

HEALTHY CARIBBEAN COALITION

# Strategic Plan 2017-2021

Enabling Caribbean civil society's contribution to national, regional, and global action for NCD prevention and control





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# Table of contents

The next five years	7
About the Healthy Caribbean Coalition	9
<hr/>	
<b>1 The need for civil society action on NCDs</b>	<b>10</b>
<hr/>	
<b>2 Overview of HCC's strategic agenda</b>	<b>12</b>
Vision, Mission, Values	13
Reflections: Guiding the way forward	14
Through the lens of our stakeholders	16
Frameworks taken into consideration in HCC's strategic planning	18
<hr/>	
<b>3 Goals and priority areas</b>	<b>19</b>
<hr/>	
<b>4 Strategic pillars, specific goals, and expected outcomes</b>	<b>21</b>
 Accountability	21
<hr/>	
 Advocacy	22
<hr/>	
 Capacity development	23
<hr/>	
 Communication	24
<hr/>	
 Sustainability	25
<hr/>	
<b>5 Achieving the 2017-2021 Strategic Plan</b>	<b>26</b>
<hr/>	
References	28
Acronyms and abbreviations	29



# The next five years

The Healthy Caribbean Coalition (HCC) is pleased to present its Strategic Plan 2017-2021, which underpins the work of the Coalition and shapes the contribution of civil society to non-communicable disease (NCD) prevention and control in the Caribbean over the next five years.

The Plan will guide the strategic direction of the HCC at a pivotal time in its development, as the HCC celebrates, in 2018, a momentous milestone – the 10-year anniversary of its formation. The Plan is also timely from a regional public health perspective, as the Caribbean this year marks the 10-year anniversary of the seminal Port of Spain Declaration on NCDs, providing a unique and potentially historic opportunity for Caribbean Community (CARICOM) Heads of Government to make bold regional and international statements, and recommit to priority action on NCD prevention and control in the region.

The year 2015 was significant in NCD prevention and control globally, in that it signalled the entry into a new era – the post-2015 development era – with substantial changes in the global NCD landscape as United Nations (UN) Member States adopted the ambitious 2030 Agenda and explicitly pledged that no one would be left behind as they pursued 17 crosscutting Sustainable Development Goals, including Goal 3: ‘to ensure healthy lives and promote well-being for all at all ages’. In 2018 the global community will meet for the third UN High-level Meeting on NCDs, at which time the UN General Assembly will undertake a comprehensive review of the Member States’ progress in the prevention and control of NCDs.

Against the background above, CARICOM Member States, in collaboration with civil society and the private sector, are now working towards achieving national and regional NCD targets within the context of the 25\*25 Global NCD targets and the 2030 agenda. The role of the HCC, as the sole NCD alliance in the Caribbean, will be critical in ensuring that civil society is a meaningful actor in the whole-of-society response to NCDs, through health promotion, community education, service provision, advocacy for programmes and policies, and holding governments, the private sector, and civil society accountable to commitments.

This Strategic Plan draws heavily on key stakeholders’ views of the Coalition’s strengths, challenges, and options for sustainability. Civil society, distinct from government and the private sector, can operate in a relatively unencumbered and flexible manner, while maintaining strategic focus, responsibility, and accountability. Cognisant of the key contributions that civil society organisations (CSOs) can make, and in consultation with its membership, the HCC developed its 2008-2011 Action Plan for tackling chronic NCDs (1), followed by the HCC Strategic Plan 2012-2016 (2), which focused on priority strategic areas of Advocacy; Enhancing Communication; Capacity Building; and Promoting mHealth and eHealth.

In preparation for the development of the 2017-2021 Strategic Plan to guide the next phase of its operations, in 2016 HCC undertook a capacity and information needs assessment among its civil society organisation members (3), which included an assessment of HCC’s performance in the priority strategic areas of the 2012-2016 Strategic Plan; convened a strategic planning meeting that included 40 participants from 11 Caribbean countries, representing its member organisations, academia, the HCC Board of Directors, and HCC specialist advisors and volunteers (4); and commissioned a comprehensive independent stakeholder review of the HCC (5) to inform the planning process. Recommendations from these proceedings contributed

to the formulation of this Strategic Plan 2017-2021, ensuring the integration of stakeholder input into the Plan and the continuation of HCC's unique value-added to NCD prevention and control efforts in the Caribbean.

The Strategic Plan has five strategic pillars: accountability, advocacy, capacity development, communication, and sustainability. These strategic pillars and their associated high-level objectives provide the basis for the development of annual operational plans with specific outputs, deliverables (products and services), activities, inputs, and resource needs, as well as a monitoring and evaluation (M&E) framework.

**The HCC 2017-2021 Strategic Plan charts a course for the work of the Coalition in the coming five years. The streamlining and prioritising of key actions will lay the foundation for HCC's contribution to the region's achievement of national, regional, and international NCD targets, reduction of inequities, and, ultimately, reduction in NCD-related premature mortality, as we navigate through the post-2015 development era.**

**See** 

<sup>1</sup> <http://www.healthycaribbean.org/>

<sup>2</sup> <http://carpha.org/>

<sup>3</sup> <https://ncdalliance.org/>

<sup>4</sup> <http://www.paho.org/hq/>

<sup>5</sup> <http://www.who.int/en/>

# About the Healthy Caribbean Coalition

The Healthy Caribbean Coalition<sup>1</sup> was formed in 2008, arising from the 2007 Port of Spain Declaration (POSD) by Heads of Government of the Caribbean Community on non-communicable diseases (6). HCC was established to harness the civil society response and contribution to NCD prevention and control in the Caribbean, and is the only umbrella organisation for civil society organisations doing such work.

HCC is a registered not-for-profit regional network and alliance, with its secretariat located in Bridgetown, Barbados. The Coalition's membership comprises more than 60 Caribbean-based health non-governmental organisations (NGOs), over 65 non-health NGOs, and in excess of 350 individual members in the Caribbean and across the globe. HCC works closely with regional and international organisations and leaders in NCD prevention to leverage the power of civil society, by strengthening and supporting its membership in the implementation of programmes aimed at reducing associated morbidity and mortality. HCC has an elected Board of Directors representing civil society from across the region, and a growing team of technical advisors.

In the period since its inception, HCC has achieved a reputation as a committed, legitimate, and credible organisation, both at home and abroad. Its strengths in advocacy and communication, especially using electronic and social media networks, as well as its strategic partnerships, have been widely acknowledged (4). The Coalition's collaboration with national, regional, and international partners, such as ministries of health in Caribbean countries, the Caribbean Public Health Agency (CARPHA)<sup>2</sup>, and the NCD Alliance (NCDA)<sup>3</sup>, as well as with intergovernmental organisations such as the Pan American Health Organisation (PAHO)<sup>4</sup> and the World Health Organisation (WHO)<sup>5</sup>, has enhanced the recognition of the Caribbean region as a global leader in NCD prevention and control.

HCC has convened multi-stakeholder meetings and successfully advocated for measures pertaining to childhood obesity, alcohol and tobacco control, population-based salt reduction,

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## THE COALITION'S MEMBERSHIP COMPRISES

**60+** HEALTH non-governmental organisations NGOs

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**65+** non-health NGOs

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**350** INDIVIDUAL MEMBERS in the Caribbean and across the globe

---

cervical cancer prevention, and strengthening of hypertension detection and management (4). In addition, HCC's published assessments and reports of the responses to NCDs in CARICOM, and the role of various sectors and entities, including civil society, the private sector, and National NCD Commissions (NNCDCs) (3, 7, 8, 9, 10), are well recognised as valuable contributions to advancing the multisectoral response to NCDs in the region, and beyond. The Coalition has undertaken technical cooperation with its member CSOs in resource mobilisation, information-sharing, communication, and capacity building, and with ministries of health in the establishment and strengthening of NNCDs.

**HCC is well-placed and poised to strengthen its functions as facilitator, enabler, convenor, broker, advocate, communicator, and monitor, and to enhance civil society's contribution to effective NCD prevention and control in the Caribbean, aligned with national and international frameworks for action in this post-2015 era.**

# 1

## The need for civil society action on NCDs

In the Caribbean, the four major NCDs – cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases – and their four common risk factors – tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity – are the leading causes of death and illness. The region has the highest mortality from NCDs in the Region of the Americas (11); they cause 3 of every 4 deaths. Forty percent of deaths due to NCDs occur prematurely, in persons under 70 years of age, and most premature deaths are caused by

heart attack, stroke, and diabetes, followed by cancer. Hypertension is the leading contributor to heart attack and stroke, and diabetes prevalence in the region is twice the global average (12). As in other regions, mental disorders contribute to significant morbidity in the Caribbean; a review of mental health in disaster situations in the region presented data – albeit limited – on psychotic, mood, and anxiety disorders; suicide; and dementia (13).

### IN THE CARIBBEAN THE 4 MAJOR NCDs



CARDIOVASCULAR  
DISEASES



DIABETES



CANCER



CHRONIC RESPIRATORY  
DISEASES

### and their 4 common RISK FACTORS

Tobacco use



Harmful use of  
alcohol



Physical inactivity



Unhealthy diet



are the **LEADING CAUSES** of **DEATH** and **ILLNESS**

Given their prevalence and complications, it is not surprising that NCDs have a significant economic cost, in addition to their effects on individual health and well-being. They directly impact economies, health systems, and households as a result of decreased productivity due to absenteeism, disability, reduced functionality, and fewer years of worker output.

The social determinants of health (SDH) – the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life – exert significant effects on health and wellbeing (14). Many SDH lie outside of the purview of the ministry of health and the health sector, and there is wide acceptance of the need for multisectoral, whole-of-government, whole-of-society, health-in-all policies approaches to NCDs, as stated in the POSD and the 2011 United Nations High-Level Meeting (UNHLM) Political Declaration on NCD prevention and control (15).

The Caribbean region’s leadership in addressing NCDs has been evident over the years. The 2007 CARICOM Heads of Government Summit on NCDs that led to the POSD was the first such high-level gathering in the world. Caribbean leaders successfully advocated for, and contributed to, the 2011 UNHLM on NCDs, which resulted in the UN Political Declaration on NCD prevention and control. The subsequent development of the WHO Global Action Plan for NCD prevention and control 2013-2020 (16); the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) (17), where NCDs are targeted in Goal 3; and other international, regional, and national NCD strategies and plans resulted in frameworks and guidance for the multisectoral action needed to effectively address NCDs. Although government has the primary responsibility and accountability for dealing with NCDs and overall national health development, both the private sector and civil society have critical roles to play.

**IN THE REGION  
OF THE AMERICAS**

**NCDs cause  
3 of every 4 deaths**



**40%**

of DEATHS due to NCDs  
OCCUR PREMATURELY,  
in persons under  
**70 years of age**

Civil society plays a major role in Caribbean health, and health CSOs in particular are active in health education, community outreach, and provision of services, especially to their members and clients who cannot afford to pay. The CSOs are less engaged in advanced advocacy efforts that contribute to the drafting and enactment of national legislation and policies (7), and in some aspects of patient engagement (3). The addition of policy development and other “upstream” functions to CSOs’ arsenal will not only enhance civil society’s reach and influence, but also strengthen the whole-of-society, health-in-all-policies approaches that are critical for effective NCD prevention and control. Caribbean countries have endorsed many regional and international NCD commitments, and the traditional “watchdog” role of civil society – holding policy makers accountable for action in support of the commitments – will assume even greater importance in the future.

# 2

## Overview of HCC's strategic agenda

HCC's vision, mission, and values/guiding principles; analyses of its strengths, weaknesses, opportunities, and threats (SWOT); recommendations for its strategic functioning; and frameworks taken into consideration in the development of the Strategic Plan are summarised below.



### Vision

Vibrant, healthy Caribbean people free of chronic non-communicable diseases, achieving their fullest potential and contributing to equitable national and regional development.

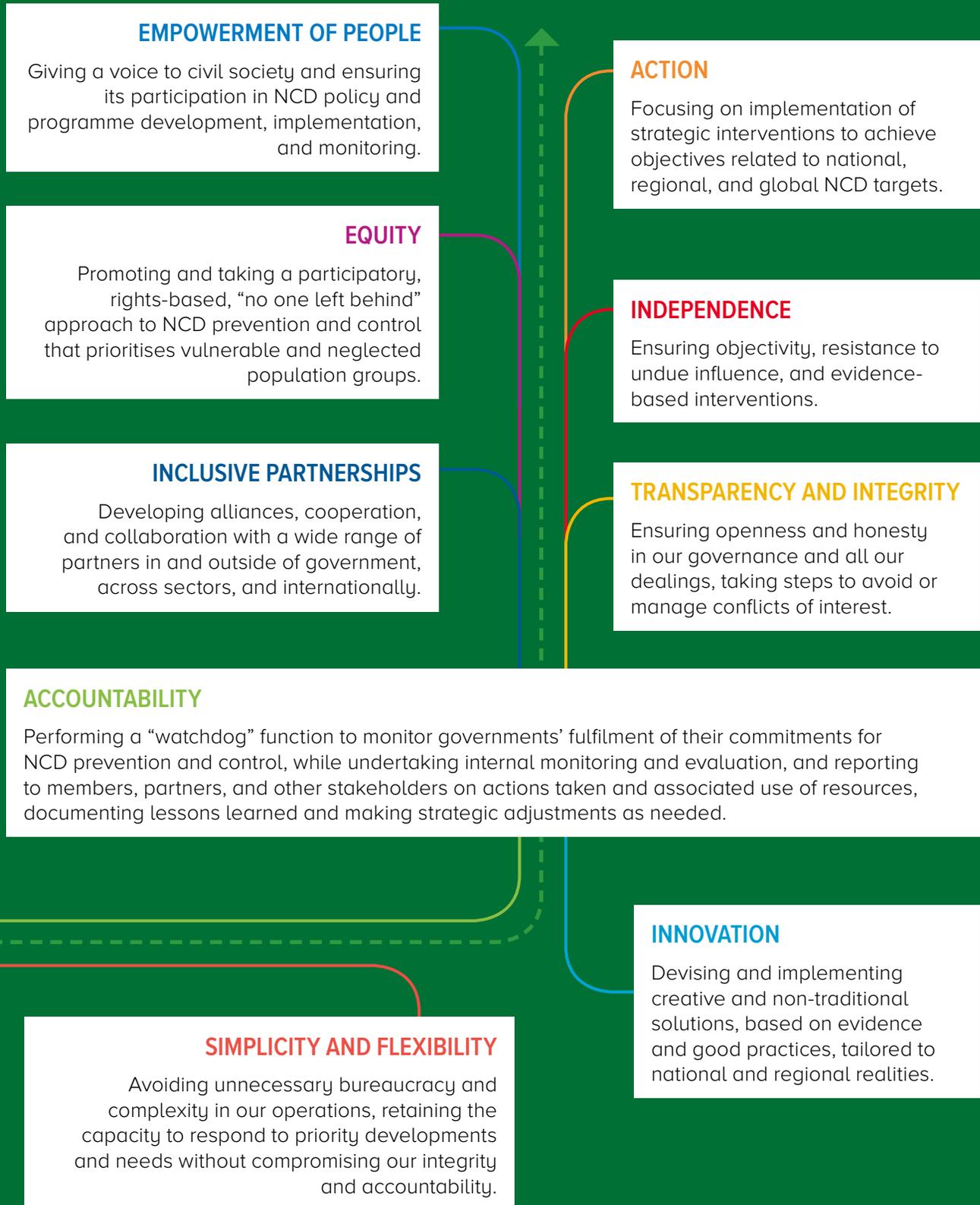
### Mission

To harness the power of civil society, in collaboration with government, private enterprise, academia, and international partners, as appropriate, in the development and implementation of plans for the prevention and management of chronic non-communicable diseases among Caribbean people.

### Values

Guiding principles





## Reflections: Guiding the way forward

In carrying out its strategic actions over the next 5 years, the HCC will learn from experiences over the past strategic period, and in doing so will build on its strengths, address its weaknesses, take advantage of opportunities, and implement strategies to mitigate threats. Table 1 below integrates the results of analyses of HCC's strengths, weaknesses, opportunities, and threats (SWOT) from the April 2016 strategic planning meeting and the November 2016 comprehensive independent stakeholder review.

### STRENGTHS

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Credible and politically connected leadership

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Dedicated and hardworking human resources

---

Established governance structure

---

Recognisable branding

---

High level of favourable international recognition

---

Sole regional NCD CSO alliance in the region

---

Effective advocacy

---

Well-recognised communication strategies and products

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Diversity of membership with varied skills and experience

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Well-maintained membership database

---

Increasing level of member participation

---

Effective networking and growing contact list

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Strategic approach to capacity building

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Successful grant proposals and efficient project execution

---

Work done with countries to establish NNCDs

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### WEAKNESSES

---

Health professional- rather than client-driven, with limited participation of key stakeholders, e.g. youth

---

Ill-defined relationship with academia

---

Driven more by diseases than wellness

---

Spreading itself too thin – need to prioritise

---

Limited human and financial resources

---

Limited visibility of all HCC personnel, including technical advisors

---

Operates more as a CSO than as an umbrella organisation

---

Limited recognition at national and regional levels

---

Perceived as a national entity due to registration and secretariat located in Barbados

---

Wide variation in members' capacities and resources

---

Inadequate platforms for sharing members' information, experiences, and lessons learned

---

Limited outreach to the "unconverted"

---

Lack of availability of documents in languages other than English

---

Inadequately defined strategies for ensuring organisational sustainability

---

No official voice at regional level or representation in regional organisations such as CARICOM

---

**Table 1. HCC SWOT analysis****THREATS**


---

Failure of policy makers and public health professionals to fully appreciate CSOs as credible partners in the NCD response

---

Inadequate availability of regional NCD information

---

Governments' complacency regarding some aspects of NCD prevention and control, including mechanisms for multisectoral action

---

Inadequate organisational response to changes in technological landscape

---

Potential conflict of interest through organisations represented on HCC Board of Directors and partnership with certain industries

---

Concerns about organisational sustainability and fiscal capacity

---

Underestimation of budget costs

---

Limited transparency of governance and management structures

---

Funders' requirements for M&E

---

**OPPORTUNITIES**


---

Regional recognition of HCC's contributions to strengthening the NCD response

---

Possibility of applying for larger grants, as a regional entity

---

Possibility of providing M&E services to CSOs, taking advantage of resources included in grants

---

CARICOM Member States' (MS') efforts toward fulfilling the commitments of the POSD

---

Evaluation of the POSD and CARICOM MS' renewal of commitments

---

Observance of 10<sup>th</sup> anniversary of the POSD in 2017

---

Observance of 10<sup>th</sup> anniversary of HCC in 2018

---

Reporting on 2011 UNHLM Political Declaration goals at 3<sup>rd</sup> UNHLM on NCDs in 2018

---

Gaps in addressing harmful use of alcohol in the region

---

Overview that can facilitate mentoring and greater capacity building of CSOs

---

Partnerships that can facilitate capacity building

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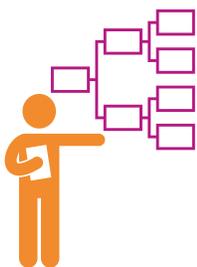
Representation at regional (CARICOM) non-health fora

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## Through the lens of our stakeholders

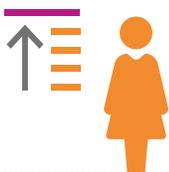
As a result of the capacity and information needs assessment, SWOT analyses, discussions at the strategic planning meeting, and the independent stakeholder review, several recommendations have been made for HCC's strategic actions over the period 2017-2021. The recommendations address governance and strategic management; accountability; advocacy; communication; capacity building; research; and sustainability. A summary is presented below.

### Governance and management



- Ensure greater transparency of HCC's governance and management, including the selection of HCC Directors, measures to address conflict of interest, and succession planning.
- Set priorities and take a more focused approach to various themes and advocacy; include childhood obesity prevention and related research as priorities.
- Give priority to relatively neglected areas of the NCD response, including treatment and care, rehabilitation, palliative care, mental and neurological disorders, and chronic respiratory diseases.

### Accountability



- Ensure that the HCC Strategic Plan includes a monitoring and evaluation framework and that resources are allocated for M&E activities.
- Undertake assessments of the impact of NCD policy interventions at national and regional levels.

### Advocacy



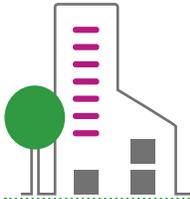
- Continue and strengthen focused advocacy for, and information-sharing on, NCD prevention and control in the Caribbean, especially targeting relevant regional and international entities and fora.
- Promote the establishment of worksite wellness programmes.

## Communication



- Explore mechanisms for the establishment of communities of practice.
- Accelerate efforts in eHealth and the use of social media.
- Compile and disseminate information from NCD policy-related international meetings and contribute to national level discussions on the role of civil society in meeting the commitments.
- Revamp the HCC website to offer a more engaging, “human” tone and tell people’s stories, reducing, but not abolishing, the policy orientation that currently dominates the site.

## Capacity building



- Enhance HCC’s work to enable CSOs’ institutional development; capacity strengthening; strategic planning and programming; partnerships; advocacy, health promotion and communication; information and knowledge exchange; horizontal cooperation; and resource mobilisation.

## Research



- Consider additional qualitative surveys to probe some of the issues revealed, or not completely addressed, in the CSO capacity and information needs assessment.
- Collaborate with academia and other entities to undertake or support research on the impact of NCDs on national social and economic development.

## Sustainability



- Undertake greater outreach to members, increasing opportunities for their participation in decision making and enhancing efforts to pursue common interests.
- Explore options for sustainable sources of funding and human resources (HR), and relevant capacity building, to support HCC’s technical and administrative functions, given its critical roles in strengthening CSOs’ work for NCD prevention and control in the Caribbean; pursue special designation status with CARICOM or CARPHA, contributions from Caribbean governments, and the establishment of a Fund financed through taxes aimed at reducing risk factors.

*Those recommendations that address national, regional, and global NCD priorities, and are aligned with HCC’s values and guiding principles, are reflected in the specific goals and expected outcomes under the appropriate strategic pillars in Section 6 of the strategic plan.*

## Frameworks taken into consideration in HCC's strategic planning

In shaping its Strategic Plan 2017-2021 to take action from the civil society perspective, HCC took into consideration various national, regional, and international frameworks related to NCDs, including the following:

### National

Existing national NCD policies, strategies, and plans, including those related to individual NCDs.

### Regional

Port of Spain Declaration  
"Uniting to Stop the Epidemic of Chronic Non-communicable Diseases" (6)

Evaluation of the Port of Spain Declaration (12)

Strategic Plan for the Caribbean Community 2015-2019<sup>6</sup>

Caribbean Cooperation in Health, Phase IV (18)

CARPHA Plan of Action for supporting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019<sup>7</sup>

### International

UN HLM Political Declaration for the Prevention and Control of NCDs (15)

WHO Global Action Plan for NCD Prevention and Control 2013-2020 (16)

Sustainable Development Goals (17)

WHO NCD Global Monitoring Framework<sup>8</sup>

Framework Convention on Tobacco Control (FCTC)<sup>9</sup>

PAHO Strategy and Plan of Action for the Prevention and Control of NCDs in the Americas 2013-2019 (19)

PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents, October 2014<sup>10</sup>

Small Island Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway<sup>11</sup>

NCD Alliance Strategic Plan 2016-2020<sup>12</sup>

WHO Report of the Commission on Ending Childhood Obesity (ECHO), 2016<sup>13</sup>

### See



<sup>6</sup> [http://cms2.caricom.org/documents/11265-executive\\_plan\\_vol\\_1\\_-\\_final.pdf](http://cms2.caricom.org/documents/11265-executive_plan_vol_1_-_final.pdf)

<sup>7</sup> <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>

<sup>8</sup> [http://www.who.int/nmh/global\\_monitoring\\_framework/en/](http://www.who.int/nmh/global_monitoring_framework/en/)

<sup>9</sup> <http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1>

<sup>10</sup> [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&Itemid=270&gid=28890&lang=pt](http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=28890&lang=pt)

<sup>11</sup> [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/69/15&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/15&Lang=E)

<sup>12</sup> <https://ncdalliance.org/who-we-are/our-vision-mission-history/strategic-plan-2016-2020>

<sup>13</sup> <http://www.who.int/end-childhood-obesity/publications/echo-report/en/>

# 3

## Goals and priority areas

HCC's long-term goal is the goal of the **WHO Global Action Plan for NCD prevention and control 2013-2020** (16):



To reduce the preventable and avoidable burden of morbidity, mortality, and disability due to non-communicable diseases by means of multisectoral collaboration and cooperation at national, regional, and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

The goal of the **PAHO Regional Plan of Action for NCD prevention and control 2013-2019** (19) echoes the WHO goal:



To reduce avoidable mortality and morbidity, minimize exposure to risk factors, increase exposure to protective factors, and reduce the socioeconomic burden of these diseases by taking multisectoral approaches that promote well-being and reduce inequity within and among Member States.

These goals are aligned with **Target 3.4 of SDG 3** (17):



### 3.4 “

By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.

The goals provide high-level objectives that facilitate the development and implementation of strategies referenced in the **CARICOM POSD (6)**, which indicates that the Heads of Government are:



Fully convinced that the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national, and regional levels and through collaborative programmes, partnerships, and policies supported by governments, private sectors, NGOs and our other social, regional, and international partners.

In considering its contribution to NCD international goals over the period 2017-2021, as well as to Caribbean regional and national NCD prevention and control efforts, HCC identifies the following priority areas and gaps to be addressed:

**Inadequate knowledge of HCC governance processes**, perception of top-down approaches to programme development and execution, inadequate feedback to constituents, and limited translation of lessons learned to facilitate improved policy development and programme execution.

**Inadequate focus of advocacy strategies** for NCD prevention and control and wellness.

**Uneven development of members**, with several demonstrating limitations in human resource planning and management, inadequate use of information and communications technology, and weak marketing strategies.

**Insufficient sharing of important information**, experiences, and lessons learned, with lack of an effective communication network linking CSOs and facilitating knowledge exchange.

**Inadequate resources** to support and sustain effective HCC functioning, including financial sustainability.

HCC's specific goals and expected outcomes to address these priority areas and gaps are based on the following five, interlinked

## STRATEGIC PILLARS



Accountability



Advocacy



Capacity  
development



Communication



Sustainability

*The strategic pillars, their specific goals, and the expected outcomes are described in Section 4.*

# 4

## Strategic pillars, specific goals, and expected outcomes



### Accountability

HCC will strengthen its “watchdog” functions, monitoring the implementation of NCD-related commitments made by governments and policy makers, and holding them accountable for relevant interventions. The Coalition will also improve its own accountability mechanisms to explicitly demonstrate the transparency and integrity of its work, as well as its management of conflicts of interest, and promote greater participation, shared ownership, and sound accountability procedures among its member organisations.

#### Specific goal

Ensure consistent demonstration of shared ownership, transparency, and accountability for commitments, resources, and results, as well as management of conflicts of interest that may arise.

#### Expected outcomes

- 1 Strengthened “watchdog” function:** Improved monitoring of, and reporting on, progress in the fulfilment of NCD commitments made at national, regional, and global levels, by both the secretariat and the members, with assessment of the extent to which stated policy becomes implemented policy.
- 2 Greater member involvement:** Enhanced participation of HCC members in the planning, implementation, monitoring, and evaluation of programmes and projects, with focus on results.
- 3 Strengthened accountability:** Promotion of models of accountability based on international frameworks and best practices that can be adopted or adapted by members to strengthen administrative and managerial functioning, and programme execution.
- 4 Improved transparency:** Strengthened, credible, and well-understood HCC governance and accountability processes, including revision of bylaws, development and implementation of a conflict of interest policy, and institution of a robust M&E framework.
- 5 Enhanced sense of shared ownership:** Improved awareness of HCC’s policies, programmes, and interventions at regional and national levels.



## Advocacy

HCC will demonstrate greater focus in its advocacy to frame NCDs as a development, not just a health, issue, and address “the priorities among the priorities” in NCD prevention and control. The Coalition will emphasise relatively neglected areas of the NCD response, targeting vulnerable populations and working toward the reduction of inequities.

### Specific goal

Develop and implement advocacy strategies to drive national, regional, and global political and policy momentum towards multisectoral action – including the critical role of civil society – for an effective NCD response, reduction of health inequities, and wellness.

### Expected outcomes

- 1 Greater representation in high-level fora:** Consistent participation in key regional and global NCD policy- and decision-making fora, including meetings of the CARICOM Council for Human and Social Development (COHSOD), to provide the Caribbean civil society perspective and share information on civil society contributions.
- 2 Enhanced awareness of the developmental approach to health:** Increased awareness by policymakers at national and regional levels of NCDs as a development issue requiring multisectoral, whole-of-government, whole-of-society, and health-in-all-policies approaches, as well as appropriate allocation and mobilisation of resources.
- 3 Enhanced awareness of civil society’s role:** Promotion of civil society’s role in NCD prevention and control, including risk factor reduction, patient care – curative, rehabilitative, and palliative – and universal access to health and universal health coverage, with emphasis on equitable access to medicines, vaccines, and medical technologies.
- 4 Strengthened strategies for reduction of inequities:** Greater awareness of the needs of vulnerable and neglected populations, and promotion of underserved areas such as mental health, for a more effective and equitable NCD response.



## Capacity development

HCC will develop and implement strategies and plans for institutional and capacity development to strengthen both the members' and the secretariat's performance of key functions such as advocacy, accountability, communication, capacity building, and direct provision of services. The Coalition will also enable more upstream functions such as contributions to national strategic planning and policy development for NCD prevention and control.

### Specific goal

Strengthen the capacity of members and the secretariat to effectively perform key functions, to influence policies, and to develop and implement programmes that contribute to national and regional NCD responses.

### Expected outcomes

- 1 **Strengthened membership and secretariat:** Formulation and implementation of capacity and institutional development plans for members and the HCC secretariat, including a component for HR development and management, based on analysis of needs, and allocation and mobilisation of resources.
- 2 **Enhanced mechanisms for capacity development:** Development of a platform for members' capacity and institutional development, in collaboration with national and international academic institutions and other key stakeholders, taking advantage of advances in information and communication technology (ICT).
- 3 **Greater contribution to policy development:** Effective participation or representation of members and the secretariat in national and regional advisory, decision-making, and policy-making fora.
- 4 **Enhanced partnerships:** Establishment of national NCD alliances and development of networks of national CSOs and NCD alliances.
- 5 **Strengthened services:** Greater involvement of members in underserved areas of the NCD response, such as patient engagement and giving a voice to people living with NCDs.
- 6 **Enhanced "watchdog" function:** Development of strategies, skills, and tools to enable members and the secretariat to hold governments, the private sector, and civil society – including the HCC – accountable for their NCD-related commitments.



## Communication

HCC will take advantage of advances in information, communication, and technology to broaden its outreach to a wide range of audiences, ensuring the tailoring of communication products as appropriate for the respective audiences. The Coalition will work to establish a vibrant, active network for effective communication among members, between members and key external stakeholders, and between members and the secretariat.

### Specific goal

Enhance networking among HCC members, key external stakeholders, and the secretariat, and increase communication and communication products related to NCDs, their risk factors, the social determinants of health, successful NCD interventions, and HCC's work.

### Expected outcomes

- 1 Strengthened communication:** Development and implementation of a communications strategy, based on members' information needs, regional and international developments in NCD prevention and control, and advances in ICT.
- 2 Enhanced diversity and relevance of HCC communication products:** Revamping of HCC's website, "Round-up" newsletter, and social media presence, while maintaining its "old media" presence (newspapers, radio, television, publications), for enhanced knowledge exchange and management, including sharing of experiences, successes, good practices, challenges, lessons learned, and human stories pertaining to NCDs.
- 3 Greater awareness of HCC and its work:** Continued research into the communication and information needs of HCC members, with implementation of strategies for enhanced promotion of HCC and its work.
- 4 Enhanced networking among HCC members and NCD stakeholders:** Establishment of a community of practice among members and other key stakeholders in NCD prevention and control.
- 5 Designation of "Communication Champions":** Identification of effective spokespersons for NCDs among members in each CARICOM Member State.
- 6 Greater awareness of proven NCD interventions:** Promotion of cost-effective interventions for NCD prevention and control, including WHO's "Best Buys".
- 7 Greater member participation in HCC branding and communications:** Creation and promotion of an overarching "Brand NCD" identity among members, with the development of user-friendly mechanisms and formats to obtain their contributions to public information and promotion initiatives.
- 8 Strengthened partnerships for NCD research:** Promotion of, and contribution to, research related to priority NCDs, in collaboration with key stakeholders, including academic and other institutions such as the University of the West Indies (UWI), CARPHA, and PAHO/WHO.



## Sustainability

HCC will take measures, including provision of general guidance and tools, to ensure the sustainability of both its members and the secretariat, with continuation and enhancement of civil society's critical contribution to NCD prevention and control in the Caribbean and beyond.

### Specific goal

Strengthen and sustain HCC's capacity to undertake targeted, effective, civil society-led actions that contribute to national, regional, and global objectives for NCD prevention and control.

### Expected outcomes

- 1 **Greater diversity and innovation in funding:** Development of a funding model for HCC, with identification of new types and sources of funding from, but not limited to, governments, members, health and non-health sectors, development partners, and financial institutions.

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- 2 **Enhanced resource mobilisation:** Development and implementation of resource mobilisation strategies, including, but not limited to, consideration of member organisation fees, establishment of a consultancy arm with fee-for-service, and inclusion of administrative charges in grant proposals.

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- 3 **Strengthened human resources functioning:** Development and implementation of an HR plan for the HCC secretariat to enhance the efficiency of its operations and address succession planning, including the designation of, and resources for, core staff, and assignment of specific responsibilities to members of the Board of Directors.

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- 4 **Strengthened HCC systems:** Identification of infrastructural, technical, administrative, and managerial needs and implementation of appropriate systems for HCC's enhanced and effective functioning.

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- 5 **Enhanced strategic partnerships:** Expansion and strengthening of HCC's strategic partnerships – including “twinning” with similar entities – to enable the successful implementation of the Strategic Plan.

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# 5

## Achieving the 2017-2021 Strategic Plan

In order to achieve the expected outcomes of the Strategic Plan, HCC will take action in the following **KEY AREAS OF FOCUS**.

### 01

#### Governance and organisational development

HCC will strengthen its governance, ensuring transparency and openness in the selection of its Directors, with provision of information on their professional and technical backgrounds, terms of office, and duties. The decision-making processes will be clarified, and the participation of members in developing the policies and instruments that guide the Coalition's actions – including a conflict of interest policy – will be enhanced. The Coalition will adjust its management structure to address succession planning, formulate an HR development plan, and ensure that its operational plans and budget are well-developed and disseminated. The operational plans will outline outputs, deliverables, activities, and indicative budget, as well as the agreed roles and responsibilities of both the secretariat and the members, thus enabling realisation of the expected outcomes of the strategic plan.

### 02

#### Financial sustainability and resource mobilisation

HCC will work assiduously to secure adequate resources for its efficient and effective operations, increasing and diversifying its funding. Additional sources of revenue will be explored, including from government, private sector, and civil society entities, bearing in mind potential conflicts of interest. Consideration will be given to the introduction of membership fees; establishment of a foundation as a charitable arm of the Coalition; and creation of a consultancy arm that takes advantage of HCC's successes and experience, and strengthens its technical cooperation and fee-for-service capability.

The development of grant proposals and resource mobilisation opportunities will be vigorously pursued, building on HCC's position as a legitimate and trusted representative of civil society in the Caribbean, and its reputation as an efficient and accountable executing agency.

## 03

### Strategic partnerships

In keeping with regional and international frameworks and agreements, including the SDGs, HCC emphasises multisectorality and strategic partnerships as critical success factors for the NCD response. The Coalition has partnered with international NGOs such as the NCD Alliance, the United Kingdom Health Forum, and Medtronic Philanthropy; it is in official relations with PAHO/WHO and has a memorandum of understanding with CARPHA. HCC will establish comparable arrangements, collaboration, and alliances with other strategic partners, using innovative strategies such as twinning with similar entities and organisations in other regions.

## 04

### Expanding and strengthening membership

HCC will reach out to members of civil society that represent vulnerable and neglected population groups, as well as non-health sectors not yet fully involved in the NCD response, encouraging their participation in the Coalition and demonstrating mutual benefits. Emphasis will be given to strengthening the capacity of members through sharing of information and knowledge using current ICT methodologies and platforms, and through mentoring and volunteerism.

## 05

### Effective communication

The HCC will work to make its brand a household name, known nationally, regionally, and globally, synonymous with quality and innovation in its contribution to NCD prevention and control. Both traditional and new communication vehicles will be used to disseminate messages and information tailored to selected audiences, taking into consideration literacy levels and language where appropriate and feasible, to put a “human face” on NCDs and their impact. An important aspect of the communication will be the promotion, dissemination, reporting, and packaging of NCD-related international agreements to HCC members and other key stakeholders, to facilitate alignment, adoption, or adaptation by national and regional programmes and interventions, as appropriate.

## 06

### Performance assessment/monitoring and evaluation

HCC will regularly review its performance, monitoring and evaluating the production of deliverables and the achievement of outputs, outcomes, and impact, as well as the efficient and effective use of resources, based on both internal and external assessments. The Coalition will place emphasis on the perceptions of its key stakeholders and obtain objective appraisals of its products and interventions, especially the reach and effect of its communications, making adjustments as indicated for improvement. Operational plans will include indicators of performance and achievement, which will form the basis of the monitoring and evaluation framework. HCC will ensure that resources are built into the budget to enable robust assessments to be carried out and reported on in a timely manner.

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## Acronyms and abbreviations

**CARICOM**

Caribbean Community

**CARPHA**

Caribbean Public Health Agency

**CCH**

Caribbean Cooperation in Health

**COHSOD**

Council for Health and Social Development

**COMSEC**

Commonwealth Secretariat

**CSO(s)**

Civil society organisation(s)

**HCC**

Healthy Caribbean Coalition

**HR**

Human resources

**M&E**

Monitoring and evaluation

**MS**

Member States

**NCD(s)**

Non-communicable disease(s)

**NCDA**

NCD Alliance

**NGO(s)**

Non-governmental organisation(s)

**NNCDC**

National Non-communicable Diseases Commission

**PAHO**

Pan American Health Organisation

**POSD**

Port of Spain Declaration

**SDH**

Social determinants of health

**SWOT**

Strengths, weaknesses, opportunities, and threats

**UN**

United Nations

**UNDP**

United Nations Development Programme

**UNFPA**

United Nations Population Fund

**UNHLM**

United Nations High-Level Meeting

**UNICEF**

United Nations Children's Fund

**UWI**

University of the West Indies

**WHO**

World Health Organisation







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