CARIBBEAN COOPERATION IN HEALTH-IV REPORT 2020

REGIONAL PUBLIC GOODS IN FOCUS

CARICOM

Caribbean Public Health Agency
CARPHA

PAHO
Pan American Health Organization
World Health Organization

Caribbean Cooperation in Health-IV Report 2020

Regional Public Goods in Focus

The Caribbean Public Health Agency is the Caribbean region's collective response to strengthening health systems and addressing public health challenges which threaten development.

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ACRONYMS AND ABBREVIATIONS

ABTA	Association of British Travel Agents
AIDS	Acquired Immunodeficiency Syndrome
APA	Agenda Partnership Accelerator for Sustainable Development
BFHIN	Baby Friendly Hospital Initiative Network
BMGF	Bill and Melinda Gates Foundation
BNSI	Barbados National Standards Institute
CAMC	Caribbean Association of Medical Councils
CARD	Caribbean Alcohol Reduction Day
CARICOM	Caribbean Community
CARIFORUM	Caribbean Forum
CARIPHLN	Caribbean Public Health Laboratory Network
CariVecNet	Caribbean Vector Borne Disease Network
CARPHA	Caribbean Public Health Agency
CATHNET	Caribbean Travel Health Network
CCFP	Caribbean College of Family Physicians
CCH	Caribbean Cooperation in Health
CCHD	Country Cooperation for Health
CDB	Caribbean Development Bank
CDC	Centers for Disease Control and Prevention
CERMES	Centre For Resource Management and Environmental Studies
CHTA	Caribbean Hotel and Tourism Association
CITAG	Caribbean Immunization Technical Advisory Group
CLIA	Cruise Line International Association
CMAW	Caribbean Mosquito Awareness Week
CME	Continuing Medical Education
CMLF	Caribbean Med Labs Foundation
CMS	CARICOM Member States
CND	Commission on Narcotic Drugs
COHSOD	Council for Human and Social Development
COVID-19	Novel Coronavirus SARS-CoV-2
CPHD	Caribbean Public Health Day
CR-FELTP	Caribbean Regional Field Epidemiology and Laboratory Training Programme

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ACRONYMS AND ABBREVIATIONS

CROSQ	CARICOM Regional Organisation for Standards and Quality
CRS	Caribbean Regulatory Systems
CRS	CARICOM Regional Standards
CRSF	Caribbean Regional Strategic Framework (on HIV and AIDS)
CTO	Caribbean Tourism Organization
CWD	Caribbean Wellness Day
EMTCT	Elimination of mother-to-child transmission of HIV and Syphilis
EU	European Union
EWS	Early Warning System
GEF-IWEco	Global Environment Facility - Integrating Water, Land and Ecosystems Management in Caribbean Small Island Developing States
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GP	General Practitioners
HEU	Health Economics Unit, Centre for Health Economics
HIA	Health Impact Assessments
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Testing
HRH	Human Resource for Health
HSFB	Heart and Stroke Foundation of Barbados
ILI	Influenza-like illnesses
IS4H	Information Systems for Health
IWEco	Integrating Water, Land and Ecosystems Management in Caribbean Small Island Developing States
KAP	Knowledge, Attitude and Practice
LOA	Letter of Agreement
M&E	Monitoring and Evaluation
mhGAP	Mental Health Gap Action Programme
MMC	Mass Media Campaign
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization

ACRONYMS AND ABBREVIATIONS

NHA	National Health Accounts
nPEP	Non-Occupational Post-Exposure Prophylaxis
NRA/RR	National Regulatory Authorities of Regional Reference
NWIPs	New Work Items Proposal
OECS	Organisation of Eastern Caribbean States
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PHE	Public Health England
PrEP	Pre-Exposure Prophylaxis
rGLC	Regional Green Light Committee
RHCN	Regional Health Communications Network
RPG	Regional Public Goods
SDGs	Sustainable Development Goals
SERVSAFE	Food and Beverage Safety Training and Certificate Program
SHA	Systems of Health Accounts
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
SRL	Supranational References Laboratory
STI	Sexually Transmitted Infection
TB	Tuberculosis
THP	Tourism and Health Programme
TOR	Terms of Reference
UHC	Universal Health Coverage
UNCND	United Nations Commission on Narcotic Drugs
UNWTO	United Nations World Tourism Organization
UWI	University of the West Indies
VBD	Vector Borne Disease
VSP	Vessel Sanitation Programme
WB	World Bank
WHO	World Health Organization
WHO IVM	World Health Organization Integrated Vector Management

EXECUTIVE SUMMARY

The 2020 reporting cycle of the Caribbean Cooperation in Health-IV was conducted in accordance with recommendations laid out in the CCH-IV 2016-2025 as endorsed by the Ministers at the 30th Meeting of the Council for Human and Social Development (COHSOD)– Health, 2016. Data collection for the 2020 report was carried out from August 24 to September 16, 2020. Lead Agencies in the CCH-IV Secretariat, the Caribbean Public Health Agency (CARPHA), CARICOM Secretariat (CCS) and the Pan American Health Organization (PAHO) provided Agency updates on the progress toward the achievements of the Regional Public Goods (RPGs) as agreed in the CCH-IV.

A total of 100 RPGs were identified in the CCH-IV of which 13 were identified as priority RPGs at the 25th Meeting of Chief Medical Officers in April 2017. Of all the 100 RPGs, progress update was submitted for 87 RPGs. Based on the lead agencies reports, 20 are "in place", 42 are "in process/partial", 25 are "not in place" and 13 were reported as "no information" on the status of the RPGs. Of the 13 Priority RPGs, a total of 4 Priority RPGs are "in place" and 2 RPGs are "in process/partial". The progress update also allowed for reporting on the progress made toward the achievements of the milestones specific to the RPGs.

Challenges:

- The absence of a detailed action plan or work plan
- The lack of funding to implement initiatives at the regional and national level
- The absence of a financing/resource mobilization strategy and mechanisms in support of the achievements of the CCH-IV objectives.
- The need for improved multisectoral coordination and leadership to advance the CCH-IV agenda

Recommendations to advance the CCH-IV agenda:

- Develop a three-year action plan
- Conduct a costing of the three-year action plan
- Develop a financing/resource mobilization strategy and mechanisms
- Enhance multisectoral coordination and leadership mechanisms (reactivation of the CCH-IV Secretariat; CCH-IV Steering Committee in accordance with the CCH-IV as approved by the Ministers at the 30th Meeting of the COHSOD – Health, 2016, engagement of key CCH stakeholders).

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INTRODUCTION

The Caribbean Cooperation in Health-IV seeks to advance regional cooperation, collaboration, and collective action in health through the provision of Regional Public Goods (RPGs) that enable, complement, and value the efforts of Member States towards sustainable health development. The report outlines the strategic framework of the CCH-IV; the alignment of the CCH-IV to the Sustainable Development Goals (SDGs); the RPGs progress dashboard; a progress summary on the RPGs as reported by the lead agencies; the challenges, and recommendations to advance implementation of the Caribbean Cooperation in Health-IV.

VISION

Caribbean people will be happier, healthier and more productive, each respected for their individuality and creativity, and living more harmoniously within cleaner, greener environments.
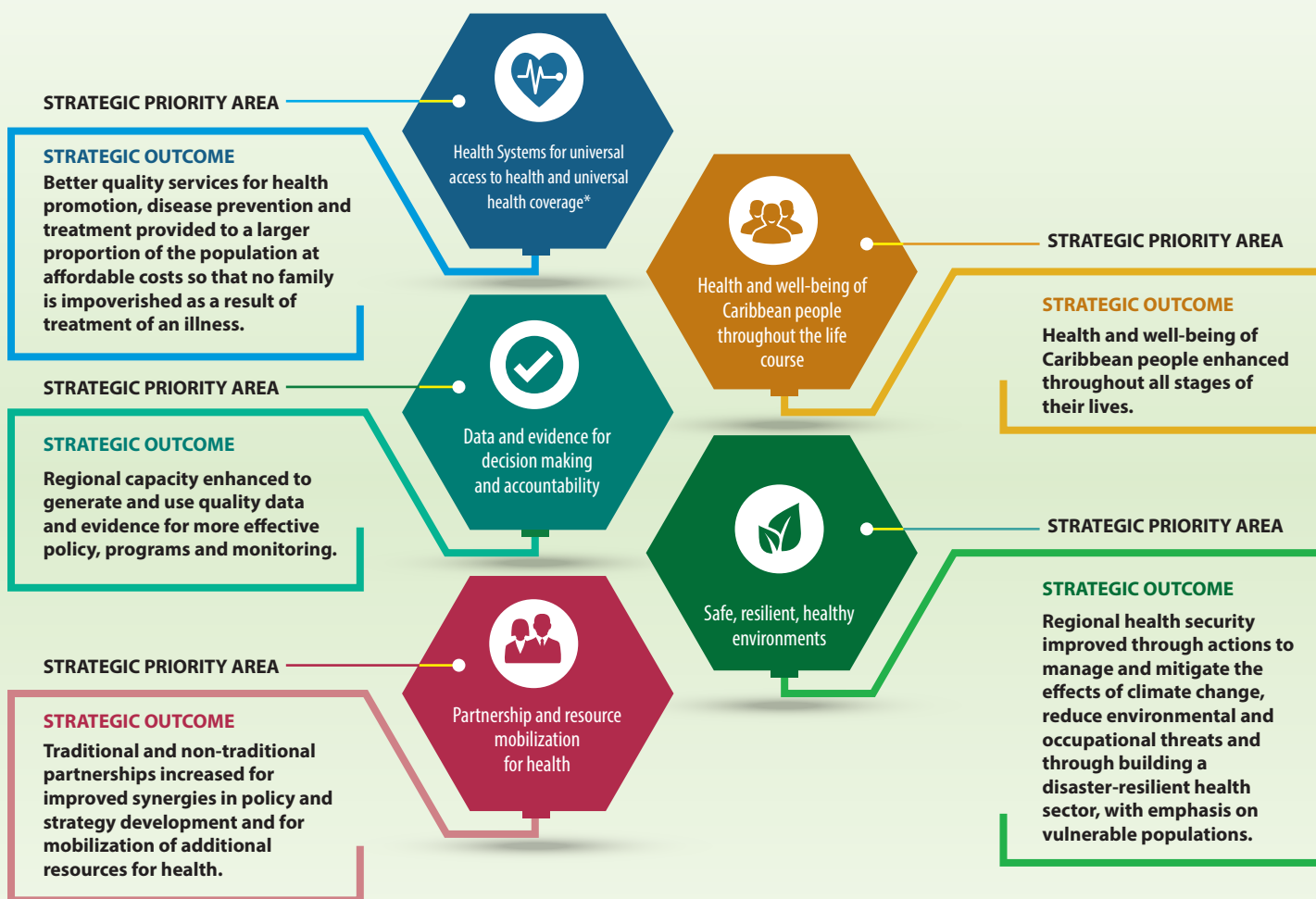
MISSION

To build the capicity of countries to improve the conditions for health for all, especially among vulnurable groups, and to develop and maintain cost-effective and efficient health systems.

GOAL

For people to be resilient, live longer and have less illness and disability throughout their lives.

STRATEGIC PRIORITY AREAS AND STRATEGIC OBJECTIVES

STRATEGIC PRIORITY AREA — Health Systems for universal access to health and universal health coverage*

STRATEGIC OUTCOME
Better quality services for health promotion, disease prevention and treatment provided to a larger proportion of the population at affordable costs so that no family is impoverished as a result of treatment of an illness.

STRATEGIC PRIORITY AREA — Data and evidence for decision making and accountability

STRATEGIC OUTCOME
Regional capacity enhanced to generate and use quality data and evidence for more effective policy, programs and monitoring.

STRATEGIC PRIORITY AREA — Partnership and resource mobilization for health

STRATEGIC OUTCOME
Traditional and non-traditional partnerships increased for improved synergies in policy and strategy development and for mobilization of additional resources for health.

Health and well-being of Caribbean people throughout the life course

STRATEGIC PRIORITY AREA

STRATEGIC OUTCOME
Health and well-being of Caribbean people enhanced throughout all stages of their lives.

Safe, resilient, healthy environments

STRATEGIC PRIORITY AREA

STRATEGIC OUTCOME
Regional health security improved through actions to manage and mitigate the effects of climate change, reduce environmental and occupational threats and through building a disaster-resilient health sector, with emphasis on vulnerable populations.

* Strategy for Universal Access to Health and Universal Health Coverage.
PAHO 53rd Directing Council; 66th Session of the Regional Committee of WHO for the Americas. Washington, DC 29 September – 3 October 2014.

Adapted from CCH IV Summary page 17

CCH-IV GOVERNANCE

GOVERNANCE ARRANGEMENTS FOR THE CCH IV

CONFERENCE OF HEADS OF GOVERNMENT

Lead Prime Minister on Health

Council for Human and Social Development (COHSOD)

Ministers of Health

Annual Meeting supported by CCS

CCH STEERING COMMITTEE

| Selected CMOS from Group of Countries (X5) | Representatives Civil Society, Youth | Representatives of other selected sectors (Private Sector, Labour, Region Institutions) |

Supported by CCS (meets twice a year)

CCH SECRETARIAT

Body of CMOs

| **CARPHA** | **PAHO/WHO** | **CARICOM** |

M&E Working Group

Monthly meetings convened by CCS

National and Regional Implementing Agencies
(for each Strategic Priority)

Adapted from CCH IV Summary page 19

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SUSTAINABLE DEVELOPMENT GOALS DIRECTLY RELATED TO THE OBJECTIVES OF THE CCH-IV

1 NO POVERTY	End Poverty in all its forms everywhere	1.3 and 1.4
2 ZERO HUNGER	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.2
3 GOOD HEALTH AND WELL-BEING	Ensure healthy lives and promote well-being for all at all ages	All
4 QUALITY EDUCATION	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	4.2, 4.7 and 4.9
5 GENDER EQUALITY	Achieve gender equality and empower all women and girls	5.2 and 5.6
6 CLEAN WATER AND SANITATION	Ensure availability and sustainable management of water sanitation for all	6.1, 6.2, 6.3 and 6.5
7 AFFORDABLE AND CLEAN ENERGY	Ensure access to affordable, reliable, sustainable, and modern energy for all	7.1
8 DECENT WORK AND ECONOMIC GROWTH	Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all	8.A
10 REDUCED INEQUALITIES	Reduce inequality within and among countries	10.4

11 SUSTAINABLE CITIES AND COMMUNITIES	Make cities and human settlements inclusive, safe, resilient, and sustainable	11.2, 11.5, 11.7 and 11. B
12 RESPONSIBLE CONSUMPTION AND PRODUCTION	Ensure sustainable consumption and production patterns	12.7
13 CLIMATE ACTION	Take urgent action to combat climate change and its impact	13.1
14 LIFE BELOW WATER	Conserve and sustainably use the oceans, sea, and marine resources for sustainable development	14.1
15 LIFE ON LAND	Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss	15.1
16 PEACE, JUSTICE AND STRONG INSTITUTIONS	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels	16.6, 16.9 and 16.10
17 PARTNERSHIPS FOR THE GOALS	Strengthen the means of implementation and revitalize the global partnership for sustainable development	17.1, 17.3, 17.7 and 17.18

CARIBBEAN COOPERATION IN HEALTH-IV: REGIONAL PUBLIC GOODS DASHBOARD

DIAGRAM LEGEND	🟢 IN PLACE	🟠 IN PROCESS/PARTIAL	🔴 NOT IN PLACE	⚪ NO INFORMATION

PRIORITY REGIONAL PUBLIC GOODS

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
1	🔴	Strengthened legislative framework for health, including legal briefs and model legislation
2	⚪	Regional legislation for nutritional labelling
3	🔴	Regional approach to trade legislation and regulation in support of reducing childhood obesity
4	🟢	Caribbean Regulatory System for essential medicines
5	🟢	Regional partnership of health and tourism
6	🔴	Caribbean guaranteed minimum package of health services
7	🟢	Common health promotion campaigns
8	🟠	Common training programs for health and other personnel, including in partnerships and negotiation
9	⚪	Common clinical guidelines and auditing tools for national NCD programs
10	🟠	Regional data sharing and ethics policy
11	🟢	Regional health information systems policy
12	🔴	Regional strategy to stimulate private sector partnerships
13	🔴	Resource mobilization strategies for reaching non-traditional funders

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

HEALTH GOVERNANCE

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
1.1.1	🔴 Not in place	Regional web-based portal/repository containing model legislation, policies, standards, guidelines, and regulatory mechanisms to support delivery of quality healthcare services in countries
1.1.2	🟠 In process/partial	Regional multi-sectoral training programs on policy development for the health sector
1.1.3	🟠 In process/partial	Regional model for policy monitoring
1.1.4	🟠 In process/partial	Regional standards and protocols for quality monitoring for delivery of health services

HEALTH FINANCING

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
1.2.1	🟠 In process/partial	Regional repository of costs of health services at primary and secondary care levels in the Caribbean
1.2.2	🟠 In process/partial	Sub-regional health financing/insurance scheme
1.2.3	⚪ No information	Regional repository of health and economic impact data for varying disease conditions
1.2.4	🟠 In process/partial	Cadre of professionals trained in: -National Health Accounts; -Health impact assessments (HIAs); -Public sector finance management

ACCESS TO MEDICINES AND HEALTH TECHNOLOGY

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
1.3.1	🟢 In place	Functional regional regulatory system (Caribbean Regulatory System (CRS) that facilitates assurance of essential medicines
1.3.2	🟠 In process/partial	Training modules to facilitate regional capacity building in methodologies for rational use of medicines including development of Essential Medicine List and formulary
1.3.3	🟢 In place	Regional mechanism for pooled procurement/ reduced cost of cost-effective medicines and medical products and technologies

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HUMAN RESOURCES FOR HEALTH		
CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
1.4.1	●	Updated Caribbean HRH Roadmap
1.4.2	●	Skills Database of health professionals
1.4.3	●	Regional strategic and implementation plan for public health nursing and nursing education and practice
1.4.4	●	Module for incorporating principles of universal health coverage and of CARICOM chronic care model into curricula of health professionals
1.4.5	●	Model for skill mix and levels of competencies of midlevel managers and new categories of providers including community care workers
1.4.6	●	Caribbean Association of Medical Councils (CAMC) formally established through Inter- Governmental Agreement and sub-regional medical specialist register, based on common Caribbean regional standard CCFP self- sustaining program of regional CME events for GPs to increase capacity to function as key partners in the chronic care model for health promotion, disease prevention and treatment at primary care level
1.4.7	●	Caribbean Public Health Association for registration and continuing education of public health professionals

SAFE, RESILIENT, HEALTHY ENVIRONMENTS		
THREATS TO HEALTH		
2.1.1	●	Regional model policies and legislation for occupational health and safety
2.1.2	●	Regional training modules for capacity building of environmental health and labor officers to conduct workplace monitoring, surveillance, and investigation to ensure safety
2.1.3	●	Regional One Health Strategic Plan

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🟢 IN PLACE   🟠 IN PROCESS/PARTIAL   🔴 NOT IN PLACE   ⚫ NO INFORMATION

ZOONOSIS		
CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
2.2.1	⚫	Integrated zoonosis surveillance, prevention, and control systems

WATER RESOURCE MANAGEMENT		
2.3.1	🔴	Regional framework for integrated water resource management

WASTE MANAGEMENT		
2.4.1	🔴	Regional integrated surveillance system for waste management (solid and liquid)
2.4.2	🔴	Regional model, guidelines, and standards for integrated waste management
2.4.3	🔴	Regional model policies and legislation for integrated waste management

FOOD SAFETY		
2.5.1	🟠	Regional food safety standards, protocols, and manuals

PUBLIC HEALTH OUTBREAKS AND EVENTS		
2.6.1	⚫	Regional Framework for response to radio-nuclear and chemical emergencies
2.6.2	🟠	Expanded Caribbean Field Epidemiology and Laboratory Training Programs
2.6.3	🟠	Regional rapid response team protocol
2.6.4	⚫	Updated regional protocol and guidelines for port health
2.6.5	🟠	Improved regional lab capacity (Regional Network of Labs – CARIPHLN)

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TOURISM AND HEALTH

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
2.7.1	🟢	Web-based Early Warning Tourism Health Information Surveillance, Monitoring and Response Surveillance System
2.7.2	🟢	Regional Guidelines for surveillance and response to travel related public health illnesses occurring in stay over and sea arrivals
2.7.3	🟢	Food Safety and Environment Sanitation training modules and certification program
2.7.4	🟠	Health Safety and Environmental Standards for the hospitality sector
2.7.5	🟢	Multisectoral, multiagency, partnerships supporting the collaboration between tourism and health sectors

BUILT ENVIRONMENTS THAT MITIGATE CLIMATE CHANGE AND PROMOTE PHYSICAL ACTIVITY

2.8.1	⚪	Regional models and policies for urban acupuncture and safe and enhanced green spaces

ANTIMICROBIAL RESISTANCE

2.9.1	🟠	Regional models for integrated AMR surveillance

MITIGATION AND MANAGEMENT OF PUBLIC HEALTH EMERGENCIES AND DISASTERS

2.10.1	🟠	Caribbean Regional Global Health Security Agenda Roadmap

HEALTH AND WELL-BEING OF CARIBBEAN PEOPLE THROUGHOUT THE LIFE COURSE

PRIORITY NCDs AND RISK FACTORS

3.1.1	🟠	Regional repository/database for NCD surveillance data
3.1.2	🟠	Regional model, standards, policies, and legislation to reduce risk factors for NCDs developed (i.e. alcohol, tobacco, sugar, salt, alcohol, obesogenic environments

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TOURISM AND HEALTH		
CCH-IV RPG #	**PROGRESS**	**REGIONAL PUBLIC GOODS**
3.1.3	🔴	Regional repository of evidence-based behavior change interventions and initiatives to inform media, social communications, advocacy, and health promotion related to NCD risk factors
3.1.4	🔴	Regional model policies and guidelines to address NCDs in schools
3.1.5	🔴	Regional training modules, and tools for the implementation of the Chronic Care Model of Care for the Caribbean Community
3.1.6	🟠	Caribbean m-health programs to improve compliance with interventions for prevention and treatment of NCD
3.1.7	🔴	Regional multisector NCD Mechanism
3.1.8	🔴	Regional Champions campaign for the reduction and prevention of priority NCDs

MENTAL HEALTH AND SUBSTANCE ABUSE, VIOLENCE AND INJURY, DISABILITY AND REHABILITATION		
3.2.1	🔴	Framework for introduction of Community Mental Health Care in CMS
3.2.2	🟠	Regional Policy and legislation for use and regulation of Medical Marijuana in countries
3.2.3	🔴	Framework for implementing evidenced based Regional Public education campaign for reducing risk factors associated with violence and injuries with special emphasis on women, children, and youth

COMMUNICABLE DISEASES		
TUBERCOLOSIS		
3.3.1	🟠	Polices, legislation, guidelines, standards, and tools to support implementation WHO strategy for TB control and treatment

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VECTOR BORNE DISEASES		
CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
3.4.1	●	Regional model guidelines, standards, and tools for integrated Vector management in accordance with WHO IVM

VACCINE PREVENTABLE DISEASES		
3.5.1	●	Updated regional policies and guidelines for vaccination to include new vaccines and transition from child to family vaccination

HUMAN IMMUNODEFICIENCY VIRUS		
3.6.1	●	Regional tools, policies, legislation to support the achievement and sustainability of UNAIDS 90-90-90
3.6.2	●	Expanded and sustained access to high quality care, treatment, and support, including management of STIs and co-morbidities Scaled-up access to high-quality elimination of mother to child transmission (EMTCT) interventions

FAMILY AND COMMUNITY HEALTH SERVICES MATERNAL, NEWBORN, AND INFANT HEALTH		
3.7.1	●	Regional Surveillance system for monitoring the nutritional status of newborns and infants
3.7.2	●	Regional Policies to facilitate increasing the rate of exclusive breastfeeding in the first 6 months up to at least 50%
3.7.3	●	Regional repository of models, best practices, and policies to improve delivery of quality of antenatal and postnatal services in underserved/vulnerable populations in accordance with regional standards

CHILD HEALTH

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
3.8.1	🔴	Regional guidelines for multi-sectoral programs for the prevention and early detection of developmental and learning disabilities
3.8.2	🟠	Regional roadmap for multi-sectoral action to prevent and control childhood obesity based on the CARPHA 6-point policy package for healthy food environment

ADOLESCENT AND YOUTH

3.9.1	🟠	Regional repository of evidence-based best practices to inform adolescent health programs (in and out of school)

MEN's HEALTH

3.10.1	🟢	Regional repository of evidence-based behavior change interventions and best practices to inform media, social communications, advocacy, and health promotion for to reduce mortality in men

COMMUNICATION AND PROMOTION

3.11.1	🟢	Regional health communication network

DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY

RESEARCH

4.1.1	🔴	Regional health research agenda to complement CCH-IV that can be adapted and/or adopted at the national level
4.1.2	🟠	Regional research grants program aligned to the health research agenda to facilitate the implementation of CCH-IV
4.1.3	🟢	Annual health research conference and mechanism for democratization of new research evidence
4.1.4	🟠	Communities of practice and networks of researchers that facilitate regional cooperation in research including the development of partnerships

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POLICY

CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
4.2.1	●	Regional clearing house for Caribbean policy, research, and good practices
4.2.2	●	Caribbean Rapid Response Unit
4.2.3	●	Regional standards for training related to application and use of research
4.2.4	●	Virtual Town Hall Meeting (Regional forum for democratization new evidence)
4.2.5	●	Regional cooperation in research, partnerships, communities of practice and networks of researchers, policy makers and other research users

MONITORING AND EVALUATION

4.3.1	●	CMS with improved public health program monitoring based on enhanced M&E systems
4.3.2	●	Enhanced competency in Monitoring and Evaluation in the region
4.3.3	●	Regional data repository for CCH-IV

DISEASE SURVEILLANCE

4.4.1	●	Regional surveillance strategy

HEALTH INFORMATION SYSTEMS

4.5.1	●	Regional framework and plan for Health Information Systems

PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH

CAPACITY DEVELOPMENT

5.1.1	●	Partnership, negotiation, and resource mobilization tools

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POLICY		
CCH-IV RPG #	PROGRESS	REGIONAL PUBLIC GOODS
5.1.2	🟠	Cadre of professionals able to utilize partnership and resource mobilization tools to leverage resources for health

MULTISECTORAL ACTION PLANS AND PARTNERSHIPS		
5.2.1	🟠	Regional guidelines/policy for the engagement of the private sector and the civil society in addressing health priorities
5.2.2	🟢	Coordination mechanisms/platforms to facilitate new and existing partnerships that utilize the principles of goal-based partnerships; and promote involvement of traditional and non-traditional stakeholders to attain identified high-level CCH-IV health outcomes requiring multi-sectoral action (For example: Institutional coordination of Regional Health Security; Cutting childhood obesity in half; Elimination of MTCT)

RESOURCE MOBILIZATION AND FINANCING		
5.3.1	🔴	Business case and talking points for investment in public health overall and particular public health concerns
5.3.2	🔴	Regional clearing house on existing regional programs and funding opportunities for health to share information with member states
5.3.3	🟠	Establish sustainable and innovative fund mechanisms which finances /catalyzes multisector CCH programs of member states and regional institutions

COMMUNICATIONS		
5.4.1	🟢	Regional Communication Plan for CCH
5.4.2	🟢	Implement programs/ traditional media and social / new communication interventions for communicable diseases, and prevention, treatment and reduce the burden of NCDs

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CARIBBEAN COOPERATION IN HEALTH-IV REPORT 2020

PRIORITY REGIONAL PUBLIC GOODS

DIAGRAM LEGEND — 🟢 IN PLACE 🟡 IN PROCESS/PARTIAL 🔴 NOT IN PLACE ⚪ NO INFORMATION

🔴 RPG 1	Strengthened legislative framework for health, including legal briefs and model legislation **NO PROGRESS UPDATE**
⚪ RPG 2	Regional legislation for nutritional labelling **NO PROGRESS UPDATE**
🔴 RPG 3	Regional approach to trade legislation and regulation in support of reducing childhood obesity **NO PROGRESS UPDATE**

RPG 4

Caribbean Regulatory System for essential medicines
PROGRESS

The Caribbean Regulatory System (CRS) is an initiative of the Caribbean Community (CARICOM) and is managed as a regulatory unit within CARICOM's regional public health body, the Caribbean Public Health Agency (CARPHA). It is supported by a number of partners, including the Pan American Health Organization/ World Health Organization (PAHO/WHO), PAHO designated National Regulatory Authorities of Regional Reference (NRA/RR) (Argentina, Brazil, Canada, Chile, Colombia, Cuba, Mexico, United States), and the Bill and Melinda Gates Foundation (BMGF).The main regulatory functions of the CRS are (1) Conducts abbreviated reviews of product dossiers for safety, quality, and efficacy of medicines and vaccines that meet the CRS eligibility criteria; (2) Recommends all favorably reviewed products to CARICOM Member States, and requests completion of in-country processes to grant approval/registration/marketing authorization/import permit within 60 calendar days; and, (3) Carry out pharmacovigilance and post market surveillance of medicines and vaccines in the Region.

RPG 5

Regional partnership of health and tourism
PROGRESS

The Regional Tourism and Health/Travelers Health Program (THP) is a novel, innovative, multi-sectoral, multifaceted program that is addressing the health, safety and environmental sanitation (HSE) threats to tourism with the aim of strengthening countries' capacity to prepare for and respond to public health threats which can transcend national boundaries and negatively affect access to goods and thereby enhance the health and safety of visitors and locals, regional health security, and the quality, reputation and sustainability of Caribbean tourism. It is being executed by CARPHA, in collaboration with the Caribbean Hotel and Tourism Association (CHTA), the Caribbean Tourism Organization (CTO) and countries. CARPHA has established Memoranda of Understanding with the Caribbean Hotel and Tourism Association, CTO, Vessel Sanitation Programme (VSP), the Caribbean Travel Health Network (CATHNET) and Public Health England. Working partnerships exist with Cruise Line International Association and country-based tourism and health steering committees.

RPG 6

Caribbean guaranteed minimum package of health services
NO PROGRESS UPDATE

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RPG 7	Common health promotion campaigns **PROGRESS**
	Common health promotion campaigns developed and coordinated in collaboration with regional partners include Caribbean Wellness Day, Caribbean Mosquito Awareness Week, Diabetes Awareness and Caribbean Public Health Day. **Caribbean Wellness Day (CWD)** was initiated to stop the epidemic of chronic NCDs by strengthening an all-of-society response and promoting healthy living, activities and programmes that support wellness. **Caribbean Mosquito Awareness Week (CMAW)** is a joint initiative of CARPHA, PAHO and the CARICOM Secretariat launched in May 2016. CMAW is aimed at raising awareness of the need to eliminate mosquito breeding sites and use personal protection to prevent mosquito-borne diseases. **OECS Diabetes Prevention and Care Project** - The Organisation of Eastern Caribbean States (OECS), in collaboration with CARPHA and the Regional Health Communication Network (RHCN), launched a campaign in September 2019, to reduce risk factors for NCDs, including diabetes. The year-long mass media campaign called on persons to "Commit to Change". In 2014, CARPHA declared July 2nd **Caribbean Public Health Day (CPHD)** to sensitize Caribbean people about the importance of public health.

RPG 8	Common training programs for health and other personnel, including in partnerships and negotiation **PROGRESS**
	Partnership training through the 2030 Agenda Partnership Accelerator for Sustainable Development (2030 APA) has been identified as a potential window for delivery of a regional training programme. This programme is proposed to include the following elements: (a) Traditional Programme 1 (Sensitization) Virtual Programme for all CMS; (b) "Effective Partnering Trainer of Trainers" regional workshop; (c) Traditional Programme 2 (In depth national training) in 2-4 select CMS using persons from Train the Trainer Programme with 2030 APA trainers (with backstopping by the Partnering Initiative); and, (d) national programmes in Member States with a new cadre of "effective partnering" trainers.

RPG 9	Common clinical guidelines and auditing tools for national NCD programs **NO PROGRESS UPDATE**

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● **RPG 10**		Regional data sharing and ethics policy **PROGRESS**
		In December 2019, CARPHA shared a draft of the data sharing policy with all CMS for review and feedback. Three countries responded either with queries or agreement indicating that a sensitization and a wider discussion is needed with member states. The data sharing policy was scheduled to be tabled at the Chief Medical Officers meeting in June 2020, with an aim thatit be tabled for discussion and considered for general adoption.
● **RPG 11**		Regional health information systems policy **PROGRESS**
		The Pan American Health Organization (PAHO) in collaboration with the CARICOM Secretariat held a High-level meeting on Information Systems for Health (high-level commitment at the IS4H Meeting of Ministers in Jamaica in 2016 Full report). The HLM identified immediate, medium-term, and long-term outcomes for IS4H in the Caribbean. The HLM agreed to prioritize the following key actions to the way forward: (1) adoption of a holistic framework for IS4H in Caribbean, with identification of components amenable to joint work by countries; (2) adoption of the Regional Strategic Plan for advancing public health through interoperable IS4H; (3)identification of electronic medical records and hospital management systems as short-term IS4H priorities for Caribbean countries; (4) develop a regional Plan of Action and proposal that address identified priority actions for presentation to national Cabinets and potential funders, to facilitate, respectively, resource allocation and resource mobilization; (5) negotiate to put health and IS4H on the eGovernment agenda; (6) update legislation for, and associated with, IS4H, using model legislation, legal briefs, and/or examples from countries; (7) develop instruments such as an IS4H self-assessment tool, regional guidelines and standards for interoperability, privacy, confidentiality, and security; (8) develop National Health Information architecture; (9) update the country IS4H situation assessment in coordination with the Caribbean IS4H Technical Working Group (TWG); (10) formalize the TWG and its functions, with review of its terms of reference as appropriate; and, (11) implement formal collaboration mechanisms for information sharing among countries.
● **RPG 12**		Regional strategy to stimulate private sector partnerships **NO PROGRESS UPDATE**
● **RPG 13**		Resource mobilization strategies for reaching non-traditional funders **NO PROGRESS UPDATE**

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HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

DIAGRAM LEGEND

● IN PLACE ● IN PROCESS/PARTIAL ● NOT IN PLACE ● NO INFORMATION

HEALTH GOVERNANCE	
● RPG 1.1.1	Regional web-based portal/repository containing model legislation, policies, standards, guidelines, and regulatory mechanisms to support delivery of quality healthcare services in countries **NO PROGRESS UPDATE**
● RPG 1.1.2	Regional multi-sectoral training programs on policy development for the health sector **PROGRESS**
	PAHO and University of the West Indies (UWI) are currently developing a joint Diploma/Certificate program in Health policy and health systems for the Caribbean. In 2019, CARPHA conducted a Policy Analysis training which benefited professionals form the Health, Agriculture and Education sectors from 6 CMS and focused on the implementation of the 6-Point Policy Package.

● RPG 1.1.3	Regional model for policy monitoring **PROGRESS**
	The 48th Executive Committee of the Regional Nursing Body meeting called for the creation of a Human Resource for Health (HRH) Action Task Force to support the development and monitoring of HRH policies in the Region. PAHO is requested to serve as the Secretariat.

● RPG 1.1.4	Regional standards and protocols for quality monitoring for delivery of health services **PROGRESS**
	PAHO is supporting implementation of the HEARTS initiative in the Caribbean, which emphasizes the adaptation, dissemination and use of standardized simple clinical-management protocols, which are drug- and dose- specific and include a core set of medications. The HEARTS package includes a Module focused on "Evidence-Based treatment protocols" and a "Tool for the development of a consensus protocol for treatment of hypertension".

HEALTH FINANCING	
● RPG 1.2.1	Regional repository of costs of health services at primary and secondary care levels in the Caribbean **PROGRESS**
	In June 2020, the UWI's Health Economics Unit (HEU), was designated as a WHO/PAHO collaborating Centre for Health Economics and Financing. As part of its terms of reference, UWI will support PAHO/WHO's work by doing costing and efficiency studies of health services. Currently a Letter of Agreement with HEU is under negotiation for HEU to conduct a costing and efficiency study of selected health facilities in two OECS countries.

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RPG 1.2.2	Sub-regional health financing/insurance scheme **PROGRESS**
	Regional dialogues for countries to share knowledge and increase understanding for designing and managing national health financing initiatives have taken place: **PAHO Sub-regional Dialogue on Health Financing in the Caribbean,** August 28—29, 2018, Barbados **13th Caribbean Conference on National Health Financing Initiatives,** 6-8 November 2019, Anguilla **12th Caribbean Conference on National Health Financing Initiatives,** 10 October 2018, Suriname **11th Caribbean Conference on National Health Financing Initiatives,** 25-27 October 2016, Bonaire **10th Caribbean Conference on National Health Financing Initiatives,** 28-30 October 2015, Turks and Caicos

RPG 1.2.3	Regional repository of health and economic impact data for varying disease conditions **NO PROGRESS UPDATE**

RPG 1.2.4	Cadre of professionals trained in: -National Health Accounts; -Health impact assessments (HIAs); -Public sector finance management **PROGRESS**
	During the period of 2017-2019, UWI's HEUthrough a Letter of Agreement with PAHO,provided training on the System of Health Accounts 2011 (SHA 2011) to Belize, Grenada, and St. Kitts and Nevis.Currently another Letter of Agreement is under negotiation for HEU to conduct a sub-regional workshop on the System of Health Accounts (SHA) 2011 and to develop an online course.

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	ACCESS TO MEDICINES AND HEALTH TECHNOLOGY
RPG 1.3.1 (green)	Functional regional regulatory system (Caribbean Regulatory System (CRS) that facilitates assurance of essential medicines **PROGRESS**
	There have been 117 medicines recommended by the CRS to CARICOM governments as of August 2020.The CRS engages in the WHO Prequalification on behalf of CARICOM member states and has recommended several WHO prequalified products. CRS also performs another core function to support CARICOM Member States: pharmacovigilance and post-market surveillance through a program called "VigiCarib". VigiCarib was launched in 2017 as a voluntary regional system for countries to report medicines related adverse events and substandard and falsified products.
RPG 1.3.2 (amber)	Training modules to facilitate regional capacity building in methodologies for rational use of medicines including development of Essential Medicine List and formulary **PROGRESS**
	The CRS has established a network for pharmacovigilance and post-market surveillance. It has also implemented webinars to train focal points in pharmacovigilance and management of reporting systems. The training for the development of essential medicines lists and formularies is pending. Pharmacovigilance systems are operational in some countries (e.g. Jamaica, Barbados, Trinidad and Tobago, St Vincent, and the Grenadines). The CRS supports all CMS at various levels of maturity through training and information sharing (newsletter). Essential medicines lists and/or formularies exist in most CMS. MQCSD implemented a risk-based post market surveillance (PMS) programme to ensure the quality, safety and efficacy of medicines in CMS and detect substandard/falsified products on the market. This programme supports and strengthens national and regional medicines regulatory systems. It also performs testing outside of this programme for CMS on request such as possible substandard/falsified medicines, outside of MQCSD PMS. MQCSD provides technical advice on queries to pharmaceutical testing from national medicines regulatory authorities/procurement bodies and the four national medicines quality control laboratories. A Post Marketing surveillance Guide for small island developing states (SIDS)was developed and published for CMS to assist (1) national medicines regulatory authorities/procurement bodies in the design and conduct of programs for national post-market surveillance of medicines (2) To describe the procedures for sample collection, and the submission of samples of medicines for compendial testing to MQCSD. In May 2019, a training was held with the OECS countries and further workshops are planned to build competencies in PMS within the Region.

● RPG 1.3.3	Regional mechanism for pooled procurement/ reduced cost of cost-effective medicines and medical products and technologies **PROGRESS**
	All 15 CARICOM countries have signed agreements with PAHO's Strategic Fund for pooled procurement. CARICOM countries are registered and participating in several pooled procurement platforms for COVID-19 supplies such as: the WHO COVID-19 Supply Portal, AU Procurement Platform, and the African Medical Supplies Platform.As of September, the 3rd 2020, seven CARICOM countries have sent a letter of intent to commit to the COVAX Facility.

HUMAN RESOURCES FOR HEALTH	
● RPG 1.4.1	Updated Caribbean HRH Roadmap **PROGRESS**
	Caribbean Roadmap on Human Resources for Universal Health 2018-2022 was developed by a joint effort of 15 CARICOM Member States, with the technical support of the Pan American Health Organization /World Health Organization. The Caribbean Roadmap sets out a comprehensive approach at the sub-regional level that enables countries to develop common standards and guidelines for HRH planning and policy development, avoiding duplication of efforts and benefiting from economies of scale and best practices. The Roadmap includes seven HRH priorities: governance and leadership, education and training, access and quality, finance, HRH information systems, research, and, workforce feminization and gender responsiveness. **Priority 1: Governance and leadership** - PAHO completed an analysis on HRH measures taken during the COVID-19 response in 12 countries of the Region. Currently PAHO and WHO are carrying out case studies on HRH and COVID-19 in three countries: Belize, Grenada, and Jamaica. PAHO is currently conducting a situation analysis on mobility of nurses and physicians of the Caribbean. It will be completed by the end of the year. CARICOM and PAHO worked on a proposal to structure a Regional HRH Action Task Force to address key issues such as HCW migration, HRH and COVID-19 and HRH policy. **Priority 2: Education and training** - Course on Critical Care Nursing implemented in Trinidad and Tobago (UWI and PAHO). A first cohort of 25 nurses completed the first version in early August and a second will complete the course in September. A Caribbean cohort is currently being organized with participants from Antigua and Barbuda, Barbados, Belize, Guyana, and Suriname.

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PAHO and UWI are currently developing a joint Diploma/Certificate program in Health policy and health systems for the Caribbean. A Letter of Agreement (LOA) is currently being developed by both organizations. PAHO developed a course on *Public health leadership* for the Region in collaboration with NextGenU. It will be available in the Caribbean Node of the Virtual Campus of Public Health by mid-October.

Priority area 6: Research - PAHO completed and presented the study: *Health Workers Perception and Migration* in the Caribbean Region (November 2019).

RPG 1.4.2	Skills Database of health professionals **NO PROGRESS UPDATE**

RPG 1.4.3	Regional strategic and implementation plan for public health nursing and nursing education and practice **PROGRESS**

A course on Critical Care Nursing was implemented in Trinidad and Tobago (UWI and PAHO). A first cohort of 25 nurses completed the first version in early August and a second will complete the course in September. A Caribbean cohort is currently being organized with participants from Antigua and Barbuda, Barbados, Belize, Guyana, and Suriname.

RPG 1.4.4	Module for incorporating principles of universal health coverage and of CARICOM chronic care model into curricula of health professionals **PROGRESS**

PAHO and UWI are currently developinga joint Diploma/Certificate program in Health policy and health systems for the Caribbean. A Letter of Agreement (LOA) is currently being developed by both organizations

RPG 1.4.5	Model for skill mix and levels of competencies of midlevel managers and new categories of providers including community care workers **NO PROGRESS UPDATE**

● **RPG 1.4.6**	CAMC formally established through Inter- Governmental Agreement and sub-regional medical specialist register, based on common Caribbean regional standard CCFP self-sustaining program of regional CME events for GPs to increase capacity to function as key partners in the chronic care model for health promotion, disease prevention and treatment at primary care level **NO PROGRESS UPDATE**

● **RPG 1.4.7**	Caribbean Public Health Association for registration and continuing education of public health professionals **NO PROGRESS UPDATE**

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SAFE, RESILIENT, HEALTHY ENVIRONMENTS

DIAGRAM LEGEND

● IN PLACE ● IN PROCESS/PARTIAL ● NOT IN PLACE ● NO INFORMATION

THREATS TO HEALTH	
● **RPG 2.1.1**	Regional model policies and legislation for occupational health and safety **NO PROGRESS UPDATE**

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● RPG 2.1.2	Regional training modules for capacity building of environmental health and labor officers to conduct workplace monitoring, surveillance, and investigation to ensure safety **PROGRESS**
	Human and laboratory capacities and capabilities remain a challenge for Environmental and Public Health Surveillance (PHS), pollution and contamination monitoring to protect human health and the environment, which are major issues facing the Caribbean. By way of building capacity, CARPHA developed the Public Health Surveillance Training Manual (Environmental Health); Persistent Organic Pollutants Training Manual; a Regional Protocol for Indoor Air Quality (IAQ) Assessment; and, datasets on persistent organic pollutant (POP) Polychlorinated Biphenyls (PCBs) were developed for 8 countries that participated in the POPs project (which will be part of the Report on harmful chemicals in the Environment and Sources of Exposure). Training was also conducted in Environmental Monitoring, Public Health Surveillance and Management of Environmental Contaminants/Hazards to six (6) CMS. A total of ninety-six (96) officers -Environment Health Technical Officers and other practitioners- were trained. The training was conducted in two (2) phases. Phase one (1) of training was conducted in four (4) CMS; Anguilla, Belize, Grenada and St. Vincent and the Grenadines (May 2019) and phase 2 was conducted in Saint Lucia and Saint Kitts and Nevis (September 2019). Furthermore, water safety plans were developed for Belize and Anguilla using the World Health Organization (WHO) approach to reducing the risk associated with poor potable water quality by preventative action from the catchment to the consumer. PAHO also conducted a review of environmental health 3 Step undergraduate and graduate training in the Caribbean through the EU/CARIFORUM grant applying environmental health performance standards to better support this workforce

● RPG 2.1.3	Regional One Health Strategic Plan **PROGRESS**
	The European Union/CARIFORUM climate change and health project includes a One Health plan that addresses leadership, zoonosis, and food safety.

ZOONOSIS	
● RPG 2.2.1	Integrated zoonosis surveillance, prevention, and control systems **NO PROGRESS UPDATE**

WATER RESOURCE MANAGEMENT

RPG 2.3.1	Regional framework for integrated water resource management **PROGRESS**
	Draft building codes, assessment of policy and financial instruments, training materials, vulnerability maps etc. have been developed under the Pilot Project for Climate Resilience Project for Rainwater Harvesting this year (2020). The establishment of demonstration sites for training and awareness and data collection related to water quality, is pending, and will be established in 2021. Additional support will be provided under the IWEco Project that is led by the OECS and supported by CARPHA.

WASTE MANAGEMENT

RPG 2.4.1	Regional integrated surveillance system for waste management (solid and liquid) **NO PROGRESS UPDATE**

RPG 2.4.2	Regional model, guidelines, and standards for integrated waste management **NO PROGRESS UPDATE**

RPG 2.4.3	Regional model policies and legislation for integrated waste management **PROGRESS**
	Under the GEF-IWEco Project CARPHA contracted Trent University to conduct regional research using a pilot site in Saint Lucia to monitor the impacts of nutrients and toxic chemicals from a watershed to the coastline; and with CERMES UWI to monitor aspects on the impacts of Sargassum from sites in Barbados. CARPHA will also be identifying and assessing the impacts of microplastics in the marine ecosystem.

FOOD SAFETY

● RPG 2.5.1	**Regional food safety standards, protocols, and manuals** **PROGRESS**
	The EU/CARIFORUM climate change project includes food safety and lab training in collaboration with PAHO and CARPHA. National Integrated Foodborne Disease Surveillance Action Plans were updated for 13 CMS; these action plans will contribute to the Food Safety Plans. Additionally, 10 CMS have conducted burden of illness studies with accompanying food safety policy briefs. As well, trainingmodules were developed and 487 persons in 8 CMS were trained and certified in the SERVSAFE advanced food safety training.

PUBLIC HEALTH OUTBREAKS AND EVENTS

● RPG 2.6.1	**Regional Framework for response to radio-nuclear and chemical emergencies** **NO PROGRESS UPDATE**
● RPG 2.6.2	**Expanded Caribbean Field Epidemiology and Laboratory Training Programs** **PROGRESS**
	Since inception of the CR-FELTP, the programme has been expanded to include the Level 2 (Intermediate) and Frontline-FETP (Pre-Basic) levels. In addition to these core modules, several standalone courses have been implemented such as Vector Borne Disease Surveillance and Control, and Introduction to Scientific Writing. Several cohorts of persons have graduated- 96 persons in 8 CMS at the Frontline-FETP level; 130 persons in 13 CMS at Level 1 (Basic); and 10 persons at Level 2 (Intermediate).In 2018/2019, the first online cohort of Level 1 was conducted. An online cohort of Frontline-FETP will be conducted in the 4th quarter of 2020.
● RPG 2.6.3	**Regional rapid response team protocol** **PROGRESS**
	Standard Operating Procedures have been drafted for deployment of staff and external consultants by CARPHA. These SOPs can be considered for regional adaptation

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● **RPG 2.6.4**	Updated regional protocol and guidelines for Port Health **NO PROGRESS UPDATE**

● **RPG 2.6.5**	Improved regional lab capacity (Regional Network of Labs – CARIPHLN) **PROGRESS**
	CariPHLN was established in 2015 with CARPHA serving as the Secretariat. A governance structure was then introduced with an Executive Committee and 5 cross-cutting thematic Technical Advisory Groups (Laboratory Strengthening, Safety/Biosafety, Finance, Data Management, HR/Advocacy and Networking).During the period 2016-2019, focus was placed on the development of TORs and work plans for each TAG. CariPHLN supported the activities of the HIV rapid test validation exercises and introduction of the GeneXpert diagnostic platform for tuberculosis detection in close collaboration with PAHO, OECS and CMLF. CariPHLN has supported CMS during the ongoing COVID-19 pandemic by providing webinars for over 300 laboratory professionals from 17 CMS and 5 information bulletins to date for the wider laboratory community to encourage access to expert, technical best practices. Links: https://www.carpha.org/What-We-Do/LABS/CMML/Laboratory-Projects-Resources; https://bit.ly/2W2L8DW

TOURISM AND HEALTH	
● **RPG 2.7.1**	Web-based Early Warning Tourism Health Information Surveillance, Monitoring and Response Surveillance System **PROGRESS**
	The Tourism and Health information System web based is fully operational and have been expanded to include the following data entry users: hospitals, health centers, clinics, hotels, guesthouses, transport, tour operators. There are 369 facilities registered on the platform representing 19 CMS.The Regional Travelers Health Policy was endorsed and approved by the COHSOD (Sept 2019) and endorsed at COTED (June 2020).

● RPG 2.7.2	Regional Guidelines for surveillance and response to travel related public health illnesses occurring in stay over and sea arrivals **PROGRESS**
	The first edition the Regional Guidelines for Response was produced and distributed in 2018 to all participating Tourism and Health Programme countries. These guidelines currently provide guidance on responding to a number of common visitor-based illnesses and are currently being updated to include COVID-19, Influenza-like illnesses (ILI) and Measles.

● RPG 2.7.3	Food Safety and Environment Sanitation training modules and certification program **PROGRESS**
	Training modules for food safely and environment sanitation were developed and 487 persons in 8 CMS were trained and certified in the SERVSAFE advanced food safety training.

● RPG 2.7.4	Health Safety and Environmental Standards for the hospitality sector **PROGRESS**
	Seven (7) New Work Item Proposals (NWIPs) were submitted to CROSQ, by the Barbados National Standards Institute (BNSI) for consideration, which wereapproved at the 34th Meeting of the CROSQ Council held in April 2019. The work items were assigned to the Regional Technical Committee for Tourism and Related Services RTC 6 for development.

● RPG 2.7.5	Multisectoral, multiagency, partnerships supporting the collaboration between tourism and health sectors **PROGRESS**
	CARPHA, now part of Global tourism resilience initiative (January 2019) has recommended that the unique RPGs of the THP be documented as best practices for improving regional health security. Official Letters of Support were received from Public Health England (PHE) (Nov 2019), aiming to strengthen the collaboration between CARPHA (THP); PHE Travel Health & IHR in protecting the health, safety, and security of travellers to the Caribbean and its local populations; and, CDC Vessel Sanitation Program (May 2019), acknowledging the mutually beneficial impact of THP and VSP activities for people visiting and living in the Americas. Partnership meetings were also conducted with World Tourism Organization (UNWTO), the Association of British Travel Agents (ABTA), PHE.

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BUILT ENVIRONMENTS THAT MITIGATE CLIMATE CHANGE AND PROMOTE PHYSICAL ACTIVITY

●

RPG 2.8.1

Regional models and policies for urban acupuncture and safe and enhanced green spaces
NO PROGRESS UPDATE

ANTIMICROBIAL RESISTANCE

●

RPG 2.9.1

Regional models for integrated antimicrobial resistance (AMR) surveillance
PROGRESS

All countries have developed at least a draft AMR National Action Plan and are in the process of implementation. The plans are aligned with the Global Action Plan on AMR. The goal of the global action plan is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them. The plans are integrated covering health, animal, and environmental health.

MITIGATION AND MANAGEMENT OF PUBLIC HEALTH EMERGENCIES AND DISASTERS

●

RPG 2.10.1

Caribbean Regional Global Health Security Agenda Roadmap
PROGRESS

The Regional Coordination Mechanism for Health Security has been convened on two occasions and is actively involved in leading the regional response to the COVID-19 pandemic
https://carpha.org/More/Media/Articles/ArticleID/190/Working-towards-Regional-Health-Security-in-the-Caribbean.

In 2019 CARPHA became a member of the GHSA Action Package for Biosafety and Biosecurity (Action Package Prevent 3). CARPHA will assume responsibilities as the Chair, APP3 for 2020-2021 in October 2020. Under an IDB grant 2018-2019, 3 CMS (Belize, Guyana, and Jamaica) received support to improve local capacities as evaluated by the WHO JEE tool in Emergency Response and Biosafety and Biosecurity.

PAHO implements the Smart Health Care Facilities in the Caribbean project (May 2015 – May 2022), with the aim to provide safer, greener health facilities to deliver care in disaster. The project is funded by the Foreign Commonwealth and Development Office (£43.3M). As a result of this project, 1,081 persons were trained on the Smart Toolkit, which included training on the Hospital and Safety Index and Green assessments, Contingency and conservation planning. The toolkit also includes several technical documents which can all be found on:

https://www.paho.org/en/health-emergencies/smart-hospitals/smart-hospitals-toolkit

Smart standards are being implemented in at least 50 selected healthcare facilities in Belize, Guyana, Jamaica, Dominica, Saint Vincent and The Grenadines, St. Lucia and Grenada. 20 facilities are completed (September 2020). National and regional capacity are developed to promote climate smart health facility standards. This includes, health workers and users of facilities; other sectors and climate change platforms or programmes (WB Smart project OECS, Smart EU Belize, Smart shelters EU BVI, Smart schools BVI); technical stakeholders (construction, engineering, architects etc.); and, media (see also:

https://youtu.be/duh0yyCKauk;
https://we.tl/t-ix6ackYdVc;
https://www.facebook.com/SMART-Health-Care-Facilities-188345444842738/

PAHO also implements the Smart shelter project in the British Virgin Islands (BVI), which is funded by the EU. The overall Objective is tostrengthen resilience to climate-change related hazards and disasters in the British Virgin Islands.Under this project the 10 community centres/shelters will be outfitted with base station radios and large appliances, and the base station radios arrived in country. Training will be done in shelter management and psychosocial care which will be carried out by the local Department of Disaster Management with MOH. The development of manuals for environmental health officers to better respond to flooding has been incorporated into the EU/CARIFORUM grant.

HEALTH AND WELL-BEING OF CARIBBEAN PEOPLE THROUGHOUT THE LIFE COURSE

DIAGRAM LEGEND

● IN PLACE ● IN PROCESS/PARTIAL ● NOT IN PLACE ● NO INFORMATION

PRIORITY NCDs AND RISK FACTORS	
● RPG 3.1.1	Regional repository/database for NCD surveillance data **PROGRESS**
	A workplan has been developed to advance the establishment of the NCD Regional Surveillance System. Plans are in progress for hosting an initial Virtual Meeting (comprising 3 Virtual Sessions) to begin the process for defining the indicators to be included in the Regional NCD Surveillance System. The Virtual Sessions are planned to take place on September 22, 29 and October 06, 2020. Invitations have been sent to International Experts and CARPHA Member States to request their participation in the 3 Virtual Sessions.

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● RPG 3.1.2	Regional model, standards, policies, and legislation to reduce risk factors for NCDs developed (i.e. alcohol, tobacco, sugar, salt, alcohol, obesogenic environments) **PROGRESS**
	Model Framework to reduce Sodium Consumption in the population for the prevention and control of NCDs developed. A knowledge bank was also set up on the CARPHA website linked to the Nutrition/NCD banner. PAHO is also working with CARICOM institution, sub-regional partners and Ministries of Health and Legal Affairs to build capacity for the use of law to address NCDs, including a Subregional Workshop on Law and NCDs for Caribbean countries, Jamaica, 2017; a High-Level meeting on the use of Law to tackle NCDs, Trinidad, 2018; a Subregional Workshop on the Use of Law to address NCDs in the Caribbean, Miami, 2020; and ongoing collaboration with the Caribbean Court of Justice Academy for Law (CALCA) including a letter of agreement to develop a Caribbean Network and examine the use of community law (see activities under WHO FCTC below). In 2018, Caribbean Ministries of Health unanimously approved the PAHO "Strategy and Plan of Action to Strengthen Tobacco control in the Region of the Americas 2018-2020", which provides a roadmap to accelerate implementation of the WHO FCTC. PAHO is currently supporting these efforts through a grant from The Union for the period 2019-2021, aimed at achieving a 100% Smoke-Free Caribbean by 2022. Furthermore, ongoing technical cooperation was provided to Member States to develop the WHO Framework Convention on Tobacco Control (FCTC) compliant tobacco control legislation. During the reporting period (2015-2020), the following countries have achieved implementation at the highest level of the MPOWER:M (monitor): Bahamas (2018), Suriname (2018); P (Smoke-free environments): Antigua and Barbuda (2018), Guyana (2017), Saint Lucia (2020); O (cessation): Jamaica (2016); W (health warnings): Antigua and Barbuda (2018), Barbados (2017), Guyana (2018), Suriname (2016); and E (total ban advertising, promotion and sponsorship): Antigua and Barbuda (2018), Guyana (2017). PAHO has facilitated a cooperation project between Chile and CARICOM under the Country Cooperation for Health (CCHD) framework, with a focus on nutrition policies, including front-of-package labelling (FOPL). As part of this project, CROSQ has initiated the revision of the CARICOM Regional Standard (CRS) 05:2010 "Labelling of Pre-Packaged Foods" to integrate FOPL specifications.
● RPG 3.1.3	Regional repository of evidence-based behavior change interventions and initiatives to inform media, social communications, advocacy, and health promotion related to NCD risk factors **PROGRESS**
	The repository comprising of a range of communication materials as submitted by the Regional Health Communication Network (RHCN) is housed at CARPHA. The repository comprising of web and social media banners, posters, and action guides to support health communication, advocacy, and promotion of behaviour change interventions related to NCD risk factors.

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PAHO has also contributed to regional public education-awareness efforts through the following efforts:-Letters of agreement with HCC to support: Caribbean Alcohol Reduction Day (CARD); My Healthy Caribbean School Initiative; and childhood Obesity Factsheets. Other efforts include, co-sponsorship of the Heart and Stroke Foundation of Barbados (HSFB) "Switch it up" mass media communication campaign in Barbados in 2019 and 2020 to mobilize support for healthier school environments, including the removal of sugary drinks from schools; Annual Caribbean Wellness Day and Wellness Week activities; Tobacco control Mass Media Campaign (MMC), including support to Guyana's 2018 MMC to create awareness about their National Tobacco Act; and poster and social media graphic cards with a focus on smoke-free environments.

RPG 3.1.4

Regional model policies and guidelines to address NCDs in schools
NO PROGRESS UPDATE

RPG 3.1.5

Regional training modules, and tools for the implementation of the Chronic Care Model of Care for the Caribbean Community
PROGRESS

PAHO is providing technical cooperation to advance implementation of the HEARTS initiative in the Caribbean. Currently, Barbados, Trinidad and Tobago and Saint Lucia are part of the initiative, with additional countries preparing to join. More information about implementation of HEARTS in the Americas is available here. A virtual self-learning course on the implementation of the HEARTS technical package in primary health care has been developed and is available free of cost from the PAHO Virtual Campus of Public Health in this link.

RPG 3.1.6

Caribbean m-health programs to improve compliance with interventions for prevention and treatment of NCD
PROGRESS

The Guidelines for The Management of Diabetes in Primary Care in The Caribbean have been developed and are in the process of final review. Module 1 of the Diabetes Guidelines is completed and available on CARPHA's Website https://carpha.org/What-We-Do/NCD/Integrated-Disease-Management/CARPHA-Clinical-Guidelines.
Modules 2-5, of the Diabetes Guidelines will be published as soon as they are completed. Sensitization on the Guidelines will be done following the publication of the other modules. are being planned for November 2020 and will be conducted as 3 Virtual Sessions.

The dates for the Sensitization sessions will be advertised widely to encourage participation of the target audience. Tools to support the Implementation of the Diabetes Guidelines are in the process of development. Plans are currently being made for the pilot testing of the first set of tools, prior to finalization and distribution. Additional activities to be implemented include development of online training materials and an App to support the implementation of the Diabetes Guidelines.

RPG 3.1.7	⬤	Regional multisector NCD Mechanism **NO PROGRESS UPDATE**

RPG 3.1.8	⬤	Regional Champions campaign for the reduction and prevention of priority NCDs **PROGRESS**
		In 2017, PAHO conducted an In-depth qualitative analysis of existing NCD multisectoral action plans in the Caribbean, to identify good practices and successes that may be replicated in other countries.

MENTAL HEALTH AND SUBSTANCE ABUSE, VIOLENCE AND INJURY, DISABILITY AND REHABILITATION		
RPG 3.2.1	⬤	Framework for introduction of Community Mental Health Care in CMS **PROGRESS**
		PAHO is providing technical cooperation to member states to facilitate integration of mental health into primary health care and community-based services. Additionally, a series of regional capacity building activities, including a tutor based virtual course on the Mental Health Gap Action Programme (mhGAP) through PAHO´s Virtual Campus of Public Health. This 22-week course was completed by 54 health care providers from 15 Caribbean countries and territories. Other initiatives implemented are, a Regional training of trainers' workshop on Psychological First Aid (PFA) and the mhGAP Humanitarian Intervention Guide (mhGAP-HIG), Barbados, 2018, and a Caribbean Refresher Training on MHPSS in disaster management, Barbados, 2019.

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RPG 3.2.2 ●	Regional Policy and legislation for use and regulation of Medical Marijuana in countries **PROGRESS**
	PAHO commissioned a review of current scientific literature regarding public health impact of cannabis legislation and regulation, 2018.In 2019, WHO sent a communication to the United Nations Commission on Narcotic Drugs (UN CND) with recommendations about changes in the regulation of cannabis products. Decision on this matter was postponed by the CND. Technical support was provided to CARICOM discussion on this matter. St. Kitts and Nevis, 2019

RPG 3.2.3 ●	Framework for implementing evidenced based Regional Public education campaign for reducing risk factors associated with violence and injuries with special emphasis on women, children, and youth **PROGRESS**
	In 2015, CARPHA, in collaboration with the Ministries of Education and Health, Grenada, hosted a **Youth Panel Discussion on bullying - violence in schools**. The symposium was attended by more than 100 secondary school students from 5 districts in Grenada. Following the symposium, CARPHA launched a half hour video entitled "Bullying: What's the Big Deal". The video was shared with several Ministries of Education to increase awareness, stimulate further discussions, and inspire Governments and NGOsto propose solutions to reduce incidences of violence and injuries in schools. The Caribbean training of trainers for responding to violence against women (May 2019), and related follow up with countries, including in strengthened collaboration with the Spotlight Initiative. A series of webinars to disseminate evidence-based guidance and encourage the exchange of experiences on violence prevention in the context of COVID-19, for example, the PAHO/PANCAP webinar on gender-based violence against women (May 2020). PAHO has also led the following efforts to create multimedia messages on violence prevention: integrated violence prevention messages in the 2020 Mental Health and Psychosocial Support communications campaign "Stronger Together: Connecting to feel safe, calm and hopeful", and produced violence prevention communication materials as part of the PAHO's COVID-19 communication. Additionally, PAHO in collaboration with CDB, Internews and the Caribbean Broadcasting Union has conducted a training for journalists and health communicators on "Covering Domestic Violence and the COVID-19 pandemic".

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COMMUNICABLE DISEASES

TUBERCOLOSIS

● RPG 3.3.1	Polices, legislation, guidelines, standards, and tools to support implementation WHO strategy for TB control and treatment **PROGRESS**

The CARPHA Medical Microbiology Laboratory (CMML) is making an effort to try to recover some of the laboratory capacities for MTB by acquiring a MGIT equipment to be installed in the biosafety level 3 (BSL3) laboratory and thus resume MTB culture services for CARPHA member states. Moreover, the role of CARPHA in the diagnosis of TB for the Caribbean and its role as a sub-regional reference laboratory have been discussed with representatives of PAHO and the CDC, who have expressed their interest in maintaining a coordinated and joint work between these three institutions in regard to the fight against tuberculosis in the region.

In collaboration with the Regional Green Light Committee (rGLC) Tuberculosis(TB) assessments were conducted in all of the Eastern Caribbean States as part of the GF project. Based on the recommendations from the TB assessment, a regional TB strategy aligned to the Global TB framework/strategy was developed for the OECS as a sub-region as well as country action plans with the technical support and guidance of PAHO. In 2015 PAHO through the multi-country GF grant provided technical guidance for the development of the new TB treatment guidelines. Following the closure of the Supranational References Laboratory (SRL) in Massachusetts that provided TB services to National Reference Laboratories in the Caribbean, PAHO initiated discussions with CDC, the only WHO SRL for the region to provide such services to the Caribbean in collaboration with CDC. Through the PAHO/CARPHA workplan, training on TB surveillance was conducted for selected countries. Similar was done for countries under the OECS multi-country GF Grant. TB is one of the communicable diseases for elimination under the PAHO Elimination plan for the Americas. Jamaica, and the Eastern Caribbean States with low burden of TB can advance to TB elimination. Since 2015, through the OECS GFATM project, mechanisms (including TB assessments, follow-up on recommendations, TB surveillance and workplans) by PAHO in collaboration with the OECS Commission at the country levels are advancing to support TB elimination. In 2020 an assessment of the TB program in Jamaica was conducted with the overall aim of strengthening the services and advancing to TB elimination.

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VECTOR BORNE DISEASES	
● RPG 3.4.1	Polices, legislation, guidelines, standards, and tools to support implementation WHO strategy for TB control and treatment **PROGRESS**
	CariVecNet was founded in 2017 and consists of 4 Technical working groups: Surveillance, Clinical management, Laboratory diagnostics and Vector Control. These working group review SOPs, guidelines and promote best practices for information sharing for control of VBDs in the region.Modules have been developed for Integrated Vector Management (IVM), IRT, GIS and Mosquito identification training in countries. Online versions will be available in by Q4 2020. A specialty module is being developed under the CR-FELTP for EWS/Outbreak management of VBDs. The feasibility of SIT and Wolbachia as new non-chemical control methods are being considered regionally. Based on Knowledge, Attitude, and Practice (KAP) studies conducted in the OECS a national PHEC will be launched in one country in 2021. CARPHA also launched a **Regional School Competition entitled "Empowering Young Leaders in the Fight Against Mosquito Borne Diseases".** The competition aimed to increase awareness among secondary school students in the Caribbean and encourage them to take actions within their schools and communities to eliminate mosquito breeding sites and reduce exposure to mosquito vectors. Zap-a-'quito is an innovative mobile app, designed to educate persons, particularly children, about prevention and control of mosquito-borne diseases. The game is available for free on Google Play.

VACCINE PREVENTABLE DISEASES	
● RPG 3.5.1	Updated regional policies and guidelines for vaccination to include new vaccines and transition from child to family vaccination **PROGRESS**
	Pneumococcal Vaccine: Fourteen (14) out of 25 countries have introduced PCV in their routine immunization schedules. The Caribbean Immunization Technical Advisory Group **(CITAG) Recommendation 2019**: all countries should give PCV universally to infants and the 11 countries that are not using it routinely should be encouraged to do so. **Vaccination for Health Providers: CITAG recommendation 2019** - all countries should introduce a policy on vaccination for healthcare workers. This policy should include that all healthcare workers should be adequately immunized against the following vaccine preventable diseases, Hepatitis B; Measles and Rubella; Influenza – annually; and Varicella. **HPV Vaccine**: 21 islands in the Caribbean have introduced HPV Vaccine. **TAG recommendations 2019**: the TAG encourages countries to implement school-based HPV vaccination and communication plans to accelerate vaccine uptake and maximize vaccination impact.

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Vaccination through the life course: TAG recommendations 2019: countries should have a strong policy and legal framework to support vaccination as a human right and a social responsibility, with exemptions only for medical reasons, and with a dedicated budget for procurement and program operations, as an integral component of universal health coverage.

Maternal Vaccination: 33 out of 52 (65%) countries and territories in the Americas administer the influenza vaccine to pregnant women as a result of integration between immunization and maternal health systems.

HUMAN IMMUNODEFICIENCY VIRUS	

● RPG 3.6.1	Regional tools, policies, legislation to support the achievement and sustainability of UNAIDS 90-90-90 **PROGRESS**

The Caribbean Regional Strategic Framework (CRSF) 2019-2025 has been developed as the strategic guide to accelerate progress for achieving the UNAIDS 90-90-90 Targets to Test, Treat and Defeat AIDS, to which the region has committed. Tools that have been completed and in use in countries, include PANCAP's HIV Workplace Policy; PANCAP Model Condom Policy; Treatment Guidelines; Anti-stigma toolkits; Justice for All; CARICOM Model Anti-Discrimination Bill; and, PANCAP Knowledge Management Hub. PAHO a lead agency for the HIV/STI & viral hepatitis prevention and treatment components of the Caribbean Regional Strategic Framework (CRSF) for HIV, provided technical support for the implementation of priority activities as per RPG #2.

● RPG 3.6.2	Expanded and sustained access to high quality care, treatment, and support, including management of STIs and co-morbidities Scaled-up access to high-quality elimination of mother to child transmission (EMTCT) interventions **PROGRESS**

Universal access and coverage to HIV/STI services continues to be accomplished with in UHC and integrated approach. Ongoing technical support to countries for the development of national strategic plans and Health plans that integrates and decentralizes HIV/STI services with linkages to SRH and other services based on the health system. Through regional advocacy, viral hepatitis is now included into the new Caribbean Regional Strategic Framework for HIV in support of a comprehensive package of services for key population, utilizing HIV as the entry point to advancing Hepatitis B and C as a public health concern in the Caribbean. Technical support was provided to PANCAP through the GFATM project to support the cost analysis of implementing the WHO 2015 "treat all" policy. PAHO countries to provide technical guidance and support to update clinical guidelines in support of "treat all" recommendation. Currently approximately 11 countries have advance to the implementation of the policy while others have developed policies but are pending implementation.

Ongoing advocacy and technical guidance is provided to support universal access and coverage to countries in the region, including continuous advocacy for the expansion of HIV prevention and treatment services for key population. Since 2015, technical support has been provided for the implementation of Pre-Exposure and non-exposure prophylaxis for key populations based on WHO recommendations. Currently 3 countries (Barbados, Bahamas, and Guyana are implementing PrEP) with an additional four countries in the pipeline. Based on the WHO recent guidelines, PAHO has supported the development of generic guidelines for PrEP, nPEP and STIs for adaptation/utilization by Caribbean countries.

In 2020 PAHO has collaborated with PANCAP and CMLF to support rollout of HIV Self Testing (HIVST) in the Caribbean. This is anticipated to scale up testing for key populations while supporting the implementation of a new testing strategy during COVID-19 Pandemic. Technical support and guidance provided to selected countries (those validated and attaining validation) for the development of national plans to support the strengthening and maintenance of EMTCT Plus (HIV, Syphilis and Hepatitis B) nationally and by extension the region. Guidance document for the maintenance of EMTCT Plus developed for the region. PANCAP Knowledge management hub continue to create, share, use and manage the knowledge and information related to HIV, STIs and SRH for the partnership.

FAMILY AND COMMUNITY HEALTH SERVICESMATERNAL, NEWBORN, AND INFANT HEALTH

RPG 3.7.1
Regional Surveillance system for monitoring the nutritional status of newborns and infants
PROGRESS

A list of core indicators for Food and Nutrition Surveillance finalized and training in food and nutrition surveillance was conducted for 9 countries. Data collection and reporting toolswere also developed to support food and nutrition surveillance in Caribbean countries. An assessment of growth monitoring was conducted in 10 countries

RPG 3.7.2
Regional Policies to facilitate increasing the rate of exclusive breastfeeding in the first 6 months up to at least 50%
PROGRESS

The Baby Friendly Hospital Initiative Network (BFHI)was formed to include all Caribbean countries, to promote and support BFHI expansion, share successful strategies, best practices, and general information on breastfeeding. Regional webinars were also conductedon a quarterly basis. The BFHI implementation supported in at least 12 countries and technical support was provided for development of infant and young child feeding policies in at least 10 countries in keeping with WHO recommendations. In 2015, aregional meeting was convened on BFHI and the International Code of Marketing of Breast-milk substitutes. In 2018, a regional meeting was held in which the new WHO BFHI guidance was disseminated. Additionally, government legal representatives sensitized on the International Code.

RPG 3.7.3 🔴	Regional repository of models, best practices, and policies to improve delivery of quality of antenatal and postnatal services in underserved/vulnerable populations in accordance with regional standards **NO PROGRESS UPDATE**
RPG 3.8.1 🔴	Regional guidelines for multi-sectoral programs for the prevention and early detection of developmental and learning disabilities **NO PROGRESS UPDATE**

CHILD HEALTH

RPG 3.8.2 🟠	Regional roadmap for multi-sectoral action to prevent and control childhood obesity based on the CARPHA 6-point policy package for healthy food environment **PROGRESS**
	The Interagency committee was established, and a Terms of Reference was developed and approved by the Committee. A regional training was held to train CMS in the preparation of Policy Briefs for advocacy in country. A WDF funded project "Reversing the Rise in Childhood Obesity" was implemented in 2017 and will becompleted in December 2020. This intervention was developed after a preliminary study was conducted of the environmental (physical, economic, socio-cultural, political) factors that impact eating and physical activity among children 7 - 11 years in Grenada and St. Lucia. It also allowed for the ranking of (based on the perspective of a vulnerable community in each targeted country), the ease of modification of the factors that impact healthy eating and physical activity.
RPG 3.9.1 🟠	Regional repository of evidence-based best practices to inform adolescent health programs (in and out of school) **PROGRESS**
	In collaboration with Member States and partners, PAHO collected and analyzed information on the status of the prevention and response to violence against children and adolescents, which were incorporated into the Global Status report on Violence against Children (launched in June 2020) and will be a major input into the forthcoming regional report and its dissemination in the region. Furthermore, acurriculum for adolescent health was developed in collaborated with the University of the West Indies (Mona Campus). PAHO also supported and collaborated with regional partners to discuss and develop a plan of action to advance in a coordinated manner concerns around women's, children's and adolescent health in the Caribbean based on the recommendations from emanating from the consultation. One of the key activities from the plan was the organization and implementation of a first Caribbean congress on adolescent and youth health.

A road map to guide key and strategic interventions for adolescent and youth health was an outcome from the Congress.

In 2020, PAHO in collaboration with UNICEF and other partners organized and implemented a bi-weekly webinar "Youth Hangout during COVID Pandemic". This provided a framework for adolescent and youth discuss and address issues that are of concerns during the pandemic. Additionally, in 2020 PAHO initiated the EU/CARIFORUM project to strengthen climate resilient public health systems. This project engages youth leaders and ambassadors to support many of the outputs related to training, food/water safety, development of national health plans and in advocacy. Over the course of 2020/2021 the project will provide training to youth, establish information on youth perceptions around climate change and health, developing objectives for influencing youth, and establishing spaces for interaction and engagement.

MEN's HEALTH

● RPG 3.10.1	Regional repository of evidence-based behavior change interventions and best practices to inform media, social communications, advocacy, and health promotion for to reduce mortality in men **PROGRESS**
	Efforts were undertaken by PAHO to collect information from Ministries of Health and Civil Society Organizations on men's health services in the region. Unfortunately, the information was not received from countries. While there are no formal men's health programmes in place, various countries in the region have implemented initiatives to address the health of this population.

COMMUNICATION AND PROMOTION

● RPG 3.11.1	Regional health communication network **PROGRESS**
	CARPHA established a Regional Health Communication Network (RHCN) comprising of communication and health promotion officers from each CARPHA member state and key partner institutions, who would support each other and work together to ensure a more effective distribution of public health information throughout the Region. An RHCN repositorycomprising of a range of communication materialssubmitted by the Regional Health Communication Network (RHCN) has been created and is housed at CARPHA.

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DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY

DIAGRAM LEGEND

● IN PLACE ● IN PROCESS/PARTIAL ● NOT IN PLACE ● NO INFORMATION

RESEARCH	
● RPG 4.1.1	Regional health research agenda to complement CCH-IV that can be adapted and/or adopted at the national level **PROGRESS**
	An evaluation of the Regional Health Research Agenda and its realignment to CCH-IV was conducted. The methodology was identified and there was a discussion on the need to advance the realignment of the research agenda.

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RPG 4.1.2 ●	Regional research grants program aligned to the health research agenda to facilitate the implementation of CCH-IV **NO PROGRESS UPDATE**

RPG 4.1.3 ●	Annual health research conference and mechanism for democratization of new research evidence **PROGRESS**
	CARPHA, in collaboration with the CMS, hosts the Annual Health Research Conference. The CARPHA Annual Health Research Conference is the longest running health research conference in the English-speaking Caribbean. It provides a forum to disseminate research findings and facilitates the exposure to and the uptake of current cutting-edge research to enable the development of evidence-based policies, programmes and practices. It also serves as a training ground for the Region's budding researchers and provides excellent visibility and opportunities for delegates and sponsors to network.

RPG 4.1.4 ●	Communities of practice and networks of researchers that facilitate regional cooperation in research including the development of partnerships **PROGRESS**
	The University of the West Indies is a collaborating partner and providing support in research collaborations. CARPHA contributes as a member of the West Indian Editorial Board. The CARPHA recognized the need for heightened ethical scrutiny with the increase in demand for the conduct of research since the COVID-19 Pandemic, CARPHA took a decision to reactivate the Research Ethics Committee and secure the services of an Ethicist to provide support to CARPHA to strengthen institutional capacity in Ethics consultations. In February 2020, CARPHA convened an Expert Advisory Group for COVID-19 to provide expert guidance to CARPHA on the management of 2019-nCoV in the Caribbean region. This was a proactive step to enable CARPHA to access high level technical advice from experts across the region, on the clinical management of cases, in the event of imported cases or establishment of local transmission in CARPHA Member States (CMS). The EAG consisted of key experts in the areas of paediatrics, infectious diseases and tropical medicine, thoracic medicine, infection prevention and control, hospital laboratories, mental health, and psychosocial support from across various Member States. In addition, technical expertise on clinical management of emerging and infectious disease and emergency preparedness and response was provided by the Pan American Health Organization.

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RPG 4.2.1	**Regional clearinghouse for Caribbean policy, research, and good practices** **PROGRESS**
	CARPHA has developed a portal that provides access to evidence-based research in the region, to assist policymakers and other stakeholders in implementing research findings. EVIDENCE may be accessed by visiting the CARPHA EvIDeNCe Portal. The Portal is accessible from CARPHA and BIREME's websites. As part of BIREME's Virtual Health Library, the portal benefits from working with Caribbean libraries and librarians to harvest health information relevant to the Caribbean context.

RPG 4.2.2	**Caribbean Rapid Response Unit** **NO PROGRESS UPDATE**

RPG 4.2.3	**Regional standards for training related to application and use of research** **PROGRESS**
	CARPHA conducted capacity building to complement the research grants program and promote public health research. Health professionals benefited from workshops in data analysis using EPI INFOTM 7; research grant writing; implementation science; scientific writing camp and, basic research skills.

RPG 4.2.4	**Virtual Town Hall Meeting (Regional forum for democratization new)** **NO PROGRESS UPDATE**

RPG 4.2.5	**Regional cooperation in research, partnerships, communities of practice and networks of researchers, policy makers and other research users** **NO PROGRESS UPDATE**

MONITORING AND EVALUATION	
🟠 RPG 4.3.1	**CMS with improved public health program monitoring based on enhanced M&E systems** **PROGRESS**
	CARPHA's capacity development efforts are expected to result in greater efficiency and effectiveness of health programmes in the long term. By equipping health professionals and civil society in Caribbean countries with M&E skills through training, targeted technical assistance, and the internship programme, CARPHA sought to ensure that participants can contribute to their organizations M&E functions. This includes the development of M&E plans, the collection, analysis and use of M&E datato improve public health programming and planning. The application of the M&E skills gained is expected to improve reporting on national and global health commitments. Evaluations conducted using the learning by doing approach also built the capacity of health professionals to assess public health interventions and programmes. CARPHA in collaboration with the CDC (PEPFAR) conducted a series of studies to assess the effectiveness of M&E training delivered. Most participants indicated that they applied the knowledge gained to some extent by contributing to: (1) the development of appropriate programme goals and objectives;(2) development of data collection processes;(3) participated in the development of a M&E plan; (4) selection or refinement of indicators for reporting requirements; (5) the development of a logic model for their programme or another programme or project within their organization; (6) the promotion of the need for evaluation activities for programmes within their organization;(7) the production of monthly, quarterly or annual reports utilizing M&E data;(8) the development or review of an Evaluation;(9) the implementation of key aspects of an M&E plan;(10) the sharing of relevant reports with key stakeholders, and;(11) the development of the capacity of others persons to use M&E practices.
🟠 RPG 4.3.2	**Enhanced competency in Monitoring and Evaluation in the region** **PROGRESS**
	Regional capacity building (training, mentoring, coaching, supportive supervision) for M&E has been provided to health professionals and civil society in more than 20 Caribbean countries. Capacity development encompassed M&E training (basic and advanced);technical assistance; and the M&E internship programme. Training: the basic M&E training was designed to build the capacity of professionals involved in health programme planning and implementation, as well as those tasked with the collection and use of data for decision making. Consequently, the basic M&E training sought to increase participants' knowledge and understanding of fundamental M&E principles and to enable them to apply these to their work.

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The aim of the advanced M&Etraining was to provide healthprofessionals with a deeper understanding of evaluation practice and theory, with the view to equipping them with the basic skills necessary to advocate for evaluation, and design and manage evaluations of their programmes. Targeted technical assistance provided in collaboration with countries include, building national M&E systems, the development of guidelines and procedures, supporting the collection, analysis, dissemination and use of M&E data, development of technical reports, support reporting on national and global commitments, the conduct of evaluation of health project and programmes. Several health professionals benefited from the M&E internship programme which provided participants with a mix of theoretical and practical experience over an intensive eight-week period.

RPG 4.3.3	Regional data repository for CCH-IV **PROGRESS**
	The CARPHA data repository was expanded in 2019 with support from PANCAP (GFATM) to improve regional reporting on the agreed targets and achievements on the strategic priority areas of the CCH-IV. The CCH-IV repository uses the DHIS2 Platform, which is a web-based open source information system that supports online reporting at the regional level to report progress on the initiatives in each strategic priority area including the Regional Public Goods. The repository also facilitates national level reporting on the implementation of the regional initiatives at country level, and progress on the outcomes and achievements.

DISEASE SURVEILLANCE

RPG 4.4.1	Regional surveillance strategy **PROGRESS**
	CARPHA developed the Regional Integrated Surveillance Strategy for effective and efficient public health surveillance of multiple diseases and public health issues. The aim of the integrated surveillance strategy is to (1) establish a functional, integrated, multifaceted, and outputs-based surveillance strategy that informs public health policy and practice; and, (2) provide the accurate, timely and relevant information to inform decision-making and action taken by CARPHA Member States and other stakeholders. The strategy seeks to integrate the epidemiological, laboratory, environmental and focal program surveillance work, to ensure that all data collected can be consolidated for simple and joint analysis. Additionally, it will facilitate the production of synthesized surveillance information that more accurately reflects the full spectrum of public health challenges that the agency is addressing (i.e., infectious, chronic, injury, and environmental) to better inform CMS public health decisions.

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Finally, it will enable more efficient and effective reporting, as linkages, modeling, estimates of burden of disease, assessments of risk factors and projections can now be established.The Regional Surveillance Manual has been updated and is currently being reviewed; upon finalization, the surveillance manual will be disseminated to countries. CARPHA continues tobuild surveillance capacity through routine monitoring of various surveillance reports submitted by CMS and giving feedback on any aberrations. Furthermore, support has been provided to strengthen medical certification of deaths, with special focus on deaths due to COVID-19 through webinars. In addition to the support provided above, CARPHA continues to respond to country specific queries or request for assistance.

HEALTH INFORMATION SYSTEMS

RPG 4.5.1	Regional framework and plan for Health Information Systems **PROGRESS**

The Pan American Health Organization in collaboration with the CARICOM Secretariat held a High-level meeting on Information Systems for Health (high-level commitment at the IS4H Meeting of Ministers in Jamaica in 2016 Full report). Discussions were held in the framework of a draft Caribbean IS4H Strategic Plan developed by PAHO/WHO in collaboration with Caribbean countries , which identified 4 strategic goals: data management and information technologies, management and governance, knowledge management and sharing, and innovation and performance. Key actions taken by PAHO to advance IS4H include: (1) support to IS4H Technical Working Group convened by CARICOM (PAHO as Secretariat); (2) maturity assessment tool developed (Link to the tool) and applied to all Caribbean countries and territories. Countries in the Americas followed the Caribbean lead and lessons. Some of them with onsite missions for establishing roadmaps, plans and negotiations under IDB Loans; (3) onsite visits were conducted to British Virgin Islands, Bahamas, Jamaica, Suriname, Anguilla, Sint Maarten, Dominica, Belize, Barbados, Trinidad and Tobago, Guyana; (4) the IS4H vision was shared and endorsed in 2017 and 2018 by Central America's (Full report) and South Americas (Full report) member States and in 2019 became an Official Plan of Action for the Americas endorsed by All Member States; (5) an IS4H toolkit (link) with guidelines and technical documents was implemented with the technical support and guidance from the Caribbean TWG for IS4H established by CARICOM; and, (6) 11 initiatives were awarded with a 40K grant for IS4H Seed money for project implementation launched by PAHO (Link to initiatives).

PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH

DIAGRAM LEGEND

● IN PLACE   ● IN PROCESS/PARTIAL   ● NOT IN PLACE   ● NO INFORMATION

CAPACITY DEVELOPMENT	
● RPG 5.1.1	Partnership, negotiation, and resource mobilization tools **PROGRESS**
	Due Diligence Form for Potential Partners in Private Sector or Civil Society;Stakeholder Mapping; Partnership Health Check; and, Troubleshooting Partnership problems are among the tools that have been developed by CARPHA for adaptation. Other resource available are workshop manuals for Resource Mobilization and Building Effective Partnerships.

● RPG 5.1.2	Cadre of professionals able to utilize partnership and resource mobilization tools to leverage resources for health **PROGRESS**
	Partnership training through the 2030 Agenda Partnership Accelerator for Sustainable Development (2030 APA) has been identified as a potential window for delivery of a regional training programme.

MULTISECTORAL ACTION PLANS AND PARTNERSHIPS	
● RPG 5.2.1	Regional guidelines/policy for the engagement of the private sector and the civil society in addressing health priorities **PROGRESS**
	A Corporate and Civil Society Partnering Policy for engagement with these sectors was developed by CARPHA. The policy can be adapted for regional use by Ministries of Health and other regional stakeholders.
● RPG 5.2.2	Coordination mechanisms/platforms to facilitate new and existing partnerships that utilize the principles of goal-based partnerships; and promote involvement of traditional and non-traditional stakeholders to attain identified high-level CCH-IV health outcomes requiring multi-sectoral action (For Example: Institutional coordination of Regional Health Security; Cutting childhood obesity in half; Elimination of MTCT) **PROGRESS**
	Some of the major multisectoral coordination mechanisms that facilitate new and existing partnerships are the Regional Health Communications Network (Communications Coordination); Caribbean Vector-Borne Network (Vector Borne Diseases Coordination); Inter-Agency Technical Committee (Childhood Obesity); COVID-19 Caribbean Tourism Taskforce(Tourism and Health); Regional Coordinating Mechanism on Health Security (Regional Health Security); and, Caribbean Public Health Laboratory Network (Laboratory Coordination).

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RESOURCE MOBILIZATION AND FINANCING	
● RPG 5.3.1	Business case and talking points for investment in public health overall and particular public health concerns **PROGRESS**
	Limited work has been done in this area. However, some work has been done to achieve the milestone "Advocacy strategy for the inclusion of Public Service Implementation Plan allocation for health beyond the Ministry of Health budget developed". An application was submitted to the World Diabetes Foundation and the Japan Government through the "CARICOM Secretariat" for an advocacy grant to facilitate the hosting of "Regional Forum on the Economic Dimensions of NCDs". The intent of this Forum is to enhance understanding of policy makers from the financial and social security sectors to the threat that NCDs pose to economic development and encourage a paradigm shift on policy, investment and resource allocation for NCD programmes at country and regional level.

● RPG 5.3.2	Regional clearing house on existing regional programs and funding opportunities for health to share information with member states **PROGRESS**
	Funding opportunities are shared on an ad hoc basis as a formal mechanism is not operational.

● RPG 5.3.3	Establish sustainable and innovative fund mechanisms which finances /catalyzes multisector CCH programs of member states and regional institutions **PROGRESS**
	Some funding mechanisms have been created. However, these mechanisms are awaiting either full operationalization and/or approval for implementation. These mechanisms are the Stop the Epidemic There and Here (SETH) Fund; the CARPHA Foundation; and, Micro-tax for the Health and Security Cluster of CARICOM. The SETH Fund and the CARPHA Foundation governance mechanism is in place but are yet to be operationalized.

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Micro-tax for the Health and Security Cluster of CARICOM: The cluster consists of 5 institutions: CARPHA; CARICOM Implementation Agency for Crime and Security (CARICOM IMPACS); Caribbean Disaster Emergency Management Agency (CDEMA); Regional Security System (RSS); and, Caribbean Aviation Safety and Security Oversight System (CASSOS). The cluster developed a proposal for sustainable funding of the region's health, crime, and security agenda/institutions. In the current iteration of the sustainability plan, funding for the 5 institutions of the cluster are prescribed. Additionally, the plan makes provision for the funding of the CARICOM Secretariat crime and security work programme. The cluster has selected a model like the "micro tax" of UNITAID. The plan proposes the introduction of a regional border security processing fee of US$ 1 or $2 per passenger by all Member States as a measure to fund its operations thereby eliminating (or at the least significantly reducing) the sole reliance on quotas from Member States to these institutions. This proposal requires approval from the CARICOM Heads of Government.

COMMUNICATIONS

● **RPG 5.4.1**	Regional Communication Plan for CCH **PROGRESS**
	In its 2019 annual meeting of the RHCN, CARPHA, in collaboration with the RHCN conducted a brainstorming session for the development of a communication strategy for CCH-IV. The Communication Strategy was developed in 2020 and will be implemented using a phased approach. The objective of the strategy is to increase awareness of CCH to inform and influence key stakeholders, foster alliances and, mobilize resources.
● **RPG 5.4.2**	Implement programs/ traditional media and social / new communication interventions for communicable diseases, and prevention, treatment and reduce the burden of NCDs **PROGRESS**
	Communication interventions developed and implemented to address communicable and non-communicable diseases include, Caribbean Wellness Day; Caribbean Mosquito Awareness Week; OECS Diabetes Prevention and Care Project; Caribbean Public Health Day; Regional School Competition entitled "Empowering Young Leaders in the Fight Against Mosquito Borne Diseases and a new innovative mobile app called Zap-a-'quito.

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Caribbean Wellness Day (CWD) was initiated to stop the epidemic of chronic NCDs by strengthening an all-of-society response and promoting healthy living, activities and programmes that support wellness. CARPHA develops the overall and annual themes and provides a communications toolkit to CMS via the RHCN, comprising of web and social media banners, posters, and action guides to support regional Wellness Day activities. Member States' activities are also showcased on the CARPHA CWD webpage.

Caribbean Mosquito Awareness Week (CMAW) is a joint initiative of CARPHA, PAHO and the CARICOM Secretariat launched in May 2016. CMAW is aimed at raising awareness of the need to eliminate mosquito breeding sites and use personal protection to prevent mosquito-borne diseases.

OECS Diabetes Prevention and Care Project - The Organisation of Eastern Caribbean States (OECS), in collaboration with CARPHA and the Regional Health Communication Network (RHCN), launched a campaign in September 2019, to reduce risk factors for NCDs, including diabetes. The year-long mass media campaign called on persons to *"Commit to Change".*

In 2014, CARPHA declared July 2nd **Caribbean Public Health Day (CPHD)** to sensitize Caribbean people about the importance of public health.

CARPHA launched a **Regional School Competition entitled "Empowering Young Leaders in the Fight Against Mosquito Borne Diseases"**. The competition aimed to increase awareness among secondary school students in the Caribbean and encourage them to take actions within their schools and communities to eliminate mosquito breeding sites and reduce exposure to mosquito vectors.
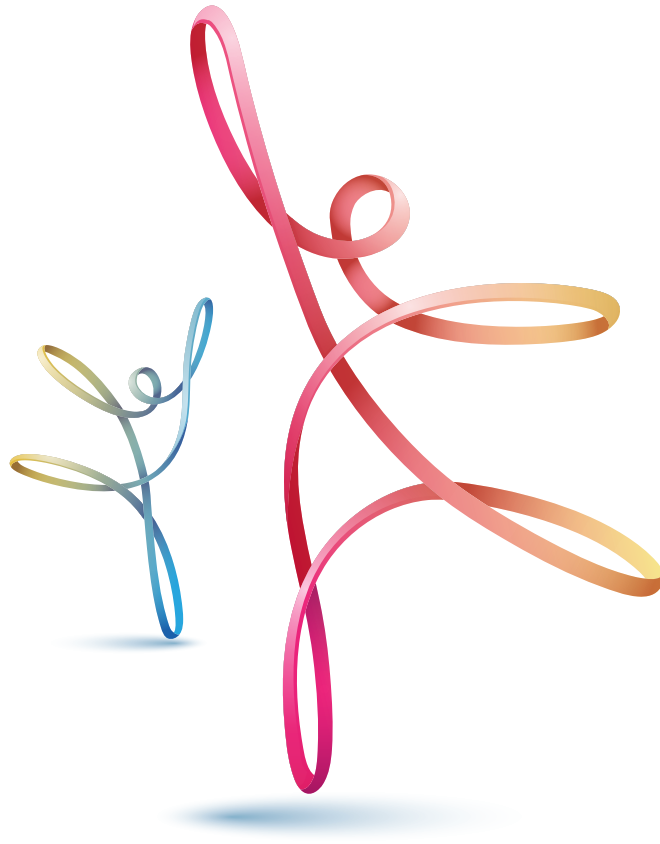
CARPHA created a new **innovative mobile app called Zap-a-'quito**, designed to educate persons, particularly children, about prevention and control of mosquito-borne diseases.

IMPLEMENTATION CHALLENGES

- The absence of a detailed action plan or work plan.

- The lack of funding to implement initiatives at the regional and national level.

- The absence of a financing/resource mobilization strategy and mechanisms in support of the achievements of the CCH-IV objectives.

- The need for improved multisectoral coordination and leadership to advance the CCH-IV agenda.

RECOMMENDATIONS

- Develop of a three-year action plan

- Conduct a costing of the three-year action plan

- Develop a financing/resource mobilization strategy and mechanisms

- Enhance multisectoral coordination and leadership mechanisms (reactivation of the CCH-IV Secretariat; CCH-IV Steering Committee in accordance with the CCH-IV as endorsed by the COHSOD by the Ministers at the 30th Meeting of the COHSOD – Health, 2016, engagement of key CCH stakeholders).

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Caribbean Cooperation in Health-IV
Report 2020

"…CCH IV emphasizes multi-sectoral action and regional public goods (RPGs) to address common challenges in areas where a regional approach holds the best potential to add value to national efforts."

CARICOM

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