



## Communiqué

4<sup>th</sup> meeting of the Organisation of Eastern Caribbean States (OECS) Council of Ministers-Health

Theme “Equity and Access”

Collectivité Territoriale de Martinique (CTM) Headquarters, Fort de France, Martinique

Nov 9<sup>th</sup> and 10<sup>th</sup> 2017

The Fourth meeting of the Council of Health Ministers of the Organisation of Eastern Caribbean States (OECS) was convened immediately following the 31st OECS Pharmaceutical Procurement Service (PPS) Policy Board meeting, on 9<sup>th</sup> of November 2017 at the headquarters of the Territorial Authority of Martinique under the chairmanship of Hon Minister Nickolas Steele from Grenada, in keeping with the practice of alphabetical rotation. The Council of Ministers recognised and noted with deep appreciation the generous hospitality of the host Member State of Martinique as the newest Member to the Council.

Ministers of Health in attendance:

Hon. Evans McNeil Rogers, Chief Minister and Minister for Health and Social Development, **Anguilla**

Hon. Molwyn Joseph, Minister for Health and The Environment, **Antigua and Barbuda**

Hon. Dr. Kenneth Darroux, Minister for Health and Environment, **Commonwealth of Dominica**

Hon. Nickolas Steele, Minister for Health and Social Security, **Grenada** (Chair)

Hon. Mary Isaac, Minister for Health and Wellness, **Saint Lucia**

Hon. Robert T.L.V. Browne, Minister for Health and the Environment, **St. Vincent & the Grenadines**

Mr. Francis Carole- Executive Councillor for Social Affairs, Health and Solidarity, **Martinique**

Hon. Mrs. Delmaude Ryan, Minister for Education, Health, Culture, Sports and Youth Affairs, **Montserrat**

The meeting followed a formal opening ceremony on the evening of Nov 8<sup>th</sup> at the headquarters of the Territorial Authority. The ceremony was opened with Welcome Remarks by President Alfred Marie-Jeanne who emphasized the importance of Caribbean Solidarity, followed by remarks from the Director General of the OECS Commission Dr. Didacus Jules. Speeches were given by the outgoing chair, Hon Dr. Kenneth Darroux from Dominica, and the incoming chair, Hon Nickolas Steele from Grenada. Dr. Paul Ricketts from Dominica was recognised for his contribution to Health Information in the region.

Major discussion points of the meeting were as follows

1. The OECS Health Agenda 2017-2030 and plans for the Health Unit
2. Climate Change and Health- Lessons from Health Response to Hurricanes Irma, Jose and Maria
3. Healthy Environments and Health Empowerment
4. Access to Sustainable Quality Health Services
5. A Commitment to Regional Solidarity- Fort de France Declaration on Health

### 1. The OECS Health Agenda 2017-2030

The meeting received a presentation of the OECS Growth and Development Strategy (OGDS) Health Agenda 2017-2030 and the plans for the health unit from the recently appointed Head of Health Dr. Carlene Radix. The four strategic pillars focus on using common and joint approaches are



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1. **Healthy Environments** and Health Empowerment
2. **Equity in Access** to Sustainable Quality Healthcare Services
3. **Accessible Information** for Strategic Governance of Health Systems
4. **Long-term Investment** in the Health Sector.

The OGDS Health Agenda 2017-2030 is aligned to the United Nations 2030 health related Sustainable Development Goals SDGs and existing global health action plans. The Agenda will guide resource mobilisation, as well as joint planning with key health partners CARPHA (Caribbean Public Health Agency) and PAHO/WHO (Pan American Health Organisation/ World Health Organisation). The new Health Unit maximises the model of regional integration by using expertise across the OECS Commission and the Member States. The Council of Ministers encouraged close working relationships between Health, Climate and Statistics in the OECS Commission, and endorsed the OECS Health Committees and Technical Working Groups (TWGs) supported by experts in the Member States. Committees endorsed were as listed; *OECS Health Policy Forum, OECS Hospital Leaders Forum, OECS Primary Care & Community Health Leaders Forum, OECS Commission Healthy Environments Forum, Sustainable Health Financing TWG, Health System Resilience and Emergency Response TWG, Health Information TWG.*

### **2. Climate Change and Health-Lessons learned from Hurricanes Irma Jose and Maria**

A presentation was given by Mr. Chamberlain Emmanuel, Head of the Environmental Cluster and OECS Disaster Response Lead, on the responses to Hurricanes Irma, Jose and Maria. This hurricane season was unprecedented, having the simultaneous presence of multiple record-breaking systems with devastating impact. Five of the ten OECS Member States were significantly affected. The Council of Ministers acknowledged that Climate Change is a health crisis, and made the link between rising temperatures, rising sea level, extreme weather events and health effects. Climate change effects on health include increased deaths, increased injuries, mosquito and other vector borne diseases, respiratory conditions, poor mental health, impact on food and water security (leading to poor nutrition and gastrointestinal disease) and destruction of health facilities. It was also recognized that the interdependence of the Member States for food supply and backup systems confound recovery efforts.

The meeting highlighted the challenges of lost communication, non-availability of helicopters for emergencies due to competing needs, and the extensive need for continuing psychosocial and health support for the population. It was recognised that health impacts and death, especially among the elderly, continue up to a year after these major events. These are exacerbated by disruptions in health systems. The meeting recognized that the absence of the Health Minister from the British Virgin Islands was due in part to the continuing need to respond to the devastation due to Hurricane Irma in that Member State.

The Director General of the OECS Dr. Didacus Jules gave the commitment of the OECS Commission to the convergence of efforts in a cross cutting response to climate change. The meeting agreed to support actions to increase resilience of hospitals and primary health facilities, including; applying spatial planning and hazard vulnerability assessments, improving the structural integrity of existing and new facilities, and having energy and water security systems. The meeting also agreed to support initiatives to enhance the



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effectiveness and efficiency of disaster response systems including facilitation of collective negotiations for hospital to hospital emergency transfers, review of disaster legislation, building both national and regional capacity, and the creation of a joint emergency fund. The meeting endorsed the need to give financial and psychosocial support to health workers in order to sustain health systems. The unique experience of the complete evacuation of Barbuda was recognised and it was agreed that all the experiences be systematically documented so that others may learn from them.

Gratitude and appreciation was expressed to all the Member States, countries, territories and organisations that responded. Special mention was made of the supporting and coordinating role of PAHO in the health response. The ongoing support of Martinique in health emergencies which preceded its entry into the OECS was highly commended.

### 3. Healthy Environments

a. The meeting noted the presentation by Dr. C. James Hospedales, Executive Director of the Caribbean Public Health Agency (CARPHA), including the multitude of projects and technical assistance being delivered to OECS Member States. The meeting recognized the lead role of CARPHA in the strategic pillar of *Healthy Environments and Health Empowerment* as well as the important role of the CARPHA Regional Coordinating Mechanism on Health Security (RCMHS), and acknowledged the support in the presence of Dr. Kimberly Ashby-Mitchell, CARPHA's Senior Technical Officer to the OECS, based in the OECS Health Unit. The Council of Ministers reaffirmed their commitment to support CARPHA.

b. Dr. Kimberly Ashby-Mitchell from CARPHA presented on the agency's Tourism and Health Programme and the International Development Bank (IDB) funded Tourism Health Information, Monitoring and Response System (THMRS) currently being rolled out in the region. The project includes a real time electronic surveillance system, certification of tourism workers in food safety, and clear guidelines to be used at ports of entry. The meeting recognized the necessity to collectively address tourism related health threats and recommended advocacy to the Caribbean Development Bank for Health as a critical sector for development, and submission of a proposal to support extension of the programme to OECS member states.

c. Dr. Karen Polson-Edwards from CARPHA provided updates on activities to control vector-borne diseases in the OECS. The meeting noted that increased movement of people and goods, coupled with effects of climate change has led to the introduction of new diseases such as Zika and Chikungunya. Recent extreme weather events and the resultant influx of relief and recovery workers may increase this risk. This is confounded by insufficient investment in needed vector control resources. The meeting recognized the continuing work of the CARPHA vector control programme, and CARPHA's significant resource mobilization including the 5 year, €5,000,000 EU-ACP Zika Project.

The meeting recognized that some companies use unethical tactics to get approval for testing new experimental techniques in health, and the Council agreed to avoid working with such companies. The



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Ministers did however reaffirm their interest in new and innovative strategies in the control of vector-borne disease and committed to investment in national vector control response.

d. A presentation on the achievement of International Health Regulations (IHR) in the OECS was delivered by Dr. Jean Marie Rwangabwoba from the PAHO ECC office. These regulations protect against and respond to health emergencies and the international spread of disease. There were self-reported improvements, but gaps remain, especially in the areas of *preparation, chemical response* and *radiation response*. The meeting endorsed the recommendations, to collaborate with technical partners on independent validation of OECS country self-assessment reports; develop an OECS roadmap for IHR capacity building and mobilize resources for its implementation; and to formalize cooperation agreements between the OECS Commission and Regional and International Partners especially for responses to chemical and radiological events. The meeting noted the recent entry of Grenada, St Vincent and St Lucia into the IAEA (International Agency for Atomic Energy).

e. A presentation was given by Dr. T. Alafia Samuels, Director of the UWI Chronic Disease Research Centre, on the commitments to fight chronic non-communicable diseases made by the OECS Member in the 2007 Port of Spain Declaration. The meeting recognised that NCDs such as diabetes, hypertension, heart disease, and cancer are the leading causes of hospitalisation and death in the OECS. In the OECS states there was 27% - 54% compliance with the commitments of the Port of Spain declaration on NCDs. Improvements are needed in the “all of government” and “all of society” response e.g. effective National NCD Commissions or equivalent. The meeting noted the unique position of the OECS Commission to address the “all of government” approach to NCDs. In the larger Caribbean region, the *Lowest* levels of implementation were around diet, schools and communications. The meeting noted the mandates of the 37th and 38th CARICOM Heads of Government meetings namely: banning of smoking in public places; trade related measures; banning advertisement of potentially harmful foods which specifically target children; and elevating taxes on foods high in sugar, salt and trans-fats.

#### **4. Access to Sustainable Quality Health Services**

a. A presentation was made by Dr. Conville Browne, CEO of The Cancer Centre of the Eastern Caribbean (TCCEC) in Antigua. The meeting noted the current availability of radiotherapy services at a fixed cost to government referred patients for OECS Member States and encouraged use of the facility.

b. Ms. Lynette Hardy, Monitoring and Evaluation Specialist of the OECS HIV/TB Elimination Project presented the successes and challenges of the ongoing OECS HIV/TB Elimination Project. Successes included an increase in persons on treatment and increase in compliance to treatment for persons living with HIV. In addition there has been significant decrease in the number of TB (tuberculosis) cases and 100% success rate of treatment for TB in the participating countries in 2016. The 2017 OECS Regional Guidelines for the treatment of HIV and STIs (Sexually Transmitted Infections) were produced. The meeting recognized the dwindling availability of HIV funds and urged the Member States to plan to fund their programs for sustainability while advocating for continued funding. The Ministers endorsed the



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application of a continuation of the grant by the OECS Regional Coordinating Mechanism, and recommitted to the elimination of HIV by 2030. The Council noted the recent achievement of elimination of Mother to Child Transmission of HIV and Syphilis in Anguilla, Antigua, St Kitts and Montserrat.

c. A presentation on Health Information Systems was made by Mr. Marcello D'Agostino, Senior Advisor, Information Systems for Health, from PAHO headquarters. The meeting supported the roadmap for implementation of the Caribbean IS4H, Information Systems for Health, project. The Ministers noted that Member States were at different stages of implementing varying electronic patient record systems. It was noted that Member States may be a target for the donation of end of life technology, and Member States were urged to exercise caution and to consider proof of concept technology as an alternative. Ministers agreed to share information on the different systems with an aim to interoperability. The Council recognised the contribution of Dr. Paul Ricketts from Dominica to the regional advancement of Health Information before his passing on the eve of the passage of Hurricane Maria.

d. Human Resources for Health was recognized as a major area of Health Systems in need of long-term investment. The presentation on the Caribbean Roadmap for Human Resources in Health was made by Dr. Erica Wheeler, Advisor, Human Resources for Health in the PAHO Caribbean Office. The meeting noted the priority areas and challenges faced in the area of human resources for the Caribbean in general and for the OECS in particular. The Council of Ministers endorsed the need for mapping of health professionals to determine how best to develop and share human resources. The meeting also endorsed reciprocal registration of health professionals, and the use of technology for specialist consultation. The meeting supported the revision of medical and nursing curricula and regulations of registration and accreditation bodies, to make them more socially accountable and relevant. It was noted that human resources are also needed for prevention and wellness.

e. The OECS Pharmaceutical Procurement service was recognized as an international best practice and a major contributor to "Access to Sustainable Quality Services" by ensuring the availability of essential medicines. Ministers of Health noted the 31 years of the pooled procurement mechanism, as well as the over XCD\$5,000,000 saved in the last year, and recommitted to the scheme.

f. Dr. Carlene Radix, Head of the OECS Health Unit, reported on the previous mandate from OECS Heads of Government to address a mechanism for Regional Health Insurance, and the subsequent mandate of the Council to form a committee on Health Financing and Regional Health Insurance. The Committee had been formed and had its inaugural meeting. The Ministers requested acceleration of the work of the committee as several Member States have already moved forward with various forms of National Health insurance. It was agreed that the OECS Commission create a portal for countries to share progress.

### **5. A Commitment to Regional Solidarity- Fort de France Declaration on Health**

The Council of Health Ministers, acknowledging that solidarity and integration, by way of common approaches and joint mechanisms, is a core mandate of the Organisation of Eastern Caribbean States; and



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recalling their commitment to the current (fourth) iteration of the Caribbean Cooperation in Health (CCH IV), made a formal declaration to solidify their commitment to a regional approach.

### **Fort de France Declaration on Health. A Commitment to Regional Solidarity**

We the Ministers of Health of the Member States of the Organisation of Eastern Caribbean States (OECS) attending the fourth (4<sup>th</sup>) Meeting of the Council of Ministers- Health held at Fort de France in Martinique on November 10<sup>th</sup> 2017,

**Acknowledging** the right to the enjoyment of the highest attainable standard of physical and mental health as articulated by the World Health Organisation;

**Recognising** the social and economic cost of disease and disability, as well as the rising cost of Health Care Services and the susceptibility of vulnerable populations in the Member States of the Organisation of Eastern Caribbean States;

**Cognisant of** the vulnerabilities of our Member States to health emergencies, including outbreaks, climate change and natural disasters

**Recognising** health as an economic contributor and a driver of investor and visitor confidence in our region;

**Recalling** the Revised Treaty of Basseterre establishing the Organisation of Eastern Caribbean States Economic union, free movement in Protocol member states, a common approach to social policy and an emphasis on functional cooperation;

**Noting** the right of citizens of the Protocol Member States of the Organisation of Eastern Caribbean States to access primary and secondary public healthcare services in all Protocol Member States;

**Recalling** the desire of Protocol Member States to undertake a co-operative approach to develop sustainable and resilient health systems, policies and infrastructure

**Cognisant of** the United Nations 2030 health related Sustainable Development Goals;

**Noting** that “A Healthy Caribbean” is one of the four priority areas in the United Nations Multi—Country Sustainable Development Framework in the Caribbean (UN MSDAF-Caribbean) 2017-2021;

**Building on** 31 years of pooled procurement of medicines and medical supplies and a history of regional responses to infectious, communicable diseases including HIV and TB within the OECS;

**Desirous of** pursuing regional approaches to the growing problem of non-communicable diseases within the region;

**Understanding** the need for the consideration of Health In All Policies;

**Endorsing** the four pillars of the OGDS Health Agenda 2017 to 2030

1. **Healthy Environments** and Health Empowerment
2. **Equity in Access** to Sustainable Quality Healthcare Services
3. **Accessible Information** for Strategic Governance of Health Systems
4. **Long-term Investment** in the Health Sector.

**Now therefore, we commit to** the following actions through existing or new mechanisms geared toward the realization of Health for All:

1. **Share Health Human Resources,**
2. **Facilitate pooled procurement of health equipment and services,**



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- 3. Collect and share the relevant information to drive the strategic direction of health including quality and outcome indicators,**
- 4. Develop and implement common policy and legislative approaches in health,**
- 5. Develop and disseminate common messages on healthy living,**
- 6. Create healthy environments through appropriate planning, development and community engagement,**
- 7. Prioritise prevention and primary care particularly for non-communicable diseases,**
- 8. Share access to specialized services,**
- 9. Jointly prepare for and respond to health emergencies,**
- 10. Share Best Practices and conduct common research.**

Fort-de-France, Martinique, November 10, 2017