BMI for age and sex)	13.9 (11.1-17.2)	14.6 (11.8-18.0)
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more days during the past seven days	34.5 (30.5-38.7)	23.3 (20.3-26.7)
Percentage of students who smoked cigarettes on one or more days during the past 30 days	12.7 (10.0-16.0)	6.6 (4.9-8.9)
Among students who ever smoked cigarettes, the percentage who first tried a cigarette before age 14 years	88.2 (83.2-91.8)	82.2 (75.0-87.6)
Percentage of students who reported people smoked in their presence on one or more days during the past seven days	58.5 (54.7-62.3)	55.6 (51.3-59.9)

15. In Barbados, there has been a shift away from consumption of traditionally and locally sourced foods to foods prepared outside the home that are frequently high in salt, refined sugars, cholesterol, trans-fat and saturated fat.¹⁰ This change is due to several concurring developments including globalization, increased income and shift from agriculture to tourism as a primary industry. With regards the consumption of fruit and vegetables, 15 % of students reported not consuming any within the last month, while 12.7% reporting eating 5 or more servings per day over the same period of time. 73.6% of students reported drinking at least 1 carbonated every day over the last month. 18.5 % of students reported consumption of 'fast food' 3 or more days per week. Food preferences are influenced by cultural practices, taste and the availability of foods. Fresh and healthy foods such as fruit and vegetables are expensive compared to unhealthy options and are not as easily available.

16. NCDs now threaten Barbados's socioeconomic development. In Barbados, hypertension and diabetes care and treatment contribute to 5% of the GDP. Expenditure on Health Care Barbados (Barbados Dollars) indicates: (i) diabetes (direct \$69,810,744, indirect \$5,791,532 and total \$75,602,320) and (ii) hypertension (direct \$101,666,320, indirect \$43,645,734 and total \$145,312,054).¹¹

¹¹ Abdullahi Abdulkadri. UWI St Augustine 2001.

Observations of the Mission

Ministries are aware of the economic impact of NCDs, and the need for a whole-of-government response. The challenge now is for ministries to move from responding to NCDs as individual entities to a truly intersectoral response...

17. Although no recent figures were available, it was clear from discussions with ministers and officials from a number of government ministries that the direct and indirect costs of NCDs are having a significant negative impact on the economy. A number of ministers and officials emphasised the value of having data to describe the economic impact of NCDs as a way of building the business case for further investing in the prevention of NCDs.

18. The Joint Mission welcomed the government-wide multisectoral strategy for the prevention and control of NCDs which was launched in early 2015. National NCD targets are included and are based on the WHO Global NCD Action Plan, 2013-2020 and the 2007 Port of Spain Declaration. The strategy does not, however, include time bound commitments, detailed roles and responsibilities, accountability mechanisms nor costings. There are plans to develop an action plan to support the strategy and the Joint Mission would encourage this to be undertaken as soon as possible. PAHO will lead UN support along with other UN agency support as appropriate.

19. An Interministerial Committee on NCDs was formed in 2014. The Joint Mission heard from a number of ministers on the Committee, who described NCD prevention and control activities that their ministries are undertaking. These included workplace wellness as well as social welfare programmes, in addition to school-based initiatives aimed at promoting healthy eating and increasing physical activity. With the exception of tobacco control, there was less truly intersectoral action around tackling the other main NCD risk factors; harmful use of alcohol, unhealthy diet and physical inactivity. It was unclear whether there were any formal channels for the Interministerial Committee to report to any parliamentary group or standing committee. This is important in terms of accountability.

20. Permanent Secretaries are instrumental in overseeing the work programmes of the various ministries. Among those we met, there was a broad understanding on the importance of NCDs and the need to tackle risk factors, but again few opportunities for converging efforts towards policies that would maximise impact on the key NCD risk factors were identified.

21. The Joint Mission concluded from discussions with ministers and officials that while there are policies in place to reduce tobacco use, including taxation, much less attention directed towards policies aimed at encouraging healthy diets, increased levels of physical activity (e.g. foot paths and bicycle lanes) and reductions in the harmful use of alcohol. There is however, an opportunity for greater prioritisation of a set of strategic actions across government and society.

22. Across government, there was widespread recognition that most of the food consumed in Barbados is being imported with much of the food consumed being high in fat (including trans-fats), sugar and salt. The government recognises the need to increase agricultural production to decrease the reliance on food being imported and the importance of assuring quality standards for food imports, which currently do not exist at the national or regional level.

23. The Joint Mission considered the increase in overweight and obesity, especially among children as a public health crisis and the socioeconomic impact of this when these children become

adults.¹² It is quite clear that health services are already struggling to cope with the effects of obesity, hypertension and diabetes and this will only get worse in the years ahead unless there are rapid interventions to tackle this. The mission welcomed the recent attention to school-based interventions, and the need to invest in the school environment (for example healthy school meals and snacks, including the quality of food and beverages provided in schools, and education on healthy lifestyles and reducing the risk of NCDs). The Joint Mission highlighted the importance of school physical activity programmes meeting the international guidelines of at least 60 minutes of activity each day for children.

24. With the prevalence of tobacco use in adults above 8%, and the prevalence increasing among adolescents, the Joint Mission welcomed progress on tobacco-control policies, in particular in the areas of smoking in public places, packaging and labelling and restriction of advertising. The Joint Mission also welcomed Barbados' consideration of accession to the Protocol on Illicit Trade. There now needs to be rapid progress with legislating the ban on tobacco sponsorship. A dedicated focal point within the Ministry of Health and national tobacco control coordination mechanism are also required to comply with the Framework Convention of Tobacco Control.

25. The prevalence of heavy episodic alcohol consumption in the Barbadian population aged 25-44 years is 33.2% in men and 8.5% in women. The prevalence of excessive weekly alcohol consumption in the Barbadian population in the same age group is 12.3% in men and 3.8% in women.¹³ While no written policy for reducing the harmful use of alcohol exists in Barbados, the Ministry of Health has been working on development of alcohol policy, strengthening enforcement of alcohol related law and sensitization on harmful use of alcohol for public education and support on law enforcement.

26. The Joint mission welcomed the introduction of HPV vaccine in Barbados but that misinformation among the public meant that uptake has been low. Cytology screening for cervical cancer is available through primary health care facilities but there are inadequate data on coverage and effectiveness.

27. The importance of individuals taking responsibility for their own health was repeatedly highlighted by participants in meetings. The repeated use of the phrase 'lifestyle' typified this theme. Ultimately, individuals have of course to make healthy decisions but the Joint Mission emphasised the need for the appropriate legislative, fiscal and regulatory frameworks to be in place.¹⁴ Unless the environment encourages individuals to make healthy choices, health education will have little impact.

28. The Joint Mission considered that the priority now is for government to move speedily from political commitment with well-articulated strategies to bold and decisive action. Implementation was repeatedly cited as being a key area for government focus.

¹² The 2014 PAHO plan of action for the prevention of obesity in children and adolescents highlights the following: (i) the earlier a person becomes overweight or obese, the greater is his or her risk of remaining overweight or obese at older ages; (ii) obesity has adverse health consequences at early stages of life, increasing the risk of asthma, diabetes, sleep apnoea, and cardiovascular diseases; (iii) since dietary habits are formed early in life, the promotion of energy-dense snack products, sugar-sweetened beverages, and fast foods in childhood interferes with the formation of healthy dietary habits; (iv) children are uniquely vulnerable to the negative effects of food advertising; and (v) since these promotional campaigns bypass parental control, they constitute both an ethical and a human-rights concern.

¹³ The Barbados Health of Nation Survey 2015 (in press)

¹⁴ A recent assessment of public health strategies to address behavioural risk factors linked with obesity (in Brazil, China, India, Mexico Russia and South Africa), evaluated health information and communication strategies, fiscal measures and regulatory measures. It found that the most effective strategies were regulation of food and beverage marketing to children and the least effective were health-promotion campaigns delivered via mass media. The study also found that fiscal measures and regulation can produce the largest health gains in the shortest timeframe; regulation of food and beverage advertising to children can be more effective and efficient than can school-based health promotion and implementing several interventions (compared to individual interventions) brings larger health gains, mostly with favourable cost-effectiveness¹⁴.

A UNCT that has included NCDs in the UNDAF but still needs to develop joint programming and prioritise NCDs in its collective actions to support government in multisectoral action...

29. The following UN agencies are resident in Barbados: UNWOMEN, UNDP, UNICEF, ITU, FAO, UNFPA and PAHO. Non-resident agencies and funds which form part of the United Nations family in Barbados and the OECS are ILO, UPU, UNADIS, UNECLAC and UNESCO.

30. The UN Development Assistance Framework for Barbados and the Organisation of Eastern Caribbean States, 2012-2016¹⁵ highlights achieving a reduction in the incidence, morbidity and mortality from HIV and NCDs under Outcome 5. However, the mid-term review in 2014 described, with the exception of PAHO, that little activity was reported by among other agencies to take forward action on the prevention and control of NCDs, and very little if any evidence of actual joint programming activity. While the Joint Mission considered this a concern, not least with the Government developing a multisectoral NCD strategy, it welcomed the UN Country Team's commitment to scale up its efforts in the future, develop joint programmes and put an NCD thematic group in place to be led by WHO.

31. In addition to a commitment from the UN system to start engaging on NCDs, there is clear agreement for NCDs to feature prominently and intersectorally in the next UNDAF. The recently released guidance note on how to integrate NCDs into UNDAFs will be a useful tool in this regard.

A sophisticated civil society, with a robust NGO community, a strong academic sector, and some examples of private sector that are willing to support government as well as challenge government in responding to the NCD crisis...

32. The Joint Mission was impressed with the Barbados national intersectoral NCD Commission. The Commission, established in 2007, provides an advisory role to government on NCD policies, plans and programmes. It includes civil society and the private sector, with appointments made by the Government.

33. There is a strong NGO sector in Barbados that acts as a critical friend in encouraging government to drive forward intersectoral action in preventing NCDs. NGOs have strong regional links, for example through the Healthy Caribbean Coalition. NGOs repeatedly highlighted the need to ensure that there were the necessary fiscal, legal and regulatory policies in place to ensure that individuals are encouraged in adopting healthy behaviours. The Joint Mission considers that NGOs will continue to play an important role in supporting and challenging government by focusing attention on the importance of intersectoral government action to develop fiscal, legal and regulatory instruments to prevent NCDs.

34. Academia has a proud tradition in Barbados and the Mission was presented with examples of recent publications. The Mission believes that there are significant opportunities for those working on public health and epidemiological NCD research to engage further with other disciplines to: (i) build the evidence-base for better understanding the determinants and structural drivers of behaviours that are driving the NCD epidemic;¹⁶ and (ii) develop the evidence for, and evaluate that impact of, multisectoral NCD interventions in Barbados.

¹⁵ http://www.bb.undp.org/content/dam/barbados/docs/legal_framework/UNDAF%20Barbados%20and%20OECS%202012-2016.pdf

¹⁶ Examples could include the impact of national and regional trade policies and NCD, fiscal policies for encouraging multisectoral action to prevent NCDs, and food as a vehicle for social mobility.

35. The Mission heard of examples where the private sector is stepping up to the challenge of responding to NCDs. These included the areas of sports, health insurance, and in one case a bakery that has voluntarily reduced levels of salt in its products. The challenge now is for government to harness these early success stories and provide incentives for roll out. The Joint Mission was very concerned by the impact that the tobacco, alcohol, food and beverage industries are having on NCDs. The Joint Mission considers there is a significant opportunity for the government to work with regional partners to put in place a range of evidence-based measures to minimize the exposure of the population of Barbados to a range of products and practices that selected private sector entities generate and undertake that increase the risk of NCDs.

36. The Joint Mission met with trade unions and received information on the direct and indirect costs of NCDs to Barbados. Their estimates of NCDs exerting a toll of approximately USD500 per capita per annum were shared with the Mission.

Recommendations for Action

Barbados, along other Caribbean countries has led the way in getting NCDs on the global development agenda. Barbados can now show itself as a global leader in implementing evidence-based population-based policies for preventing NCDs and monitoring their impact. Such interventions are costs effective and eminently feasible. The scale of the NCD epidemic in Barbados means that government needs to work very speedily'. A strong civil society can encourage a rapid transition from policy to action and a focus on the most cost-effective interventions and assist in driving forward many of the recommendations below.

Nutrition and unhealthy diet remains the area with least progress. There has been little or no progress with respect to removing trans-fats from the food supply, enacting labelling laws, leveraging trade agreements to reduce obesogenic environments, regulating the nutritional content of school feeding or reducing the bombardment of advertising of foods high in fat, salt and sugar to children. The situation is complicated by the lack of healthy products on the market, which makes difficult to use pricing measures making healthy choices affordable. With the national trends in obesity, specifically childhood obesity and other nutrition related chronic diseases, it is imperative that nutrition is prioritized for urgent attention.

- i. The Joint Mission recommends the urgent development of a costed action plan to deliver on a small set of cost-effective population-based preventive interventions to reduce obesity, diabetes and other NCDs. This should highlight action that can be taken at national level and where action is required at sub-regional level (i.e. across the Caribbean community). The government is clearly committed to developing the action plan. It should describe intersectoral programmatic approaches across government ministries for a prioritised set of actions.¹⁷
- ii. The Joint Mission recommends a focus on the reduction of overweight, obesity and hypertension with urgent focus on the elimination of trans fats and a reduction of the consumption of salt and sugar. This includes:
 - the development of comprehensive regulation and legislation to improve the nutritional quality of foods and beverages (reduction of salt, fat, sugar, total elimination of trans fatty acids, and food fortification); control of health claims, nutrition signposting and labelling;

¹⁷ WHO has guidelines for intersectoral action on health. Examples include: a path for policy-makers to implement effective and sustainable action on health, WHO Kobe Centre. 2011; and the Framework for Country Action Across Sectors for Health and Health Equity that is under development (<http://www.who.int/nmh/events/action-framework/en/>)

- a specific focus on prevention of overweight and obesity in children by promoting adequate maternal care and adequate infant and young child feeding, in the first 1000 days of life;
 - strengthening of the promotion of a nutrition and health practices education and physical activity in pre-school and school settings and that examples of good practice are rolled out nationally, including regulating the quality of food and beverages sold in and around schools and controlling advertising of food and beverages aimed at children/youth;¹⁸
 - the UNCT providing the necessary technical support in partnership with other expert agencies (tools, case studies etc.);
 - agreeing timeframes for implementation so that government and its partners can hold themselves accountable to parliament and to the public.
- iii. The Joint Mission also recommends that the government accelerates implementation of the Framework Convention on Tobacco Control. The Joint Mission recommends that Barbados considers requesting an FCTC Needs Assessment to address bottlenecks in tobacco control. The Joint Mission reminds the government that some resources can be made available to implement recommendations made in the needs assessment report. It is important that the action plan also provides a clear time frame accelerating implementation of the FCTC.
- iv. The Joint Mission also recommends an assessment of the coverage and effectiveness of the screening programme for cervical cancer and to consider more effective methods of screening (such as VIA and/or HPV DNA tests). At the same time the Joint Mission recommends a communication campaign to dispel misinformation on HPV vaccination in an attempt to increase in the uptake of HPV vaccination.
- v. The Joint Mission recommends that the government engages strongly in the upcoming joint meeting of CARICOM Health Ministers and Trade and Economic Development Ministers in November 2015 on developing the 6-point Policy Package to realise healthier food environments.¹⁹
- vi. To support intersectoral work across government and the UNCT, the Joint Mission recommends that the Government and UNCT each develop joint programming to support the implementation of the above priorities. Such programming should include joint planning, financing, implementation, as well as monitoring and evaluation.
- vii. Notwithstanding the above, the Joint Mission recommends that the UNCT works with academia, NGOs and other partners to undertake a socioeconomic study to build the case for investing in NCDs and to develop multisectoral socio-impact assessments, including public expenditure and institutional reviews.
- viii. The Joint Mission recommends that the country engages in a national “big conversation” around NCDs, its impacts and the roles and responsibilities of individuals, society and institutions in NCD prevention. The National Commission and the UNCT could work together in partnership on this. As part of this, the NGO community should consider developing a national consumer awareness and protection agency.

¹⁸ The Joint Mission highlights that physical activity programmes in schools need to ensure that international guidelines for 60 minutes of daily activity for children are met.

¹⁹ The 6 points are: mandatory nutrition labelling; regulating school feeding environments; reformulation of manufactured foods to reduce sugar, salt and fat; reducing marketing of foods high in sugar, salt and fat to children; fiscal and trade measures; and increasing fruit and vegetable production and consumption.

- ix. The Joint Mission encourages the academic public health community to engage further with other disciplines to: (i) build the evidence-base for better understanding the determinants and structural drivers of behaviours that are driving the NCD epidemic; (ii) develop the evidence for, and evaluate that impact of, multisectoral NCDs and interventions; and (iii) formulate a set of messages defining how NCDs affect socio-economic environment in Barbados. This will allow the Ministry of Health to more effectively advocate across Government for the prevention and control of NCDs and mobilize appropriate resources for particular interventions.
- x. Although the Joint Mission's recommendations have been on strengthening intersectoral action to tackle NCD risk factors as these are where the UN system as a whole can make its strongest contribution on NCDs prevention, the Joint Mission recognises that there are significant opportunities to enhance the delivery of health care, both for the prevention and the management of NCDs. The Joint Mission therefore recommends that WHO continues to provide support the Ministry of Health to develop ever more effective health care, with a particular focus on primary care.
- xi. To support the UNCT develop and implement joint programmes, the Joint Mission recommends that resources are identified for a national professional officer or equivalent to facilitate cross-agency convergence of efforts. The UN Interagency Task Force should provide support with resource mobilisation for this position.
- xii. The Joint Mission recommends that NCDs are an explicit component of the next UNDAF and that the UNCT uses the recently issued Guidance on how to integrate NCDs into UNDAFs.
- xiii. The Joint Mission recommends that the Government and UNCT develop an timebound action plan to take forward the recommendations above and that this is incorporated into the national NCD action plan and its budget.
- xiv. The Joint Mission recommends a follow up mission during the development of the next UNDAF.

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Annex 1.

Members of the Joint Mission (agencies and individuals in alphabetical order)

FAO

Ms Nancy CHIN
Agricultural Statistician, Barbados

UNDP

Mrs Karin SANTI
Policy Specialist, HIV and Health Regional Centre for Latin America and The Caribbean, Panama

Dr Douglas WEBB,
Senior Adviser, HIV, Health and Development Group, Bureau of Programme and Policy Support, New York

UNFPA

Mrs Nuriye ORTALY
Senior Adviser, Sexual and Reproductive Health, New York

UNICEF

Mr Vincenzo Stefano FEDELE
Regional Nutrition Specialist, Latin America & Caribbean Regional Office, Panama

UNWOMEN

Dr Gustavo GONZALEZ-CANALI
Senior Advisor, UN Coordination Division, New York

WHO

Dr Nick BANATVALA
Senior Adviser, Office of ADG, NCDs & Mental Health, Geneva

Dr Oleg CHESTNOV
Assistant Director General, Noncommunicable Diseases and Mental Health, Geneva

Dr Anselm HENNIS
Director, Department of Noncommunicable Diseases and Mental Health, PAHO, Washington DC

Ms Suvi HUIKURI
Technical Officer, WHO Office at the United Nations, New York

Dr Tomo KANDA
Advisor on Chronic Diseases, PAHO Office for Barbados and the Eastern Caribbean Countries, Barbados

Dr Alexey KULIKOV
External Relations Officer, WHO Office to the United Nations, New York

Mr Roelof WUITE
Management Officer, Office of ADG, NCDs & Mental Health, Geneva

Dr Godfrey XUEREB

PAHO/WHO Representative, Office for Barbados and the Eastern Caribbean Countries, Barbados

Annex 2.
Joint Mission of the United Nations Interagency Task Force on the
Prevention and Control of Non-communicable Diseases in Barbados
Terms of Reference

Background and Rationale

Over 14 million people die each year from NCDs prematurely (aged 30 to 70 years), 85 per cent of whom live in developing countries. Up to two thirds of these deaths are linked to exposure to risk factors - namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – with the remaining third are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. Most of these premature deaths from NCDs can be prevented by implementing a set of simple, effective and affordable solutions that could be tailored to each country's needs.

In September 2011, Heads of State and Government adopted the Political Declaration on NCDs at the High-level Meeting of the General Assembly and called upon WHO, as the lead UN specialized agency for health, and all other UN system agencies and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States have committed to take action by; (i) developing national targets and indicators based on national situations; (ii) developing, allocating and implementing budgets for national multi-sectoral NCD policies and plans; (iii) prioritizing the implementation of cost-effective and affordable interventions; and (iv) strengthening national surveillance systems for NCDs and measuring results.

In order to realize the commitments made in the 2011 Political Declaration, WHO developed the Global NCD Action Plan 2013-2020 that was endorsed by the World Health Assembly in May 2013. The global action plan comprises a set of actions which, when performed collectively by Member States, international partners and the WHO, will help to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025.

The Global NCD Action Plan calls on United Nations Country Teams (UNCTs) to provide technical support to countries in strengthening nationwide actions for the prevention and control of NCDs. In particular, the Global Action Plan calls on WHO and other UN Agencies to mobilize the UNCTs to strengthen the links among NCDs, universal health coverage (UHC) and sustainable development, integrating them into the United Nations Development Assistance Framework's (UNDAF's) design processes and implementation.

The need for a coherent UN System response to scale up technical assistance in support of national efforts to address NCDs in line with the Global NCD Action Plan gave rise to formation of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs. The UNIATF, which the UN Secretary-General established in July 2013 and placed under the leadership of the WHO, has started to provide support to national efforts to respond to the NCD problem. The Task Force has completed its missions in the East European country of Belarus, Kenya in East Africa and India in Asia. Subsequent missions to priority countries are planned to take place in 2015.

Review of developments three years into the implementation of the 2011 Political Declaration on NCDs revealed that much had been achieved at the global level, namely the endorsement by the World Health Assembly of a Global Action Plan for the Prevention and Control of NCDs 2013-2020, and the adoption of a comprehensive global monitoring framework; establishment of the UNIATF and of a Global Coordination Mechanism on NCDs.

However, despite some clear improvements, overall progress at the country level has remained insufficient and uneven. Despite the increase of national multisectoral plans and NCD units in many countries, a large number of developing countries still lack the capacity to move from commitment to action.

Barbados is one of the few countries that has a National Strategic Plan for the Prevention and Control of Non-Communicable Diseases which is multistakeholder and multisectoral. It is also one of the first countries to have an inter-ministerial committee on NCDs. The Ministry of Health has also been actively working with the Ministry of Finance to ensure that the tobacco taxes are in line with those proposed through the FCTC and this has led to a reduction in the sales of cigarettes in the country.

The United Nations Development Action Framework (UNDAF) 2012-16 guides the collective work of the UN in Barbados. Under the UNDAF, UN Agencies work in support of national development priorities reflecting internationally agreed goals including the Millennium Development Goals. The UN in Barbados supports the Government of Barbados in its progress towards Universal Health Coverage by providing evidence, technical and policy advice on effective interventions and the mechanisms to monitor progress.

Under the current UNDAF the PAHO/WHO Country Office in Barbados works together with the UN family, in key joint activities, to promote greater commitment to Universal Health Coverage (UHC) in Barbados. It is expected that this focus on health, including NCDs, will remain. In the next UNDAF with particular focus being given to the multisectoral response.

The UN Country Team, under the leadership of the UN Resident Coordinator (RC) and with support from the Office of the RC, coordinates implementation of the UNDAF. While Barbados is not currently designated as a “Delivering as One” country, the UNST has adopted a number of “Delivering as One” elements.

The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnership between the PAHO/WHO Country Office for Barbados and different ministries of the Government of Barbados in laying the foundation for a national multisectoral response to NCDs. It will also provide impetus to UN agencies and international development partners to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets.

The core team of the mission, led by PAHO/WHO, will comprise of participants from Headquarters, Regional and Country Offices of PAHO/WHO, UNDP, World Bank, FAO, ITU, UNWomen and UNICEF.

At the country level, the mission is coordinated by the PAHO/WHO Country Office for Barbados in close collaboration with the Ministry of Health and the Office of the UN Resident Coordinator in Barbados.

Overall approach

The joint UNIATF mission is intended to enhance the support of UN agencies, individually and through the UN Country Team, to the Government of Barbados to scale up the National Multisectoral Response to NCDs, in line with the WHO Global NCD Action Plan 2013-2020, the Regional Action Plan as well as the National Strategic Plan for the Prevention and Control of non-communicable diseases 2015-2019.

The mission will be carried out in line with the terms of reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Barbados, including through exploring the role and potential of country and regional UN

agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda.

Major areas of NCD intervention in Barbados, including the National NCD Commission, tobacco control activities, road safety interventions and health promotion relevant for NCDs and their risk factors will be highlighted during the mission.

Purpose and objectives of the mission

The **Purpose** of the joint UNIATF mission to Barbados is to support UN agencies, the UN Country Team and members the UNDAF Outcome Group to:

- understand the relevance of NCDs to their individual human development efforts in the country and support their implementation;
- integrate NCDs and their determinants into their bilateral plans with the Government of Barbados and jointly review progress in implementation of bilateral plans;
- establish a functional mechanism to coordinate support by the UNCT/UNDAF Outcome Group on NCD and HIV to the Government's efforts to address NCDs;
- highlight progress made to date in laying the foundation for a national multisectoral response to NCDs through WHO support at country level;
- draw lessons from ongoing efforts by WHO and other UN Agencies working with the Government of Barbados in the area of NCD prevention and control, including implementation of the Barbados Strategic Plan for the Prevention and Control of NCDs (2015-19) as well as the WHO Framework Convention on Tobacco Control (FCTC) in Barbados, in order to inform other countries in the region and beyond.

Specific objectives of the joint mission are to support the Government of Barbados:

1. Map ongoing bilateral and multilateral processes to support the Government in their efforts to address NCDs within the context of the UNDAF (2012-2016) and the country cooperation strategies of respective UN agencies. The joint mission will facilitate:
 - (i) contribution of key UN agencies (UNDP, UNICEF, ITU, UNWomen, PAHO/WHO and the World Bank), individually or collectively through the UNCT/ UNDAF Outcome Group, to implementation of the national multisectoral response to NCDs,
 - (ii) engagement of the UNCT/ UNDAF Outcome Groups in joint review of progress in implementation of the PAHO National Strategic Plan for the Prevention and Control of Non-Communicable Diseases (2015-2019).
2. Advocate for effective multisectoral response and increased multi-sectoral investment for NCDs at the country level. The joint mission will:
 - (i) highlight approaches for effective coordination of national multisectoral response to NCDs;
 - (ii) identify barriers which prevent effective coordination of the national multisectoral response to NCDs, and provide relevant recommendations;
 - (iii) identify support needed by Government from PAHO/WHO, other UN agencies, the World Bank and international partners;
 - (iv) advocate for health promoting policies across government line-ministries, and help drive the inter-ministerial commission initiative which is underway in the country;
3. Establish a roadmap over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral response to NCDs;

- (i) finalization, dissemination and implementation of the first year action plan with the necessary costing and financing elements as part of the implementation of the 2015-2019 Barbados Strategic Plan for the prevention and control of NCDs.

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Annex 3. Joint Mission Programme

Monday 13 April	Joint Mission arrives. Team briefing
Tuesday 14 April	
08.30	Meeting with UN Resident Coordinator
09.00	Meeting with Minister of Health and senior officials
11.45	Meeting with UNCT Heads
15.00	Meeting with Academia and Civil Society
17.00	Wrap up session of Team
Wednesday 15 April	
09.00	Meeting with Inter-ministerial Committee on NCDs
11.00	Meeting with UNDAF working Group
14.00	Meeting with Chamber of Commerce
16.00	Wrap up session of Team
19.30	Reception by PAHO/WHO representative
Thursday 16 April	
09.30	Forum of Permanent Secretaries for NCD Agenda
14.00	Meeting with National NCD Commission and Taskforce on Physical Activity
15.30	Meeting with Trade Unions
16.30	Discussion to draft outcomes and recommendations
19.30	Reception hosted by Ministry of Health
Friday 17 April	
09.00	Debriefing with UNCT and UNDAF Working Group
11.30	Concluding meeting with Government of Barbados
12.30	Press Conference
Afternoon	Joint Mission departs

Annex 4.

Evidence-based cost-effective interventions for the prevention and control of NCDs²⁰

*Tobacco use*²¹

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

²⁰ Taken from the WHO NCD Global Action plan 2013-2020

(http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

²¹ These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.

Annex 5.

National commitments as set out in the Outcome Document of the High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs

(a) Enhance governance:

- (i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;
- (ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;
- (iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;
- (iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;
- (v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;
- (vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;
- (vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;
- (viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;
- (ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;
- (x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

- (i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

- (ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

- (iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure

and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

Annex 6.

Statement by Senior Medical Officer of Health of Barbados, Dr Kenneth George, during the High-Level Meeting of the UN General Assembly on the review of the progress achieved in the Prevention and Control of NCDs, July 10, 2014

Mr President

I wish to reaffirm Barbados' unequivocal commitment to the 2011 Political Declaration of the High-level meeting of the General Assembly on the Prevention and Control of Non-communicable diseases.

In 2011, for the first time, the international community acknowledged that the global burden of non-communicable diseases constitutes a major challenge for development in the 21st century, and that developing countries are disproportionately affected. Recent data estimates that 85% of premature deaths from NCDs occur in developing countries. Barbados knows only too well the spiraling economic, social and psychological cost of the NCDs epidemic, which has disproportionately affected persons within the Americas and more specifically the Caribbean. One quarter of all adult Barbadians has at least one non-communicable disease and this is projected to rise to one third of all adults by 2025. The prevalence of diabetes mellitus is 14.4% in the adult over the age of 25 years and hypertension rates are well over 20%. Data from the Barbados National Registry confirms that the leading cause of sickness and death in the Barbadian population is cardiovascular disease.

Rising levels of overweight and obesity in children and young adults remain a national concern. For children between the ages of 13 and 15 years, current prevalence levels are estimated to be 32% overweight and 14% obesity.

Based on compelling public health evidence, Barbados has taken the approach of highlighting that NCDs are a national and development issue that must engage the country at the highest levels of leadership and governance.

I am happy to report that we have achieved some successes over the last decade. These include progress with respect to implementation of the Framework Convention on Tobacco Control, enhanced surveillance through the Barbados National Registry for strokes, heart attacks and cancers; risk factor surveys, efforts to reverse the trends of obesity in children through the introduction of national dietary guidelines, and the strengthening of our preventative and diagnostic capabilities in primary health care.

However, much work still remains to be done. The National Strategic Plan for NCDs 2014-2018 provides a framework and roadmap for multidisciplinary and inter-sectoral NCD action. This roadmap indicates that improvements are needed in quality of care and treatment, palliative care, monitoring and evaluation of outcomes and the impact of programmes, health information systems, health promotion and risk factor reduction.

Barbados underscores the need for a multi-sectoral approach, embracing the social determinants of health, to reverse the predicted trends of the NCD epidemic. An integrated and coordinated approach which involves government agencies, the private sector and civil society will form the foundation of a comprehensive strategy for NCD prevention and control. These efforts, complemented by a robust surveillance system, primary health care, health promotion and risk factor reduction will allow us to realize the goal of 25% reduction in premature mortality due to NCDs by 2025.

The targets and indicators are achievable. However, small island developing states, frequently characterized by limited technical, financial and human resource capacity, have very specific

challenges. Competing public health priorities, an ever increasing elderly population, new and emerging public health threats, natural disasters and the effects of climate change all impinge on our capacity to make inroads in the NCDs epidemic. The classification of Barbados as high-income also poses significant challenges, as this designation severely curtails our access to concessionary financing to assist efforts to fund and implement national NCDs programmes. Continued international cooperation and assistance is urgently needed.

Barbados urges the United Nations' agencies, funds and programmes to strengthen their support to the Pan American Health Organization, regional public health agencies including the Caribbean Public Health Agency, and to Member States, so as to provide more targeted support to regional and national initiatives, especially those related to healthy public policy and programmatic development. The level of engagement by the United Nations system must be commensurate with the burden of disease and the needs at country level.

Mr. President,

Much more remains to be done in order to realize a truly multi-sectoral approach of the UN system to addressing NCDs, such as was envisioned in the Political Declaration. We commend the World Health Organization for the remarkable work it has achieved, including the elaboration of the Global Action Plan for the Prevention and Control of non-communicable diseases 2013-2020. We welcome the establishment of the Inter-Agency Task Force on the Prevention and Control of NCDs. However, we renew our call for an approach which goes far beyond the realm of health, which harnesses the experiences and expertise of agencies including the United Nations Development Fund, the United Nations Children Fund, the Food and Agriculture Organization, and the World Trade Organization.

Mr. President,

Barbados remains committed to the purpose and direction of the strategy on NCDs and continues its efforts to ensure that NCDs are accorded priority in the post-2015 development agenda. We will continue to collaborate with local, regional and international partners to achieve our agreed goals and targets. Thank you very much.