



Caribbean
Public Health
Agency

CARPHA

CARIBBEAN COOPERATION IN HEALTH-IV REPORT 2021

Regional Public Goods for Sustainable Health Development





CARIBBEAN COOPERATION IN HEALTH-IV

REPORT 2021

Regional Public Goods for Sustainable Health Development

ISBN Page

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 CRO	Centers for Disease Control and Prevention Caribbean Regional Office
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
COVID-19	Novel Coronavirus SARS-CoV-2
CPHD	Caribbean Public Health Day
CR-FELTP	Caribbean Regional Field Epidemiology and Laboratory Training Programme

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 OECS RHP	World Bank Organization of Eastern Caribbean States Regional Health Project
WHO IVM	World Health Organization Integrated Vector Management
WTO	World Tourism Organization

Acronyms and Abbreviations

ANG	Anguilla
ANT	Antigua and Barbuda
ARU	Aruba
BAH	Bahamas
BAR	Barbados
BEL	Belize
BER	Bermuda
BVI	British Virgin Islands
CAY	Cayman Islands
CUR	Curacao
DOM	Dominica
GRE	Grenada
GUY	Guyana
HAI	Haiti
JAM	Jamaica
MON	Montserrat
SLU	Saint Lucia
SMA	Sint Maarten
SKN	Saint Kitts and Nevis
SVG	Saint Vincent and the Grenadines
SUR	Suriname
TRT	Trinidad and Tobago
TCI	Turks and Caicos Islands

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Overview

This section of the report summarizes the data collection process, the Regional Public Goods (RPGs), regional COVID-19 response, CCH-IV dashboard, country profiles and shines a spotlight on a few of the RPGs.

Data Collection

In July 2021, the Caribbean Public Health Agency (CARPHA), with the support of the CARICOM Secretariat, launched the 2021 reporting cycle of the Caribbean Cooperation in Health-IV. Two CCH-IV sensitization meetings were convened with the Member States and Regional Partners to increase awareness and familiarity with the indicators for the RPGs and to strengthen the capacity of Member States, Regional Institutions, and International Development Partners (IDPs) to collect and report on national/institutional data on the CARPHA administrated indicators platform for the CCH-IV. Subsequent, agencies and Member States were asked to submit the relevant reports by August 27, 2021. Due to multiple challenges, further extensions were facilitated to accommodate a more comprehensive reporting than the previous year. The RPG reporting period reflects progress from September 2020 to September 2021. For the first time, the report aimed to capture the outcomes to reflect progress at the national level for 2016 to 2020.

Regional Public Goods

As in the previous report, this section provides a summary update on Regional Public Goods (RPGs) status, starting with the thirteen priority RPGs. The progress update also allowed for reporting on the progress made toward the achievements of the milestones and the RPGs. In many instances, multiple agencies contributed to the generation and implementation of the PRGs. Agencies were also asked to indicate the status of the RPGs using the 'traffic light' system using the following categories: in progress, in place, in progress, or partial and no information. It is important to note that an RPG categorized as 'no information' does not mean the RPG is 'not in place' or 'in process' but that no information was provided for the reporting period.

Regional COVID-19 Response

The regional COVID-19 response update provides an overview of the COVID-19 situation, including the epidemiological profile, gene sequencing and variants, vaccination, vaccine acceptance, proactive health measures, guidelines, challenges, and regional policy decisions taken by the CARICOM Heads of Government.

Dashboards

The RPG dashboard has been updated to facilitate the inclusion of the 2021 status. A new outcome dashboard was added to show the level of implementation and use of the RPGs at the national level. Two dashboards are included using 'traffic light' tables; the RPG dashboard aims to reflect the progress on the development of the regional public goods and, in some instances, reflect the progress on the milestones towards the achievement of the RPGs. The progress reported on both dashboards is based on self-reporting by the agencies and Member States. These dashboards will be maintained within the report to show overall regional progress for the remaining years of the CCH-IV.

Overview

Regional Public Goods in the 'Spotlight'

CARPHA introduced 'Regional Public Goods Spotlight' to feature specific RPGs either in-place or in progress that embodies CCH-IV in action. The RPGs will continue to be featured in subsequent reports and in implementing the CCH-IV Communications Strategy. CARPHA also intends to feature CCH-IV implementation at the national level.

Country Profiles

Member State country profile is a new section in the 2021 report based on the agreed goal and outcome indicators. As CCH-IV Member State Focal Points, Chief Medical Officers received data requests from CARPHA to submit national data based on the CCH-IV indicators. Additionally, CARPHA collected and generated country-specific profiles using proxy data as endorsed by the Third Meeting of the CCH-IV Secretariat in September 2021. The proxy data was shared with the respective Member State for review, validation, and approval for use in the CCH-IV Report 2021. In some instances, Member States provided 'country generated' data which replaced the proxy data. At any time, a Member State can request that the proxy data be replaced by country-generated data based on availability. The data sources for the proxy data are Member States, WHO, PAHO, UNICEF, World Bank, Our World in Data and Statistical Institute of Jamaica (STATIN).

If there are any queries on the proxy data or a Member State wishes for their country profile to be removed from the CCH-IV Report 2021, please email any question or request to Ms. Patricia Smith-Cummings at smithcpa@carpha.org. Data sharing to reduce the reporting burden on Member States is an ongoing discussion. CARPHA will continue to engage and support Member States to improve reporting in preparation for the 2022 reporting cycle.

It is important to note that all RPG information is self-reported. However, CARPHA intends to initiate monitoring activities to document and validate the information reported. Based on this, there may be some modifications to the updates, which will be reflected in subsequent reports.

Conclusion

Despite several efforts to collect and identify data for the generation of the CCH-IV 2021, the report reflects many data gaps both at the RPG and the outcome levels. There is a need for more coordinated support to Member States to improve capacity to report. While the report used proxy data from internationally comparable sources, the measures used for some outcome indicators may not accurately reflect the Member States' nationally generated data or the Caribbean experience due to small populations in some Member States. Importantly, CARPHA acknowledges the reporting challenges experienced during these unprecedented times due to the COVID-19 pandemic.



INTRODUCTION

Functional cooperation in health has been a long-standing successful feature of cooperation in the Region. The Caribbean Cooperation in Health (CCH) advances the Caribbean Community (CARICOM) objective of enhanced functional cooperation found in Article 6 of the Revised Treaty of Chaguaramas, with the aim to achieve more efficient operation of common services and activities; to promote greater understanding among its peoples and the advancement of their social, cultural and technological development; and to intensify joint activities in areas such as health, education, transportation, and telecommunications. The Caribbean Cooperation in Health-IV seeks to advance regional cooperation in health through the provision of regional public goods (RPGs) that enable, complement, and add value to the efforts of Member States towards sustainable health development.

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.

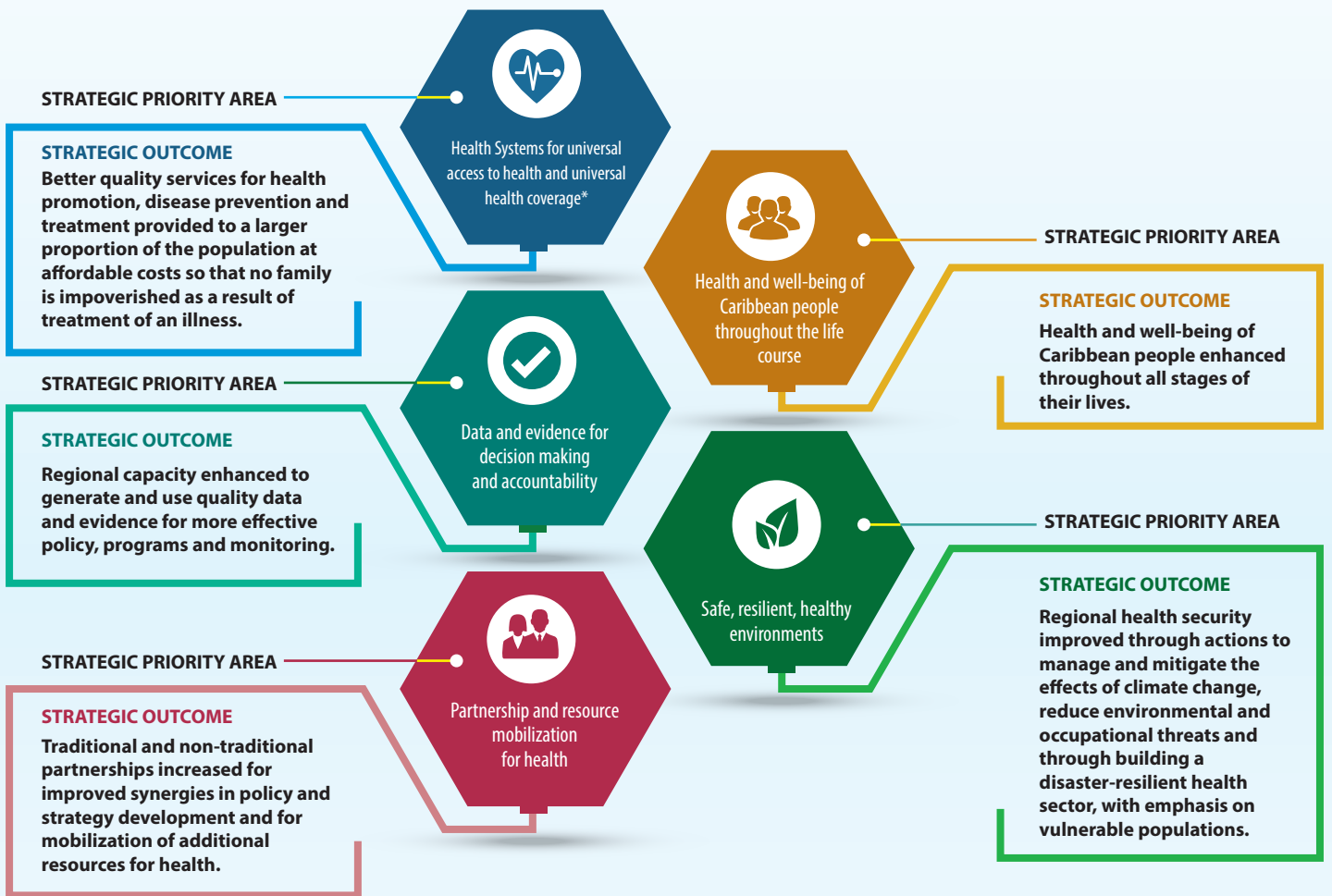
MISSION

To build the capacity of countries to improve the conditions for health for all, especially among vulnerable 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



*** 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

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








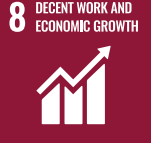

M&E
Working Group

Monthly meetings convened by CCS








National and Regional Implementing Agencies (for each Strategic Priority)

Adapted from CCH-IV Summary page 19

SDG'S DIRECTLY RELATED TO THE OBJECTIVES OF THE CCH-IV

		TARGETS
	End Poverty in all its forms everywhere	1.3 and 1.4
	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.2
	Ensure healthy lives and promote well-being for all at all ages	All
	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	4.2, 4.7 and 4.9
	Achieve gender equality and empower all women and girls	5.2 and 5.6
	Ensure availability and sustainable management of water sanitation for all	6.1, 6.2, 6.3 and 6.5
	Ensure access to affordable, reliable, sustainable, and modern energy for all	7.1
	Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all	8.A
	Reduce inequality within and among countries	10.4

SDG'S DIRECTLY RELATED TO THE OBJECTIVES OF THE CCH-IV

		TARGETS
	Make cities and human settlements inclusive, safe, resilient, and sustainable	11.2, 11.5, 11.7 and 11.B
	Ensure sustainable consumption and production patterns	12.7
	Take urgent action to combat climate change and its impact	13.1
	Conserve and sustainably use the oceans, sea, and marine resources for sustainable development	14.1
	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
	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
	Strengthen the means of implementation and revitalize the global partnership for sustainable development	17.1, 17.3, 17.7 and 17.18

REGIONAL PUBLIC GOODS SPOTLIGHT

CORONAVIRUS DISEASE (COVID-19)

3 **W**'s TO REDUCE THE RISK OF COVID-19

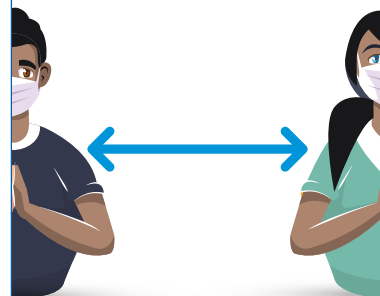
WEAR
A MASK



WASH
YOUR HANDS



WATCH
YOUR DISTANCE



REGIONAL CORONAVIRUS DISEASE (COVID-19) PANDEMIC RESPONSE

COVID-19 SITUATION REPORT

The Coronavirus (COVID-19) outbreak was declared a Public Health Emergency of International Concern on 30 January, 2020 by the World Health Organization (WHO) and on 11 March, 2020 the WHO Director General, Dr Tedros Adhanom Ghebreyesus, characterized the outbreak as a pandemic. The first imported case of COVID-19 in the Caribbean Region was reported in March 2020 and countries in the region scaled up their response to deal with the different pandemic phases. The Caribbean Public Health Agency (CARPHA) is leading the regional public health response to COVID-19 and is actively working with Member States and key partners on region wide approaches to the COVID-19 response.

Epidemiological Update as of October 7th, 2021

As of October 7th, 2021, there are over 236M COVID-19 cases and over 4.8M deaths reported globally. The first confirmed case was reported within CARICOM on 10 March 2020 and as of October 7th, 2021, there are 1,967,784 confirmed cases reported in 35 Caribbean countries, of which over 369,291 are in CARPHA Member States (CMS). The rates of infection and death rates has been rising since and are now higher than USA, UK, Canada and Latin America (Tables 1, 2). Several CMS have experienced increased community transmission and outbreaks.

Table 1: COVID-19 Infection rate

Country/Region	Confirmed cases	Rate of infection* (per 100,000)	% increase in cases from August 23 rd , 2021
Caribbean [†]	1,847,193	3,968.3	24.8
CMS	341,806	1,741.6	26.2
USA	43,218,727	13,101.0	12.6
UK	7,530,103	11,021.4	16.0
Latin America	43,096,780	7,005.1	3.8
Canada	1,589,602	4,167.0	8.2

*Rate of infection (per 100,000) = (# COVID-19 cases/population) x 100,000
[†]Cuba, Dominican Republic, Puerto Rico and United States Virgin Islands included

Table 2: COVID-19 Death Rates

Country/Region	Deaths	Deaths per million population*	% increase in deaths from August 23 rd , 2021
Caribbean [†]	22,983	493.7	28.3
CMS	7,231	368.4	24.9
USA	696,574	2,111.5	8.5
UK	135,621	1,985.0	3.0
Latin America	1,460,283	2,373.6	3.7
Canada	27,537	721.9	2.8

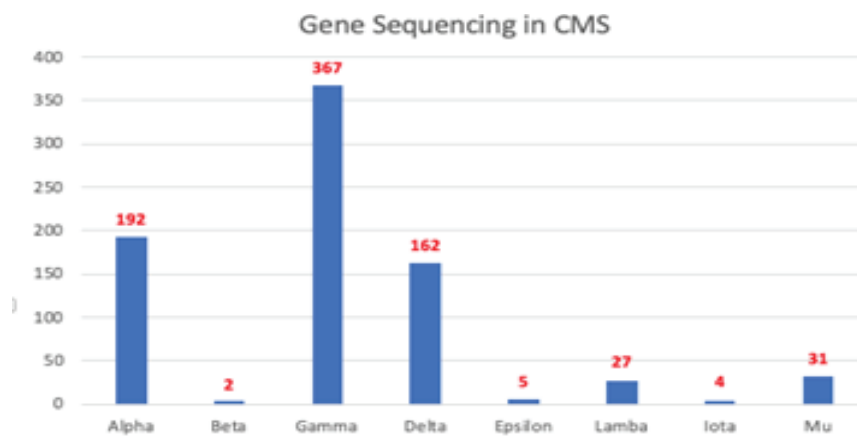
*Deaths per million = (# COVID-19 deaths/population) x 1,000,000
[†]Cuba, Dominican Republic, Puerto Rico and United States Virgin Islands included

Data Source: Worldometers, 23rd September 2021, 9:50 am <https://www.worldometers.info/coronavirus/>

Gene Sequencing and Variants

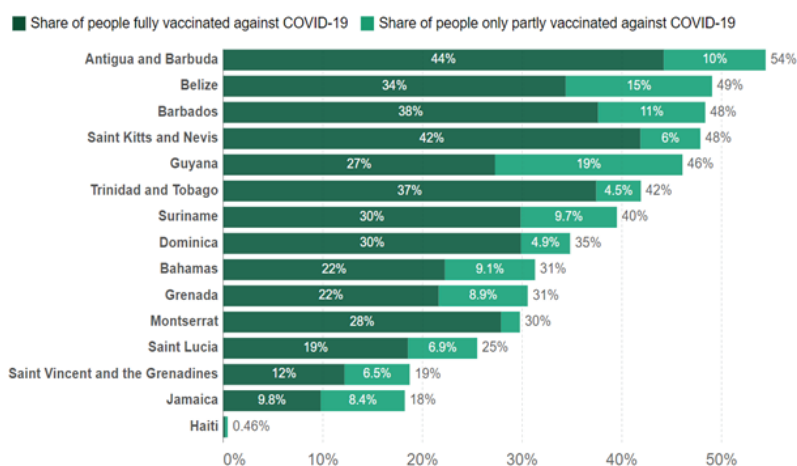
As of October 10th 2021, 1732 samples from 17 CARPHA Member States have been sent for sequencing of which 1,435 samples were sequenced. All four Variants of Concern (VOC) were identified, and some variants of Interest (VOI) and variants under monitoring (VUM), including the new VOI, Mu. The gamma VOC leads, but the highly virulent delta variant is taking over, consistent with global trends. CARPHA has verified its gene sequencing test and is now awaiting the arrival of kits (now expected in October) so that it can commence gene sequencing for CMS.

Figure 1:
Gene sequencing in CMS



Update on Vaccination

A total of 22 COVID-19 vaccines are approved for emergency use in various countries, of which 8 vaccines have been approved by WHO for Emergency Use Listing by Pfizer-BioNTech (2 nodes); Janssen (Johnson & Johnson); Serum Institute of India (Covishield); Oxford-AstraZeneca (5 nodes including Azaria; Beijing Institute / Sinopharm; Moderna; and by Sinovac Life Sciences (Coronavac). Several Caribbean countries have approved / received COVID-19 vaccines purchases and/or donations. As of 7th October, 2021, fifteen (15) CARPHA member states have received vaccine deliveries from COVAX. Based on data collected by the Global Change Data Lab's Our World in Data site, between 0.20% and 83.27% of persons in CARPHA Member States have been fully vaccinated (Figures 2-3). Counts may be a couple days out of date, as these are subject to data collection by OWID. Completed vaccination schedules, based on data from PAHO, are shown in Figure 4. Based on the PAHO Dashboard COVID-19 Vaccination in the Americas as of 1st October 2021, among CARPHA Member States, vaccine administration (at least 1 dose) ranges from 0.6 to 169 doses per capita (Figure 5). Approximately 4,701,834 doses have been administered among CMS. CARPHA continues to support vaccination through weekly updates, monitoring for falsified COVID-19 vaccines, reporting for adverse events, and supporting access to COVAX to facilitate equitable distribution. Up to 22nd September, 654 adverse event case reports had been reported to either the global database by WHO (94%) or to CARPHA-CRS (6%) from Barbados (41.6%), Jamaica (51.7%), Trinidad and Tobago (5.5%) and St Vincent and the Grenadines (1.2%), primarily involving females (76.5%), and persons under 65 years (83.2%); 105 were Serious (25 deaths).



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.
CC BY

Figure 2: Share of People vaccinated against COVID-19 in CARICOM Member States (6th October)

Figure 3: Share of People vaccinated against COVID-19 in CARICOM Associates / Other CARPHA Member States (6th October)

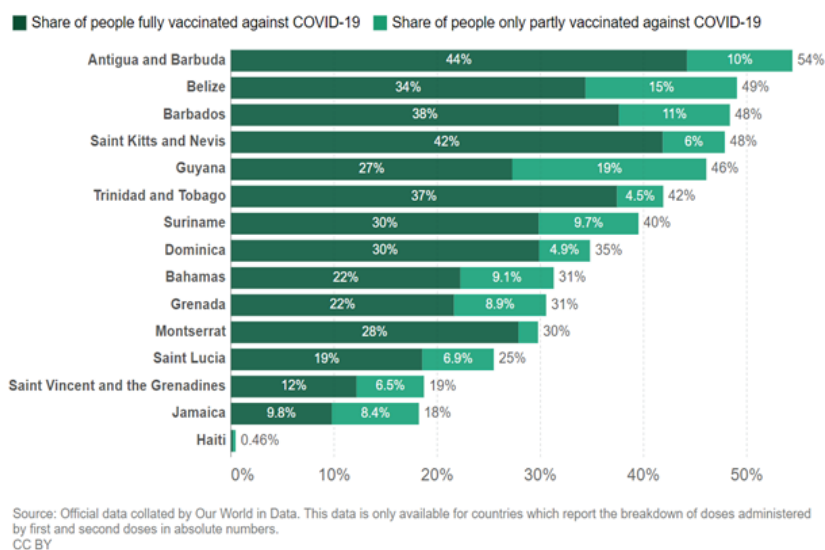
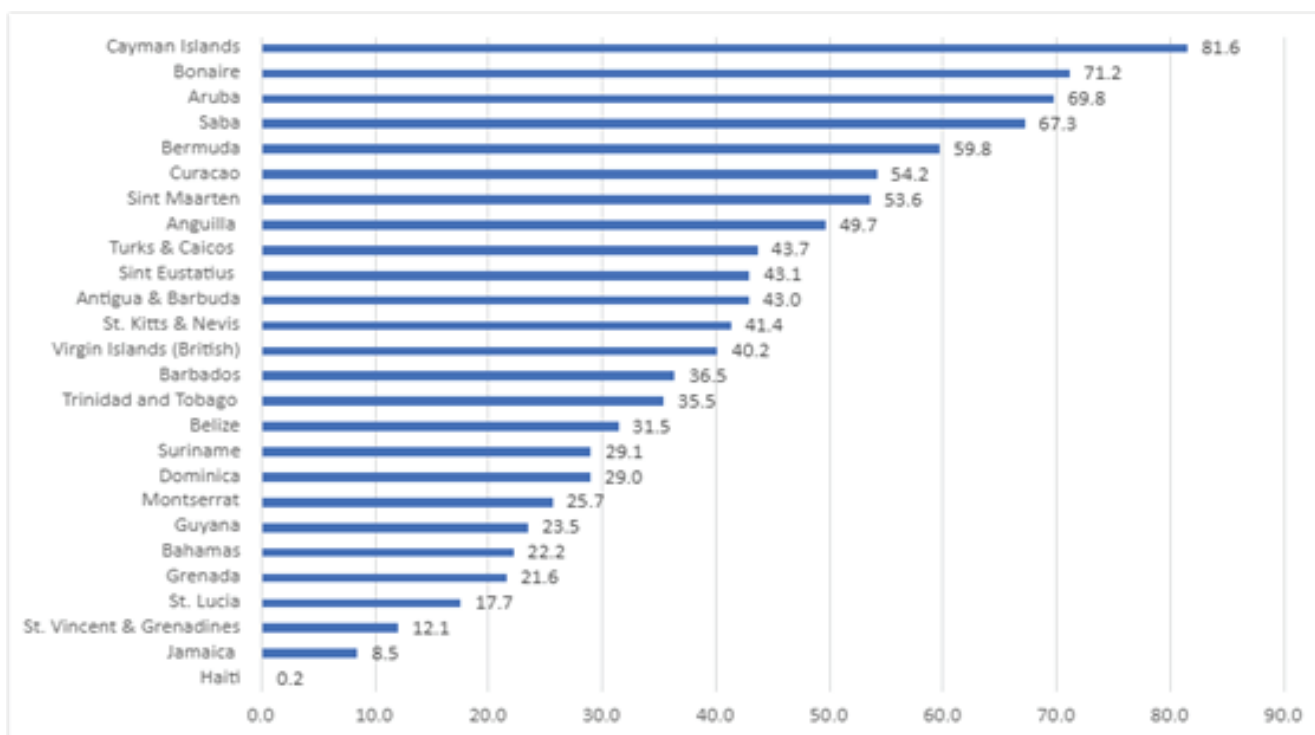


Figure 4: Completed Schedules of COVID-19 Vaccination per 100 persons, as of 1st October, 2021 (PAHO)



Source: PAHO COVID-19 Vaccination in the Americas Dashboard.

The vaccination acceptance rates for elderly parents of the participants were higher compared to their children (53% vs. 38%), while concerns about vaccination against COVID-19 among the participants themselves, was 47%. Of the nine categories of knowledge about COVID-19, “The systems in place to ensure COVID-19 vaccine safety” was found to be the category most significantly associated with both vaccination acceptance rates and concerns. The findings indicate that having prior information about COVID-19 is associated with vaccine acceptance especially among health care workers. The more knowledge about COVID-19 expressed by the participants, the less likely the concerns about COVID-19 vaccinations. Following the official launch, CARPHA convened a closed CMOs Meeting to receive country-specific results, modelling of the spread of the Delta variant and COVID-19 country updates. Figures 6 and 7 below reflect overall vaccine acceptance and participants reasons for concern, respectively.

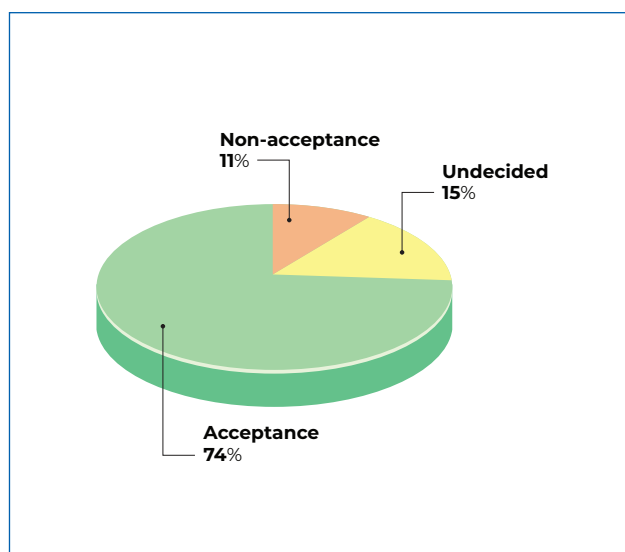


Figure 6: Overall Vaccine Acceptance

Reasons	N	%
I am concerned about the possible side effects of the vaccine	875	38.0
I think the vaccine was developed too quickly	476	20.7
I do not know enough about the vaccine	438	19.0
I do not think the vaccine will protect me from getting COVID-19	370	16.1
I do not trust vaccine manufacturers	223	9.7
I prefer to use local remedies or natural alternatives	198	8.6
I think that I can get COVID-19 from taking the vaccine	94	4.1
I do not think that COVID-19 is real	47	2.0
I do not believe in vaccination	42	1.8
I may not be able to afford the vaccine	36	1.6
I have no concern	31	1.3
I do not think I can get COVID-19	11	0.5
Other	168	7.3

Figure 7: Participants reasons for concern

COVID-19 Dashboard

CARPHA has developed a real time, COVID-19 database and a multi-national, accessible electronic data sharing platform for the Caribbean, to strengthen CARPHA’s surveillance and real-time, evidence-based, regional response to COVID-19 as well as its communicable disease (CD) surveillance, monitoring and outbreak response capacity. Health systems in the region will have an increased capacity to detect, monitor, prevent, and control COVID and other CDs and to respond to future public health emergencies.

Key outputs: COVID-19 platform (with dashboards, sections, weekly risk levels); sample infographic for updated country dashboard; updated line listing with information on vaccinations, tests, cases, number of travellers positive; presence of variants and separate form on aggregate information platform.

Users: Confidential. By granted access only. Can be used by CMOs and other public health personnel and policy makers, the CARPHA Comprehensive COVID-19 Data (CCCD) dashboard and electronic data sharing platform will serve as a resource to track, present, and monitor notable and crucial COVID-19 indicators reported on a regular basis by all CMS. Individual country data will only be accessible to the reporting country and CMS summary information will be devoid of country identifiable information.

Data will be segregated into three (3) levels: Level 1 - Basic, Level 2 - Core and Level 3 - Monitoring, in both the dashboard and electronic data sharing platform, which will be housed on DHIS2. The Monitoring level will include all information in the Core and Basic levels while the Core level will contain all information in the Basic level.



Figure 8:
CARPHA COVID-19 Dashboard

Proactive Health Measures for the Healthier, Safer more sustainable Travel and Tourism

Tourism is the major economic earner for many CMS. COVID-19 disrupted tourism and thus impacted on economic sustainability. CARPHA’s innovative Regional Tourism and Health Program has responded to COVID-19 through the following proactive measures for “Healthier, Safer Tourism.”

- Expansion of the real time early warning **Tourism and Health Information System (THIS)** from Accommodations to Tour Operators and Transportation, Restaurants, Airline and others. THIS currently has 737 users in 26 CMS
- **Knowledge and capacity building in COVID 19 guidelines.** To date, **7909** persons from 46 countries have been trained
- **Caribbean Traveller’s Health Assurance Stamp for Healthier Safer Tourism.** A measurable reward system, given to tourism facilities that are trained in COVID-19 and using the THIS, recognised by CTO, CHTA and WTTC. All awardees are on the traveler’s health app. Travelers now have the added advantage of choosing a healthier safer preferred option.
- **Caribbean Vessel Surveillance System:** An electronic, data sharing platform being created to capture illness information and public health events/ outbreaks on cruise ships and vessels. It will alert stakeholders when illness levels surpass threshold values. Networks and partnerships are being developed with ships, countries, CDC VSP countries and port authorities for real time information sharing and thus response



- **Advocacy and Promotion of Healthier Safer Tourism and Vaccination.** Social media boosts (85,000 post reach, 1444 engagements), Ads in Wanderer, Caribbean Beat, UK Travel weekly, Videos (27) including Healthier Safer Tourism now airing on Caribbean Airlines flights, Vaccine Videos with CWI, brochures
- **COVID-Tourism Task Force:** An alliance with CARPHA, CTO, CHTA, GTRCMC and OECS for harmonised preventative & educational initiatives. Produced CARICOM document on resuming sustainable tourism.

Guidelines for Resuming Cruise Ship Sailing in the Caribbean during the COVID-19 pandemic

Comprehensive interim guidelines for cruise ships sailing in the Caribbean during the COVID-19 pandemic to help prevent, detect, and manage suspected COVID-19 and other public health infections. It was adapted for the Caribbean situation, with input and agreement from the Chief Medical Officers (CMOs) of CMS, CARPHA's Technical Advisory Committee, Executive Board (May 2021), Following the 29th meeting of the CMOs held on 12-13 July 2021, and a 4th Special Emergency Meeting of CMOs on 29 July 2021, CARICOM approved and disseminated the document (Savigram 582, August 25th). . Recognizing the increased risk associated with the resumption of cruise sailing as of June 2021 in the Caribbean at a time when COVID -19 rates of infection and deaths are increasing in the Caribbean, the full vaccination coverage in most CARICOM countries is under 50 %, not near herd immunity, when variants of concern and interest are circulating, the possibility of additional disease spread and introducing new variants with cruise ship sailing, presents an additional challenge for mitigating the effects of COVID-19, the following MINIMUM HARMONISED REQUIREMENTS FOR CRUISE SHIPS were recommended for safe cruise sailing in order to protect the Caribbean population and its visitors

- Proof of negative PCR COVID – 19 test, 72 hours before boarding (vaccinated & non-vaccinated passengers)
- Vaccination of crew (100%) and Recommended vaccination for passengers over 18 years
- Daily accurate reporting of all symptoms through the Maritime Declaration of Health form to relevant team that includes port health officer, medical officer of health, CMO)
- Immediate reporting of any COVID-19 positive case
- Demonstrated capacity on Ship to isolate, quarantine and test for COVID-19
- Ship capacity to range between 60-70% maximum to promote social distancing.
- Repeat viral testing on ships after 4 days on board ship
- Implement public health measures on ship: hand sanitisation mask wearing, social distancing.
- Provide detailed shore protocols.
- Provide detailed homeporting protocols and protocols required for individual homeporting should apply

Further to this, a communication was circulated after the **16th Special Heads of Government Meeting** agreeing on harmonized cruise protocols. A meeting was held with VSP/ CDC on Sept 22nd for further discussions on the Cruise Ship Sailings in the Caribbean, where it was clarified that ships do indeed report daily to the CDC, and all cases of COVID-19 like symptoms, and they agreed to share this with CARPHA so that CARPHA can alert CMS.

Challenges

- Low vaccination rates, influence of anti-vaxers and vaccination hesitancy
- Lack of harmonised/varying entry protocols (especially for ships) in CMS that contributes to increasing risk of COVID-19 spread, (for e.g., acceptance of antigen test for entry requirements, varying or no quarantine, no mask wearing, holding of social/mass gatherings)
- Delays for laboratory supplies for COVID-19 identification and sequencing for CMS and CARPHA
Lack of/Inconsistent /incomplete COVID-19 data from CMS being sent to CARPHA, that hinders accurate regional surveillance, response and guidance

Conclusions: High and Increasing Risk of COVID-19 in the Caribbean

There is a high and increasing risk of continued transmission of COVID-19 in CMS. This is supported by:

- The increasing rates of infection, death rates, community transmission and outbreaks
- The increased risk posed by the identification of all 4 VOCs as well as VOIs and VUMs, and the increasing prevalence of the delta variant, all of which are more transmissible and virulent and possibly more fatal, implying that it is more likely for persons to become infected and at a faster rate
- Despite vast advances in vaccination and vaccine availability, the low and varying full vaccination rates in CMS (5-40%) coupled with vaccine hesitancy, will only extend the time to achieve herd immunity (i.e., vaccination coverage is at least >90% in populations)
- Increased risk of importing COVID-19 and variants due to travel and tourism, as most CMS have reopened their borders to air travel (as of first quarter 2021) and many to cruise travel as of July. This is further compounded by the porous borders and interconnectedness of CMS
- The increased risk associated with cruise ship travel (increased risk of transmission due to mass gathering in enclosed environment for long periods (3-9 days) and the less stringent requirements for cruise travel)
- Reduction in entry requirements (e.g., antigen testing) quarantine and other public health measures in CMS

It is thus crucial that public health measures that prevent COVID-19 infection and regional efforts to promote vaccinations are enhanced in all CMS, emphasizing:

- Proof of a negative COVID-19 PCR test 48-72 hours before entry, and a 2nd test after 7-10 days
- Wearing of face masks in public by all travellers and locals (vaccinated or not)
- Maintaining physical distancing (6 ft/2 M apart) in public settings
- Avoiding hugging, touching and of particular importance, crowds and indoor gatherings
- Hand hygiene: wash hands for 20 seconds followed by sanitizing (60-80% isopropanol/ethanol).

Additional information is accessible at:

<https://www.carpha.org/What-We-Do/Public-Health/Novel-Coronavirus/CARPHA-Situation-Reports-for-COVID-19>

REGIONAL COVID-19 POLICY DECISIONS

Having considered Paper HGC(SPEC/E)/2020/10/5.1 entitled “Draft CARICOM Common COVID-19 Public Health Policy: Draft CARICOM Common COVID-19 Public Health Policy Considerations and Paper HGC(SPEC/E)/2020/10/5.1 Add”;

THIRTY-FIRST INTER-SESSIONAL MEETING OF THE CONFERENCE OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (18-19 FEBRUARY 2020)

- **AGREED** to a coordinated regional Public Health response to the COVID-19 for the CARICOM Region;
- **ENDORSED** the Communications Strategy developed by the CARPHA, to inter alia, counteract the ‘fake news’ and misinformation in the traditional and social media; and
- **AGREED** to a multisectoral regional Response aimed at minimizing disruption to everyday life in the Caribbean region.

TENTH SPECIAL EMERGENCY MEETING OF THE CONFERENCE OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (5 MAY 2020, VIDEO CONFERENCE)

Having considered Paper HGC(SPEC/E)/2020/10/5.2 entitled “Draft Procurement Protocol for the Consolidated Purchase of Prioritised Medical Devices and Supplies in the Context of COVID-19 and their Movement and Distribution to Member States”;

- **Agreed** to a centralised procurement of medical devices and supplies for COVID-19 (for economies of scale);
- **Also agreed** to undertake consolidated purchases through (i) Strategic partnership with the Pan-American Health Organization/World Health Organization (PAHO/WHO); and (ii) the Logistics and Procurement Cell of the Regional Coordination Centre, with procurement led by the Organisation of Eastern Caribbean States (OECS) Commission

TWELFTH SPECIAL EMERGENCY MEETING OF THE CONFERENCE OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (11 SEPTEMBER 2020, VIDEO CONFERENCE)

Having reviewed Paper HGC (Spec/E)/2020/12/4.1 entitled “Issues Related to a Regional Travel Bubble in the Context of COVID 19: Technical Update: Diagnostic Testing Requirements for the CARICOM Bubble” and Paper HGC (Spec/E)/2020/12/4.2 entitled “Recommendations for the CARICOM Travel Bubble (The Bubble)”;

THE CONFERENCE:

- **Agreed** to establish a CARICOM Travel Bubble among Members States and Associate Members which meet the agreed criteria to enable intra-regional travel;
- **Further agreed** to a common and coordinated approach to operationalising the CARICOM Travel Bubble including the need for using the various media platforms, both locally and regionally, to communicate the establishment of The Bubble and the criteria for participation by CARICOM Member States and Associate Members.

REGIONAL COVID-19 POLICY DECISIONS

FORTY-FIRST REGULAR MEETING OF THE CONFERENCE OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (29 OCTOBER 2020, VIDEO CONFERENCE)

Having considered Paper HGC/2020/41/5.1 entitled “COVID-19 and its Impact on the Region: Implications of the Pandemic for the Health of the Region”;

THE CONFERENCE:

- **Mandated** CARPHA to explore, in collaboration with the CARICOM Secretariat and PAHO, other financing options/mechanisms to cover additional costs for the vaccines;
- **Agreed** that Member States should make use of the expertise and tools developed by PAHO to guide the prioritisation of groups for vaccination and support countries in estimating the number and percentage of the population at increased risk and high-risk of severe COVID-19 disease¹ ;
- **Also agreed** that countries should ensure that adequate mechanisms are in place to provide oversight and facilitate the safe and efficacious use of any future vaccines that become available;
- **Also mandated** the CARICOM Secretariat, in collaboration with CARPHA and PAHO, to facilitate the establishment/strengthening of existing regulatory mechanisms at the regional and national levels to manage new and emerging therapeutics, including the reporting and investigation of any adverse events associated with their use.

FORTY-SECOND REGULAR MEETING OF THE CONFERENCE OF HEADS OF GOVERNMENT OF THE CARIBBEAN COMMUNITY (5-6 July 2021, VIDEO CONFERENCE)

- **Mandated** the CARICOM Secretariat, in collaboration with Pan American Health Organization (PAHO), regional nursing, medical and allied health professional bodies and institutions, to identify strategies and policy guidelines/paper to address vaccine hesitancy among health care workers using an evidence-based approach;
- **Also mandated** the CARICOM Secretariat to mobilize resources to support the implementation of communication and other initiatives to address vaccine hesitancy at the regional and national levels.

¹ Severe COVID-19 is a severe acute respiratory illness presenting fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), and requiring hospitalisation. Population at increased risk of severe COVID-19 include those with at least one underlying health condition. Population at high risk of severe COVID-19 include those that would require hospitalisation if infected.

COVID-19 VACCINES TO THE CARIBBEAN COMMUNITY

CARICOM Member States were first advised of the opportunity to access COVID-19 vaccines through the African Medical Supplies Platform (AMSP) via Savingsgrams issued on the 18 and 21 January 2021 by The CARICOM Secretariat. The Caribbean Public Health Agency (CARPHA) provided an initial vaccine allocation template based on a formula for the equitable distribution of three vaccine types (Pfizer, Johnson and Johnson and Astrazeneca) originally offered under this initiative. Subsequently the vaccines offered were reduced to Johnson and Johnson alone. As at July 2021 six CARICOM Member States have completed the requirements for procuring vaccines through this platform. The Vaccine Acquisition Task Team (AVATT) has retained the services of UNICEF, through a memorandum of understanding, to provide logistics and distribution support for the delivery of vaccines to Member States. Through the Chapeau MOU, UNICEF had the vaccines shipped from the manufacturer in South Africa to Brussels for final quality assurance checks and then for distribution to the six CARICOM Member States. To date, a total of 466,500 Johnson and Johnson vaccines were procured and delivered to the Caribbean region under this initiative. See the table below.

COUNTRIES	J&J VACCINE DOSES FROM AMSP	DATES
Antigua	38,400	27 Aug 21
Bahamas	38,400	17 Aug 21
Belize	132,000	28 Aug 21
Guyana	34,000	23 Aug 21
Jamaica	115,000	24 Aug 21
Trinidad and Tobago	108,700	20 Aug 21
Total	466,500	

CARICOM continues to work with the African Union (AU) and AVATT to ensure Member States have access to additional COVID-19 vaccines. Through this initiative, the region has access to a possible 3 million doses of COVID-19 vaccines at prices commensurate with that of the COVAX Facility.

Additionally, the United States Government (USG) has generously gifted the Caribbean Community (CARICOM) with 5.5 million doses of Pfizer vaccines. This is the culmination of efforts initiated by the CARICOM Heads of Government whereby, the Chair of CARICOM, who on behalf of the Community wrote to President Joseph Biden of the United States earlier this year requesting a supply of vaccines for the Community. 15 CARICOM Member States will receive the much-anticipated Pfizer vaccines, with 1.5 million doses being allocated to Haiti and the other 4 million doses for distribution among 14 CARICOM countries.

COVID-19 VACCINES TO THE CARIBBEAN COMMUNITY

The donation from the White House also includes 3 million ancillary kits containing needles, syringes, diluent, and other supplies which have already been received. This donation follows months of discussions between the U.S. Department of Health and Human Services, Pfizer, the Caribbean Public Health Agency (CARPHA), and the CARICOM Secretariat. At the beginning of those discussions, the total number of persons vaccinated in CARICOM countries stood at a meagre 515,000, which emphasizes the importance of the donation by the U.S. Government. CARPHA also collaborated with the Pan American Health Organization (PAHO), as they facilitated specialized training on vaccine systems, while CARPHA facilitated the special ultra-cold chain training, which Pfizer delivered to the Member States receiving the vaccine donation. Three million ancillary kits have already been delivered, with the support of Caribbean Airlines and the CARICOM Regional Security System (RSS). Another tranche of 1 million ancillary kits will be delivered directly by Pfizer along with vaccine shipments.

REGIONAL PUBLIC GOODS DASHBOARD



CCH-IV RPG #	PROGRESS		REGIONAL PUBLIC GOODS
	2020	2021	
PRIORITY 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

LEGEND



RPG #	2020	2021	REGIONAL PUBLIC GOODS
HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE			
HEALTH GOVERNANCE			
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
1.1.2			Regional multi-sectoral training programs on policy development for the health sector
1.1.3			Regional model for policy monitoring
1.1.4			Regional standards and protocols for quality monitoring for delivery of health services

HEALTH FINANCING			
1.2.1			Regional repository of costs of health services at primary and secondary care levels in the Caribbean
1.2.2			Sub-regional health financing/insurance scheme
1.2.3			Regional repository of health and economic impact data for varying disease conditions
1.2.4			Cadre of professionals trained in: -National Health Accounts; -Health impact assessments (HIAs); -Public sector finance management

ACCESS TO MEDICINES AND HEALTH TECHNOLOGY			
1.3.1			Functional regional regulatory system (Caribbean Regulatory System (CRS) that facilitates assurance of essential medicines
1.3.2			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			Regional mechanism for pooled procurement/ reduced cost of cost-effective medicines and medical products and technologies

LEGEND



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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
HUMAN RESOURCES FOR HEALTH			
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

LEGEND



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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
ZOONOSIS			
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)

LEGEND



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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
TOURISM AND HEALTH			
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
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ANTIMICROBIAL RESISTANCE

2.9.1			Regional models for integrated AMR surveillance
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MITIGATION AND MANAGEMENT OF PUBLIC HEALTH EMERGENCIES AND DISASTERS

2.10.1			Caribbean Regional Global Health Security Agenda Roadmap
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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)

LEGEND



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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
PRIORITY NCDs AND RISK FACTORS			
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			
TUBERCULOSIS			
3.3.1			Polices, legislation, guidelines, standards, and tools to support implementation WHO strategy for TB control and treatment

LEGEND



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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
VECTOR BORNE DISEASES			
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

LEGEND



RPG #	2020	2021	REGIONAL PUBLIC GOODS
CHILD HEALTH			
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

LEGEND



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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
POLICY			
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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NO INFORMATION

RPG #	2020	2021	REGIONAL PUBLIC GOODS
CAPACITY DEVELOPMENT			
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

CARIBBEAN COOPERATION IN HEALTH-IV OUTCOME DASHBOARD



RPG INTERMEDIATE OUTCOME	COUNTRIES																									
	A N G	A N T	A R U	B A H	B A R	B E L	B E R	B E R	B E R	C A R	C A R	D O M	G R E	G R E	H A I	J A M	M O N	S A M	S A M	S A M	S A M	S A M	S A M	T R I	T R I	
Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage																										
Health Governance																										
1.1.1. Policies, legislation, standards, or guidelines that facilitate equitable delivery of quality healthcare services according to regional standards																										
Health Financing																										
1.2.1. Financing mechanisms to guarantee equitable access to a basic package of health services																										
Access to Medicines & Health Technology																										
1.3.1. Procuring Caribbean Regulatory System (CRS) recommended medicines																										
1.3.2. Reduced cost of medicines, medical products, and technologies as a result of improved regional mechanisms and coordination																										
Human Resources for Health																										
1.4.1. Reduced the density gap with respect to physicians, nurses, and midwives, attaining at least 25 per 10,000 population in underserved areas, keeping in mind the global target of 44.5 by 2030																										
Strategic Priority Area 2: Safe, resilient, healthy environments																										
Threats to Health																										
2.1.1. Policies in accordance with regional standards for occupational health and safety																										

LEGEND



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NO INFORMATION

RPG INTERMEDIATE OUTCOME	COUNTRIES																											
	A N G	A N T	A R U	B A H	B A R	B E L	B E R	B E R	B E R	B E R	C A R	C A R	C A R	D O M	G R E	G R E	H A I	J A M	M O N	S L O	S L O	S L O	S L O	S L O	S L O	T R I	T R I	
Strategic Priority Area 2: Safe, resilient, healthy environments																												
Zoonosis																												
2.2.1. Integrated national plan zoonosis surveillance, prevention, and control																												
Water Resource Management																												
2.3.1. Degree of integrated water resources management implementation (0-100)																												
Waste Management																												
2.4.1. Mechanisms to reduce and liquid waste in accordance with regional standards and guidelines																												
Food Safety																												
2.5.1. Regional food safety standards, protocols, and manuals																												
Public Health Outbreaks																												
2.6.1. Reporting on at least 75% of all IHR core competencies																												
2.6.2. Adopted national policies requiring monitoring and licensing of all laboratories																												
Tourism & Health																												
2.7.1. Reports on tourism-based illness and outbreaks																												
Mitigation and Management of Public Health Emergencies and Disasters																												
2.8.1. Policies that improve the built environment through the application of urban acupuncture and enhanced public green spaces in accordance with regional models and policies																												

LEGEND



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NO INFORMATION

RPG INTERMEDIATE OUTCOME	COUNTRIES																											
	A N G	A N T	A R U	B A H	B A R	B E L	B E R	B E R	B E R	B E R	C A R	C A R	C A R	D O M	G U Y	G U Y	H A I	J A M	M O N	S L O	S L O	S L O	S L O	S L O	S L O	T R I	T R I	
Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course																												
Health Communication and Promotion																												
3.4.1. Public are empowered/better informed about public health issues contributing to prevention of diseases																												
Strategic Priority Area 4: Data and evidence for decision making and accountability																												
Research																												
4.1.1. Research studies disseminated at the annual health research conference that contributes to the implementation of CCH																												
Policy																												
4.2.1. Accessing the evidence portal to guide national policy formulation process																												
Monitoring and Evaluation																												
4.3.1. Functional Monitoring and Evaluation system based on the 12 components model																												
Disease Surveillance																												
4.4.1. Functional Surveillance system based on regional standards																												
Health Information Systems																												
4.5.1. Frameworks and plans for health information systems																												
4.5.2. Availability of information on each of the nationally defined indicators of the health sector response to HIV																												
4.5.3. Regular review of the Monitoring and Evaluation system																												

LEGEND



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NOT IN PLACE



NO INFORMATION

RPG INTERMEDIATE OUTCOME	COUNTRIES																										
	A N G	A N T	A R T	B A H	B A R	B E L	B E R	B E R	B E R	C A R	C A R	D O M	G U Y	G U Y	H A I	J A M	M O N	S A M	S A M	S A M	S A M	S A M	S A M	T R I	T R I		
Strategic Priority Area 4: Data and evidence for decision making and accountability																											
Health Information Systems																											
4.5.4. Health indicators reported and data disseminated annually																											
4.5.5. Data or information use to support evidence-based decision making and accountability																											
4.5.6. Surveillance reports routinely available at the national and regional level																											
Strategic Priority Area 5: Partnership and resource mobilization for health																											
Capacity Development																											
5.1.1. Utilized resource mobilization and partnership tools to leverage resources for health																											
Multisectoral Action Plans and Partnerships																											
5.2.1. Multi-stakeholders / multi-sectoral partnerships that support the achievement of the CCH																											
5.2.2. Results frameworks by providers of development co-operation																											
Resource Mobilization and Financing																											
5.3.1. Mobilized resources through fund/financing mechanisms to implement CCH																											
Communication																											
5.4.1. Aware of CCH goals and strategies and has utilized these tools to guide national programs																											

REGIONAL PUBLIC GOODS SPOTLIGHT

FRONT OF PACKAGE WARNING LABEL



“The people of the Caribbean have a right to know for themselves and their families what is in their foods. Further, research in the Caribbean has shown that Front of Package Warning Labels such as octagonal front-of-package warning labels (FOPWL) are the best performing system for allowing consumers to correctly, quickly, and easily identify products that contain excessive amounts of the critical nutrients sugar, sodium, total fat, saturated fat and trans fat. It is also important for consumers to have the ability to compare foods in order to make the healthiest choices for foods which contain the most nutritional value,” stated Dr. Joy St. John, Executive Director, CARPHA.

PRIORITY REGIONAL PUBLIC GOODS



PRIORITY RPG PROGRESS SUMMARY



RPG 1

[Strengthened legislative framework for health, including legal briefs and model legislation](#)

PROGRESS UPDATE

In June 2021, the Pan American Health Organization (PAHO), in collaboration with the Caribbean Court of Justice Academy for Law (CALF), launched the Caribbean Public Health Law Forum. The purpose of the Forum is to provide a space for continued communication, collaboration, and engagement between Health and Legal Affairs, focusing on advancing the use of law to tackle Non-Communicable Diseases (NCDs) and their risk factors. The Caribbean Court of Justice chairs the Forum, which currently has sixty-four (64) members from nine (9) CARICOM Member States and all five (5) Associate States. The representatives include forty-four (44) health and law government officials, and representatives from the CARICOM Secretariat, the CARICOM Office of the General Counsel, the CARICOM Single Market and Economy Unit, the Office of Trade Negotiations, Caribbean Public Health Agency (CARPHA), University of the West Indies (UWI), and the Healthy Caribbean Coalition (HCC). The interactions of the Forum will be facilitated through a virtual platform within the PAHO Virtual Campus of Public Health (PAHO VCPH). The priority areas for draft legislation are currently being reviewed.



RPG 2

[Regional legislation for nutritional labeling](#)

PROGRESS UPDATE


In April 2018, revision of the existing CARICOM Regional Standard for Labelling of Pre-packaged Foods and to include Front of Package Criteria started. The Regional Technical Sub-Committee (RTSC) was established to lead this initiative and to achieve regional stakeholder consensus on issues following the established International Standardization Organization (ISO) – CARICOM Regional Organization Standards and Quality (CROSQ) & World Trade Organization (WTO) – Technical Barriers to Trade (TBT) Agreement Compliant Principles and Practices for good regional standards development (e.g., Good principles of standards development and Good practices of standards development). The Final Draft CARICOM Regional Standard (FDCRS) was developed and circulated to Member States for national voting. However, the minimum requirement of 75% positivity rate, which is required to submit to the CROSQ Council and the COTED for approval, was not met. The next steps include the presentation of the RTSC's recommended action, assessed, and conveyance to the CROSQ Council for endorsement at its meeting in October 2021.

PRIORITY REGIONAL PUBLIC GOODS




PRIORITY RPG PROGRESS SUMMARY

Additionally, the Pan American Health Organization (PAHO) continues to provide technical support to CARICOM Member States and CARICOM Institutions for the revision of the (2010) CARICOM Regional Standard for Specification for labeling of pre-packaged foods (CRS 5:2010) to incorporate front-of-package warning labeling (FOPWL) specifications.

 RPG 3	Regional approach to trade legislation and regulation in support of reducing childhood obesity PROGRESS UPDATE
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The CARICOM Secretariat facilitated a discussion on Childhood Obesity at the CARICOM Organs and Bodies on November 4, 2019. In response to the issue, the decisions of the Fifth Joint Meeting of the Council for Trade and Economic Development (COTED) and Council for Human and Social Development (COHSOD) are as follows: (1) the establishment of two Inter-Governmental Working Groups (IGWGs) on Unhealthy Diets and Obesogenic Environments and the Harmful Use of Alcohol for advancing Regional Policies, Programmes, and Actions for NCD Control, and (2) the creation of a joint secretariat comprising the CARICOM Secretariat and CARPHA to support and guide the work of the IGWGs. The Inter-Governmental Working Group Committees on Unhealthy diets and the harmful use of alcohol have been meeting to review regional approaches and draft legislation to address the reduction of obesogenic environments for children.

 RPG 4	Caribbean Regulatory System for essential medicines PROGRESS UPDATE
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The Caribbean Regulatory System continues to support access to quality-assured essential medicines by CARPHA Member States through technical reviews of essential medicines and vaccines for recommendations for marketing authorizations by CARPHA Member States. The CRS is supported by the Pan American Health Organization and the Bill and Melinda Gates Foundation.

Regulatory Decisions for Access to Essential Medicines: Essential medicines lists and/or formularies exist in most CMS (including the OECS), which guide procurement, but only six Member States formally assess individual medicines, whereas others qualify suppliers. All Member States are encouraged to incorporate the recommendations to expedite and strengthen marketing or import decisions, particularly those without formal registration systems, but uptake has been sporadic among countries.

PRIORITY REGIONAL PUBLIC GOODS

PRIORITY RPG PROGRESS SUMMARY

Only one Member State, Guyana, requires the CRS' recommendations for market authorization of medicines, and as of July 2021, 26 medicines were registered based on CRS' recommendations. Other Member States may consider the recommendations in the approval processes, but evidence of uptake or integration is lacking. Nevertheless, the CRS team works with regulators that are developing and/or strengthening medicines registration systems to integrate the CRS' recommendations into national requirements or procedures, such as Grenada and the Bahamas.

Essential COVID-19 Medicines, Vaccines, and Test Kits: In May 2020, in response to the global pandemic of the SARS-CoV2 virus, the CRS implemented similar pathways based on regulatory reliance to recommend quality-assured medicines, vaccines, and test kits for COVID-19. Between March and August 2021, the CRS recommended eight (8) COVID-19 vaccines granted emergency use listing by the World Health Organization and provided Member States with technical summaries and updates on the quality and safety of the vaccines. These reviews were possible with the support of PAHO/WHO for the development of a review pathway for emergency use using reliance and by signing confidentiality agreements with WHO to access confidential information for the dossiers. The CRS also supported Member States by reviewing the dossiers of the COVID-19 vaccines donated by the United States of America. The CRS' reports have supported the approvals and verification of COVID-19 vaccines by Johnson and Johnson, AstraZeneca-Oxford, and Pfizer-BioNTech, and the team assists regulators to confirm the authenticity of vaccine donations and post-approval changes. In the Bahamas, recommendations by the CRS are required for emergency authorization of COVID-19 vaccines.

As of 31st August 2021, the CRS has recommended 194 essential medicines and medical products for COVID-19 (8 vaccines, 1 medicine, 3 test kits), with 71 issued between September 2020 and August 2021. The list of CRS recommended medicines and other health technologies, including vaccines, may be found at: <https://carpha.org/Portals/0/Documents/CARPHA%20CRS%20Recommended%20Medicines%20List.xlsx>

Further, to assist Member States with tracking the global regulation of vaccines and medicines for COVID-19, the CRS provides bi-weekly updates for vaccines via the CARPHA website and maintains a shared file of regulatory information on approved or emerging vaccines and treatments. The bi-weekly updates may be found at: <https://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus/COVID-19-Vaccine-Information>

PRIORITY REGIONAL PUBLIC GOODS



PRIORITY RPG PROGRESS SUMMARY



RPG 5

Regional partnership of health and tourism **PROGRESS UPDATE**

The Regional Tourism and Health/Travelers Health Program (THP) continues to address the health, safety, and environmental sanitation (HSE) threats to tourism to strengthen countries' capacity to prepare for and respond to public health threats through multisectoral health and tourism partnerships and surveillance, training, standards, and policy. CARPHA established new partnerships (...) and strengthened existing partnerships (CDC Vessel Sanitation Programme, PHAC). Additionally, on September 17, 2021, a Letter of Agreement with the OECS to implement the Tourism and Health Programme starting with Saint Lucia, which was launched on September 18, 2021. These partnerships provide the directive to implement the THP in the OECS and strengthen the link between Health and Tourism in the OECS. Recently, CARPHA has established new partnerships with Cricket West Indies (CWI) partners with CARPHA on Caribbean Health initiative to fight COVID-19 | Windies Cricket news, Caribbean Airlines and CARPHA Collaborate for Healthier, Safer Tourism - Caribbean Today, Caribbean Hotel and Tourism Association, Caribbean Tourism Organization, Global Tourism Resilience and Crisis Management Centre, British Tour Operators, Republic Bank Limited and CARPHA collaborated on Technological Advancement and Innovations | Republic Bank (republictt.com), Yacht Association of Trinidad and Tobago and the Organisation of the Eastern Caribbean States (OECS) Commission and CARPHA collaborated for Healthier, Safer Tourism.



RPG 7

Common health promotion campaigns **PROGRESS UPDATE**

The Caribbean Wellness Day (CWD) theme 'Power Through Collective Action' was first introduced in 2020 and reflected the continuation of the life course approach but includes 'whole of society' engagement. The sub-theme for 2021 is "In it Together: Building Healthy Communities." The objectives for CWD 2021 were to promote equitable access to health; work together (governments, communities, civil society) to empower and engage individuals and communities to promote health and well-being. See the CWD 2021 webpage inclusive of the toolkit here:

<https://carpha.org/More/Media/Articles?Search=caribbean+wellness+day>

PRIORITY REGIONAL PUBLIC GOODS

PRIORITY RPG PROGRESS SUMMARY

Caribbean Mosquito Awareness Week (CMAW) – a joint initiative of CARPHA, PAHO, and the CARICOM Secretariat was launched in May 2016 with the theme – Small Bite, Big Threat! CMAW aimed at raising awareness of the need to eliminate mosquito breeding sites and use personal protection to prevent mosquito-borne diseases; the 2021 sub-theme was, “Tiny... but deadly. Don’t wait... eradicate.” See the CMAW 2021 webpage inclusive of the toolkit, which was shared with regional communications focal points, here:

<http://caribbeanmosquitoweek.carpha.org/>

<http://caribbeanmosquitoweek.carpha.org/Home/Toolkit>

In 2014, CARPHA declared July 2nd Caribbean Public Health Day (CPHD) to highlight the work of the Agency, but more importantly, to sensitize Caribbean people about the importance of public health. See the CPHD 2021 webpage inclusive of the toolkit, shared with regional communications focal points, here:

<https://www.carpha.org/More/Media/Articles/ArticleID/498/Caribbean-Public-Health-Day-2021#prettyPhoto>

The major NCD and Nutrition Caribbean and World Health Days were commemorated by disseminating health messages through press releases, audio clips, social media platforms, i.e., Facebook, Instagram, and LinkedIn. These health days include World Diabetes Day, World Sickle Cell Day, World Hypertension Day, World No Tobacco Day, World Obesity Day, Salt Awareness Week, Caribbean Nutrition Day, and World Breastfeeding Week.

The ‘I AM CARICOM’ Communications Campaign (#IAMCARICOM) was launched in November 2019 with the aim of aims to assist the citizens of the Community in understanding CARICOM, its purpose, people, geography, institutions, governance structure, policies, and plans, and to fully engage citizens of the Community in the process of developing and implementing strategic interventions that affect their lives.

Importantly, the Campaign seeks to effectively and efficiently reach and engage its audiences to create awareness and engender ownership of the Community’s Results-focused Strategic Plan from 2020. The Did-You-Know (DYK) social media campaign was launched on the CARICOM Secretariat’s Facebook page, featuring the work of the Programmes of the CARICOM Secretariat, as well as the CARICOM Regional Institutions. Further information on the DYK social media initiative is available at the links below:

- <https://www.facebook.com/caricom.org/posts/175855924480709>
- <https://youtu.be/zLclHYTdwOw>


PRIORITY REGIONAL PUBLIC GOODS



PRIORITY RPG PROGRESS SUMMARY

PANCAP also ensured the development and dissemination of media messaging promoting the work and achievement of PANCAP, including PANCAP's Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS (2019 – 2025) through a series of 'I AM CARICOM' DYK Frames posted to the CCS Facebook page as part of a CARICOM Secretariat/ PANCAP collaboration. Further information on this initiative may be accessed at:

- <https://www.facebook.com/caricom.org/posts/361991118995547>
- <https://www.facebook.com/caricom.org/posts/120317230280829>
- <https://www.facebook.com/caricom.org/posts/1037330300414603>

 RPG 8	Common training programs for health and other personnel, including in partnerships and negotiation PROGRESS UPDATE
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On October 17, 2020, CARPHA wrote for the assistance of the 2030 Agenda Partnership Accelerator for Sustainable Development (2030 APA) in conducting partnership training in the Caribbean. The proposal included: a) conducting a Training of Trainers event on partnership effectiveness; b) conducting national partnership training workshops to cascade this knowledge to the national level, and c) providing coaching support to get more national training implemented. In January 2021, 2030, APA advised that funding was obtained from the Government of Italy to support the conduct of:

1. One partnership sensitizing virtual workshop for all CMS to include a call for expressions of interest to become one of the 12 persons to be part of a partnership trainer event
2. Two preparatory virtual workshops were held with the 12 trainers, leading up to the in-person training event.
3. One national partnership workshop – up to 40 national participants, selected in consultation with the UN Resident Coordinator.
4. Two preparatory virtual workshops to be held with national participants, leading up to the national partnership workshop


PRIORITY REGIONAL PUBLIC GOODS



PRIORITY RPG PROGRESS SUMMARY

The in-person workshops are scheduled for 2022. The confirmed UN partners are the Economic Commission for Latin American and the Caribbean (UNECLAC) and the Resident Coordinator in Jamaica. Therefore, the planning Committee will comprise representatives from the UN partners, 2030 APA, CARPHA, and The Partnering Initiative (TPI).

Additionally, the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) has collaborated with the Pan American Health Organization to train health care providers and Civil Society Organizations.

 RPG 9	Common clinical guidelines and auditing tools for national NCD programs PROGRESS UPDATE
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Over the period 2020 - 2021, CARPHA published and launched the 5-Module “CARPHA Guidelines for the Management of Diabetes in Primary Care in the Caribbean” that includes clinical audit tools. A Hypertension Guideline Development Committee was established in collaboration with the Pan American Health Organization (PAHO), Caribbean Colleague of Family Physicians, and leading subject matter experts in the Caribbean supported by the French Development Agency (L’Agence Française de Développement). Plans to support capacity building of Member States to develop clinical guidelines in progress. The Guidelines for the Management of Diabetes in Primary Care in the Caribbean can be accessed at the link below:

<https://www.carpha.org/What-We-Do/NCD/Integrated-Disease-Management/CARPHA-Clinical-Guidelines>

As well, PAHO is supporting the implementation of the HEARTS technical package as a strategic approach to improve cardiovascular health with a focus on primary health care. HEARTS is being successfully implemented in the British Virgin Islands, Guyana, Saint Lucia, and Trinidad and Tobago, with several other Caribbean countries interested in the following suit. The HEARTS technical package includes a module on “Systems for Monitoring,” which contains standardized indicators and data-collection tools to monitor and report on the prevention and management of cardiovascular diseases (CVDs).

PRIORITY REGIONAL PUBLIC GOODS



PRIORITY RPG PROGRESS SUMMARY


 RPG 12	Regional strategy to stimulate private sector partnerships PROGRESS UPDATE
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The Pan Caribbean Partnership Against HIV and AIDS (PANCAP) has engaged the private sector through the establishment of the Private Sector Advocacy Group on resource mobilization for HIV to support the sustainability of the Regional, National, and Key Population HIV Programmes. The Advocacy Group serves as a mechanism to mobilize national resources from the private sector groups so that countries can take on greater ownership of their programmes.

	NO UPDATE
 RPG 6	Caribbean guaranteed minimum package of health services
 RPG 10	Regional data sharing and ethics policy
 RPG 11	Regional health information systems policy
 RPG 13	Resource mobilization strategies for reaching non-traditional funders

REGIONAL PUBLIC GOODS SPOTLIGHT

CARIBBEAN REGULATORY SYSTEM




The Caribbean Regulatory System (CRS) is an initiative of the Caribbean Community and Common Market (CARICOM) that supports the regulation of medicines and other health technologies within Member States via two key regulatory functions: (1) reviews and recommendations of quality-assured medicines and vaccines for marketing authorization and/or import authorization decisions, and (2) administration of a subregional network for monitoring of the safety and quality of medicines used in Member States


HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE




HEALTH GOVERNANCE

 RPG 1.1.2	<p>Regional multi-sectoral training programs on policy development for the health sector</p> <p>PROGRESS UPDATE</p>
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The Pan American Health Organization (PAHO) and the University of the West Indies (UWI) are currently developing a joint health policy and health systems diploma/certificate program for the Caribbean as part of a Letter of Agreement (LOA). Four courses have been developed or adjusted to be part of the Diploma. Course outlines have been sent for review at PAHO technical units. Additionally, the CARICOM Secretariat has identified two representatives to participate in the training organized by PAHO to increase regional capacity to address tobacco control.

 RPG 1.1.3	<p>Regional model for policy monitoring</p> <p>PROGRESS UPDATE</p>
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On 20 April 2021, CARICOM launched the “Human Resources for Health Action Task Force for the Caribbean” (HRH-ATF) as part of the COVID-19 pandemic response and other sanitary emergencies in the Sub-region. This effort came as a mandate by the 39th Meeting of the Council for Human and Social Development (COHSOD) in November 2020, in which twelve (12) countries and two (2) territories were nominated as delegates to the Task Force. The official delegates also approved the Terms of Reference and work plan.

 RPG 1.1.4	<p>Regional standards and protocols for quality monitoring for delivery of health services</p> <p>PROGRESS UPDATE</p>
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The Pan American Health Organization (PAHO) supports implementing 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 the treatment of hypertension.”](#) Essential Public Health Functions assessment (EPHF) in the Caribbean: the pilot of the tool

Jamaica and Trinidad and Tobago are also part of the pilot. The Bahamas and Suriname completed the planning phase and are currently in the situation analysis stage, for which they hired national consultants to support the gathering of data and analysis of information.


HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE



HEALTH FINANCING

 RPG 1.2.1	<p>Regional repository of costs of health services at primary and secondary care levels in the Caribbean</p> <p>PROGRESS UPDATE</p>
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The HEU, Centre for Health Economics, University of the West Indies (UWI), was designated on June 2020 as a WHO/PAHO collaborating Centre for Health Economics and Financing. A Letter of Agreement with HEU was signed in January 2021. As part of its terms of reference, UWI is supporting PAHO/WHO's work by doing costing and efficiency studies of health services. Four studies in two OECS countries are being drafted and will be finalized during the second half of 2021.


 RPG 1.2.4	<p>Cadre of professionals trained in: -National Health Accounts; -Health impact assessments (HIAs); -Public sector finance management</p> <p>PROGRESS UPDATE</p>
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Between August and September 2021, the HEU, Centre for Health Economics, University of the West Indies conducted workshops across various OECS countries on the System of Health Accounts (SHA) 2011. The training was provided through a Letter of Agreement with PAHO training on System of Health Accounts 2011 (SHA 2011) to Belize, Grenada, and St. Kitts and Nevis. A new Letter of Agreement was signed in January 2021. The agreement includes workshops across various OECS countries on SHA 2011, a health financing assessment tool, and financial protection indicators. Additionally, a 10-week SHA 2011 online course is currently under development with UWI to facilitate ongoing training.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE



ACCESS TO MEDICINES AND HEALTH TECHNOLOGY

 RPG 1.3.1	<p>Functional regional regulatory system (Caribbean Regulatory System (CRS) that facilitates assurance of essential medicines</p> <p>PROGRESS UPDATE</p>
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The Caribbean Regulatory System (CRS) continues to support the regulation of medicines and other health technologies within CARPHA Member States via two key regulatory functions: (1) reviews and recommendations of quality-assured medicines and vaccines for marketing authorization and/or import authorization decisions, and (2) administration of a subregional network for monitoring of the safety and quality of medicines used in CARPHA Member States.

Marketing Authorisation: In providing technical reviews and recommendations of quality-assured essential medicines, vaccines, and other biotherapeutic products, the CRS functions as a regulatory support system, particularly to CARPHA Member States that are vulnerable to substandard/falsified medical products due to the lack of legislative frameworks and capacity to directly undertake quality assessment of the individual products. These Member States may benefit the most by applying the recommendations as criteria for the importation of medicines, but this integration has not been observed or fully implemented. Nevertheless, all CMS are notified about the recommended products and may access the documents related to the recommendations to inform regulatory decisions. In 2020, the average time for the CRS' verification review was 58 calendar days, inclusive of time spent waiting for responses from applicants, which maintains its goal of completing reviews in 60 days or less. With this turn-around time, followed by similar approval times by national authorities, facilitate access to quality-assured medicines will be granted within 120 days after submission, which is the maximum time recommended by international organizations, like the WHO.

Towards helping CMS register medicines and biologics procured via the PAHO Strategic Fund and the PAHO Revolving Fund, in December 2020, CARPHA signed an agreement with PAHO for sharing confidential (nonpublic) information, which is required for regulatory reliance practices. The two organizations plan to collaborate for the CRS to utilize a secure information system for information exchange with other regulators in the Americas. This facility for information sharing will improve access to quality-assured medicines and biologics, enhance post-market surveillance, and support national regulatory system strengthening.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE



ACCESS TO MEDICINES AND HEALTH TECHNOLOGY

Pharmacovigilance (Passive Surveillance of Safety and Quality): The introduction of standardized data collection and reporting forms for suspected adverse drug reactions (ADRs), adverse events following immunization (AEFIs), and substandard/falsified/ unregistered medical products has strengthened pharmacovigilance in the Caribbean. Through its network for pharmacovigilance and post-market surveillance ([VigiCarib](#)), the CRS has issued 28 issues of its monthly newsletter to CMS reporting on 280 ADRs, 30 AEFIs, and 94 case reports of substandard /falsified products received directly via its forms. In addition, the CRS has provided summaries of 3,011 reports from CARICOM to the WHO global database, including 596 AEFI reports after COVID-19 vaccine use.

To facilitate reporting by other stakeholders, the CRS developed online interfaces for the reporting forms, making them accessible to market authorization holders and health workers who need to submit reports to the respective Member States but do not have direct access. As a result, the CRS acts as a collection hub, and conduit for these case reports to CMS. The form for vaccine adverse events can be accessed at [VigiCarib Vaccine AEFI Form](#), and the form for suspected ADRs and substandard/falsified medical products may be found at [VC Reporting Form](#). To support the global monitoring of the quality and safety of medicines and other health technologies, the CRS also facilitates reporting on behalf of selected CMS to global surveillance systems of the WHO Programme for International Drug Monitoring (for ADRs/AEFIs) and the WHO Global Surveillance and Monitoring System (GSMS) for substandard and/or falsified medical products. PAHO supports the review and development of pharmaceutical profiles and legal frameworks for pharmaceutical regulation in 5 countries.

All case reports about local events submitted to the CRS by health professionals and market authorization holders are directed to the respective ministry of health personnel for local investigation or follow-up according to national policies. These tools have assisted the Member States in developing local reporting forms and receiving case reports that may be missed by local modes of reporting.



RPG 1.3.2

Training modules to facilitate regional capacity building in methodologies for rational use of medicines, including the development of Essential Medicine List and formulary
PROGRESS UPDATE

The Pan American Health Organization (PAHO) is developing a project document for a National Antibiotic Evaluation Study in selected Caribbean countries and selected antibiotics at the national and hospital levels in progress. The CRS supported the development of regulatory capacity via training webinars in pharmacovigilance and vaccine dossier reviews.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

ACCESS TO MEDICINES AND HEALTH TECHNOLOGY

Between September 2020 and August 2021, the CRS facilitated six (6) webinars focusing on pharmacovigilance and two (2) webinars on COVID-19 vaccine dossier reviews. Topics included: Preparing for Vaccine Safety Surveillance (with MQCSD), Using VigiFlow Reporting Interface (2 workshops with WHO monitoring centre in Uppsala), Basics of Vaccine Safety Surveillance (with PAHO and MQCSD), CRS Review of COVID-19 Vaccines (2 webinars), and Introduction to Pharmacovigilance (for entry-level students of the Faculty of Medical Sciences, UWI). The CARPHA-based webinars ranged between 71 and 180 persons from Member States, Europe, India, Canada, and the United States of America. Attendees included physicians, pharmacists, regulators, immunization officers, public health nurses, and other public health professionals. The CRS also hosts orientation sessions to introduce its requirements for regulatory review to regional importers who are new to the principles of regulatory reliance or who are considering submitting applications for more complex products (e.g., biologics, test kits). These meetings have assisted applicants in preparing dossiers that meet the minimum requirements for content and quality of information for technical review and reports to the Member States. The submissions by applicants who meet with the CRS result in fewer queries to the market authorization holders and more prompt completion of the reviews.

CARPHA also continues to provide medicines quality control testing to support regulatory decisions of the national medicines regulatory authorities and procurement bodies in CARPHA Member States through the risk-based post-market surveillance (PMS) programme and testing at the CARPHA Member States request based on the regulatory needs. Currently, there are eighteen (18) CMS participating in the PMS Programme, with two additional countries (Suriname and Turks and Caicos Islands) joining as of May 2021

The Medicines Quality Control Surveillance Department (MQCSD) performs quality control testing of medicines as requested by CMS for reasons such as quality assessment due to customer complaints, routine quality assessment, pre-market approval, for their national post-market surveillance programmes, and confirmatory testing of out-of-specifications results for a national medicines quality control laboratory. Additionally, technical advisory is also provided on queries related to medicines testing. Furthermore, the Department of Government Chemist of Jamaica (one of the four national medicines quality laboratories in the Caribbean) also received technical and quality management support and training from the Medicines Quality Control and Surveillance Department, CARPHA, to achieve ISO/IEC 17025 accreditation of its pharmaceutical laboratory.

The Post Market Surveillance (PMS) Programme monitors the quality, safety, and efficacy of selected medicines in CARPHA Member States (CMS) and detect substandard/ falsified and, as applicable unregistered products on the market, supporting national and regional medicines regulatory systems. The PMS Programme is supported through the CARPHA-PAHO Biennial Work Programme. To date, four commonly used medicines in the Caribbean were selected using risk-based criteria: (1) Metformin tablets (antidiabetic), (2) Warfarin tablets (anticoagulant), (3) Amlodipine tablets (anti-hypertensive), and (4) Co-Amoxiclav Oral suspension (antibiotic) and a total of 75 samples were tested, and Certificates of Analysis were reported to CMS. Currently, two commonly used medicines in the Caribbean were confirmed for testing, and analysis is in progress: (1) Paracetamol tablets (pain/fever including for COVID-19 and also in high usage due to vaccination programmes), (2) Lisinopril tablets (anti-hypertensive). In instances where medicines were submitted for pre-market approval and met the applicable test specifications, regulators/ procurers approved the product for use on their market. In instances where medicines were submitted for routine quality assessment, national post-market surveillance, or the MQCSD Post-Market Surveillance Programme and they met the applicable test specifications, regulators/ procurers continued the use of the products.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE




ACCESS TO MEDICINES AND HEALTH TECHNOLOGY

Based on feedback received, this further strengthened confidence in procurement from applicable manufacturers/ suppliers/ distributors. In instances where medicines were submitted for pre-market approval and failed to meet the applicable test specifications, regulators/ procurers did not approve the product for use on their market. In instances where medicines were submitted for routine quality assessment, national post-market surveillance, the MQCSD Post-Market Surveillance Programme, or customer complaints and failed to meet the applicable test specifications, regulators/ procurers removed the product from all points of use from the market and/or seized the product.

Furthermore, the regulators/ procurers notified the manufacturer/supplier for response and investigation and notified stakeholders in-country. For medicines that failed, the results were reported into regional (Vigicarb) and global monitoring systems (VigiFlow or WHO Substandard and Falsified Medical Products Portal). When medicines were tested as part of the out-of-specification investigation for a national medicines quality control laboratory, confirmatory testing by an accredited laboratory added confidence to their results and subsequent decision by the regulator/ procurer.

HUMAN RESOURCES FOR HEALTH


 RPG 1.4.1	Updated Caribbean HRH Roadmap PROGRESS UPDATE
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The Human Resource for Health (HRH) Action Taskforce was established in April 2021 based on the mandate of the 39th COHSOD through a joint collaboration between the CARICOM Secretariat and the Pan American Health Organization (PAHO). The mandate is to develop policy brief guidelines to address human resources for health matters. Currently, two policy briefs are being developed: vaccine hesitancy among HCW and the impact of COVID-19 on HRH. This includes migration of nurses, the deployment and recruitment of human resources for health, and in this particular, it should also look at vaccine hesitancy among health care workers and HRH response to the COVID pandemic. The Secretariat provided technical input for review and finalization of the TOR and the programme of work of the HRH Action Task Force. The CARICOM Secretariat also convened two meetings (the inaugural meeting and the second meeting of the taskforce) which focused on the review of the Terms of Reference for the Consultant to undertake the development of the policy brief COVID and Vaccine hesitancy. The Consultants presented the findings and recommendations to HRH Taskforce. The next step is for the Consultant to present the final draft for further review.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE



HUMAN RESOURCES FOR HEALTH

 RPG 1.4.1	Updated Caribbean HRH Roadmap PROGRESS UPDATE
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Caribbean Roadmap on HRH 2018-2022

Priority 1: Governance and leadership: PAHO is currently conducting a situation analysis on the mobility of nurses and physicians of the Caribbean. It will be completed by the end of the year. PAHO completed and published in 2020 the document Human Resources for Health and the COVID-19 response in the Caribbean to facilitate monitoring of HRH policy interventions related to COVID-19, and, to inform on HRH policy development in terms of lessons learned and areas for improvements. The analysis included 12 countries of the Subregion.

Priority 2: Education and training: A Letter of Agreement with the University of West Indies, Cave Hill Campus, was signed on 31 March 2021 to develop a joint Diploma/Certificate in Health Policy and Health Systems. The agreement includes the development and accreditation of four (4) new courses, the adjustment of one (1) course from PAHO VCPH, and the update of four (4) existing UWI courses. UWI has developed the outlines of two new courses (Telehealth and Telemedicine, Health governance) and adapted one PAHO course (Public health leadership). Several courses were developed for the Caribbean Node of the Virtual Campus for Public Health, in collaboration with NextGenU: Pandemics Course (September 2021), Tobacco Cessation Program (July 2021), Tobacco Legislation (July 2021), and Training of Tutors (in progress). The course Strengthening HRH and implications for pandemic planning developed by Harvard University, T.H. Chan School of Public Health was offered to MoH officials and HSS/HRH PAHO advisors from the Caribbean, with the support and coordination of the HRH/HSS Unit in WDC and CRB. A total of 21 participants from 7 countries completed the course (April 13-23, 2021): The Bahamas, Belize, Guyana, Haiti, Suriname, Trinidad and Tobago, and Turks and Caicos. In coordination with NextGenUniversity, the course Public Health Leadership: Leading the health sector during COVID-19 and beyond was launched in Oct 2020 with 51 participants from 10 countries of the Subregion.

Priority area 6: Research: PAHO completed an analysis on vaccine hesitancy among 1,200 healthcare workers in 14 countries of the Caribbean. The main findings and key messages are supporting the development of public policy and communication strategies.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE



HUMAN RESOURCES FOR HEALTH



RPG 1.4.3

Regional strategic and implementation plan for public health nursing and nursing education and practice
PROGRESS UPDATE

The Regional Nursing Body Strategic Plan for Nurses and Midwives 2020-2024 was endorsed by the 39th COHSOD with a recommendation to develop an implementation plan, a resource mobilization plan, and M&E guidelines. To date, Terms of Reference were prepared and submitted to PAHO to retain a Consultant to undertake the Consultancies. PAHO also supported a Caribbean cohort of 31 nurses from 7 countries (Antigua and Barbuda, Barbados, Belize, Dominica, Guyana, Suriname, and Trinidad and Tobago) for a course on Critical Care Nursing with UWI-St. Augustine. The course was chosen for WHO Stories from the Field. An article was published in the US magazine "Talent Development (TD)" describing the importance of this course to support the COVID-19 response in the Caribbean.



RPG 1.4.4

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

The Pan American Health Organization (PAHO) and the University of the West Indies (UWI) continue to develop the joint Health policy and health systems Diploma/Certificate program for the Caribbean. Both organizations are currently developing a Letter of Agreement (LOA).



RPG 1.4.5


Model for skill mix and levels of competencies of mid-level managers and new categories of providers, including community care workers
PROGRESS UPDATE

The Sub-committees of the Regional Nursing Body (Executive, Education, and Practice Committees) have been looking at standardization of training for assisted nursing personnel. The categories of personnel under this nomenclature were identified as well as existing training programmes across the region. This is done to establish regulatory mechanisms to protect clients.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE



HUMAN RESOURCES FOR HEALTH

 RPG 1.4.6	<p>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</p> <p>PROGRESS UPDATE</p>
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The CARICOM Secretariat convened the 27th Special Council for Health and Social Development (COHSOD) in March 2021 to review the CAMC ratification issue. The CARICOM Secretariat drafted the policy based on the Senior Officials of the Legal Affairs Committee (SOLAC) request. The policy was shared at the 27th Special COHSOD. However, Officials and Ministers felt they needed more time. The policy and guidelines were circulated via Savingram to all the Member States in June, requesting feedback by mid-July. Trinidad is the sole country that sent feedback in the form of questions. The SOLAC requested an update of the information in the guidelines as they were dated. The guidelines were reviewed and updated with technical input from the General Council (GC) Office, CARICOM Secretariat, and the guidelines drafted to speak to the issue of self-financing of the CAMC.

Additionally, Community Health Workers (CHW) in the control of NCDs in the Caribbean in the COVID-19 context: a project proposal was prepared and shared with PAHO Country Offices in the Caribbean. The project has the six components: (1) CHWs in the Caribbean: data collection and systematization, (2) development of profiles, roles, and core competencies for CHWs in the Caribbean, (3) capacity building and training, (4) inter-sectoral and inter-programmatic strategies at the country and Subregional level, (5) policy development at the country and Subregional level, and (6) materials and equipment.

HEALTH SYSTEMS FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

LEGEND

			
IN PLACE	IN PROCESS/PARTIAL	NOT IN PLACE	NO INFORMATION

NO UPDATE	
HEALTH GOVERNANCE	
 RPG 1.1.1	Regional web-based portal/repository containing model legislation, policies, standards, guidelines, and regulatory mechanisms to support the delivery of quality healthcare services in countries
HEALTH FINANCING	
 RPG 1.2.2	Sub-regional health financing/insurance scheme
 RPG 1.2.3	Regional repository of health and economic impact data for varying disease conditions
 RPG 1.3.3	Regional mechanism for pooled procurement/ reduced cost of cost-effective medicines and medical products and technologies
HUMAN RESOURCES FOR HEALTH	
 RPG 1.4.2	Skills Database of health professionals
 RPG 1.4.7	Caribbean Public Health Association for registration and continuing education of public health professionals

REGIONAL PUBLIC GOODS SPOTLIGHT




The Caribbean's Travellers Health Assurance stamp for Healthier Safer Tourism (HST) is a measurable and verifiable travellers health assurance and recognition award for tourism entities and destinations that are implementing the recommended Proactive COVID-19 health monitoring and safety measures. Caribbean travellers now have the added assurance of a healthier, safer option for accommodations (hotels, guesthouses) and services (transport, tour operators) awarded the CARPHA-CTO-CHTA HST stamp. Hospitality facilities awarded the HST stamp will be listed as a preferred healthier, safer option on Caribbean Traveller's Health Mobile App. Awardees will also later be listed on Caribbean Public Health Agency, Caribbean Tourism Organization, and Caribbean Hotel and Tourism Association websites, with links to regional and international health and tourism stakeholders.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS




THREATS TO HEALTH

 RPG 2.1.3	Regional One Health Strategic Plan PROGRESS UPDATE
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The European Union/CARIFORUM climate change and health project include a One Health plan that addresses leadership, zoonosis, and food safety and the training of a cadre of One Health Leaders.

ZOONOSIS

 RPG 2.2.1	Integrated zoonosis surveillance, prevention, and control systems PROGRESS UPDATE
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PAHO has continued maintaining close coordination with the National Rabies Control Programs Directors via virtual meetings and followed the advances in each country of the region to monitor surveillance, prevention and control activities, particularly with Cuba, Haiti, Dominican Republic, and Guyana. Within the framework of the Americas Region's Network of National Rabies Control Programs Directors (REDIPRA), PAHO has promoted several virtual meetings to exchange knowledge and experience for strengthening rabies surveillance. Furthermore, countries of the region have been trained in the use of a new upgraded version of the SIRVERA (Regional Information System for the Epidemiological Surveillance of Rabies). Provision of canine and human rabies immunobiologicals through the PAHO Revolving Fund in the Americas Region has continued as in previous years to support the national rabies programs. Technical and financial support to Haiti and the Dominican Republic to implement massive canine rabies vaccination campaigns (last two countries with human cases in the region). PAHO has participated in the II CaribVET General Assembly, which took place on 8-10 June 2021.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



WATER RESOURCE MANAGEMENT



RPG 2.3.1

Regional framework for integrated water resource management **PROGRESS UPDATE**

The Caribbean Public Health Agency conducted a literature review consisting of the most recent international and regional reports on water and sanitation in the Caribbean, which guided the preparation of the main content of the Draft Report - "Assessment of Water and Sanitation in Countries in the Caribbean Region." Other relevant secondary sources of information were used to provide context for analysis of the impact of CC on water and sanitation, and health. The report details the current status of water and sanitation, and country specific impacts of climate change on water and sanitation in Caribbean countries.

The European Union/CARIFORUM Baseline Assessment Survey was designed and developed to serve as an e-tool to assess water and sanitation capacity, infrastructure, and readiness across CARIFORUM countries to climate change. The baseline assessment survey has already been administered online in three (3) countries. The survey results will be used to select countries to implement pilot Climate Resilient Water Safety Plans. The planning for which is currently in progress.


The Caribbean Public Health Agency (CARPHA), in its capacity as a partner in the Integrated Water, Land and Ecosystems Management in Small Island Developing States (GEF-IWEco) Project, contracted a consultant to undertake an assessment of the status and scale of the problem related to marine pollution from pleasure vessels and tourism centres in eight (8) countries. The focus of the assessment was to determine measures undertaken by the industry to minimise the discharge of sewage. The assessment consisted of desk research and interviews with key experts and industry stakeholders. Additionally, a review of legislation relevant to preventing pollution from vessels in coastal waters was prescribed, along with a review of the mechanisms and capacities used to enforce the relevant legislation.

CARPHA also contracted a consultant under the GEF-IWEco Project to develop a Regional Environmental Indicators Compendium in the IWEco Participating States. This output focused on strengthened national and regional systems for monitoring environmental status with respect to reporting and fulfillment of various Multi-lateral Environmental Agreements (MEAs). It also includes causal linkages in human-environment systems (e.g., driver-pressure-state-impact-response model).


SAFE, RESILIENT, HEALTHY ENVIRONMENTS



WASTE MANAGEMENT

 RPG 2.4.1	Regional integrated surveillance system for waste management (solid and liquid) PROGRESS UPDATE
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A draft framework for a “Regional Integrated Monitoring and Surveillance System for Solid Waste Management (SWM)” was developed and is currently under internal review. The framework is intended to be a regional Public Health Good. It is a tool to guide planning for monitoring and surveillance at solid waste (SW) disposal facilities in the Caribbean. It incorporates aspects that address challenges in monitoring and surveillance, best practices in monitoring and surveillance to protect human health and the environment. In addition, it considers the impact of climate change on SWM practices and, conversely, the impact of these practices on climate change and public health. As an integrated system it considers, policy and regulatory requirements, resource needs (human and financial), environmental-, human health- and social impacts, diverse stakeholder awareness, participation, engagement, comprehensive data collection and management, and identification of performance indicators.

 RPG 2.4.2	Regional model, guidelines, and standards for integrated waste management PROGRESS UPDATE
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Under the African, Caribbean, and Pacific (ACP) Multilateral Environmental Agreements Phase III Project, competency-based training is currently being delivered with the incorporation of a training manual for the management of waste containing mercury-added products, holding facilities, collection, transport, and interim storage of mercury. Technical assistance was also provided to countries to coordinate regional efforts to update and disseminate technical guidelines on the management of plastic waste, including the development of a practitioners handbook in the management of plastic waste and cooperation mechanisms for a regional network of practitioners. Also to the Basel, Stockholm, and Minamata Conventions to develop national inventories and national registers for hazardous waste, including persistent organic pollutants and mercury.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



FOOD SAFETY



RPG 2.5.1

Regional food safety standards, protocols, and manuals

PROGRESS UPDATE

The EU/CARICOM project and in collaboration with CARPHA, initiated developing climate-resilient food safety manuals, training, and other tools. Planning is underway to further pilot climate-resilient food safety plans in at least 2 CARIFORUM countries. The EU/CARIFORUM climate change project, includes food safety and lab training in collaboration with CARPHA. A food safety survey has been developed and shared with eight countries in CARICOM to assess their capacities for foodborne disease surveillance considering climate change-related hazards. Based on the survey's outcome, comprehensive technical guidance is being developed to help countries in CARICOM strengthen their foodborne diseases surveillance system.

A refresher training was organized to improve the technical capacity of food inspectors in CARICOM. The course included information and lecturers on risk categorization, compliance, and enforcement policy, inspection planning, sampling, and performance measures. The online training was followed by 150 participants from the Ministry of Health and Ministry of Agriculture of Barbuda, Bahamas, Belize, Bonaire, Jamaica, Guyana, Suriname, and Trinidad and Tobago. After that, Jamaica received customized training on this topic.

An open consultation and basic training on food safety risk communication were launched for CARICOM countries. This consultation aimed to build the capacity of risk communicators on how to communicate under food safety crisis and reach different audiences. The training was followed by 64 participants from the Ministry of Health and Ministry of Agriculture of Barbuda, Bahamas, Belize, Bonaire, Jamaica, Guyana, Suriname, and Trinidad and Tobago. Furthermore, a two-day regional event (Latin American and the Caribbean) was launched in June to commemorate World Food Safety Day. The event included seminars and lecturers from specialists in LAC on emerging food safety risks, traceability systems, and good handling practices.

Translation and adaptation to French and Dutch of the e-learning program to train Food Handlers in Haiti and Suriname, respectively. The training is to be published in PAHO's Campus Virtual, and it is organized into three modules: (i) food hazards; (ii) food-borne diseases (FBDs); and (iii) hygienic measures to prevent food contamination. The training includes a final evaluation to assess the knowledge acquired during the course. After the successful completion of the e-learning, participants will receive a certificate. The English, Spanish, and Portuguese versions are already available for Latin America and the Caribbean and have been followed by more than 3,000 participants

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



PUBLIC HEALTH OUTBREAKS AND EVENTS



RPG 2.6.1

Regional Framework for response to radio-nuclear and chemical emergencies
PROGRESS UPDATE

This area was covered under the UN1540 Project. In June 2015, through its Global Partnership Program (GPP), the Government of Canada continued to provide funding to assist fourteen (14) Member States to meet their UN1540 Obligations. The Project aims to provide support to the Member States to implement legal and regulatory mechanisms to prevent the proliferation of weapons of mass destruction, to develop and implement enforcement mechanisms to control illicit trade in strategic goods, and to respond to the deliberate or accidental use of Chemical, Biological, Radiological, and Nuclear (CBRN) Materials. The expected results were as follows:"

- To expand and deepen the efforts of the CARICOM Secretariat to assist Member States in fully implementing UNSCR 1540, with particular emphasis on meeting obligations under UNSCR 1540 Operative Paragraphs - (OP) 2 (criminalize non-state actors); OP 3 (export control); OP 6 (appropriate control lists); and OP 10 (prevent Weapons of Mass Destruction trafficking) - which pertain to the implementation of strategic trade legislation, and domestic export control measures;
- To assist Members States in implementing Operative Paragraphs 8 of the UNSCR 1540, which calls for greater cooperation with the Biological and Toxin Weapons Convention (BTWC), the Organization for the Prohibition of Chemical Weapons (OPCW), and the International Atomic Energy Agency (IAEA) in meeting obligations under the three (3) core non-proliferation regimes within the context of UNSCR 1540; and
- To facilitate the establishment of national controls over strategic goods and dual-use materials, develop appropriate national control lists and increase Member States' capacity to detect, deter and combat the illicit export, transit of Weapons of Mass Destruction.

Based on reports submitted by the Coordinator of the UN 1540 Project, activities undertaken in 2020 resulted in Antigua & Barbuda and Jamaica adopting comprehensive frameworks. At least eight (8) Member States finalizing legislative measures covering obligations under UNSCR 1540, as well as effectively meeting mandates primarily under Articles VI and VII of the Chemical Weapons Convention and, lastly, satisfying obligations relating to the physical protection of nuclear and radiological materials.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS

PUBLIC HEALTH OUTBREAKS AND EVENTS

These measures also effectively addressed important nuclear safety and security stipulations emanating from the Nuclear Non-proliferation Treaty (NPT) and were designed to implement national prohibitions against the development, stockpiling, acquisition, retention, and production of biological agents and toxins, as required by Article IV of the BWC.

Given the specific needs of Member States, the programme, through with our partners, developed an omnibus framework covering obligations under UNCR 1540, the NPT, the CWC, and the BWC and integrated the Draft 1540 Legislative Framework for CARICOM Member States, which was developed by the International Trade and the Investment Law Practicum at the Georgetown University Law Center. This was used as the basis for Antigua & Barbuda's 1540 law and has been subsequently leveraged by the Bahamas, Barbados, St. Kitts & Nevis, and Trinidad & Tobago. While covering the same elements, Grenada's comprehensive strategy was drawn from the model law provided by the Center for International Trade and Security at the University of Georgia.

An important accomplishment was also incorporating key aspects of the 1540 Matrix and integrating constituent elements under the comprehensive framework shared with the several Member States. These activities also resulted in the development of other hybrid arrangements, referencing strategic trade models provided by the Governments of South Africa and Malaysia. Further activity, such as the integration of the Draft Chemical Weapons Bill and the 1540 Model Framework developed jointly by the Government of Jamaica and the Organization for the Prohibition of Chemical Weapons (OPCW), also represented a key outcome. Subsequent approaches have also been adopted by Belize, St. Vincent & the Grenadines and Trinidad & Tobago

Lastly, the 1540 programme, with our partners, also successfully integrated into these omnibus and hybrid measures core elements of the 16 Conventions and Protocols which constitute the Universal Instruments Against Terrorism, in particular, the Convention against Terrorist Financing, the International Convention for the Suppression of Nuclear Terrorism (ICSANT) and the Convention on the Physical Protection of Nuclear Materials (CPPNM).


In addition to this legislative support, during the period covered by this CA, the 1540 Programme, at the request of several Member States, also designed and submitted comprehensive non-proliferation/UNSCR 1540 national action plans to assist authorities in implementing other administrative and operational aspects of UNSCR 1540, the Chemical Weapons Convention, the Biological Weapons Convention, and the Convention on the Physical Protection of Nuclear Materials (CPPNM). These plans also involved the establishment/support of competent national authorities relating to the NPT, CWC, and BWC and the establishment of National Implementation Coordinating Groups to effectively synthesize implementation action between several key stakeholders, including the Ministry of Foreign Affairs and Foreign Trade, the Ministry of Legal Affairs and the Office of the Attorney General.

The regional framework development for response to chemical emergencies will start in the third quarter of 2021 and will also reflect findings from the CARPHA assessment tool.


SAFE, RESILIENT, HEALTHY ENVIRONMENTS




PUBLIC HEALTH OUTBREAKS AND EVENTS

 RPG 2.6.2	Expanded Caribbean Field Epidemiology and Laboratory Training Programs PROGRESS UPDATE
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The Caribbean Regional Field Epidemiology and Laboratory Training Programme (CR-FELTP) continues to be a major regional public good that provides workforce development opportunities for public health professionals in the Caribbean. The programme builds capacity in disease surveillance, outbreak investigation, and emergency response. As of 2021, the programme has produced 247 graduates under the different tiers of training offered by the programme (Front Line, Level I, and Level II). Graduates are actively involved in all levels of COVID-19 response in Member States.

 RPG 2.6.3	Regional rapid response team protocol PROGRESS UPDATE
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The CARPHA Rapid Response Team Deployment Standard Operating Procedures are to guide the formation and deployment process for CARPHA's rapid response personnel. The SOPs set up the structures and procedures to ensure CARPHA has the needed capacity and can safely deploy personnel to support Member States in their Emergency Response. The SOPs focus on (1) Staffing and Rostering (2) Administrative Considerations, (3) Training, (4) Activation Pre-deployment, (5) Deployment, and (6) Post Deployment.


 RPG 2.6.4	Updated regional protocol and guidelines for Port Health PROGRESS UPDATE
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The Regional Guidelines for Response to Issues of Public Health Significance on Cruise Vessels have been updated to include a Chapter on COVID-19. Training Sessions have begun to inform relevant port health and environmental health officers on using the guidelines.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



PUBLIC HEALTH OUTBREAKS AND EVENTS

 RPG 2.6.5	Improved regional lab capacity (Regional Network of Labs – CARIPHLN) PROGRESS UPDATE
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CariPHLN has maintained a focus on information sharing and providing technical assistance among its members through regular updates and the CariPHLN Bulletin newsletters (10 to date), see links:

- <https://carpha.org/What-We-Do/LABS/CariPHLN/Resources>
- <https://carpha.org/What-We-Do/-Laboratory-Biosafety-and-Biosecurity-Training-Materials>

During the reporting period, the Secretariat based at CARPHA has sought to engage with other similar networks – GHSA Detect 1 Regional Public Health Laboratory (RPHL) Network, which has membership from Southeast Asia. The collaboration has seen increased participation from the Caribbean and SE Asia when online activities by the two networks are held. The Secretariat conducted a follow-up survey among the national public health laboratories to update its database on COVID-19 testing capacities in July 2021. The information has since been used to connect at least 2 CMS/members to provide technical assistance with the implementation of gene sequencing.

In August 2021, CariPHLN collaborated with the CARPHA COVID-19 Health Rounds produced a webinar on Gene Sequencing for Variants of Concern with an expert panel from UWI and PHAC. The session had > 200 persons from 21 CMS and non-CMS from Africa, Asia, Central, North, and South America. The CARPHA Biosafety Programme, in collaboration with CariPHLN, launched a webinar series in collaboration with US CDC, Centers for Disease Control and Prevention Caribbean Regional Office (CDC CRO), and WHO HQ on the use of the new WHO Guidance the Laboratory Biosafety Manual, 4th edition in June 2021 with attendance by >600 persons from 21 CMS and >20 non-CMS. The series will end in October 2021, and video recordings available at: <https://carpha.org/What-We-Do/-Laboratory-Biosafety-and-Biosecurity-Training-Materials>

Progress is being made to undertake on-site assessment visits to at least 1 CMS under the World Bank Organization of Eastern Caribbean States Regional Health Project (WB OECS RHP) before the end of 2021, utilizing peer assessors selected from the network. Activities to support the development of the network were included in at least two proposals (CRDF-Global and CDC GHS) for funding the business plan, with recommendations being presented to CARPHA Executive Management Team for review in August 2021.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



TOURISM AND HEALTH



RPG 2.7.1

Web-based Early Warning Tourism Health Information Surveillance, Monitoring and Response Surveillance System
PROGRESS UPDATE

The Tourism and Health information System is fully operational and expanded to include ground transportation companies, airlines, and yachts reporting. Since September 2020, an additional 366 businesses have been registered on the platform, totaling 734 (Aparthotel – 2, Apartment – 18, Bed and Breakfast – 8, Boutique Hotel -3, Business Hotel – 2, Cottage – 5, Eco Hotel – 3, Flight Operations (airlines) – 2, Ground Operations (airlines) – 7, Ground Transport – 22, Guesthouse – 13, Hostel – 4, Hotel – 404, Inn – 12, Lodge – 11, Other – 340, Resort – 53, Tour Operators – 72, Villa – 40 and Yachts – 7), representing 19 CARPHA Member States. Over 7,000 persons from various tourism businesses regionally have been trained in the use of the THiS through a series of virtual training sessions from 22 CMS and 6 non-CMS, including the USA, UK, and the Dominican Republic). [CARPHA Tourism and Health Programme](#).



RPG 2.7.2

Regional Guidelines for surveillance and response to travel related public health illnesses occurring in stay over and sea arrivals
PROGRESS UPDATE

The second edition of the regional guidelines is currently being updated to include COVID-19, Influenza-like illnesses (ILI) and Measles. Set to be printed and distributed in February 2022. In July 2021, CARPHA completed the 'Interim Guidelines for Cruise Ship Sailing in the Caribbean Countries during the COVID-19 Pandemic', which CMS reviewed and approved. It highlighted recommendations for minimum requirements for Cruise Ships entering Caribbean territories to reduce the spread of disease and introduction of new strains while cruising. On August 25th, 2021, CARICOM Approved and disseminated these Minimum Harmonised Requirements for Cruise Ships in SAVINGRAM No. 582/2021.



RPG 2.7.3

Food Safety and Environment Sanitation training modules and certification program
PROGRESS UPDATE

During the period under review, a total of 29 persons in Saint Lucia were trained in advanced food safety training, 26 of whom received international certification, and CARPHA conducted a Food Borne Disease Assessment for Saint Lucia and Trinidad and Tobago.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



TOURISM AND HEALTH



RPG 2.7.4

Health Safety and Environmental Standards for the hospitality sector **PROGRESS UPDATE**

The seven Safety and Hospitality Standards have been developed and going through final approvals with CROSQ. The standards are (1) Energy Management and Efficiency, (2) Food Safety and Sanitation for the Tourism Industry, (3) Environmental Management Systems for the Tourism Industry – Guidelines, (4) Integrated Pest Management for the Tourism Industry, (5) Sewage Treatment and Management for the Tourism Industry, (6) Solid Waste Management for the Tourism Industry and (7) Water Treatment, Management and Efficiency for the Tourism Industry. The work items were assigned to the Regional Technical Committee for Tourism and Related Services RTC 6 for development. To date, the following updates have been noted towards the finalization of the HSE Standards includes the review of comments by the Technical; upon completion, the reviewed documents would be submitted to the Standards Consultant for verification and then to the Committee for validation. The updated document will be submitted to the Editorial Committee, the Seven Standards will be presented at the CROSQ-COUNCIL Meeting in October (week of the 15th), and CROSQ recommended standards presented to COTED for approval in November 2021.



RPG 2.7.5

Multisectoral, multiagency, partnerships supporting the collaboration between tourism and health sectors **PROGRESS UPDATE**

In addition to the existing MOUs and Letters of Support, the CARPHA Tourism and Health Programme and the OECS Commission signed a Letter of Support aimed at enhancing visitors' confidence in the travel experience in the Eastern Caribbean States. As tourism-dependent nations, this initiative is key to optimising recovery efforts and promoting the OECS as a healthier, safer destination as countries reopen to tourism. This partnership will strengthen the OECS' capacity to monitor and respond to public health threats that have the possibility to disrupt tourism and ultimately negatively impact the economies of these Small Island Developing States. The THP also functions as an Affiliate member of the United Nations World Tourism Organisation (UNWTO), allowing for networking with international sustainable tourism stakeholders and policymakers.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



ANTIMICROBIAL RESISTANCE



RPG 2.9.1

Regional models for integrated AMR surveillance
PROGRESS UPDATE

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. PAHO provides support for the development, revision, and implementation of these plans.

Increased Coordination and Information Dissemination: A meeting to inform and update stakeholders on the progress of the project activities was held. FOAR counterparts reaffirmed the commitment to the extension of the project to complete planned activities. A Six-month-report of year three was sent to the CARICOM Secretariat.

Increased capacity for routine AMR surveillance: Assessment of current capacity for AMR diagnosis, identification of gaps and equipment needs, and readiness for WHONET implementation through in-country visits. Online sessions for laboratory building capacity on antimicrobial agents and resistance detection/surveillance for bacteria and/or fungi. Due to an outbreak of ESBL producing - *Klebsiella pneumoniae* at St. Boniface hospital, several virtual meetings were held with the laboratory focal point in Haiti. After the needs assessment and online training, the procurement of critical reagents and supplies to detect emerging resistance mechanisms in selected countries is in process.

Virtual training and remote technical support were provided for increasing laboratory capacity to detect resistance mechanisms of clinical impact. The virtual training was hosted by the Caribbean Node of the PAHO Virtual Campus for Public Health. These activities aim to facilitate the implementation of the Protocol for Enhanced Isolate-Level Antimicrobial Resistance Surveillance in the Americas - Primary Phase: Bloodstream Infections, which will enable countries to enroll into the Global AMR Surveillance System.

Fourteen Caribbean Countries' Delegates participated in the World Microbe Forum. This unique and special scientific event, a collaboration between the American Society for Microbiology (ASM) and the Federation of European Microbiological Societies (FEMS), took place in June.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS

ANTIMICROBIAL RESISTANCE

Improved quality of laboratory results: External quality assurance (EQA) program and standards for internal quality control of susceptibility testing were provided to ensure the reliability of laboratory results. Nine laboratories in CARICOM Member States participated in the EQA program provided by the Malbran Institute in Argentina (WHOCC on AMR Surveillance).

Detection of emerging AMR mechanisms: A standard operating protocol to detect emerging resistance mechanisms developed by the Malbran Institute was translated into English by PAHO/WHO and disseminated to the Caribbean countries. Critical supplies for drug susceptibility testing to detect resistant mechanisms of clinical impact were procured by PAHO/WHO and provided to eight Caribbean countries, including Suriname. These countries also received remote support to ensure timely and adequate use of these supplies/ reagents. This increased knowledge and availability of supplies allowed Dominica to detect carpanemases for the first time.

Piloting of the WHO AMR Costing and Budgeting Tool (Jamaica): WHO has developed a practical tool to assist countries in costing and budgeting AMR National Action Plan implementation plans and identify the cost components funded by different funding flows and the funding gaps. This is to improve the approach to planning, costing, and budgeting of national AMR implementation plans and ensure that the AMR containment efforts are practical and can be implemented. In order to finalize the tool, WHO is testing the prototype tool in six countries globally. Jamaica was invited to take part in this pilot. This will involve testing the prototype WHO costing and budgeting tool and relevant documents to assess the utility and usability of such tool in advancing the implementation of NAPs on AMR. The WHO AMR costing and budgeting tool training for costing coordinators in Jamaica was completed in April. The country is now prioritizing activities for budgeting.

Finally, the Regional Consultation Workshop (PAHO) to rollout the WHO Policy Guidance on Integrated Antimicrobial Stewardship Activities in Human Health CARICOM member countries was held in July 2021.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



MITIGATION AND MANAGEMENT OF PUBLIC HEALTH EMERGENCIES AND DISASTERS

 RPG 2.10.1	Caribbean Regional Global Health Security Agenda Roadmap PROGRESS UPDATE
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CARPHA became a member of the GHSA in June 2021. CARPHA as Chair, GHSA APP3 has expanded membership and brokered several matchmaking opportunities, e.g., KSA and Public Health Agency Canada, Argentina and Canada, Aruba and RIVM/Netherlands; improved communication through the introduction of the newsletters which highlight country experiences and success stories (<https://ghsagenda.org/community-corner/>). The relevant national authorities confirmed a total of 22 National Focal Points, Biosafety, and Biosecurity. Orientation sessions were held in July and August 2021. This network will be responsible for the in-country implementation of the revised GHSA Roadmap Workplan.

PAHO provided technical assistance to incorporated in EU/CARIFORUM grant manuals for environmental health officers to better respond to flooding and strengthen climate resilient health systems by carrying out Health National Adaptation Plans throughout the Caribbean.

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). The results include:

Output 1: 413 healthcare facilities assessed for disaster safety, water, and energy consumption. This provided a roadmap for risk reduction investment as well as green measures. A total of 1081 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.

Output 2: Smart standards are being implemented in at least 50 selected healthcare facilities; 20 facilities are completed (September 2020).





Output 3: National and regional capacity is developed to promote climate-smart health facility standards.

SAFE, RESILIENT, HEALTHY ENVIRONMENTS



MITIGATION AND MANAGEMENT OF PUBLIC HEALTH EMERGENCIES AND DISASTERS

PAHO also implements the Smart shelter project in BVI, which the EU funds. The overall objective: Strengthen resilience to climate-change-related hazards and disasters in the British Virgin Islands. The project entails the rehabilitation and upgrading of emergency shelters by incorporating Sphere shelter standards and the PAHO Smart concept (safety and green components). Five (5) community centres that function as shelters have been selected for retrofitting. The retrofitting contract for one showcase valued at USD 403,006 has been awarded this month, in September 2020, while the other showcase is expected to be awarded by the end of next month. Designs for the remaining three (3) community centres/shelters are ongoing. Under this project, the 10 community centres/shelters from the original list will also be outfitted with base station radios and large appliances. This month, September 2020, the base station radios arrived in country. Another component of the project includes training in shelter management and psychosocial care, which the local Department of Disaster Management will carry out with MOH

	NO UPDATE
THREATS TO HEALTH	
 RPG 2.1.1	Regional model policies and legislation for occupational health and safety
WASTE MANAGEMENT	
 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
 RPG 2.4.3	Regional model policies and legislation for integrated waste management
 RPG 2.8.1	Regional models and policies for urban acupuncture and safe and enhanced green spaces

REGIONAL PUBLIC GOODS SPOTLIGHT

REGIONAL SURVEILLANCE STRATEGY




Integrated public health surveillance is the recommended approach for effective and efficient public health surveillance of multiple diseases and public health issues. The Regional Integrated Surveillance Strategy will provide Member States and other stakeholders with an improved, holistic, complete set of information for functional disease prevention and control, public health decision-making, and policy formulation, aiming to meet the needs of all in the population.

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



PRIORITY NCDs AND RISK FACTORS

 RPG 3.1.1	<p>Regional repository/database for NCD surveillance data</p> <p>PROGRESS UPDATE</p>
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CARPHA commenced the process of developing a Regional NCD Surveillance System in 2020. An International Expert virtual meeting series to strengthen the regional surveillance, monitoring, and reporting of Noncommunicable diseases (NCDs) in the Caribbean was held on the 22, 24 September, and 6 October 2020, with support from the Agence Française de Développement (AFD). The meeting was attended by 47 key experts, professionals, and representatives from 15 CARPHA Member States and territories, CARPHA, the Pan American Health Organization/World Health Organization (PAHO/WHO), the U.S. Centers for Disease Control and Prevention (CDC), the Dutch National Institute for Public Health the Environment (RIVM), the Public Health Agency of Canada (PHAC), and the University of the West Indies.

The main outcome of the meeting was a list of 105 recommended indicators that are categorised by priority areas (high, medium, and low) and indicator type (core, expanded, optional), and recommendations shared by participants that can guide the next steps in developing the Regional Surveillance System. The 29th Meeting of the Chief Medical Officer was appraised of the progress in developing the Regional NCD Surveillance System.


As a next step, to support establishing the regional NCD surveillance system, an assessment of country capacity to report on the recommended indicators from the International Expert Meeting was initiated. The assessment has commenced in six CMS: Anguilla, Aruba, Guyana, Jamaica, Suriname, and St. Vincent and the Grenadines., at least one mainland country, one United Kingdom Overseas Territory (UKOT), and one Dutch Overseas Territory (DOT) were selected to ensure a representative sample of CMS for the assessment. The final draft NCD Regional Surveillance Framework to be completed by the end of 2021. Additionally, 11 CMS were trained to use the Food and Nutrition Surveillance System online DHIS-2 reporting tool.

CARPHA signed a 5-year Memorandum of Understanding with the International Agency for Cancer Research and continues to support capacity building in Member States to establish and strengthen Cancer Registries through the IARC Caribbean Cancer Registry Hub. This will assist countries in the provision of high-quality data for NCD surveillance. A five-year report 2015-2020 was produced on the work of the Hub since inception. The National Cancer Institute, International Agency for Cancer Research (IARC), United States Centres for Disease Control and Prevention, North American Associations of Central Cancer Registries, and Martinique Cancer Registry continue to partner with CARPHA and support the work of the Hub.

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



PRIORITY NCDs AND RISK FACTORS

 RPG 3.1.2	<p>Regional model, standards, policies, and legislation to reduce risk factors for NCDs developed (i.e., alcohol, tobacco, sugar, salt, alcohol, obesogenic environments)</p> <p>PROGRESS UPDATE</p>
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The CARICOM Secretariat approved the model Framework to reduce Sodium Consumption in the population for the prevention and control of NCDs, which was disseminated to Member States. CARPHA continues to support the CARICOM Secretariat on Intergovernmental Working Group (IGWG) on Unhealthy Foods, and Obesogenic Food Environments, and Harmful use of Alcohol. The CARICOM Secretariat continues to advance work to develop Model policies/legislation in these areas. The IGWG meeting was convened in April 2021, and sub-committees in July (unhealthy diet) and August (harmful use of alcohol) 2021.

Strengthening of legal capacity to address NCD Risk Factors: PAHO is working with CARICOM institutions, subregional 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.*

There is an ongoing collaboration with the Caribbean Court of Justice Academy for Law (CAFL), including a letter of agreement to develop a Caribbean Network and examine the use of community law (see activities under WHO FCTC below). The Caribbean Public Health Law Forum was launched in June 2021 to provide a space for continued communication, collaboration, and engagement between Health and Legal Affairs, focusing on advancing the use of law to tackle NCDs and their risk factors. The Forum currently has 64 members from 9 CARICOM Member States and all 5 Associate States, including 44 health and/or law government officials, and representatives from the CARICOM Secretariat, the CARICOM Office of the General Counsel, the CARICOM SME Unit, the Office of Trade Negotiations, CARPHA, UWI, and the Healthy Caribbean Coalition. The interactions of the Forum will be facilitated through a virtual platform within the PAHO Virtual Campus of Public Health (PAHO VCPH).

WHO FCTC: 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 the implementation of the WHO FCTC.

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



PRIORITY NCDs AND RISK FACTORS

PAHO is currently supporting these efforts through a grant from The Union for 2019-2021, aiming to achieve a 100% Smoke-Free Caribbean by 2022. Key achievements under the grant include:

- Facilitating the establishment of the Caribbean Public Health Law Forum;
- In collaboration with CAFL, explore the use of community law to advance tobacco control
- Develop an online training curriculum for developing tobacco control legislation in the PAHO Virtual Campus of Public Health. Training the first cohort of 20 Caribbean public health and legal officers is ongoing until September 2021.
- Conducting an economic analysis of smoke-free environments on tourism in selected Caribbean countries (to be published soon).
- Supporting the development of regulations for the tobacco control legislation in Antigua and Barbuda and supporting the development of drafting instructions for tobacco control legislation in Dominica (both ongoing).
- Other Tobacco control activities include:
- Facilitating the participation of Caribbean countries in PreCOP meetings;
- Convening technical meetings, including:
 - Caribbean Subregional Workshop on Alcohol, Tobacco and SSB Taxation and Seminar on Tobacco and Trade, Barbados, May 2017
 - Workshop on Labeling and Packaging of Tobacco Products for the Caribbean countries, Panama, 2017
 - Advancing implementation of the WHO Framework convention on Tobacco control (WHO FCTC) in the Caribbean Community, Washington D.C., 2018
 - Technical working session with selected Caribbean countries to advance active tobacco control legislative initiatives, Miami, 2020

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



PRIORITY NCDs AND RISK FACTORS

- Ongoing technical cooperation to the Member States to develop WHO 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)
 - E (total ban advertising, promotion, and sponsorship): Antigua and Barbuda (2018), Guyana (2017)


FOPL/CCHD between Chile and CARICOM: PAHO has facilitated a cooperation project between Chile and CARICOM under the Country Cooperation for Health (CCHD) framework, focusing on nutrition policies, including front-of-package labelling. 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. Key activities under the CCHD project include:

- Letters of agreement with CROSQ in support of the regional process to revised the CRS 05:2010 standard
- Site visit of Caribbean stakeholders to Chile in 2017
- Participation in technical meetings, including:
 - Technical Consultation on FOPL, Washington DC, 2017
 - Regional meeting on research to support FOPL regulation, Barbados, 2018
- Regional communication and awareness campaign in collaboration with UNICEF, the OECS Commission, and the Healthy Caribbean Coalition
- Technical webinars to disseminate evidence on FOPWL
- A Caribbean specific FOPWL webpage was created to facilitate information sharing: <https://www.paho.org/en/front-package-warning-labeling-fopwl-caribbean>

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



PRIORITY NCDs AND RISK FACTORS

 RPG 3.1.3	<p>Regional repository of evidence-based behavior change interventions and initiatives to inform media, social communications, advocacy, and health promotion related to NCD risk factors</p> <p>PROGRESS UPDATE</p>
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A repository of communication materials submitted by the Regional Health Communication Network (RHCN) is housed at CARPHA. The repository includes the Caribbean Wellness Day communications toolkit provided to CMS via the RHCN comprising an annual theme, web and social media banners, posters, and action guide. Member States' activities are also showcased on the CARPHA CWD webpage. 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 supporting wellness. The 'I AM CARICOM' DYK Social Media Product has been developed and launched, highlighting the role of CARPHA in leading the Community's public health response COVID-19 and featuring CARICOM Youth promoting public health protocols, including mask-wearing, in the wake of the COVID-19 pandemic. Further information on this initiative may be accessed on the CARICOM social media platforms:


- o <https://www.facebook.com/caricom.org/posts/3627116360733910>
- o <https://youtu.be/zLclHYTdwOw>
- o <https://today.caricom.org/2021/07/04/caricom-day-2021-the-children-have-their-say/>
- o <https://fb.watch/v/vapS8U17/>
- o <https://caricom.org/caricom-day-2021-the-children-have-their-say/>

The Pan American Health Organization also contributed to regional public education-awareness efforts through the following efforts through Letters of Agreement with Healthy Caribbean Coalition to support: [Caribbean Alcohol Reduction Day](#) (CARD), [My Healthy Caribbean School Initiative](#), Childhood Obesity Factsheets. PAHO also co-sponsored 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. Other initiatives by PAHO includes the Annual Caribbean Wellness Day and Wellness Week activities, Front of Package Warning Labelling campaign "[Now More than Ever: Better Labels, Better Choices, Better Health](#)" in collaboration with HCC, UNICEF and OECS Commission, PAHO/CDB [Stronger Together Campaign](#) on mental health and psychosocial support in crisis situations. [Training series for journalists and health communicators](#) with a focus on mental health and psychosocial support and the COVID-19 pandemic, and Tobacco Control 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.


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



PRIORITY NCDs AND RISK FACTORS

 RPG 3.1.4	Regional model policies and guidelines to address NCDs in schools PROGRESS UPDATE
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CARPHA, in collaboration with PAHO in consultation with CARPHA Member States, developed the “Technical Recommendations for the development of Nutrition Standards for Caribbean Schools.” The recommendations will be launched in 2021. CARPHA, funded by the World Diabetes Foundation and in collaboration with Ministries of Health and Education in Grenada and Saint Lucia, implemented an intervention in schools to promote healthy environments and diets to prevent obesity and diabetes, titled ‘Reversing the Rise in Childhood Obesity.’ As part of this project, a curriculum was developed for the schools; a mural was placed at each school, and a recipe book, [Kids Can Cook Too](#), was developed to support children's healthy eating behaviors.

 RPG 3.1.8	Regional Champions campaign for the reduction and prevention of priority NCDs PROGRESS UPDATE
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The Pan American Health Organization is supporting an evaluation of National NCD Commissions by Healthy Caribbean Coalition (HCC), including the identification of entry points for intersectoral mechanisms for tobacco control, as mandated by art 5.2 of the WHO FCTC (ongoing).


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



MENTAL HEALTH AND SUBSTANCE ABUSE, VIOLENCE AND INJURY, DISABILITY AND REHABILITATION

 RPG 3.2.1	<p>Framework for introduction of Community Mental Health Care in CMS</p> <p>PROGRESS UPDATE</p>
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PAHO is providing technical cooperation to Member States to facilitate the integration of mental health into primary health care and community-based services. Additionally, PAHO has conducted a series of regional capacity-building activities, including a self-learning course on psychological first aid (PFA) in the PAHO Virtual Campus for Public Health. The course was initially launched in 2019, and a second version was produced in 2020 to integrate COVID-19 related content. A total of 427 Caribbean participants have successfully completed the course, which several Caribbean countries have used as the first mandatory step for their national training schemes.

 RPG 3.2.3	<p>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</p> <p>PROGRESS UPDATE</p>
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Various elements of the Framework/Plans have been projectized and implemented with funding under the 10th EDF CARIFORUM project, the CARICOM Spain project, and the CARICOM-UNICEF project. The CARICOM Secretariat provided technical input for the scoping and development of the above mentioned frameworks/Plans; guided and assisting in the role of regional consultation and tabling the strategic framework/Plans to the COHSOD. Final Technical Report for the Drug Demand Reduction component of the 10th EDF CARIFORUM Crime and Security Cooperation Project submitted to the EU Delegation.

Additionally, the CARICOM Secretariat developed and disseminated media content promoting domestic violence prevention messages by CARICOM Youths, disseminated through several videos on social media as part of the 'I AM CARICOM' Communications Campaign. Further information on this initiative may be accessed at the following links:


- <https://www.facebook.com/caricom.org/posts/662740788016311>
- <https://www.youtube.com/watch?v=YuQ9jwde-oY>
- <https://vimeo.com/caricomorg>
- Strategic Framework to address violence Against Children
- Caribbean Community Crime Prevention and Social Development Action Plan
- CARICOM Youth Development Plan

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



COMMUNICABLE DISEASES

TUBERCULOSIS

 RPG 3.3.1	<p>Polices, legislation, guidelines, standards, and tools to support implementation WHO strategy for TB control and treatment</p> <p>PROGRESS UPDATE</p>
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In collaboration with the Regional Green Light Committee (rGLC) TB assessments were conducted in all the Eastern Caribbean States as part of the Global Fund 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 Global Fund grant, provided technical guidance for developing 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 Global Fund 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 a low burden of TB can advance to TB elimination. Through the rGLC and the multi-country GF grant, PAHO continues to provide technical guidance to the new strategic framework for HIV/STI Viral Hepatitis & TB in the Eastern Caribbean. PAHO also supported technical guidance to HTEP for the strengthening of case-based surveillance and the inclusion of TB indicators to respond to the ongoing monitoring of HIV/STI & TB response at the national level and to respond to regional and international commitments.


In 2020 an assessment of the TB programs was conducted in Belize, Jamaica & Trinidad and Tobago with the overall aim of strengthening the services and advancing to TB elimination. Recommendations for the strengthening of the programs were provided and aligned to the global End TB Strategy. Caribbean country focal points are routinely invited to attend and participate in monthly virtual sessions organized by the PAHO Regional TB team. The objective of these monthly meetings is to share and disseminate information on TB surveillance and diagnostics

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



COMMUNICABLE DISEASES

VECTOR-BORNE DISEASES

 RPG 3.4.1	<p>Regional model guidelines, standards, and tools for integrated Vector management in accordance with WHO IVM</p> <p>PROGRESS UPDATE</p>
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CariVecNet continues to facilitate regional coordination for the prevention and control of vector-borne diseases. The governance of CariVecNet is comprised of an Executive Committee consisting of seven (7) CARPHA Member State representatives (Antigua and Barbuda, Barbados, Curacao, Haiti, Jamaica, Saint Vincent and the Grenadines, Turks and Caicos Islands, and the OECS Secretariat). Additionally, the Executive Committee provides oversight of the Steering Committee, which is responsible for providing leadership to the Technical Working Groups. The Technical Working Groups include Surveillance, Clinical Management, Laboratory Diagnostics, and Vector Control. Recently a new working group was established, Community Engagement, to aid in health promotion efforts in communities to promote source reduction of breeding sites as a major method of mosquito control. The key functions of the technical working groups include a review of standard operating procedures, guidelines, and information sharing to promote best practices for control of Vector-Borne Diseases (VBD) in the region.

Vector Control Training: As a part of the regional effort to strengthen vector control operations in the region, online training modules were developed during the COVID-19 pandemic to support CARPHA Member States. These modules included training for Integrated Vector Management, Insecticide Resistance Testing, and Geographic Information System. Online Training started in October 2020 and has been continuously rolled out over 2021 with over 100 participants from 13 CARPHA Member States as of September 2021. A specialty module is being developed under the CR-FELTP for Early Warning Systems/Outbreak management of VBDs that will be piloted in late 2021/early 2022.

Implementation of New Technologies: The feasibility of Sterile Insect Technology and Wolbachia as new non-chemical control methods has been considered regionally but is unlikely to be rolled out on a large scale in the near future. More viable options may include technologies, such as In2Care, which are biocide-based and cheaper to implement.

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



COMMUNICABLE DISEASES

VECTOR-BORNE DISEASES


Regional Laboratory Diagnostic Capacity for Arboviruses: At least 8/24 CMS have the capacity for PCR diagnosis of arboviruses, and at least 18/24 CMS have the capacity for ELISA antibody/antigen detection of arboviruses such as Dengue and Chikungunya.

Behavioral Change Studies and Community Engagement: Based on Knowledge, Attitudes, and Practice studies conducted in Barbados and Saint Lucia, a national Public Health Education Campaign will be launched in Saint Lucia in 2022.

The Zap-a-quito mobile app to educate persons, particularly children, about preventing and controlling mosquito-borne diseases remains available for free on Google Play. Upgrades are currently being undertaken as of 2021, and the updated app will be launched in 2022.

All of the above initiatives are supported by the 11th EDF Zika and other Mosquito-Borne Diseases Project and the Agence Française De Développement (AFD) Project.

HUMAN IMMUNODEFICIENCY VIRUS

 RPG 3.6.1	<p>Regional tools, policies, legislation to support the achievement and sustainability of UNAIDS 90-90-90</p> <p>PROGRESS UPDATE</p>
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The Caribbean Regional Strategic Framework on HIV (CRSF) 2019-2025 was launched in 2019. National HIV Programs in Member States implement the CRSF through their national strategic plans and national and regional partners in the PANCAP partnership. HIV services are increasingly being linked to Sexual and Reproductive Health, Sexually Transmitted Infections, and Tuberculosis services with the advocacy from the PANCAP Coordinating Unit and ongoing support from PAHO. As a lead agency for the HIV/STI & viral hepatitis prevention and treatment components of the Caribbean Regional Strategic Framework (CRSF) for HIV, PAHO has provided technical support for implementing priority activities as per RPG 3.6.2.

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



COMMUNICABLE DISEASES

HUMAN IMMUNODEFICIENCY VIRUS

 RPG 3.6.2	<p>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</p> <p>PROGRESS UPDATE</p>
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In 2020, 82% of people living with HIV in the region were diagnosed, two-thirds (67%) of all people living with HIV were on treatment, and 59% were virally suppressed. Civil Society Organizations (CSO) remain central to the regional response. The Caribbean region continues to lead on the Elimination of Mother-to-Child Transmission of HIC, Syphilis (EMTCT) Initiative. PAHO continues to provide ongoing technical support to countries to develop national strategic plans and Health plans that integrate and decentralize HIV/STI services with linkages to SRH and other services based on the health system. Some key actions are outlined below:

- PAHO summarized WHO recommendations for the diagnosis and treatment for priority STIs and HBV & HCV and made available to Member States to ensure access to updated recommendations for utilization in all STI programs
- Countries in the region are advancing toward the EMTCT of HBV with universal testing for all pregnant women, and approximately 12 countries are introducing the birth dose within 24 hours of birth for all infants.
- PAHO has commissioned a regional assessment to determine which countries can advance to EMTCT of HBV and the elimination of HBV and HCV within the general population.
- PAHO has supported the development of a sexual and reproductive health framework for the Caribbean. This will provide clear guidance for priority health conditions to be linked and integrate SHRHR.
- Through regional advocacy, viral hepatitis is now included in the new Caribbean Regional Strategic Framework for HIV in support of a comprehensive package of services for key populations, utilizing HIV as the entry point to advancing Hepatitis B and C as a public health concern in the Caribbean.

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

COMMUNICABLE DISEASES

HUMAN IMMUNODEFICIENCY VIRUS

- Technical support was provided to PANCAP through the GF project to support the cost analysis of implementing the WHO 2015 “treat all” policy. Technical support was also provided to PAHO Member States to provide technical guidance and support to update clinical guidelines in support of “treat all” recommendations. Currently, approximately 11 countries have advanced to implement the policy, while others have developed policies but are pending
- PAHO collaborated with PANCAP to share information across the region on the transition of DTG as first-line ARVS for all populations, including women in reproductive years, those pregnant and breastfeeding, and adolescents. Approximately 15 countries have transitioned to the use of DTG or the generic version TLD.
- PAHO collaborated with CLAP to develop an e-learning course on the clinical management of syphilis for pregnant women and exposed infants for health care providers to support the strengthening of the primary prevention and treatment services for EMTCT.
- Ongoing advocacy and technical guidance to support universal access and coverage to countries in the region. Universal access and coverage to HIV/STI services continue to be accomplished within UHC and an integrated approach.
- Continuous advocacy for the expansion of HIV prevention and treatment services for key populations. 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, three countries (Barbados, Bahamas, & Guyana) are implementing PrEP) with an additional four countries in the pipeline. Barbados and Bahamas are providing support to Guyana, Belize, Antigua, and Barbuda to roll out the PrEP service by sharing experience and knowledge and providing training in collaboration with PAHO.
- Under the multi-country grant for the Caribbean, PAHO provided technical support and guidance for the estimation of key populations (MSM, Transgender & SW) that are expected to access PrEP, nPeP, and event-driven PreP as well as the cost of providing the service.
- PAHO has developed a standardized PrEP package that includes guidelines, forms, tools, social media cards, and IEC information to support the easy roll out PrEP and nPEP and the standardization of tools and registries in countries across the region.

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

COMMUNICABLE DISEASES

HUMAN IMMUNODEFICIENCY VIRUS

- 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. The generic guidelines have been adapted in Guyana, which has expanded PrEP nPeP Services, and Belize, which is in the process of commencing. PAHO continues to provide regional sensitization training on prEP to health care providers and users of the services and training on the clinical management for clinicians and other health care providers.
- In 2020 PAHO has collaborated with PANCAP and the Caribbean MedLab Foundation, which is spearheading the process to support the rollout of HIVST in the Caribbean. This is anticipated to scale up testing for key populations while supporting the implementation of a new testing strategy during the 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 & Hepatitis B) nationally and by extension the region. A total of 8 Caribbean Countries have been validated and revalidated for EMTCT of HIV and syphilis.
- Guidance document for the maintenance of EMTCT Plus developed and disseminated to member states in the region.

CHILD HEALTH


 RPG 3.8.1	<p>Regional guidelines for multi-sectoral programs for the prevention and early detection of developmental and learning disabilities</p> <p>PROGRESS UPDATE</p>
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A Tripartite Agreement was signed among the Republic of Cuba, the Cooperative Republic of Guyana, and the Caribbean Community (CARICOM), for the establishment of a Regional Centre for the Stimulation of the Development in Children, Adolescents and Young People with Special Educational Needs Associated with Disabilities to be located in Guyana. The CARICOM Secretariat has been leading the process for advancing uptake of the facility by another CARICOM Member.

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



ADOLESCENT AND YOUTH

 <p>RPG 3.9.1</p>	<p>Regional repository of evidence-based best practices to inform adolescent health programs (in and out of school)</p> <p>PROGRESS UPDATE</p>
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In collaboration with Member States and partners, the Pan American Health Organization 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, a curriculum for adolescent health was developed in collaboration with the University of the West Indies (Mona Campus). PAHO 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 emanating from the regional consultation on the global strategy for women’s, children’s and adolescent health.

One of the key activities from the regional consultation for the Caribbean was organizing and implementing the first Caribbean congress on adolescent and youth health, which PAHO spearheaded. A road map to guide key and strategic interventions for adolescent and youth health was an outcome from the Congress. PAHO, in collaboration with UNFPA, spearheaded the organization of an inter-agency committee which includes UN and regional partners to address women’s, children’s, adolescents’ and youth health in the Caribbean and to support the advancement of the road map which was developed for the advancement of adolescent and youth health in the Caribbean. With the support of PAHO, an operational plan (2021-20220 to support the implementation of the road map was developed and implemented commenced in 2021. Also, a communication plan to guide and facilitate the implementation of the road map is being developed by PAHO. Additionally, the PAHO Youth for Health supported the development and launch of a social media campaign on vaccine hesitancy among their peers.

In 2020 PAHO, in collaboration with UNFPA and other regional partners such as CARICOM, observed the first adolescent pregnancy prevention week. The organization included partners and regional adolescents and youth.

In 2020 PAHO collaborated with UNICEF and other partners organized and implemented a bi-weekly webinar, “Youth Hangout during COVID Pandemic.” This provided a framework for adolescents and youth to discuss and address issues that are of concern during the pandemic.


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



ADOLESCENT AND YOUTH

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, the development of national health plans, and advocacy. Over 2020/2021, the project will provide training to youth, establish information on youth perceptions around climate change and health, develop objectives for influencing youth, and establish spaces for interaction and engagement.

COMMUNICATION AND PROMOTION

 RPG 3.11.1	Regional health communication network PROGRESS UPDATE
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The Caribbean Public Health Agency provided technical and risk communication support through the development of strategy documents and plans and COVID-19 communication and health promotion materials (videos, social media postcards, infographics, etc.), designed for traditional (print, radio, television) and social media. Together with Member States, the Regional Health Communication Network (RHCN), and key partnerships with Facebook and other regional and international partners, CARPHA continues to work to combat COVID-19 and promote vaccine confidence in the Caribbean region. The COVID-19 repository comprising of CARPHA and Regional Health Communication Network (RHCN) communication assets are housed at CARPHA.

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



NO UPDATE	
PRIORITY NCDs AND RISK FACTORS	
● RPG 3.1.5	Regional training modules and tools for the implementation of the Chronic Care Model of Care for the Caribbean Community
● RPG 3.1.6	Caribbean m-health programs to improve compliance with interventions for prevention and treatment of NCD
● RPG 3.1.7	Regional multisector NCD Mechanism
MENTAL HEALTH AND SUBSTANCE ABUSE, VIOLENCE AND INJURY, DISABILITY AND REHABILITATION	
● RPG 3.2.2	Regional Policy and legislation for use and regulation of Medical Marijuana in countries
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
FAMILY AND COMMUNITY HEALTH SERVICES MATERNAL, NEWBORN, AND INFANT HEALTH	
● RPG 3.7.1	Regional Surveillance system for monitoring the nutritional status of newborns and infants
● RPG 3.7.2	Regional Policies to facilitate increasing the rate of exclusive breastfeeding in the first 6 months up to at least 50%
● 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
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
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 Disability-Adjusted in men

REGIONAL PUBLIC GOODS SPOTLIGHT

ANNUAL HEALTH RESEARCH CONFERENCE



**65TH ANNUAL
HEALTH RESEARCH
CONFERENCE**

**16-19 JUNE
2021**

PANDEMIC, NCDs AND CLIMATE CHANGE: The Caribbean's Triple Threat

The Annual Health Research Conference is the largest health research conference in the English-speaking Caribbean and the longest-running health research Conference in the Latin America and the Caribbean region. 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.

DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY



RESEARCH



RPG 4.1.3

Annual health research conference and mechanism for democratization of new research evidence

PROGRESS UPDATE

The Caribbean Public Health Agency 65th Health Research Conference was convened virtually from June 16-19, 2021. The Conference theme “Pandemic, NCDs, and Climate Change: the Caribbean’s Triple Threat” highlighted the challenges with respect to COVID-19, the high levels of Non-Communicable Diseases (NCDs) within Caribbean societies, and the devastating impacts and implications of climate change on public health and was supported by Agence Française de Développement (AFD). A total of 395 Conference delegates from 27 countries benefited from 93 oral presentations and 78 poster presentations. Additional information on the CARPHA Conference inclusive of the Programme can be accessed at the following link: <https://conference.carpha.org/>



RPG 4.1.4

Communities of practice and networks of researchers that facilitate regional cooperation in research, including the development of partnerships


PROGRESS UPDATE

CARPHA continues to collaborate with the University of the West Indies and continues to contribute as a member of the West Indian Editorial Board. Since the reactivation of the CARPHA Research Ethics Committee (REC), several research proposals have been submitted for ethical review and approval. In February 2021, the CARPHA REC approved the Survey on the Acceptance of COVID-19 Vaccine among Active Social Media Users in CARPHA Member States. The study results were launched on August 27, 2021, and will be used to inform the development of the regional COVID-19 Health Promotion Campaign.


DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY



POLICY

 RPG 4.2.1	Regional clearinghouse for Caribbean policy, research, and good practices PROGRESS UPDATE
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The CARPHA Evidence Portal, which the BIREME's Virtual Health Library supports, operates as a repository for regional information on health policy, research, and good practices. CARPHA Member States support the Portal by uploading relevant documents via the MedCarib Network of Libraries (University and Public) to the CARPHA Evidence Portal. The MedCarib Networks comprises five (5) countries (Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago), the platform for access by stakeholders. Additionally, CARPHA has also contributed to the body of information by uploading COVID-19 Technical Guidance Documents, including Food Safety during COVID-19 and Emergency Shelter Management in the Caribbean during the COVID-19 pandemic. From September 2020 – August 2021, 6,657 persons accessed the portal. Additional funds have been identified from the EU for the marketing of the Evidence Portal in 2022.

 RPG 4.2.2	Caribbean Rapid Response Unit PROGRESS UPDATE
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CARPHA has built its rapid response capacity internally to support deployment to CMS in outbreak and post-disaster situations. Staff training was conducted, and CARPHA actively participates under the Regional Coordinating Mechanism for Health Security with CDEMA to respond to emergency and disaster situations. Additionally, CARPHA has implemented its emergency response plan and developed six (6) standard operating procedures to facilitate deployment. CARPHA has also bolstered its human resource capacity for deployment during the COVID-19 pandemic by extending a call for experts to support pandemic response based on requests from the Member States. Furthermore, under the CDEMA umbrella, CARPHA supported deployment to respond to two (2) natural disasters, the eruption of La Soufrière in Saint Vincent and the Grenadines and extreme flooding in Guyana in 2021.

DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY



POLICY



RPG 4.3.2

Enhanced competency in Monitoring and Evaluation in the region
PROGRESS UPDATE

The CARICOM Secretariat launched Phase II of the CARICOM Results-Based Management System on January 27, 2021. The Phase II of the CARICOM Results-Based Management (RBM) System is supported by the World Bank Independent Evaluation Group (IEG) and the Latin America and the Caribbean Center for Learning on Evaluation and Results (CLEAR LAC). Some key actions to date include (1) online Monitoring and Evaluation Training for focal points in select Member States and Regional Institutions, (2) the commencement of an RBM diagnostic assessment in select Member States and Regional Partners, and (3) a capacity assessment for the CARICOM Results-Based Management Leadership Group (CRLG) with the intent to develop an online M&E training course. Additionally, tertiary education institutions in the Region have been engaged to create certified RBM/M&E courses/programmes geared towards meeting the RBM/M&E needs of the Region.



RPG4.3.3

Regional data repository for CCH-IV
PROGRESS UPDATE

The Regional data repository housed at CARPHA was updated to include the CCH-IV 2020 progress update on the Regional Public Goods. The data repository will be populated to include data reported by the Member States, including proxy data as of 2021 based on availability. CARPHA also presented an overview of the DHIS2 Platform to the Member States and Regional Partners at the CCH-IV sensitization and training meetings convened in July 2021.

DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY



DISEASE SURVEILLANCE



RPG 4.4.1

Regional surveillance strategy **PROGRESS UPDATE**

The Regional Integrated Surveillance Strategy (RISS) was approved by the CARPHA Board and the Council for Human and Social Development – Health. The priority areas identified as having the most significant strategic importance over the next six years are: (1) consolidating surveillance, increasing its efficiency and enhancing the outputs and their impact, (2) developing standards, improving data quality, and sharing best practices in surveillance, (3) promoting the use of surveillance data, (4) strengthening capacity in surveillance, (5) ensuring technical and allocative efficiency, and (6) partnerships and networks.

The CARPHA Public Health Surveillance Manual gives practical guidelines for disease detection, parameters for collection of data on disease occurrence, and reporting requirements for regional surveillance. The manual highlights the integrated surveillance approach and includes case definitions, data collection forms, and CARPHA laboratory testing services/requirements.

Assessment of national Communicable Diseases systems has been identified as an effective way to determine whether a specific system is useful for a particular public health initiative and is achieving the overarching goals of the public health program and the data collection objectives. CARPHA has recently revised the assessment tools using guidance documents from the WHO Health Systems Framework, which directly applies to public health surveillance. The Communicable Disease assessment process was formalized and submitted to the CARPHA Research Ethics for approval and subsequently approved in August 2021.








Communicable Disease Assessments will continue utilizing the new tool via a combination of virtual and face-to-face visits due to the COVID-19 pandemic constraints.

CARPHA continues to work with the Member States to strengthen medical certification of deaths, focusing on deaths due to COVID-19 through webinars. Furthermore, informal surveillance capacity building continues through routine monitoring of various surveillance reports submitted by the Member States and giving feedback on any aberrations. In addition, CARPHA continues to respond to country-specific queries or requests for assistance.

DATA AND EVIDENCE FOR DECISION MAKING AND ACCOUNTABILITY

LEGEND

			
IN PLACE	IN PROCESS/PARTIAL	NOT IN PLACE	NO INFORMATION

	NO UPDATE
RESEARCH	
 RPG 4.1.1	Regional health research agenda to complement CCH-IV that can be adapted and/or adopted at the national level
 RPG 4.1.2	Regional research grants program aligned to the health research agenda to facilitate the implementation of CCH-IV
 RPG 4.2.3	Regional standards for training related to application and use of research
 RPG 4.2.4	Virtual Town Hall Meeting (Regional forum for democratization of new research)
 RPG 4.2.5	Regional cooperation in research, partnerships, communities of practice, and networks of researchers, policymakers, and other research users
MONITORING AND EVALUATION	
 RPG 4.3.1	CMS with improved public health program monitoring based on enhanced M&E systems
HEALTH INFORMATION SYSTEMS	
 RPG 4.5.1	Regional framework and plan for Health Information Systems

REGIONAL PUBLIC GOODS SPOTLIGHT

CARIBBEAN WELLNESS DAY



In It Together!

Building Healthy Communities



Health, in every facet, is sought-after, at great expense, by all members of the global community. Though the success of our endeavours in health varies from region to region, it must be emphasised that in our Region, a healthy Caribbean is always the goal for which we strive. Each year the Caribbean Region observes, Caribbean Wellness Day since it was established at the 2007 landmark summit, 'Declaration of Port of Spain: Uniting to Stop the Epidemic of Chronic Non-communicable Diseases.'

PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH



CAPACITY DEVELOPMENT



RPG 5.1.1

Partnership, negotiation, and resource mobilization tools

PROGRESS UPDATE

Under the current Regional Global Fund Project, PANCAP utilizes a top-down approach by leveraging the support of the Private Sector and State actors to mobilize resources for one area of health (HIV and STI's). In terms of the bottom-up approach, the Caribbean Vulnerable Coalition and the Centro de Orientacion e Investigacion Integral are involved in innovative ways to mobilize resources – advocacy, training, award of mini-grants for social enterprise incubators. Additionally, the Caribbean Vulnerable Coalition has developed a fundraising toolkit to inform training with Civil Society Organizations. In the case of COIN, a fundraising toolkit was developed, training was completed, and two trainings in proposal writing targeted thirty-seven participants in the Dominican Republic. Similar training was conducted in Haiti for 34 participants. In Haiti, Heritage was selected to implement a social enterprise project through a mini-grant. They plan to set up a small multi-media company that will train and hire key populations and produce campaign materials for KP CSOs; Fundacion Grupo Paloma in the Dominican Republic is implementing an Agriculture Social Enterprise project and has begun marketing and sales of their produce. These tools could be reviewed for adaptation for regional use.



RPG 5.1.2

Cadre of professionals able to utilize partnership and resource mobilization tools to leverage resources for health


PROGRESS UPDATE

In January 2021, CARPHA was approved funding to build capacity in partnering effectiveness through the 2030 Agenda Partnership Accelerator for Sustainable Development (2030 APA). The training, which the UN Resident Coordinator supports, is scheduled to be implemented in Jamaica in 2022, in which a cadre of professionals brings together national stakeholders to foster effective collaboration and partnership development and delivery.


PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH



MULTISECTORAL ACTION PLANS AND PARTNERSHIPS

 RPG 5.2.1	<p>Regional guidelines/policy for the engagement of the private sector and the civil society in addressing health priorities</p> <p>PROGRESS UPDATE</p>
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CARPHA's updated partnering policy was approved by its Executive Board on May 20, 2021. The revised policy drives a strategic approach to partnering but ensures a rigorous and accountable process for deciding which partnerships to pursue for engagement with the private sector and civil society. Significant changes have been made to the Due Diligence process and associated annexes, ensuring a more transparent and accountable process with an adequate paper trail. A User-friendly version of the document has also been prepared. This policy can be shared and adapted for regional use by the Ministries of Health and the CARICOM Secretariat. Formal dissemination of the user-friendly version of the document is scheduled for October 2021. At the Third Meeting of the CCH-IV Secretariat..... The CARPHA Partnering Policy was recommended for adoption as the regional policy for the engagement of the private sector and the civil society in addressing health priorities.

 RPG 5.2.2	<p>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)</p> <p>PROGRESS UPDATE</p>
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The Caribbean Public Health Agency (CARPHA) continues to implement major multisectoral coordination mechanisms that facilitate new and existing partnerships. This includes the Caribbean Public Health Laboratory Network (Laboratory Coordination), CariVecNet (Vector-Borne Diseases Coordination), RHCN (Communications Coordination), THP Steering Committee (Tourism and Health), and RCMHS (Regional Health Security) are the major multisectoral networks at CARPHA. The Inter-Agency Technical Committee, which had responsibility for Childhood Obesity, is no longer in operations. Work related to Childhood Obesity is now being coordinated through a joint COHSOD/COTED Committee. Major developments during this reporting period are RCMHS: A meeting was held on November 3, 2020, CARIPHLN: See CARIPHLN update under Priority #2; Sub-Priority Area #6, CariVecNet:

PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH



MULTISECTORAL ACTION PLANS AND PARTNERSHIPS

The Steering Committee (CARPHA Members, International Development Partners, Regional Partners) was formalized and held the first meeting in June 2021. Draft work plans for the five (5) Technical Working Groups (Surveillance, Laboratory Diagnostics, Vector Control, Clinical Management, Community Engagement) were developed and submitted for review and approval to the Steering Committee. Workplans should be finalized for implementation in the last quarter of 2021. RHCN: See communications update below, and THP Steering Committee: An offshoot of this committee is the Establishment of the Covid-19 Caribbean Tourism Task Force.

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 UPDATE

The CARICOM Secretariat, through the Resource Mobilization and Technical Assistance Unit (RMTA), provided support the Member States and CARPHA with the business case, which led to the approval of the following funds to support the COVID-19 pandemic and NCDs concerns. CARPHA's Forum on the Economic Dimensions of NCDs in the Caribbean - US\$44,816. The "Regional Forum on the Economic Dimensions of NCDs" is intended to enhance understanding of policymakers 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. The strategy for the implementation of this advocacy activity has changed. CARPHA applied (March 2020) and signed (September 2020) a grant agreement for supplemental resources from the Government of Japan through the RMTA to support the hosting of the Forum. The RMTA, CARICOM Secretariat, also facilitated the approval of additional funds to support the CARICOM Member States and CARPHA to manage and recover from the COVID-19 pandemic.

PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH



RESOURCE MOBILIZATION AND FINANCING



RPG 5.3.2

Regional clearinghouse on existing regional programs and funding opportunities for health to share information with member states

PROGRESS UPDATE

The CARICOM Secretariat, through its Resource Mobilisation and Technical Assistance Unit (RMTA), contracted consultants last year to establish a Donor Information Management System (DIMS). In June 2021, partners received training on the beta version of the DIMS. One functionality of the DIMS is members posting funding opportunities. This system will serve as a clearinghouse for sharing and accessing funding opportunities. Regional Institutions can contribute and access opportunities when the DIMS goes “live.” Additionally, CARPHA scans daily and is registered on a series of databases in which funding notifications are automatically sent to the agency.



RPG 5.3.3

Establish sustainable and innovative fund mechanisms which finances/catalyzes multisector CCH programs of member states and regional institutions

PROGRESS UPDATE

CARPHA has established the CARPHA Foundation and Stop the Epidemic Here and There Fund (SETH Fund). Together with the Health and Security Cluster of CARICOM, the proposed introduction of a micro-tax. The status of these funding mechanisms are shown below:

- i. **CARPHA Foundation:** submitted the annual returns in December 2020 as per local requirements to maintain its legal status as a not-for-profit.
- ii. **SETH Fund:** implementation of a marketing and advocacy campaign deferred to 2022.
- iii. **Micro-tax for the Health and Security Cluster of CARICOM:** no progress.


PARTNERSHIP AND RESOURCE MOBILIZATION FOR HEALTH



COMMUNICATIONS

 RPG 5.4.1	Regional Communication Plan for CCH PROGRESS UPDATE
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A promotional video was developed to increase awareness of the Caribbean Cooperation in Health (CCH) as a part of the CCH communications strategy and launched at the CCH-IV sensitization meetings with the Member States and Regional Partners in July 2021. In 2022, a CCH toolkit will be developed and disseminated to member States and Regional Partners. The CCH-IV promotional video can be accessed at the following link: <https://youtu.be/Hmmh8hPhQXs>

 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 UPDATE
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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 (CWD). The theme for CWD 'Power Through Collective Action' was introduced in 2020 and reflected the continuation of the life course approach but includes 'whole of society' engagement. The sub-theme for 2021 is "In it Together: Building Healthy Communities." CWD 2021 communications toolkit provided to CMS via the RHCN comprising of theme, CWD Message, web and social media banners, poster, action guide. See the CWD 2021 webpage inclusive of the toolkit here: Caribbean Wellness Day 2021 www.carpha.org

MAIN CHALLENGES

- Slow implementation related to the absence of a work plan for the implementation of CCH-IV;
- Insufficient resources to implement at the regional and national level;
- Poor response rate with respect to data collection and data sharing among Member States, regional agencies, and entities to inform the preparation of the annual report on the status of implementation of the Regional Public Goods (RPGs);
- Inadequate support for the roll-out of the Communication Strategy developed by CARPHA; and
- The need for improved multisectoral coordination and leadership to advance the CCH-IV agenda.

RECOMMENDATIONS

- A partnership framework to guide engagement with non-health and non-traditional partners;
- A partner mechanisms to be used as the basis for an engagement framework to find resources for, inter alia, the development of the Work Plan;
- The use of proxy data to report on the outcome indicators in the CCH-IV, with the caveat that the source is cited and that Member States have been notified and have approved the proxy data cited;
- Establishment of subcommittees to the CCH-IV Steering Committee, specifically:
 - a Resource Mobilization Sub-Committee to explore financing options and resource mobilization strategies to support the achievements of the CCH-IV objectives;
 - a Communications Sub-Committee to provide support for the rolling out of the Communications Strategy and other public education and advocacy messages.



COUNTRY PROFILES

2016 – 2020

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	78.8	78.9	79	...	...
Female	84.1	84.2	84.3	...	...
Both sexes	81.4	81.5	81.6	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)					
0-4 years	...	...	...	...	...
5-14 years	...	...	...	...	...
15-29 years	...	...	...	...	...
30-49 years	...	...	...	...	...
50-59 years	...	...	...	...	...
60-69 years	...	...	...	...	...
70+ years	...	...	...	...	...

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	0	689.7	...	...	...
Proportion of births attended by skilled health personnel	100	100	...	...	...
Under-Five Disability-Adjusted rate	7.1	20.7	...	...	...
Neonatal Disability-Adjusted rate	0	20.7	...	...	...
Number of new HIV infections per 1,000 uninfected population	6	11.7	...	...	...
Tuberculosis incidence per 100,000 population	0	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	453.7	...	...	...	...
Suicide Disability-Adjusted rate	...	...	...	...	...
Leptospirosis incidence per 1,000 population	0	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	18.3	18	17.8	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	73.8	74	74.2	74.88	...
Female	78.7	78.9	79	77.96	...
Both sexes	76.4	76.5	76.7	76.45	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	73
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	81	71	42
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	0	0	...	...	...
Proportion of births attended by skilled health personnel	...	100	...	...	...
Under-Five Disability-Adjusted rate	20	20.7	6.85	6.6	...
Neonatal Disability-Adjusted rate	13.2	12.6	3.79	3.65	...
Number of new HIV infections per 1,000 uninfected population	64.4	58.8	...	...	...
Tuberculosis incidence per 100,000 population	3.7	1.2	6	0	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	507.5	516.5	503.5	501.1	...
Suicide Disability-Adjusted rate	0.54	0	0.38	0	...
Leptospirosis incidence per 1,000 population	0	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	31.1	28.8	27.7	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	73.3	73.5	73.6	...	...
Female	78.2	78.4	78.5	...	...
Both sexes	75.9	76	76.2	76.22	76.36

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	158.9	83.2	0	0	0
Proportion of births attended by skilled health personnel	...	100	100	100	100
Under-Five Disability-Adjusted rate	3.2	3.3	1.9	1.9	1.1
Neonatal Disability-Adjusted rate	0	2	0	1	0
Number of new HIV infections per 1,000 uninfected population	...	37.1	0.3	0.7	0.8
Tuberculosis incidence per 100,000 population	13.4	14.3	9.3	1.9	1.9
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	16.2	14.8	32.7	23.8	5.3
Number of people requiring interventions against neglected tropical diseases	176	807	33	43	15
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	631.6	CAN	CAN	CAN	CAN1
		131.3	141.4	117.6	33.7
		CAR	CAR	CAR	CAR
		26.3	21.1	27.4	30
		DIA	DIA 11	DIA	DIA
		109.9	8.7	77.3	90.7
		CRD	CRD	CRD	CRD
	8.2	8.1	11.3	9.7	

Suicide Disability-Adjusted rate	6.7	3.6	4.5	6.2	2.7
Leptospirosis incidence per 1,000 population	0	0	0	0	0
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	46.8	46.4	45.9	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	72.6	72.7	72.9	69.85	...
Female	78.6	78.8	78.9	76.59	...
Both sexes	75.7	75.8	76	73.21	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	75
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	75	78	50	62	65
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	72	70	...	...	...
Proportion of births attended by skilled health personnel	99	...	...	...	...
Under-Five Disability-Adjusted rate	17.6	13.2	12.9	12.6	...
Neonatal Disability-Adjusted rate	7.28	7.12	6.94	6.74	...
Number of new HIV infections per 1,000 uninfected population	...	38.2	...	...	...
Tuberculosis incidence per 100,000 population	27	15	14	15	...
Malaria incidence per 1,000 population	0	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	526.5	518.2	530.9	532.3	...
Suicide Disability-Adjusted rate	3.57	3.39	3.54	1.75	...
Leptospirosis incidence per 1,000 population	...	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	29.2	28	26.7	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	73.4	73.6	73.8	74.32	...
Female	78.3	78.4	78.5	77.66	...
Both sexes	75.9	76.1	76.2	76.03	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	77
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	84	92	56
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	30	27	...	...	...
Proportion of births attended by skilled health personnel	99.1	...	...	...	...
Under-Five Disability-Adjusted rate	14.9	13.38	13.02	12.65	...
Neonatal Disability-Adjusted rate	9.1	8.86	8.61	8.37	...
Number of new HIV infections per 1,000 uninfected population	35.1	...	...	...	...
Tuberculosis incidence per 100,000 population	37	36	30	27	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	458.8	456.8	462.2	475.9	...
Suicide Disability-Adjusted rate	0.62	0.62	0.62	0	...
Leptospirosis incidence per 1,000 population	15	17	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	21.3	21	20.7	28.7	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	67.7	67.9	68.1	71.36	...
Female	73.4	73.6	73.8	77.77	...
Both sexes	70.4	70.6	70.8	74.41	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	64
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	33	...	48
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	39	36	...	...	...
Proportion of births attended by skilled health personnel	94.4	94	...	...	...
Under-Five Disability-Adjusted rate	16.5	18.4	12.99	12.30	...
Neonatal Disability-Adjusted rate	9.59	9.1	8.61	8.14	...
Number of new HIV infections per 1,000 uninfected population	61.3	60.1	...	...	...
Tuberculosis incidence per 100,000 population	32.7	...	...	...	...
Malaria incidence per 1,000 population	0.016	0.027	0.011	0	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	438.4	443.1	444	451.3	...
Suicide Disability-Adjusted rate	5.84	6.99	6.5	10.53	...
Leptospirosis incidence per 1,000 population	5	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	66.9	64.3	65.4	58.2	...
Prevalence of malnutrition among children under 5 years of age (wasting)	438.4	443.1	444	451.3	...
Prevalence of malnutrition among children under 5 years of age (overweight)	5.84	6.99	6.5	10.53	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	78.1	78.2	78.3	...	...
Female	84.5	84.6	84.7	...	...
Both sexes	81.3	81.4	81.5	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	0	0	...	...	...
Proportion of births attended by skilled health personnel	99.3	99.3	...	...	...
Under-Five Disability-Adjusted rate	3.4	0	...	...	...
Neonatal Disability-Adjusted rate	3.4	0	...	...	...
Number of new HIV infections per 1,000 uninfected population	8.5	0	...	...	...
Tuberculosis incidence per 100,000 population	2.8	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	652	...	...	...	...
Suicide Disability-Adjusted rate	14	...	...	...	...
Leptospirosis incidence per 1,000 population	0	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	36.4	36.3	36.2	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	77.2	77.4	77.5	...	...
Female	80.1	80.3	80.4	...	...
Both sexes	78.6	78.8	78.9	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	0	0	...	...	...
Proportion of births attended by skilled health personnel	100	100	...	...	...
Under-Five Disability-Adjusted rate	11.1	20.6	...	...	...
Neonatal Disability-Adjusted rate	7.4	16.5	...	...	...
Number of new HIV infections per 1,000 uninfected population	14.5	10.7	...	...	...
Tuberculosis incidence per 100,000 population	0	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	...	...	...	...	...
Suicide Disability-Adjusted rate	...	...	...	...	...
Leptospirosis incidence per 1,000 population	0	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	18.9	18.7	18.4	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	78.5	78.6	78.7	...	...
Female	84	84.1	84.2	...	...
Both sexes	81.2	81.3	81.4	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	0	0	...	...	...
Proportion of births attended by skilled health personnel	99.8	100	...	...	...
Under-Five Disability-Adjusted rate	1.5	11	...	...	...
Neonatal Disability-Adjusted rate	1.5	7.9	...	...	...
Number of new HIV infections per 1,000 uninfected population	29.7	12	...	...	...
Tuberculosis incidence per 100,000 population	5.2	...	...	...	...
Malaria incidence per 1,000 population	1	1	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	...	...	...	...	...
Suicide Disability-Adjusted rate	...	...	...	...	...
Leptospirosis incidence per 1,000 population	0	1	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	42.3	41.3	40.4	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	75.2	75.4	75.6	...	...
Female	81.3	81.4	81.5	...	...
Both sexes	78.4	78.6	78.7	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	99	99	99	...	...
Proportion of births attended by skilled health personnel	11.7	11.6	11.7	...	...
Under-Five Disability-Adjusted rate	9.5	8.4	9.5	...	...
Neonatal Disability-Adjusted rate	...	...	...	...	...
Number of new HIV infections per 1,000 uninfected population	2.5	...	...	...	...
Tuberculosis incidence per 100,000 population	...	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	...	...	...	...	...
Suicide Disability-Adjusted rate	0	0	...	...	...
Leptospirosis incidence per 1,000 population	...	...	...	...	...
Incidence of vaccine-preventable diseases	34	33.1	32.1	27.7	...
Adolescent birth rate per 1,000 women	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	99	99	99	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	74	74.2	74.4	...	...
Female	80.1	80.3	80.5	...	...
Both sexes	77	77.2	77.4	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	62	62	70	71	...
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	251	0	...	...	...
Proportion of births attended by skilled health personnel	100	100	...	...	...
Under-Five Disability-Adjusted rate	21	15.5	34	34.66	...
Neonatal Disability-Adjusted rate	25.51	26.43	27.28	28.06	...
Number of new HIV infections per 1,000 uninfected population	31.2	23	...	...	...
Tuberculosis incidence per 100,000 population	8.1	1.6	6.4	16	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	...	...	...	...	...
Suicide Disability-Adjusted rate	...	...	...	...	...
Leptospirosis incidence per 1,000 population	16	7	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	28.3	28.1	27.8	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	71.2	71.4	71.5	70.63	...
Female	76.1	76.3	76.4	75.33	...
Both sexes	73.7	73.8	73.9	72.88	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	72
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	66
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	25	25	...	...	...
Proportion of births attended by skilled health personnel	99.3	100	...	...	...
Under-Five Disability-Adjusted rate	17.9	10.7	16.61	16.53	...
Neonatal Disability-Adjusted rate	10.8	11.02	11.06	11	...
Number of new HIV infections per 1,000 uninfected population	28.9	25	...	...	...
Tuberculosis incidence per 100,000 population	6.3	3.1	2.1	3.1	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	638.5	635.7	623.7	617.9	...
Suicide Disability-Adjusted rate	0.97	0.64	0.29	0	...
Leptospirosis incidence per 1,000 population	3	8	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	31.3	30	28.8	27.2	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	64.4	64.5	64.6	62.45	...
Female	69	69.2	69.3	69.39	...
Both sexes	66.7	66.8	66.9	65.69	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	72
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	...	89	...	88	100
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	52.09	145.19	88.69	...	...
Proportion of births attended by skilled health personnel	86.35	86.6	97.96	85.76	...
Under-Five Disability-Adjusted rate	13.02	16.05	13.71	...	...
Neonatal Disability-Adjusted rate	7.23	7.89	6.69	...	...
Number of new HIV infections per 1,000 uninfected population	1.14	1.28	0.93	1.08	0.27
Tuberculosis incidence per 100,000 population	77	72	68.8	66.5	49
Malaria incidence per 1,000 population	17	21.06	25.72	27.5	24.67
Hepatitis B incidence per 100,000 population	5.49	10.84	12.72	17	8.57
Number of people requiring interventions against neglected tropical diseases	...	...	168	156	147
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	797.6	797.7	799.1	800.5	...
Suicide Disability-Adjusted rate	37.6	38.46	39.46	128.7	...
Leptospirosis incidence per 1,000 population	0.03	0.04	0.03	0.04	0.05
Incidence of vaccine-preventable diseases					
Adolescent birth rate per 1,000 women	36.7	33.29	33.85	24.66	...
Prevalence of malnutrition among children under 5 years of age (wasting)	0.05	0.08	0.05	0.05	0.04
Prevalence of malnutrition among children under 5 years of age (overweight)	0.35	0.32	0.22	0.29	0.21

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	61.2	61.4	61.6	63.34	...
Female	65.5	65.8	66.1	64.76	...
Both sexes	63.3	63.6	63.8	64.05	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	49
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	56	61	39	...	40
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	489	480	...	...	...
Proportion of births attended by skilled health personnel	41.6	41.6	...	...	...
Under-Five Disability-Adjusted rate	102.6	66.58	64.65	62.79	...
Neonatal Disability-Adjusted rate	26.7	26.27	25.8	25.3	...
Number of new HIV infections per 1,000 uninfected population	...	...	...	...	...
Tuberculosis incidence per 100,000 population	188	181	176	170	...
Malaria incidence per 1,000 population	3.98	2.95	1.29	1.43	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	858.3	848.6	844.5	837.3	...
Suicide Disability-Adjusted rate	9.82	9.72	9.73	12.67	...
Leptospirosis incidence per 1,000 population	...	...	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	52.9	51.7	51.0	50.2	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	73.6	73.7	73.9	74.36	...
Female	78.4	78.5	78.6	77.68	...
Both sexes	76	76.1	76.2	75.98	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	65
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	83	...	76	84	87
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	110.6	95.6	96.7	...	...
Proportion of births attended by skilled health personnel	99.7	...	99.7	...	...
Under-Five Disability-Adjusted rate	17.4	18.4	14.29	13.85	...
Neonatal Disability-Adjusted rate	...	...	...	...	...
Number of new HIV infections per 1,000 uninfected population	...	43.2	...	...	...
Tuberculosis incidence per 100,000 population	4.4	5.2	3.5	32	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	454.7	449.6	452.3	454.4	...
Suicide Disability-Adjusted rate	2.23	2.25	2.29	1.1	...
Leptospirosis incidence per 1,000 population	...	...	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	55.3	51.7	52.8	55.3	...
Prevalence of malnutrition among children under 5 years of age (wasting)	110.6	95.6	96.7	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	75.8	75.9	76.1	75.8	...
Female	72.9	73.2	73.5	72.9	...
Both sexes	74.4	74.6	74.8	74.4	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)					
0-4 years	...	...	...	...	...
5-14 years	...	...	...	...	...
15-29 years	...	...	...	...	...
30-49 years	...	...	...	...	...
50-59 years	...	...	...	...	...
60-69 years	...	...	...	...	...
70+ years	...	...	...	...	...

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	21.7	0	...	...	...
Proportion of births attended by skilled health personnel	100	100	...	...	...
Under-Five Disability-Adjusted rate	0	0	...	...	...
Neonatal Disability-Adjusted rate	0	0	...	...	...
Number of new HIV infections per 1,000 uninfected population	19	37.7	...	...	...
Tuberculosis incidence per 100,000 population	0	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	778.4	...	...	...	...
Suicide Disability-Adjusted rate	0	...	...	...	...
Leptospirosis incidence per 1,000 population	0	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	8.2	8.2	8.2	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	72.8	73	73.2	71.3	...
Female	78.2	78.4	78.6	77.71	...
Both sexes	75.5	75.7	75.9	74.33	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	77	...	60	69	69
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	117	117	...	...	...
Proportion of births attended by skilled health personnel	...	100	...	...	...
Under-Five Disability-Adjusted rate	21.31	21.67	22.01	22.32	...
Neonatal Disability-Adjusted rate	12.52	12.52	12.61	12.74	...
Number of new HIV infections per 1,000 uninfected population	...	24.6	...	...	...
Tuberculosis incidence per 100,000 population	19	7	3.2	3.8	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	505.8	515.2	518	515.7	...
Suicide Disability-Adjusted rate	7.41	7.94	8.02	10.5	...
Leptospirosis incidence per 1,000 population	11	27	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	32.1	29.8	28.5	...	25.3
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	75.8	76	76.1	...	...
Female	80.6	80.8	80.9	...	...
Both sexes	78.1	78.3	78.5	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	100	...	...	...	...
Proportion of births attended by skilled health personnel	6.6	18.2	...	...	...
Under-Five Disability-Adjusted rate	0	11.4	...	...	...
Neonatal Disability-Adjusted rate	...	...	...	...	...
Number of new HIV infections per 1,000 uninfected population	...	...	...	...	...
Tuberculosis incidence per 100,000 population	...	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	...	...	...	...	...
Suicide Disability-Adjusted rate	...	0	...	...	...
Leptospirosis incidence per 1,000 population	...	...	...	...	...
Incidence of vaccine-preventable diseases	44.7	44.5	44.3	...	...
Adolescent birth rate per 1,000 women	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	73.3	73.5	73.7	...	...
Female	78.2	78.4	78.7	...	...
Both sexes	75.7	75.9	76.2	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	...	52	48	51	51
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	147.9	154.3	337.3	168.4	316.5
Proportion of births attended by skilled health personnel	100	100	100	100	100
Under-Five Disability-Adjusted rate	25.1	17	27	21.9	12.7
Neonatal Disability-Adjusted rate	19.2	15.4	20.2	11.8	12.7
Number of new HIV infections per 1,000 uninfected population	0.29	0.25	0.27	0.27	0.42
Tuberculosis incidence per 100,000 population	0	2.08	0	0	2.08
Malaria incidence per 1,000 population	0	0	0	0	0
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	571.13	529.44	594.06	...	...
Suicide Disability-Adjusted rate	0	0	0	...	...
Leptospirosis incidence per 1,000 population	0	0	0.02	0	0
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	42.4	41.5	40.5	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	72.6	72.7	72.9	69.85	...
Female	78.6	78.8	78.9	76.59	...
Both sexes	75.7	75.8	76	73.21	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	71
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	65	...	45	49	...
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	67	68	...	...	...
Proportion of births attended by skilled health personnel	98.6	...	...	...	...
Under-Five Disability-Adjusted rate	17.8	15.64	15.12	14.62	...
Neonatal Disability-Adjusted rate	10.51	9.75	9.41	9.1	...
Number of new HIV infections per 1,000 uninfected population	32.8	...	...	...	...
Tuberculosis incidence per 100,000 population	6.3	2.1	6.3	4.2	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	563	551.9	540.9	537.2	...
Suicide Disability-Adjusted rate	0.65	0	1	0	...
Leptospirosis incidence per 1,000 population	14	...	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	54.6	52.3	15.1	47.4	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	68.3	68.4	68.5	68.5	...
Female	74.7	74.9	75	74.63	...
Both sexes	71.4	71.5	71.6	71.48	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	...	71
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	72	72	73	57	59
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	69.5	120	...	...	...
Proportion of births attended by skilled health personnel	...	...	98.4	...	...
Under-Five Disability-Adjusted rate	19.46	19.05	18.53	17.99	...
Neonatal Disability-Adjusted rate	12.32	11.97	11.58	11.22	...
Number of new HIV infections per 1,000 uninfected population	...	...	...	...	...
Tuberculosis incidence per 100,000 population	25	28	38	29	...
Malaria incidence per 1,000 population	0.91	0.47	0.34	1.11	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	590.5	615.7	652.1	665.4	...
Suicide Disability-Adjusted rate	24.44	24.47	25.5	131.6	...
Leptospirosis incidence per 1,000 population	74	...	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	59.6	56.7	53.9	59.6	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	67.3	67.4	67.4	72.54	...
Female	74.3	74.4	74.6	79.92	...
Both sexes	70.7	70.8	70.9	76.13	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index	76.7	75.7	74.1	74.9	...
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	73	72	49	53	...
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

*cases

Maternal Disability-Adjusted ratio	68	67	18.1	25.7	26.7
Proportion of births attended by skilled health personnel	100	100	99	99	99
Under-Five Disability-Adjusted rate	19.11	18.56	18.05	17.51	...
Neonatal Disability-Adjusted rate	12.64	12.27	7.9	7.4	6.7
Number of new HIV infections per 1,000 uninfected population	27.2	6.4	28.4	42.1	...
Tuberculosis incidence per 100,000 population	18	17	21	18	...
Malaria incidence per 1,000 population	11	*12	*40	*36	*13
Hepatitis B incidence per 100,000 population	*16	*43	*65	*64	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	485.3	469.3	452.7	439	...
Suicide Disability-Adjusted rate	9.83	9.49	8.95	10.21	...
Leptospirosis incidence per 1,000 population	0	4	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	32	31	30.1	20.3	20.2
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...

Goal Indicator #1: Life expectancy at birth (years)

Sex	2016	2017	2018	2019	2020
Male	77.1	77.2	77.3	...	...
Female	82.7	82.9	83	...	...
Both sexes	79.8	80	80.1	...	...

Goal Indicator #2: Disability-Adjusted Life Year per thousand

Age Group (both sexes)	2016	2017	2018	2019	2020
0-4 years
5-14 years
15-29 years
30-49 years
50-59 years
60-69 years
70+ years

Strategic Priority Area 1: Health Systems for universal access to health and universal health coverage

Universal Health Coverage Index
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Strategic Priority Area 2: Safe, resilient, healthy environments

International Health Regulations Core Capacity Index	...	52	48	51	51
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Strategic Priority Area 3: Health and well-being of Caribbean People throughout the life course

Maternal Disability-Adjusted ratio	0	0	...	...	...
Proportion of births attended by skilled health personnel	98.7	100	...	...	...
Under-Five Disability-Adjusted rate	7.7	7.2	...	...	...
Neonatal Disability-Adjusted rate	1.9	7.2	...	...	...
Number of new HIV infections per 1,000 uninfected population	88.7	72.3	...	...	...
Tuberculosis incidence per 100,000 population	7.4	...	...	...	...
Malaria incidence per 1,000 population	...	...	...	...	...
Hepatitis B incidence per 100,000 population	...	...	...	...	...
Number of people requiring interventions against neglected tropical diseases	...	...	...	...	...
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	...	...	...	...	...
Suicide Disability-Adjusted rate	...	...	...	...	...
Leptospirosis incidence per 1,000 population	0	0	...	...	...
Incidence of vaccine-preventable diseases	...	...	...	...	...
Adolescent birth rate per 1,000 women	10	10	10	...	...
Prevalence of malnutrition among children under 5 years of age (wasting)	...	...	...	...	...
Prevalence of malnutrition among children under 5 years of age (overweight)	...	...	...	...	...



“..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.”

